

Report

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The *Report of the International Narcotics Control Board for 2010* (E/INCB/2010/1) is supplemented by the following reports:

Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes (E/INCB/2010/1/Supp.1)

Narcotic Drugs: Estimated World Requirements for 2011 — Statistics for 2009 (E/INCB/2010/2)

Psychotropic Substances: Statistics for 2009 — 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/2010/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2010 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2010/4)

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

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



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Report

of the International Narcotics
Control Board for 2010



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Data reported later than 1 November 2010
could not be taken into consideration in
preparing this report.

In Memoriam: Tatyana Borisovna Dmitrieva

After graduating from the Ivanovo State Medical Institute, Tatyana Borisovna Dmitrieva worked as a psychiatrist in the Ivanovo Regional Psychiatric Hospital. After she received a PhD in psychiatry at the V.P. Serbsky State Research Centre for Social and Forensic Psychiatry in Moscow, she continued to be associated with the Centre, becoming its Director in 1990. She became a Professor of Medicine in 1993.

In addition to her teaching activities, Ms. Dmitrieva was very active in research in public health medicine, forensic psychiatry and social psychiatry, publishing numerous research papers and books, including manuals on the subject of forensic psychiatric expertise. She also wrote two books for a more general readership: *Character: Russian*, in which she analysed the Russian mentality and its historical roots; and *Alliance of Human Rights and Mercy*.

Her academic achievements were formally recognized in 1997, when she became a member of the Russian Academy of Medical Sciences. She later became a member of its Presidium.

Ms. Dmitrieva also made major contributions to policymaking at the highest level of government. In 1996, she became Chairman of the Russian Security Council Commission on Health Protection. From 1996 to 1998, she was Minister of Health of the Russian Federation; she was also Deputy Chairperson of the State Commission for Counteracting Drug Abuse and Illegal Traffic. In 2005, she became the Chairperson of the Russian Federation Public Council of Carers and Users of Psychiatric Services. She played a key role in the creation of a new organizational and legislative basis for forensic psychiatric services in the Russian Federation.

Ms. Dmitrieva received numerous national awards, including the Order of Honour, the highest decoration in the Russian Federation. She became a member of the International Narcotics Control Board in 2005, serving as its Rapporteur in 2006, as Chairperson of the Standing Committee on Estimates and Second Vice-President of the Board in 2007 and as First Vice-President of the Board in 2009. She was to start her second term as a member of the Board in May 2010.

In recognition of her contribution to international drug control, the Board wishes to dedicate this report to the memory of Tatyana Borisovna Dmitrieva. She will be remembered as a talented researcher, an able policymaker and a remarkably warm and kind person.

Foreword

The international drug control conventions enjoy almost universal adherence and the International Narcotics Control Board monitors their implementation by Governments to ensure that there is a sufficient supply of narcotic drugs and psychotropic substances used for scientific and medical purposes. As a result of the implementation of the conventions, the diversion of controlled substances at the international level has been virtually eliminated. Furthermore, Governments have intensified their efforts to prevent the diversion of precursor chemicals used in the illicit manufacture of drugs. Unfortunately, corruption is undermining international efforts to eliminate problems related to controlled drugs. Thus, chapter I of the present report is devoted to the issue of drugs and corruption.

By systematically using violence and corruption, intimidating and blackmailing public officials, wealthy and powerful organized criminal groups have been able to weaken law enforcement and judicial systems. Violence is often used to threaten or punish “whistle-blowers”. Witnesses who provide evidence of drug-related corruption often risk their lives and the lives of their family members. Unless the vicious cycle of corruption and drug trafficking is broken, international drug control efforts cannot be fully successful.

Developing countries and societies in post-conflict situations are particularly vulnerable to drug-related corruption. Corruption facilitates the illicit drug trade, which, if left unchecked, can destabilize economies, political systems and civil society and eventually threaten peace and security. In severe cases, organized criminal groups exert their considerable political influence to gain control over large population groups or geographical areas.

Law enforcement and customs authorities throughout the world are highly vulnerable to drug-related corruption. Drug control units are at risk of being infiltrated by criminal groups, which often have at their disposal enormous resources and sophisticated technology. Regulatory agencies are also exposed to drug-related corruption, as drug traffickers must engage in money-laundering to hide their huge profits. If military units are used in illicit crop eradication and border control, they may also be exposed to drug-related corruption. The judicial system may also be affected by drug-related corruption and intimidation.

In spite of the power of organized criminal groups, the overwhelming majority of law enforcement and judicial officials worldwide manage to resist corruption and intimidation. Regrettably, some law enforcement and judicial officials lose their lives fighting drug-related corruption.

Another challenge is to ensure the availability of medication containing substances under international control. In many countries, access to such controlled substances for use in the treatment of severe pain is limited or non-existent. In view of the seriousness of the problem, the Board has decided to issue a supplement to the present report: a report on the availability of internationally controlled drugs.

Global consumption of opioid analgesics used for pain management has increased significantly. For example, global consumption of morphine increased by a factor of almost 7 in the period 1989-2009. However, the increase in morphine consumption has been considerably higher in some regions and there are disparities

among countries in each region. The highest levels of consumption of opioid analgesics are reported in countries in North America and Europe. Governments must identify problems encountered in ensuring the availability of controlled substances used for medical purposes and, if necessary, take appropriate measures to remedy the situation. In addition, Governments must have monitoring and control systems in place to ensure that narcotic drugs and psychotropic substances are used only for legitimate medical purposes.

The use of substances, including pharmaceutical preparations, to facilitate the commission of crime continues to be a cause for concern. Much media attention has been given to the use of so-called “date-rape drugs”, such as flunitrazepam, to facilitate sexual assault. “Designer drugs”, substances that have been developed especially to avoid existing drug control measures, are a major concern. “Designer drugs” are manufactured by making a minor modification to the molecular structure of controlled substances, resulting in new substances with pharmacological effects similar to those of the controlled substances. Instructions for manufacturing “designer drugs” can often be easily found on the Internet. One widely publicized “designer drug”, mephedrone, has been reported in an increasing number of countries and regions, and many countries have placed it under national control. As synthetic cannabinoid receptor agonists, marketed under brand names such as Spice, are becoming more and more available, there has been increasing concern about the health risks of such products. In some countries, certain synthetic cannabinoid receptor agonists have been added to the list of substances controlled under national legislation. Governments and relevant international organizations must develop comprehensive measures to counter the problem of “designer drugs”. There is a need for similar action to be taken with regard to precursor chemicals, as Governments are increasingly being confronted with substances not under international control and substitutes for controlled precursors, including substances that are specifically designed to circumvent existing controls and that can be reconverted into controlled precursors using readily available means.

In Africa, the lack of regulatory controls and the availability of controlled substances on the unregulated market pose a significant health risk. In South America, while the total area under illicit coca bush cultivation decreased in 2009, there was an increase in the abuse of cocaine in the Southern Cone. In Afghanistan, there continues to be a high level of illicit opium poppy cultivation; efforts to reduce such cultivation have been hindered by corruption, lack of security and limited law enforcement capacity. In South-East Asia, there was an increase in illicit opium poppy cultivation in the so-called Golden Triangle, which accounted for 5 per cent of global opium poppy cultivation. Increased trafficking in amphetamine-type stimulants remains a major problem in East and South-East Asia. South Asia is now one of the main regions used as a source of precursor chemicals required for the illicit manufacture of methamphetamine.

The present report highlights the many challenges faced in drug control. It presents a realistic snapshot of the current drug control situation throughout the world. The news is not all bad. Governments have gained experience in preventing and treating drug abuse. There is broad recognition of the fact that the drug-related problems must be tackled by using a delicate balance of both supply and demand reduction measures. There are regional and international mechanisms for promoting cooperation in drug control. Non-governmental organizations are playing an

increasingly important role in highlighting the need for equitable access to medicines used for the treatment of pain. The need to ensure respect for human rights in supply and demand reduction measures is emphasized repeatedly by international organizations and non-governmental organizations. Organized criminal groups are dynamic — always seeking the path of least resistance. It is only together — through cooperation — that the international community can make real progress in its efforts to prevent drug-related problems and continue to ensure the availability of controlled drugs for medical and scientific purposes.

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

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Explanatory notes

The following abbreviations have been used in this report:

AIDS	acquired immunodeficiency syndrome
AIRCOP	Airport Communication Project
ASEAN	Association of Southeast Asian Nations
BIMSTEC	Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation
BZP	<i>N</i> -benzylpiperazine
CARICC	Central Asian Regional Information and Coordination Centre
CARICOM	Caribbean Community
CICAD	Inter-American Drug Abuse Control Commission (Organization of American States)
CICIG	International Commission against Impunity in Guatemala
CONAD	National Anti-Drugs Council (Brazil)
COPOLAD	Cooperation Programme between Latin America and the European Union on Anti-Drugs Policies
CSTO	Collective Security Treaty Organization
DNE	National Narcotics Directorate (Colombia)
DEVIDA	National Commission for Development and a Drug-Free Lifestyle (Peru)
ECAD	European Cities against Drugs
ECOWAS	Economic Community of West African States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Europol	European Police Office
GBL	<i>gamma</i> -butyrolactone
GHB	<i>gamma</i> -hydroxybutyric acid
GIABA	Intergovernmental Action Group against Money Laundering in West Africa
ha	hectare
HIV	human immunodeficiency virus
INTERPOL	International Criminal Police Organization
kg	kilogram
MDMA	methylenedioxyamphetamine
3,4-MDP-2-P	3,4-methylenedioxyphenyl-2-propanone

NATO	North Atlantic Treaty Organization
OECD	Organization for Economic Cooperation and Development
OSCE	Organization for Security and Cooperation in Europe
P-2-P	1-phenyl-2-propanone
<i>l</i> -PAC	<i>l</i> -phenylacetylcarbinol
PEN Online	Pre-Export Notification Online
SAARC	South Asian Association for Regional Cooperation
SACENDU	South African Community Epidemiology Network on Drug Use
SENAD	National Anti-Drug Secretariat (Paraguay)
SICA	Central American Integration System
TARCET	Targeted Anti-trafficking Regional Communication, Expertise and Training
THC	tetrahydrocannabinol
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNASUR	Union of South American Nations
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

I. Drugs and corruption

1. Nothing has a more debilitating effect on efforts to curtail the illicit drug trade than the successful attempts of criminal organizations to intimidate and corrupt public officials. Nothing undermines international drug control efforts as much as the numerous cases of corrupt officials who facilitate or participate in drug trafficking. Yet violence and corruption are integral parts of illicit drug markets.
2. Intimidation and corruption are the most effective tools used by organized criminal groups to counter the drug control efforts of law enforcement agencies. They are two sides of the same coin. An organized criminal group can purchase the complicity of a public official just as easily as it can pay for his or her assassination. The intimidation or corruption of public officials is ultimately what empowers criminal organizations, often placing the organizations beyond the reach of the law. Corruption is a pernicious phenomenon that has a deep and detrimental effect on people, societies and social institutions. It is frequently responsible for the disappointing results (or outright failure) of drug control efforts.
3. When it comes to fighting organized crime and stopping the illicit drug trade, the police, together with other criminal justice officials, have a difficult and often dangerous task. They work tirelessly and courageously, but the odds are often stacked against them when they confront some of the wealthy and powerful criminal organizations involved in drug trafficking. In some cases, the police face incredible pressure from organized crime: when they are not fending off attacks or immediate threats of violence and retaliation, they are thwarting attempts to corrupt officials, including officials from their own ranks. In spite of the power of organized crime, an overwhelming number of law enforcement and judicial officials worldwide resist corruption and intimidation. Regrettably, some law enforcement and judicial officials even lose their lives in the fight against drug-related corruption.
4. Without adequate support and protection, many law enforcement and judicial officials find themselves confronted with a difficult choice: to become victims of violence and possibly even lose their lives; or to sacrifice their integrity and become the accomplices of ruthless criminals. If they choose to accept a bribe, for example, they (and many of the drug control efforts of the law enforcement and criminal justice institutions for which they work) are compromised forever.
5. Vast drug trafficking networks have emerged in most parts of the world, extending across borders. The huge profits generated by illicit drug markets fuel the growth of powerful criminal organizations, whose financial resources sometimes exceed those of state institutions. That the intimidation and corruption of public officials facilitate the exploitation of those illicit drug markets by criminal organizations is a fact that cannot be neglected. All of the factors described above contribute to the weakening of law enforcement and criminal justice institutions. They constitute a threat to national and international security and stability.
6. Over the years, the International Narcotics Control Board has expressed its deep concern about the many ways in which the illicit drug trade is facilitated by violence and corruption. The Board is responsible for examining the functioning of the international drug control mechanisms at the national and international levels. Thus, the Board is well aware of how the huge profits generated by illicit drug markets have fuelled corruption. It is also quite aware of the fact that corruption and the illicit drug trade are interlocked with each other in mutually reinforcing cycles. The Board is very concerned about the broader social consequences of drug-related corruption, including the fact that in some cases the illicit drug trade and the accompanying violence and corruption have weakened governments and debilitated social institutions.
7. It is important to recognize that drug-related corruption, or “narco-corruption” as it is often called, allows some criminal organizations to perpetuate their illicit activities, to operate with minimal interference from the authorities and to derive maximum profit from illicit drug markets. For international drug control to be more effective, the violence and corruption associated with drug trafficking must be addressed more resolutely and more systematically. Drug control strategies must be informed by a better understanding of how criminal organizations conspire to buy the complicity of key officials, particularly law enforcement and criminal justice officials, and often succeed in weakening drug control initiatives and operating with relative impunity. The stakes are high.

The widespread corruption and recurring violence associated with illicit drug markets can easily get out of control and disrupt or completely paralyse existing drug control mechanisms.

8. Combating corruption is an essential element of any comprehensive strategy to curb drug trafficking. Putting in place effective measures to counter corruption is one way to reduce the illicit drug trade and the proliferation of powerful organized criminal groups. The present chapter focuses on the issue of corruption and the complex linkages between it and illicit drug markets, as well as on strategies to fight drug-related corruption. The Board's main interest lies in identifying practical measures and strategies that can be used to help counter drug-related corruption at the national and international levels. Some of those measures are not very different from those designed to combat corruption in general. Others will need to be carefully integrated into existing drug control strategies.

9. International cooperation in repressing drug trafficking and the related violence and corruption is a necessity. It was precisely the need to foster such cooperation that led to the establishment of the International Narcotics Control Board in 1961 and the adoption of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.¹ Since then, other international instruments have been adopted to remove obstacles to international cooperation in fighting organized crime and corruption. Over the past 10 years or so, the implementation of the United Nations Convention against Transnational Organized Crime² and the United Nations Convention against Corruption³ has led to the development of some effective tools for the prevention and control of organized crime and corruption. Those tools can be used to fight drug-related corruption and can help States cooperate more effectively in efforts to disrupt drug trafficking operations.

10. In this chapter, there is a brief section on corruption and illicit drug markets and on the impact of drug-related corruption. That is followed by a section on the corrupting influence of organized crime and how it can undermine international drug control

efforts; that section includes a discussion on some of the main manifestations of drug-related corruption among the police, the military and the judiciary, as well as among policymakers and politicians. The third section outlines some strategies for controlling drug-related corruption and emphasizes the particular importance of international cooperation in addressing that problem. The final section contains a list of recommendations made by the Board to prompt Governments and drug control authorities to reconsider what they can do to prevent and control drug-related corruption.

A. Drug-related corruption and its impact

1. What is corruption

11. Corruption is not a new phenomenon, nor is it a simple one. There may not be universal agreement on a definition of corruption, but corruption in one form or another is condemned everywhere. It takes on many forms, reflecting the many ways in which people use and exchange wealth and power and the relative strength of the norms and institutions that govern and control those exchanges. In the final analysis, it is the responsibility of governments to protect their populations against intimidation and corruption.

12. There is no reason to believe that drug-related corruption is fundamentally different from other forms of corruption. Bribery, bribe-seeking and extortion are often associated with drug trafficking or organized crime in general, but they are also prevalent in many other social and economic areas. In some instances, other types of corruption may also be significant and damaging; examples of such corruption include electoral fraud; procurement fraud; or corruption related to the smuggling of migrants, trafficking in persons, trafficking in firearms or the illicit trade in diamonds. Bribery in international business transactions, for example, has been and continues to be a major concern.⁴ That type of corruption can have a

¹ United Nations, *Treaty Series*, vol. 1582, No. 27627.

² *Ibid.*, vol. 2225, No. 39574.

³ *Ibid.*, vol. 2349, No. 42146.

⁴ See, for example, the Organization for Economic Cooperation and Development (OECD) Convention on Combating Bribery of Foreign Public Officials in International Business Transactions; the United Nations Convention against Corruption; and the United Nations Declaration against Corruption and Bribery in International Commercial Transactions (General Assembly resolution 51/191, annex).

devastating effect on good governance and economic development.

13. In the absence of a universal definition of corruption, legal definitions have been limited to the definition of certain acts of corruption. For example, States parties to the United Nations Convention against Corruption are required to criminalize a number of specific acts such as bribery, illicit enrichment, abuse of function, trading in influence, embezzlement and misappropriation or other diversion of property by a public official. Corruption tends to involve the abuse of entrusted power. For a public official, it involves giving or obtaining an advantage through illegitimate means or through means inconsistent with his or her duty.

14. Beyond legal definitions, there are some cultural and historical differences in how corruption is defined and perceived in various parts of the world. Cultural differences are very relevant, especially as they relate to social status, gift-giving, family ties, reciprocity and community, and they must be acknowledged. Paying attention to those cultural variations may lead to a better understanding of how people in different cultural contexts recognize and respond to corrupt behaviour. However, such cultural differences should not be used to justify corruption. In virtually all cultures, corrupt conduct seems to be regarded as unacceptable.

15. Corruption needs to be understood in the political, economic and social context within which it occurs. For example, the level of tolerance towards corruption, irrespective of existing legislation, may vary from one context to another. Understanding why corruption is tolerated or even accepted in some contexts is equally relevant. Corruption, in some circumstances, may be a natural social reaction to institutional failure. Individuals may feel that the cost of fighting corruption is greater than the benefits that could be accrued by eradicating it. Some groups may perceive corruption as instrumental and expedient in achieving some legitimate collective or political goals. Ultimately, however, corruption can only lead to a weakening of social and political institutions. A vicious cycle is created whereby corruption undermines effective governance and ineffective governance breeds corruption.

2. Corruption and illicit drug markets

16. Illicit drug markets are complex and constantly changing; they also tend to be quite resilient. Drug traffickers adapt quickly in order to counter governments' efforts. Drug trafficking activities are frequently displaced when law enforcement initiatives threaten to disrupt them. A minimum level of sophistication and organization is required in order for any group to effectively exploit the illicit drug markets. That is why criminal organizations tend to dominate such markets. The most successful criminal organizations are usually those that are able to make strategic use of violence and systematic use of corruption and intimidation to weaken official controls and law enforcement. What criminal organizations cannot achieve through corruption, they achieve through violence and intimidation. That is why cities, countries or other geographical areas exposed to intensified drug trafficking activities often have a high incidence of violence and corruption.

17. Some criminal organizations focus their activities entirely on the illicit drug markets. Others have added illicit drug production and drug trafficking to their criminal activities. For them, illicit drug production and drug trafficking and related criminal activities represent sources of enormous revenue. Since criminal organizations must mitigate the risk of detection and prosecution, they use the proceeds of their illegal activities to corrupt law enforcement, justice and other officials, to obstruct justice and to enable them to operate as much as possible without interference. In many instances, criminal organizations manage to buy the protection of public officials so that they can undermine the activities of competing criminal organizations and establish a near-monopoly over illicit drug markets.

18. There is evidence suggesting that criminal groups, including youth gangs, involved in the illicit drug trade are more violent than other criminal groups. Competition among such criminal groups leads to violent confrontation and puts ordinary citizens at risk. There are also frequent violent confrontations between criminal organizations and law enforcement agencies. Intimidation and violence are routine aspects of the illicit drug trade. The inherently risky and violently competitive nature of the illicit drug trade drives those involved to seek the collusion, protection and assistance of certain public officials, whether through

bribes or through intimidation and violence. When a criminal group has secured such protection and threatens to use it to eliminate its rivals, the struggle to control the illicit market for a particular drug can become quite violent.

19. Having a share of the proceeds of drug trafficking is a strong incentive to engage in corruption. In fact, some senior law enforcement officials have argued that it is the most powerful driving force behind the corruption faced by their agencies. The huge profits generated by the illicit drug trade enable criminal organizations to engage in corruption on a very large scale. Corruption is essential to maintaining the flow of illicit drug shipments. In order to ensure that they receive the highest returns on their investment in illicit drug production and trade, most criminal organizations are constantly looking for and finding ways to obtain the complicity of key public officials.

20. Officials involved in drug law enforcement are at great risk of corruption, blackmail and intimidation. In exchange for a share of the profits obtained from drug trafficking, some officials may refrain from enforcing the law or may not enforce it thoroughly, thereby allowing criminals to operate relatively freely; and some officials may be paid to enforce the law selectively or to use it to harass the rivals of a particular criminal group.

21. In some cases, criminal organizations with thriving drug trafficking operations have become political forces of their own and have succeeded in usurping the power and authority of legitimate political institutions. Some of those criminal organizations, in collusion with corrupt political elites striving to gain some political advantage or to establish a political monopoly, have succeeded in obtaining control over large illicit markets. Such mutually reinforcing spheres of political and criminal influence eventually undermine the legitimacy of public institutions.

22. Thus, the very mechanisms and authorities established to reduce the illicit drug trade are often hindered or neutralized by corruption. In some Central American countries, for example, drug-related corruption has been detected among high-level officials, including heads of drug law enforcement agencies. In 2008, the Government of Mexico launched Operation Clean-up, aimed at purging the top ranks of the police of the influence of drug cartels. As a result, both the interim commissioner of the federal police and

the acting head of the division of drug control operations were arrested and convicted. That is an example of how Governments are capable of fighting pervasive drug-related corruption at the highest level.

3. How widespread is corruption

23. Corruption is secretive; the persons affected by corruption may be unaware that they have been victimized. For that reason, the problem is extremely hard to quantify. It has been argued that it is not possible to accurately measure the prevalence of corruption, as most methods used to measure it are inherently flawed.

24. Data based on reported cases of bribery or corruption usually do not reflect the true extent of the problem. Official data on corruption are usually drawn from national crime statistics; such “objective” measures of corruption are more indicative of the relative success of anti-corruption initiatives than of the prevailing level of corruption. Official data on corruption are also affected by public confidence in the police and by the willingness to report the crime to the authorities. Finally, since official definitions of corruption tend to vary from country to country, international comparisons based on official criminal justice data are difficult to make and potentially misleading.

25. Surveys are often used to measure or estimate the prevalence of corruption based on the experiences and/or perceptions of respondents. Indicators based on the perceptions of citizens, public officials or business people are widely used and are popular with the media. Those indicators are often aggregated into composite indices, such as the annual Corruption Perceptions Index, published by Transparency International, the World Bank’s governance indicators, which also measure the ability of countries to control corruption, and the indices prepared by the World Economic Forum to identify obstacles to business. Such indices can be useful, but their findings are typically affected by methodological limitations and by the varying cultural and social environments from which they are drawn. Victimization studies, such as the International Crime Victim Survey conducted by the United Nations Office on Drugs and Crime (UNODC) and the United Nations Interregional Crime and Justice Research Institute, focus on how respondents have experienced corruption. In recent years, the results of the

International Crime Victim Survey have led to the development of the International Crime Business Survey, focusing on respondents who have experienced corruption, fraud and extortion.

4. The impact of drug-related corruption

26. The huge proceeds of the illicit drug trade are a powerful corrupting force. The consequences of corruption can be pervasive and profound. Corruption is a threat to democracy and development, working to the detriment of good governance and weakening social institutions. Drug-related corruption can have an extremely detrimental effect on the credibility and efficiency of the criminal justice system and weaken the rule of law. It can also have an adverse effect on the credibility and legitimacy of other social institutions. It fuels public distrust in both public and private sector initiatives. It can have a devastating impact on a country's economic and social development.

27. If left unchecked, low-level corruption can spread throughout social institutions. Once corruption has become systemic and institutionalized, officials find it easier to engage in various forms of extortion and protection rackets. To speak of such forms of corruption as a major crisis requiring immediate attention is hardly an exaggeration. Experience has shown how serious that danger is. There are numerous examples of the catastrophic effect of drug-related corruption on the state and its institutions. In some instances, drug-related corruption has had a damaging effect on the country's entire political system.

28. Corruption can be both a product and a cause of the failure of governance mechanisms. Corruption thrives where policies and the regulatory regime provide scope for it and where institutions for providing control are weak. Corruption can thus be seen as a direct consequence of inadequate, illegitimate or ineffective governance mechanisms and institutions at various levels. The converse is also true: corruption can sabotage those institutions and the essential governance functions they perform.

29. Countries with serious drug trafficking problems are particularly vulnerable to the machinations of organized criminal groups. The illicit drug trade can have a destabilizing effect on the national economy, the

political process and civil society.⁵ Political corruption, patronage and clientelism create opportunities for criminal groups to establish their control over certain population groups, as well as over the political process. Drug traffickers can find ways to enter into the process by ensuring that votes are exchanged for favours. The clientelism practised by certain criminal organizations, with or without the involvement of politicians, can have a profound impact on the political life of a community. The above-mentioned challenges, which are very complex, demonstrate the need for broad initiatives to prevent drug-related corruption through community empowerment, education and institutional reform. When fighting drug-related corruption and addressing its detrimental social effects, denial and abdication cannot be tolerated. Governments clearly need to adopt strong measures to prevent and control corruption. Ironically, those Governments which have already been infiltrated and weakened by drug-related or other types of corruption are the least likely to adopt effective anti-corruption measures.

B. Corruption and drug control

30. Just as corruption is a major impediment to social and economic development, it is also an impediment to a well-functioning justice and security sector. People are more likely to commit a criminal act if the likelihood of being caught is low and if a bribe is the best way to avoid being held accountable for a criminal act. As time goes on, corruption becomes institutionalized and systemic and can affect the entire justice system. The credibility and legitimacy of the justice system are soon affected. The effectiveness of the justice system suffers because it is no longer able to count on the public support it requires in order to perform its function effectively. From that point, corruption can eventually reach the highest levels of a government and affect its credibility, legitimacy, stability and, ultimately, its viability.

1. Organized crime and the corruption and intimidation of public officials

31. A fundamental characteristic of organized crime is its ability to take advantage of weak institutions and

⁵ See *Report of the International Narcotics Control Board for 2002* (United Nations publication, Sales No. E.03.XI.1), chap. I.

its reliance on corruption and intimidation to enable it to conduct its business with as little interference as possible. Organized crime is more likely to flourish in cities, countries and other geographical areas where government control and local institutions are weak and public officials are corrupt. The extent to which criminal organizations succeed in infiltrating the public sector depends on their characteristics and activities, and on the relative strength and resilience of the public institutions. The activities of drug traffickers and other organized criminal groups are not necessarily the main cause of corruption; weak law enforcement and criminal justice institutions represent an open invitation to corruption. In extreme cases, organized criminal groups may even use corruption to control dysfunctional state agencies.

32. There is abundant evidence of the systematic use of corruption and intimidation by organized criminal groups and of the frequent collusion between criminals and corrupt officials at various levels of government. The most common type of corruption is bribery to influence the functions of government. Corrupt public officials become the puppets of criminals, who are then able to rely on their complicity.

2. Corruption of police, customs and other law enforcement officials

33. There is a growing realization that police corruption is not always just an aberration. The corrupting effect of organized crime is systemic and lasting. Criminal groups have been known to enter into relatively stable arrangements with the police or other law enforcement and regulatory agencies. Those arrangements may involve non-enforcement or selective enforcement of the law by an official who, in exchange for a share of the proceeds derived from illicit activities, allows a criminal group to obtain or consolidate control over an illicit market. Law enforcement authorities may carry out raids against insignificant illegal operations or against a competing criminal group. In some instances, violence erupts between criminal groups wishing to have access to or influence over corrupt officials who control certain areas (such as a landing strip or a border control station). Criminal groups may, out of fear of being betrayed, target the officials they have bribed.

34. Police, customs and other agencies involved in drug law enforcement are particularly exposed to

corruption. Several official reports, for example, in Australia, the Bahamas and the United States of America,⁶ have acknowledged the fact that the illicit drug trade has left law enforcement and customs agencies highly vulnerable to drug-related corruption. Drug control units are particularly vulnerable to corruption because of both the large sums of money and quantities of drugs involved in their work and the willingness of criminals to pay bribes to avoid trouble. The frequent contact that members of specialized drug law enforcement units have with drug abusers and illicit drug suppliers multiply the opportunities for corruption and heighten the risk of misconduct. Officers working in drug control units are more exposed to corruption than others; they are also aggressively recruited by criminal groups. Drug control units are often at risk of being infiltrated by organized criminal groups involved in drug trafficking. Law enforcement officers working on drug trafficking cases are particularly prone to corruption because their work entails the use of informants, undercover investigations and investigative techniques such as controlled delivery. Furthermore, police and police recruits may believe that corruption is justifiable and acceptable in certain circumstances, a misperception that is sometimes reinforced by the local police subculture.

35. There have been frequent reports of drug-related corruption involving police officers who were engaged in serious criminal activities such as stealing money and/or drugs from drug dealers, conducting illegal searches to appropriate drugs or drug money, selling stolen drugs, protecting drug trafficking operations, providing false testimony or submitting false crime reports.⁷ There have been reports in many countries of

⁶ Bahamas, *Report of the Commission of Inquiry, Appointed to Inquire into the Illegal Use of the Bahamas for the Transshipment of Dangerous Drugs Destined for the United States of America, November 1983-December 1984* (Nassau, Commission of Inquiry, 1984); United States of America, General Accounting Office, *Law Enforcement: Information on Drug-Related Police Corruption*, GAO report GAO/GGD-98-111 (Washington, D.C., May 1998); *The Knapp Commission Report on Police Corruption* (New York, George Braziller, 1973); and Australia, New South Wales, *Project Odin: Identifying and Managing High Risk Officers in the NSW Police Force* (Sydney, Police Integrity Commission, September 2009).

⁷ *Law Enforcement: Information on Drug-Related Police Corruption ...* (see footnote 6).

rogue police officers being actively engaged in trafficking in drugs in some cases drugs that had been confiscated, or guarding illicit crop cultivation sites for a criminal organization.

36. There have also been reports of drugs being diverted in large quantities from licit distribution channels to be sold on illicit markets as a result of officials abusing their authority, thereby defeating the purposes of regulatory agencies and drug control mechanisms.

37. As it relates to the illicit drug trade, police corruption frequently takes the form of a bribe: a “tax” or “rent” secretly levied on illicit profits. As drug law enforcement efforts intensify, so does the capacity of the police (and other criminal justice officials) to levy a “tax” on the profits of the illicit drug trade. In some instances, that practice has led to open competition and even violent conflict between corrupt police officers to determine who collects the bribes. Well-established drug trafficking organizations may find that such a system works in their favour, as they are able to pay the bribes and redirect the attention of the police and prosecutors towards more poorly “connected” criminal groups. Corruption can help a criminal group establish tight control over a particular licit or illicit market by enlisting the authorities’ help to drive out or weaken the competition.

38. Police corruption hinders international cooperation in criminal matters and in drug control. There are many obstacles to effective law enforcement cooperation at the international level. Sovereignty issues, absence of enabling legislation, poor channels of communication and diversity of law enforcement structures have been identified as some of the challenges that must be faced in that area. International cooperation in fighting organized crime and drug trafficking is facilitated by various legal instruments and institutional arrangements. Ultimately, however, international cooperation is based on relationships of trust and reciprocity among law enforcement agencies and officials. Those relationships can be seriously compromised by corruption or even the mere suspicion of corruption. Corruption undermines international coordination efforts and condemns some of the best international drug control initiatives to failure.

39. The success of strategic approaches to fighting drug trafficking, whether at the local, regional or international levels, always depends on the capacity

and willingness of the officials in the various agencies involved to cooperate with each other. That capacity can be seriously reduced by corruption and the level of distrust it generates among those involved. When corrupt police officers or prosecutors have access to critical information or evidence received from another jurisdiction about an ongoing investigation, that investigation is compromised. As a result, some of the witnesses, informants and agents involved in that investigation may also be compromised, threatened or even killed. Some of the police and criminal justice officials involved may face betrayal, intimidation and retaliation. Thus, corruption may render joint police operations or cross-border investigations useless. International cooperation in the areas of intelligence-sharing and witness protection may also be precluded by police corruption.

40. Police corruption is difficult to control, but it should be clear to all those concerned that no amount of corruption should ever be tolerated within a police, customs or drug control unit. Temporary repressive measures are usually insufficient to address the problem. Their impact tends to be limited and short-lived. Broader anti-corruption strategies are necessary, including measures focusing on the prevention of corruption and periodic checks. Independent police oversight mechanisms, proactive internal investigations and the creation of special anti-corruption units must be part of any comprehensive strategy to identify and eradicate corruption as soon as it emerges.

41. In addition to front-line police, customs and other law enforcement officers, other security officers may be targeted by criminal organizations. For example, security and other personnel working at international airports and other border control points are also vulnerable to attempts to infiltrate or corrupt them. In Canada, a strategic assessment conducted by the Royal Canadian Mounted Police revealed that organized criminal groups had attempted to exploit airports by corrupting employees or by placing criminal associates in the airport workforce.⁸

42. Regulatory agencies are also exposed to drug-related corruption. For instance, because criminal

⁸ Royal Canadian Mounted Police, *Project SPAWN: A Strategic Assessment of Criminal Activity and Organized Crime Infiltration at Canada’s Class 1 Airports* (Ottawa, 2008).

organizations must hide the proceeds of their illicit activities, they often need to collaborate with regulators, people in financial institutions and other professionals to launder those proceeds. That collaboration, obtained through intimidation or corruption, is used to defeat the efforts of police and other law enforcement agencies to trace, freeze, seize and/or confiscate those assets.

3. Military corruption

43. In several countries, police corruption has resulted in pressure being generated to involve the military in drug control, illicit crop eradication and border control efforts. That, in turn, has sometimes resulted in the problem of drug-related corruption spreading to the military and, in some cases, has affected the integrity, credibility and legitimacy of the military institutions involved. In some cases, in order to limit the devastating effects of corruption, a decision has had to be made to withdraw the military personnel that had been stationed in illicit drug production areas or assigned to pursue drug traffickers. In other cases, the population saw the police and the military accuse each other of corruption (or even attacking each other) and the credibility of both institutions suffered greatly.

4. Judicial corruption

44. The judiciary is equally at risk of drug-related corruption and intimidation. Because of the influence they have over the entire criminal justice process, judges and prosecutors are often targeted by criminal groups. The authority that judges and prosecutors have to initiate and terminate criminal investigations makes them extremely vulnerable to corruption and intimidation. Many members of the judiciary fall victim to intimidation, retaliation and violence. Others become corrupt. Once compromised, those officials are outside of the normal protection of the law and are unable to resist the pressure exerted by criminal organizations.

45. Once members of the judiciary or the prosecutorial services are compromised, they are unable to effectively perform their function of overseeing the rest of the criminal justice system. Unfortunately, existing judicial oversight and control mechanisms are not always sufficient to prevent or repress corruption. Protecting the independence of the judiciary is an important means of protecting it against

corruption, but it must also be supported by other effective action against judicial corruption. Preventive measures should include the elaboration of codes of professional conduct for members of the judiciary, as well as educational and training activities. Mechanisms should be put in place for ensuring that judges report and seek support in cases of intimidation. In some countries, it is difficult to enforce sanctions against judges convicted of corruption. Therefore, Governments should ensure that legislation enables sanctions to be enforced where appropriate.

46. Judges obviously have an important role to play in the fight against corruption. In some legal systems, they often play a direct role in the investigation and prosecution of corruption. Lack of resources, the complexity of the cases involved, the failing support of the police, the destruction of evidence, violence, intimidation, insufficient protection and political interference can all hinder effective action against corruption.

5. Drug-related corruption in countries with weakened controls or in post-conflict situations

47. Drug-related organized crime is becoming a major threat to peace and security. Countries in post-conflict situations and countries with economies in transition are particularly vulnerable to that threat. War, civil conflict, insurgency and natural disaster can all put tremendous pressure on justice and public safety institutions. The social control vacuum resulting from such situations often leads to violence, instability and corruption. The rapid social change and the weakened and disoriented law enforcement and justice institutions that tend to characterize those situations provide an environment in which organized criminal groups thrive and the illicit drug trade and corruption flourish. Drug-related corruption and organized crime can cause immeasurable harm to the social, political and economic development of countries in which such conditions prevail. Drug trafficking and the violence and corruption associated with it usually have a destabilizing effect on post-conflict societies and a devastating impact on their peacebuilding and reconstruction efforts. The proceeds of drug trafficking are all too frequently used in such situations to support insurgencies, supply weapons, destabilize Governments, undermine the democratic process or neutralize law enforcement and criminal justice institutions.

48. In Afghanistan, for instance, drug trafficking accelerated the development of organized crime and has been a massive source of corruption. Drug trafficking and corruption are major obstacles to peacekeeping, peacebuilding and reconstruction efforts. A recent UNODC report entitled *Corruption in Afghanistan: Bribery as Reported by the Victims* has revealed that drug trafficking and corruption are the two largest income generators in Afghanistan. Together they account for half of the gross domestic product of Afghanistan. The report highlights how corruption has eroded the trust in public officials and the Government as a whole and how it is one of the most significant factors undermining peacebuilding in that country.

49. Many countries with economies in transition have experienced a rapid proliferation of organized crime and drug trafficking. In the Balkans, for example, organized criminal groups have become firmly established. In Senegal, the police have reported that trafficking in cannabis in the Casamance region has benefited from low-intensity conflict.⁹ In Sierra Leone, the police reported that members of the Armed Forces Revolutionary Council, which had controlled the country in the period 1997-1998, were responsible for establishing Sierra Leone as a transit area for illicit drug shipments. In South-Eastern Europe where, according to a recent UNODC report, drug trafficking is the criminal activity with the highest value, drug-related corruption is a significant problem that has a direct effect on criminal justice institutions.¹⁰

50. Since the late 1980s, coups and wars in West Africa have resulted in a blurring of the relationship between politics and crime in that subregion, not to mention general uncertainty surrounding wealth and the manner of its acquisition. That has provided fertile ground for corruption and has exacerbated the problem of organized crime in that subregion.¹¹ According to a UNODC report,¹² cocaine and other drugs illicitly

manufactured in South America are increasingly being smuggled through West Africa on their way to the growing illicit markets in Europe. West Africa, a subregion recovering from several violent civil conflicts, is affected to such a great extent by drug trafficking mainly because of the ability of traffickers to operate with impunity. One of the greatest vulnerabilities of West Africa is its under-resourced criminal justice agencies, which are extremely susceptible to corruption. According to the UNODC report, international drug traffickers operating in West Africa, when arrested, are seldom convicted and sentenced.

C. Combating drug-related corruption

1. Tackling organized crime

51. Dismantling the criminal organizations involved in drug trafficking or, at the very least, disrupting their activities is a prerequisite for successful drug control strategies. Organized crime presents many unique and pressing challenges to criminal justice systems throughout the world. The rapid globalization of criminal networks adds to those challenges by testing the will and capacity of national agencies and institutions to work with each other to curtail the international activities of powerful criminal groups. Criminal organizations are good at exploiting the weaknesses of drug control agencies and other law enforcement agencies. They are also able to quickly adjust to new drug control and law enforcement tactics and approaches. Often the most that can be achieved is the short-term disruption of the activities of criminal organizations, leaving more or less intact their capacity to further engage in drug trafficking.

52. There are some obvious difficulties involved in fighting organized crime. Organized criminal groups usually have enormous resources at their disposal and have access to sophisticated technologies to support their activities. Organized criminal groups are difficult to infiltrate and they go to great lengths to protect themselves against defectors, informants and police agents. They do not hesitate to use violence. Because of the dynamic nature of the criminal activities involved, particularly drug trafficking activities, law enforcement and criminal justice institutions must constantly refine, redefine and perfect their own strategies. When possible, modern techniques of

⁹ *Transnational Organized Crime in the West African Region* (United Nations publication, Sales No. E.05.XI.1), p. 8.

¹⁰ *Crime and Its Impact on the Balkans and Affected Countries*, published by the United Nations Office on Drugs and Crime in March 2008, pp. 12-13.

¹¹ *Transnational Organized Crime in the West African Region*, p. 7.

¹² *Drug Trafficking as a Security Threat in West Africa*, published by the United Nations Office on Drugs and Crime in November 2008.

investigation, such as controlled delivery, electronic surveillance or infiltration must be utilized. Law enforcement and criminal justice institutions must develop a capacity for international cooperation and be able to work effectively with their counterparts in other countries.

53. It is also important to emphasize the importance of efforts to address money-laundering and to trace and seize the proceeds of the illicit drug trade, corruption and other types of crime. The regime for countering money-laundering is based on a number of standards and international instruments that are intended to ensure that there are no safe havens for criminals. Some of those key instruments are the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, the United Nations Convention against Transnational Organized Crime, the United Nations Convention against Corruption and the recommendations of the Financial Action Task Force on Money Laundering. The regime for countering money-laundering makes it possible to disrupt criminal organizations and seize the proceeds of their illegal activities.

2. Implementing necessary preventive measures

54. There are several measures that can be taken to prevent drug-related corruption. Many are the same as those that can be taken to fight corruption in general. They include measures to prevent, detect and investigate incidents of corruption. In the law enforcement and justice sectors, they include measures to develop and strengthen multiple accountability structures, internal investigation mechanisms and disciplinary processes. The most important measures to prevent drug-related corruption are found in the United Nations Convention against Corruption.

55. Deterring drug-related corruption through investigations, prosecutions and serious sanctions is a fundamental element of any comprehensive strategy to address the problem. It is, however, only one part of such a strategy. Emphasis must also be placed on education and prevention because, in the long run, they have more far-reaching benefits in terms of promoting the integrity of public institutions and managing the conduct of public officials. The Convention against Corruption allows for the establishment of independent bodies, with formal legislative authority, that can promote good practices in preventing corruption.

The Convention also suggests that there should be periodic evaluations of relevant legal instruments and administrative measures to determine their effectiveness in preventing corruption.

56. The prevention of corruption requires all public agencies to have in place some efficient, transparent and objective systems for the recruitment, hiring, retention, promotion and retirement of public officials. Those systems must also recognize that certain persons or agencies, such as those involved in drug law enforcement and drug control activities, may be more susceptible to corruption than others. The specific vulnerabilities of those persons and agencies must be identified and analysed. The specific risks in those areas of work need to be identified and addressed by concrete measures, and those measures need to be evaluated and revised periodically. Some of the risks may be addressed by measures such as the following: pre-appointment screening of successful candidates for the post or for special assignments involving drug control activities; rotation of staff; and benchmarking the performance of individuals and teams.

57. All agencies involved in drug control activities should ensure that they have in place specific support and oversight procedures for all their staff, in particular for those who are directly exposed to corruption. Those agencies, because of their vulnerability to corruption, should all have in place procedures such as: regular appraisals; disclosure of conflicts of interest, incompatibilities and associated activities; and the declaration and registration of assets, interests and gifts, as well as adequate procedures for monitoring the accuracy of those declarations. Procedures to allow for confidential reporting of suspicious transactions and incidents ought to be put in place, together with provisions for effective investigation of those reports by internal affairs departments or independent oversight mechanisms.

58. Whenever the existing process and procedures provide a level of discretionary authority for certain officials, effective measures to monitor and review the use of that authority must be instituted. Depending on the level of risk of corruption, systems providing multiple levels of review and approval for certain decisions are always preferable to having a single individual with the sole authority to make those decisions. Encouraging transparency and accountability with respect to the decisions made at all

levels is one of the most effective ways of preventing corruption. The operational requirement for secrecy to protect the integrity of drug control investigations and protect the officials involved must not serve as a means to avoid operational and public accountability.

59. Preventing the laundering of the proceeds of corruption is an important prevention method. Attempts to trace and seize the profits of drug dealers have led to the creation of sophisticated international mechanisms to prevent and counter money-laundering and deprive drug traffickers of the proceeds of their illegal activities. Those mechanisms can also be used to prevent corrupt officials from laundering their illegally obtained wealth. Measures to counter money-laundering rely in part on the vigilance and collaboration of financial institutions and their employees and other professionals (accountants, investors, lawyers). They, too, must be protected against corruption.

60. Addressing corruption and intimidation of the judiciary is a priority of an effective anti-corruption strategy. When members of the judiciary are compromised, the legal and institutional mechanisms designed to curb corruption are neutralized. In order to prevent such corruption, codes of conduct for the judiciary, effective oversight mechanisms and strong disciplinary measures can be put into place without affecting the independence of the judiciary. The Bangalore Principles of Judicial Conduct¹³ reaffirm the notion that judges must be accountable for their conduct to appropriate institutions established to maintain judicial standards, which are themselves independent and impartial, and are intended to supplement and not to derogate from existing rules of law and conduct that bind judges. The Principles reaffirm the fact that integrity is essential to the proper discharge of the judicial office and that judges must ensure that their conduct is above reproach.

61. The work for which judges and prosecutors are responsible must be protected against the risk of corruption and intimidation by ensuring that the judicial process is open and accessible. Judicial proceedings should be open to the public, judges must be required to provide reasons for their decisions and those decisions must be recorded and accessible to the

public through the media. Judges and court administrators have a responsibility to prevent corruption by ensuring the effective and accountable administration of court proceedings, including systems to maintain and manage court records, procedures for reducing court delays, registries of decisions and procedures to respond to public complaints. Measures must be in place to prevent the destruction or theft of evidence and exhibits and the disappearance or destruction of court records.

62. Prosecutors have a special role to play in preventing corruption. They must be able to perform their professional functions without intimidation, hindrance, harassment, political interference or unjustified personal exposure to liability. They must be held accountable for their decisions and should be able to explain them in a frank and transparent manner. Where disciplinary steps are necessary, they should only be taken after an expeditious and fair hearing has taken place. Prosecutors, like judges, must be well protected: their personal safety and that of their families should never be threatened as a result of them carrying out their professional responsibilities.

63. There are several approaches to preventing corruption among the police and customs. In law enforcement, preventing corruption involves taking decisive action in a number of areas, including: (a) recruitment, training and promotion; (b) provision of adequate resources; (c) correcting faulty compensation, reward and incentive structures within the organization; (d) strengthening the existing governance and accountability structures within and outside the organization; (e) increasing transparency; (f) changing attitudes and traditions within the organization that inhibit the development of professional and ethical police standards; and (g) countering any internal subculture that may perpetuate the acceptance of corruption.

64. Preventing and reducing corruption within the customs administration are also particularly relevant to the prevention of drug trafficking. Customs administrations are very vulnerable to corruption. A decision by a customs official to knowingly accept a fraudulent declaration can compromise the achievements representing months of work in a drug control operation. Considerable attention must be given to the recruitment, training and monitoring of customs staff and supervisory personnel. The development of

¹³ E/CN.4/2003/65, annex; see also Economic and Social Council resolution 2006/23, annex.

strategies to counter corruption among customs officers involves determining the specific risks of corrupt behaviour at the various stages of the customs clearance process and, if appropriate, the developments of a “risk map” outlining the extent to which various elements of the existing process facilitate potential violations and create opportunities for corruption. The World Customs Organization has identified a number of areas to be focused on in efforts to prevent corruption in customs operations: leadership and commitment; regulatory framework; transparency; automation; reform and modernization; audit and investigation; code of conduct; human resource management; and morale and organization culture.¹⁴

65. Integrated approaches are therefore needed to effectively address the factors that facilitate corruption within law enforcement agencies. The main elements of a comprehensive corruption prevention plan include improved recruiting and training practices, adequate remuneration, adequate policies, procedures, supervision, and administrative control to detect and respond to the problems of drug abuse and corruption among law enforcement officers. Responsible and accountable management and supervision are essential to the success of those approaches. Police managers must be inculcated with a sense of responsibility and be held accountable for the integrity of their staff. Organizational reforms must be introduced to ensure internal accountability and effective supervision, and to change procedures and practices that are conducive to corruption. Finally, corruption cannot be completely rooted out without having in place effective measures to detect, investigate and punish corruption. For that, an independent internal investigative unit is required, functioning as it should under an independent civilian oversight mechanism.

66. Detecting corruption within a law enforcement agency may present some challenges. The detection of corruption may rely in part on reports from citizens or from law enforcement officers, but reports alone are usually insufficient. The agency may also rely on integrity testing, an early warning system to detect officers who may be prone to corruption, and the

proactive investigation of individual officers involved in squads or areas with a high number of corruption-related complaints. The identification of officers at risk of corruption or misconduct is an important part of effective detection and investigation. Some areas of policing, in particular drug law enforcement, require special attention: they are at greater risk of corruption because they tend to be characterized by a large degree of secrecy and little managerial, administrative or civilian oversight. Corruption resistance and prevention plans can be developed once a proper risk assessment has been conducted and the risks of misconduct and the officers at risk have been identified.¹⁵

67. Measures to protect against unjustified treatment those persons who report in good faith an alleged incident of corruption are essential to efforts to combat and prevent corruption at all levels. Such measures must strike a balance between the need to protect the rights of the person who is the object of the allegation and the need to protect the person making the allegation. Because false accusations of corruption may be used to discredit officials and neutralize their efforts to combat crime, such measures must also offer some protection against false accusation. There is also a need to protect witnesses, experts and victims who give information or testimony in cases involving corruption. Intimidation can take many forms and a variety of measures are usually necessary to protect those at risk. Measures should be designed to provide physical protection for witnesses who might be in danger and evidentiary rules should be adopted to allow them to provide testimony in a manner that ensures their safety. It is important to have in place comprehensive witness protection programmes to protect those who collaborate with the justice system in the investigation and prosecution of cases involving corruption.

D. Recommendations

68. Efforts to curtail the illicit drug trade must be better coordinated and aligned with broader strategies to control organized crime and to limit the damaging effects of drug-related corruption. To ensure more effective implementation of the international drug

¹⁴ World Customs Organization, Revised Arusha Declaration: Declaration of the Customs Cooperation Council concerning Good Governance and Integrity in Customs, 2003; see also World Customs Organization, *Integrity Development Guide* (2007).

¹⁵ See, for example: *Project Odin: Identifying and Managing High Risk Officers in the NSW Police Force* (see footnote 6).

control conventions, the Board recommends the following:

(a) Governments must give greater attention to initiatives to prevent corruption, particularly those initiatives relating to public agencies and officials actively engaged, at all levels, in the enforcement of drug control laws. Those officials are particularly vulnerable to the threat of corruption and must be protected against it. Corruption resistance and prevention plans can be developed once a proper risk assessment has been conducted and the risks of misconduct and corruption have been identified;

(b) Governments must give priority to strategies aimed at preventing corruption and raising public awareness about corruption, building on the strengths and values that are unique to each cultural context;

(c) Governments must give priority to preventing corruption and intimidation, in particular among the judiciary. A corrupt judiciary is as serious an impediment to the success of anti-corruption measures as it is to the success of drug control strategies;

(d) All law enforcement and criminal justice agencies involved in drug control or in the fight against organized crime should formally adopt and enforce within their agencies a policy of absolute intolerance towards corruption;

(e) Law enforcement and criminal justice agencies involved in drug control should adopt, as a matter of priority, concrete measures to prevent drug-related and other forms of corruption and misconduct within their ranks. Such measures may include: promoting incorruptible and transparent recruitment, training, deployment and supervision practices; integrity-testing; strengthened internal investigation mechanisms; independent civilian oversight; effective prosecution; and greater protection for informants (“whistle-blowers”) and witnesses;

(f) All agencies involved in drug control activities should prevent corruption by ensuring that

they have in place specific support and oversight procedures for all their staff, in particular for those who are directly exposed to corruption. Those agencies, because they are particularly vulnerable to corruption, should all have in place prevention procedures such as: regular appraisals; disclosure of conflicts of interest, incompatibilities and associated activities; and declaration and registration of assets, interests and gifts, as well as adequate procedures for monitoring the accuracy of those declarations. Procedures should be in place to allow for confidential reporting of suspicious transactions and incidents, with provisions for effective investigation of those reports by internal affairs departments, inspectorates or independent civilian oversight mechanisms;

(g) There must be renewed efforts, at the national and international levels, to further strengthen measures to counter money-laundering and ensure that they focus on the identification and confiscation of the proceeds of drug-related corruption, as well as other types of drug-related crime;

(h) International and regional cooperation and the capacity of the relevant law enforcement and criminal justice agencies to cooperate with each other must continue to be strengthened, particularly as they relate to the prevention and eradication of drug-related corruption and intimidation;

(i) States that have not already done so are encouraged to ratify and implement the United Nations Convention against Transnational Organized Crime and the United Nations Convention against Corruption (see annex III), thereby enabling those conventions to realize their full potential in fighting drug-related crime, particularly at the international level;

(j) The international community should provide assistance to States that are struggling to cope with drug-related corruption and intimidation and require technical and other assistance in order to build their capacity to combat drug-related corruption.

II. Functioning of the international drug control system

A. Promoting the consistent application of the international drug control treaties

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

1. Status of adherence to the international drug control treaties

70. Since the publication of the report of the Board for 2009, no additional countries have acceded to any of the international drug control treaties.

71. Thus, as at 1 November 2010, the number of States parties to the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol¹⁶ remained at 184. Two States, namely Afghanistan and Chad, continued to be parties to the 1961 Convention in its unamended form.¹⁷ A total of eight States had yet to accede 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).

72. The number of States parties to the Convention on Psychotropic Substances of 1971¹⁸ stood at 183. A total of 11 States had yet to become parties to that Convention: two States 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).

73. The number of States parties to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 stood at 184. A total of 10 States had yet to become parties to that Convention: two States in Africa (Equatorial Guinea and Somalia), one in Asia (Timor-Leste), one in Europe (Holy See) and six in Oceania (Kiribati,

Nauru, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

74. The Board notes that, despite its continual efforts to promote universal application of the international drug control treaties, 16 States have not yet become parties to all the international drug control treaties. The Board is concerned that failure to accede to any of the international drug control treaties may weaken the collective efforts of the international community to fight against drug abuse and trafficking. The Board urges those States that have not done so to identify any impediments in that regard and to take the steps necessary to accede to all the international drug control treaties without further delay.

2. Evaluation of overall treaty compliance in selected countries

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

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

77. In 2010, the Board reviewed the drug control situation in Brazil, Mexico and Peru, as well as measures taken by the Governments of those countries to implement the international drug control treaties. In doing so, the Board took into account all information available to it, with particular attention paid to new developments in drug control in those countries.

Brazil

78. Brazil continues to be used as a major transit country for illicit drug shipments destined for the United States of America and countries in Africa and

¹⁶ United Nations, *Treaty Series*, vol. 976, No. 14152.

¹⁷ *Ibid.*, vol. 520, No. 7515.

¹⁸ *Ibid.*, vol. 1019, No. 14956.

Europe. There is no evidence of cocaine-manufacturing laboratories on Brazilian territory, but the proximity of Brazil's north-east coast to West Africa has made that area attractive to South American drug trafficking organizations. Brazil is used to smuggle by air and sea to West African countries a significant portion of cocaine from Bolivia (Plurinational State of), Colombia and Peru. The Board notes the determination of the Government of Brazil to continue to counter the smuggling of cocaine and other drugs through the country and calls upon the Government to further intensify its efforts in this regard.

79. The Board notes with concern the increasing spread of the abuse of "crack" (a cocaine derivative converted from cocaine hydrochloride) cocaine in Brazil in recent years. It notes that the Government has taken action to curb the abuse of this substance, such as the launch of an integrated action plan against the abuse of "crack" and other drugs in May 2010. Under that plan, the Government has allocated significant resources to implement measures to fight drug trafficking, mainly in the municipalities located in border regions, and to expand and improve facilities for the treatment of drug abuse and the social reintegration of drug addicts. The Board urges the Government to continue its efforts in that area and to inform the Board of progress made in addressing the abuse of cocaine and other drugs.

80. For many years, consumption levels of stimulants in Schedule IV of the 1971 Convention in countries of the Americas, including Brazil, have been among the highest in the world. The Board notes that measures have been taken by the Government of Brazil to curb the consumption of anorectics in recent years by amending national legislation to allow better monitoring of the domestic distribution of such substances and by strictly enforcing the prescription requirements. In this connection, the Board welcomes the steps taken by the Government in August 2010 to adopt new regulations aimed at further strengthening controls over the manufacture, import, marketing and prescription of amphetamine-type stimulants in the country. The Board encourages the Government to continue taking all necessary measures to ensure that anorectics are used only for medical purposes and to prevent the misuse and overprescribing of those substances.

81. Recent developments indicate that some progress has been made by the Government of Brazil in addressing the drug control problems of the country. Improvements have also been noted in the cooperation that the Government has extended to the Board. The Board trusts that the Government will take appropriate measures to further improve its cooperation with it, including the mandatory reporting of statistical information as required under the international drug control treaties.

Mexico

82. Mexican territory is used for the production of illicit drugs to be smuggled into countries in North America, particularly the United States. Much of the cannabis smuggled into the United States is illicitly produced in Mexico. According to UNODC, the illicit production of and trafficking in cannabis constitute the most important source of income for Mexican drug cartels, accounting for an estimated \$8.5 billion, or about 61 per cent, of their annual income. As much as 90 per cent of the cocaine from South America is smuggled into the United States through Mexico. Illicit cultivation of opium poppy has increased every year since 2000, with a corresponding increase in the illicit manufacture of opiates, primarily heroin. Most opiates found in the United States originate in Mexico.

83. The Board notes that tremendous efforts have been made by the Government of Mexico to combat drugs and to disrupt the operation of major drug trafficking organizations. The Government has reaffirmed its commitment to limiting the flow of drugs and combating drug trafficking organizations by dedicating more financial and human resources to the effort. A number of important leaders of drug trafficking organizations and their key associates have been captured, and the Government has continued to dismiss officials co-opted by the traffickers through various means, including intimidation and blackmail. In recent years, the Mexican authorities have detained several leaders of the main drug trafficking organizations and arrested or detained more than 35,000 members of such organizations. According to the Government, since 2006, more than 28,000 people have died in Mexico's campaign against drug trafficking organizations.

84. Although Mexico has made concerted efforts to reduce corruption in recent years, including efforts at a

high level, corruption remains a serious problem. Strong ties continue to exist between drug cartels and some law enforcement authorities; some officials and police officers have been intimidated and bribed to protect the interests of organized crime. Corruption has severely hindered the effectiveness of law enforcement in Mexico, a fact confirmed by the Government when it announced that it needed to reduce the capacity of drug cartels to infiltrate the authorities and to corrupt officials.

85. Drug abuse in Mexico has been rising. Cannabis, cocaine and inhalants, in that order, remain the most commonly abused substances in the country. The abuse of heroin and methamphetamine has been concentrated mainly in the north, close to the border with the United States. The Government reported a sharp increase in the abuse of cocaine, particularly “crack”, and methamphetamine in 2008. Rising levels of opioid abuse were also reported in Mexico in 2009, although no specific data were provided.

86. The Board notes that, despite regulations banning ephedrine and pseudoephedrine in Mexico, precursor chemicals continue to be smuggled into the country, where the illicit manufacture of amphetamine-type stimulants continues. Furthermore, there continue to be shortcomings in the control of the licit movement of controlled substances, in particular with regard to the inspection of retail outlets for psychotropic substances. The Board urges the Government to take effective measures to ensure that those issues are adequately addressed.

87. There appears to be a lack of progress in the implementation of the recommendations made by the Board following its last mission to Mexico, in 2005, on the use of opioid analgesics for medical purposes, which remains low. The Board encourages the Government to identify any impediments and take the necessary steps to ensure that adequate access to those narcotic drugs is provided for those in need of medical treatment, bearing in mind the aims of the international drug control treaties.

Peru

88. In recent years, the area under illicit coca bush cultivation has started to increase in Peru, reaching almost 60,000 hectares (ha) in 2009. While Peru remained the world’s second largest coca bush grower (after Colombia), it became the world’s largest coca

leaf producer in 2009, when its potential coca leaf production (119,000 tons) surpassed that of Colombia for the first time since 1997. The Board is concerned that if current trends in such cultivation continue unchecked, Peru could overtake Colombia in terms of the area under illicit coca bush cultivation and illicit coca leaf production in the coming years, regaining its position as the world’s largest supplier of cocaine, a position it held up to 1996.

89. The Board notes the efforts of the Government to eradicate illicit coca bush cultivation (or at least to prevent further expansion of such cultivation), as part of its comprehensive and balanced national drug control policy for the period 2007-2011, aimed at combating drug abuse and drug trafficking. In recent years, through a national rapid-impact plan, additional resources have been allocated for investment projects and activities that reinforce means to reduce the illicit production and illicit use of drugs. However, efforts need to be further stepped up to effectively counter the increasing trend in illicit coca bush cultivation and illicit coca leaf production.

90. The traditional habit of chewing coca leaf has not been abolished in Peru, as required under the 1961 Convention. Although the Board has called upon the Government of Peru to abolish all uses of coca leaf, including coca leaf chewing, traditional uses of coca leaf still continue in the country. The Board calls upon the Government, as a party to the 1961 Convention as amended by the 1972 Protocol, to ensure full compliance with its obligations under the Convention, including the obligation to eliminate all uses of coca leaf for purposes other than those provided for in the Convention.

91. The Board notes that the prevention of drug abuse is one of the priorities of the national drug control strategy. Peru has institutionalized policies on the prevention and treatment of drug abuse at different levels within the Government through the implementation of an educational plan for prevention, early detection and prompt referral relating to drug abuse.

92. The Government has adopted adequate legislation for the control of precursor chemicals and put in place an effective monitoring mechanism with regard to the manufacture, distribution, import and export of controlled chemicals. The Board also notes that international cooperation by the Government,

including compliance with its reporting obligations under the international drug control treaties, has improved in recent years. The Board welcomes those developments and encourages the Government to step up efforts in areas where progress is lacking and to ensure that the progress already achieved is sustained.

3. Country missions

93. In pursuing its mandate under the international drug control treaties and as part of its ongoing dialogue with Governments, the Board undertakes a number of country missions every year to discuss with competent national authorities measures taken and progress made in various areas of drug control. The missions provide the Board with an opportunity to obtain not only first-hand information, but also a better understanding of the drug control situation in each country it visits, thereby enabling the Board to provide the Government with relevant recommendations and to promote treaty compliance.

94. In 2010, the Board sent missions to the following countries: Armenia, Azerbaijan, Croatia, Gabon, Georgia, Guatemala, Israel, Lebanon, Morocco and Turkmenistan. The findings and recommendations of the 2009 missions of the Board to Hungary, Ireland, Jordan, Malta and Spain are also reflected in the present report.

Armenia

95. A mission of the Board visited Armenia in October 2010. The Board's previous mission to that country was in 1997. The Board notes the commitment of the competent national authorities of Armenia to comply with the provisions of the three international drug control conventions, to which Armenia is a party. The Board has identified shortcomings in mutual cooperation and information exchange among the drug control authorities in the country and encourages the Government to address that issue.

96. Armenia has recently been targeted by criminal groups engaged in trafficking in precursors used in the illicit manufacture of heroin and amphetamine-type stimulants, as evidenced by the clandestine amphetamine laboratories uncovered and dismantled in the country in 2010. The Board has requested the Government to further strengthen the control of precursors. The Board recommends the Government to assess the requirements for narcotic drugs used for pain

treatment in the country and to identify and address any impediments to making them available in sufficient quantities for medical use.

Azerbaijan

97. A mission of the Board visited Azerbaijan in July 2010. The objective of the mission was to review the progress achieved in the country to implement the provisions of the international drug control treaties since the Board's last mission to the country, in 1997.

98. To address the problem of drugs being smuggled through Azerbaijan, certain measures, in particular the strengthening of border control, have been taken. In spite of those measures, Azerbaijan continues to be used as a transit country for illicit drug consignments. The Board encourages the Government to continue strengthening law enforcement, border protection, regional cooperation and information-sharing to prevent drug trafficking. In Azerbaijan, the availability of narcotic drugs used for pain treatment is relatively low. The Board therefore requests the Government to assess the requirements for narcotic drugs used for the treatment of pain, to identify impediments to efforts to ensure that such narcotic drugs are available in adequate quantities and to develop policies to overcome those impediments. In view of the growing problem in Azerbaijan with regard to the abuse of drugs, mainly opiates, the Board recommends the Government carry out a national survey of drug abuse and to use the survey findings to design and monitor appropriate drug control strategies. The Board also recommends the Government strengthen drug abuse prevention efforts and ensure the availability of facilities for the treatment of drug dependence.

Croatia

99. A mission of the Board visited Croatia in May 2010. Croatia is a party to all three international drug control conventions, and the Government is committed to the implementation of the provisions of those treaties. The Board notes with satisfaction that the Government has developed a comprehensive national drug control strategy, as well as action plans, to ensure coordination among implementing agencies and institutions. However, data on the prevalence of drug abuse, which are important for guiding drug control policies and evaluating their effectiveness, are

lacking. The Board calls upon the Government to regularly assess the extent of drug abuse in Croatia.

100. The strategic location of Croatia and its extensive borders make it vulnerable to drug trafficking by organized criminal groups that use the country for transit trafficking. The Government has undertaken a number of legal, judicial and institutional reforms in recent years to increase the country's capacity to counter organized crime. Law enforcement agencies in Croatia also cooperate closely with their counterparts in other countries and with international organizations to strengthen border control. The Board encourages the Government to continue its efforts in preventing drug trafficking by organized criminal groups and to ensure that law enforcement agencies are provided with adequate training and equipment to be effective in this regard.

Gabon

101. A mission of the Board visited Gabon in June 2010. It was the first time since 1998 that the Board had sent a mission to the country. The objective of the mission was to review the implementation of the three international drug control treaties, to which Gabon is a party. The discussions related primarily to recent developments in drug trafficking and abuse in Gabon and measures taken or planned by the Government to overcome the present difficulties. Although Gabon still appears relatively immune to problems related to drug abuse, the Board encourages the Gabonese authorities to take measures to ensure the collection and analysis of information on drug abuse in order to plan adequate treatment for drug addicts.

102. The Board notes that the Government of Gabon has taken a series of steps to strengthen drug control as part of the implementation of the international drug control treaties and that the Gabonese authorities are very much involved in fighting drug-related problems. However, comprehensive legislation to control licit activities related to narcotic drugs, psychotropic substances and precursor chemicals and good coordination between the various control bodies are essential. Personnel should also be suitably trained and provided with the necessary resources.

Georgia

103. The Board sent a mission to Georgia in July 2010. Georgia has the potential to become a major

transit country used for consignments of narcotic drugs from Afghanistan destined for Western Europe. Georgia is a party to all three international drug control treaties and, in line with the provisions of the international drug control system, has in place legal and administrative mechanisms for the control of narcotic drugs, psychotropic substances and precursor chemicals. However, a balanced national drug control strategy has not yet been adopted. The drug law enforcement authorities in Georgia appear to be effective, cooperating with their counterparts in neighbouring countries. The abuse of drugs, including prescription drugs and home-made stimulants, is a problem in Georgia, although reliable data on the extent of drug abuse do not exist. HIV prevalence rates among persons who abuse drugs by injection are high.

104. The Board recommends that the Government of Georgia adopt and implement a balanced national drug control strategy. In view of the fact that drug abuse is widespread, the Board urges the Government to regularly assess the extent of the abuse of specific drugs, including pharmaceutical preparations. The Board recommends that services for the prevention of drug abuse should be expanded to include all segments of the population that might need such services and programmes for the rehabilitation and social reintegration of drug-dependent persons should be strengthened. There is a need for stricter control over the domestic distribution of certain pharmaceutical preparations that are abused in the country.

Guatemala

105. A mission of the Board visited Guatemala in May 2010. It was the first time since 1999 that a mission of the Board had visited the country. The Board notes the commitment of the competent national authorities of Guatemala to comply with the provisions of the international drug control conventions, to which Guatemala is a party. Guatemala, like several other countries in Central America, must cope with a high level of criminality, insecurity and impunity, which are considered to be the main concerns of its citizens.

106. Guatemala continues to be used as a trans-shipment area for consignments of drugs originating in South America. However, according to the latest household survey, conducted by the Government in 2005, the prevalence of the abuse of all drugs except cannabis in Guatemala was among the lowest in

Central America. The Board encourages the Government to carry out a new survey on drug abuse to enable a comparison of drug abuse data and to identify new trends in drug abuse in the country. In addition, large-scale trafficking in precursors of amphetamine-type stimulants has become one of the major problems faced by Guatemalan authorities. Despite imports of pseudoephedrine being banned in 2009, the country continues to be targeted by precursor traffickers.

Hungary

107. A mission of the Board visited Hungary in October 2009. The Board notes with satisfaction that the Government of Hungary is fully committed to the goals of the international drug control treaties and has implemented a comprehensive strategy to combat drug-related problems in that country. As a result, significant progress has been achieved in key areas such as drug abuse prevention and the treatment and rehabilitation of drug abusers. The Board encourages the Government to ensure that adequate resources are available for sustained progress in the implementation of drug control measures.

108. The Board notes with appreciation that over the past few years, measures have been adopted in Hungary to facilitate the medical prescription of opioids for the treatment of pain. The Government should continue its efforts to address factors that impede the availability of opioid analgesics for medical purposes. There are signs that the illicit production of cannabis is on the increase in Hungary and that the country is being used as a transit area to smuggle cocaine into Western Europe. The Board urges the Government to strengthen law enforcement activities in order to address those challenges.

Ireland

109. A mission of the Board visited Ireland in October 2009. Ireland is a party to all the international drug control treaties and has adopted comprehensive drug control legislation. In principle, legislative, administrative and regulative structures for implementation of the provisions of the international drug control treaties are in place. The Board reiterates, however, its request to the Irish authorities to extend the system of import and export authorizations to all substances in the schedules of the 1971 Convention. In

September 2009, Ireland launched its second National Drug Control Strategy. The Strategy is implemented in close cooperation with all ministries and departments responsible for supply and demand reduction measures. The Strategy focuses on behavioural patterns leading to the abuse or misuse of drugs, including alcohol.

110. Programmes for the prevention and treatment of drug abuse are carried out by governmental and non-governmental agencies working in close cooperation with one another. The Board welcomes the involvement of local communities and civic society in those programmes. Close cooperation is established between various law enforcement offices and other governmental offices with regard to supply reduction measures, which has led to successes in the use of controlled deliveries and in the seizure of drugs and assets derived from criminal activities.

Israel

111. A mission of the Board visited Israel in November 2009. Israel is party to all three international drug control conventions, and drug control activities are coordinated and guided by the Israel Anti-Drug Authority, a well-functioning coordination mechanism. Previously under the authority of the Prime Minister, the Anti-Drug Authority is now an independent entity under the Ministry of Public Security.

112. The Board noted that the system established to ensure that narcotic drugs and psychotropic substances are used only for medical and scientific purposes functions well in Israel and that there are few cases in which narcotic drugs or psychotropic substances have been diverted into the illicit traffic. The Board welcomes the creation of the Pharmaceutical Crime Unit to prevent the diversion of drugs into illicit channels, as well as the steps taken by the Government to act against the sale and use of so-called kiosk drugs, which contain substances not under international control. The Board notes, however, that the Government of Israel has yet to enact precursor control legislation, as recommended by the Board following its 2004 mission to that country.

113. In conjunction with its mission to Israel, the Board also visited the Palestinian Authority and held meetings in Ramallah on 18 November 2009. The Palestinian areas were last visited by a mission of the Board in 1998. The Board urges the Palestinian

Authority to enact the draft law on drugs and to accord higher priority to the treatment and rehabilitation of drug abusers.

114. The Board notes that, despite the difficult political situation, Israel and the Palestinian Authority have cooperated with each other on drug-related issues on a limited scale at the technical level. UNODC has played an important role in facilitating that cooperation. The Board emphasizes that such cooperation needs to be extended and strengthened. All relevant authorities should therefore explore avenues of potential cooperation to actively seek ways and means of reviving and strengthening cooperation and to establish and strengthen working relations in preventing drug trafficking along borders and drug abuse.

Jordan

115. The Board sent a mission to Jordan in August 2009. The Government of Jordan is committed to drug control and applies a balanced approach to reduce the illicit supply of and demand for drugs. Monitoring of the movement of controlled substances in Jordan was found to be satisfactory. Law enforcement activities — both within the country and with other countries — are well coordinated. However, trade in precursor chemicals with other countries in West Asia has increased. The Board therefore requests all authorities involved in precursor control to improve their efforts to prevent Jordan from being used as a transit country for precursor chemicals destined for areas where illicit drug manufacture takes place.

116. Drug abuse in Jordan appears to be limited when compared with the levels recorded elsewhere; however, there are indications that drug abuse in Jordan has been increasing in recent years. The Board calls upon the Government to assess regularly the extent of abuse of all types of substances. The Board further recommends that the programmes for the prevention and treatment of drug abuse be expanded to cover all sectors of the population that might need them and that the rehabilitation and social reintegration of drug-dependent persons be facilitated.

Lebanon

117. The Board sent a mission to Lebanon in March 2010. Lebanon is a party to all three international drug control conventions and has adopted

comprehensive drug control legislation, as well as legislation to prevent money-laundering in line with the provisions of the 1988 Convention. The regulatory controls are reported to be strictly enforced. Law enforcement agencies have been making efforts to reduce the illicit cultivation of cannabis plant and opium poppy in Lebanon, and some measures have been implemented to prevent and treat drug abuse in the country.

118. Nevertheless, important challenges remain. Trafficking in counterfeit Captagon through Lebanon continues. Reliable data on drug abuse in Lebanon are not available, but the problem appears to be growing. Drug abuse prevention and outreach and treatment activities targeting drug abusers are not sustainable and they do not cover all substances of abuse or the whole population. The Board recommends that the Government intensify efforts aimed at detecting and sanctioning illicit activities related to drugs, including trafficking in counterfeit Captagon. The Government should also regularly assess the abuse of all types of substances, establish a comprehensive national policy to prevent the abuse of all drug types and expand the services for the prevention and treatment of drug abuse to include all sectors of the population that might need such services, including the prison population, with a view to facilitating the rehabilitation and social reintegration of drug-dependent persons.

Malta

119. The Board sent a mission to Malta in October 2009 for the first time to review the drug control situation and the Government's compliance with the international drug control treaties. The Board notes that Malta adopted its first National Drugs Policy in February 2008 and encourages the Government to adopt and implement the legislation to establish as soon as possible the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies as the main body responsible for the coordination of drug-related matters in the country.

120. The Board notes the efforts of the law enforcement authorities of Malta in combating drug trafficking. The Board urges the Government to strengthen its capacity to identify, investigate and follow-up suspicious transactions involving substances under international control. The Board encourages the Government to allocate sufficient human and financial

resources in the area of law enforcement to develop its drug control capacity. Moreover, with regard to efforts 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 smuggling, for example, through capacity-building and allocating additional resources for such activities.

Morocco

121. The Board sent a mission to Morocco in December 2009. One of the main objectives of the mission was to review the situation with respect to the cultivation of cannabis plant in the country. The Board learned about the significant reduction of cannabis plant cultivation over the preceding five years and acknowledged the efforts of the Government of Morocco. It is important that the efforts to curb cannabis plant cultivation be sustained in the short, medium and long run. In addition, the Board encourages the Government to continue to monitor the situation by collecting and analysing pertinent statistical data on the extent of cannabis cultivation in the country and to share its experiences with the international community so that the efforts and achievements of Morocco in the reduction of cannabis plant cultivation can become more widely known.

122. The controls applied to the licit movement of narcotic drugs and psychotropic substances were described as effective. Morocco regularly provides to the Board information required under the international drug control treaties. As some of the information is received late, the Board encourages the Government to review the mechanisms and procedures used for data collection so that reports can be submitted within the deadlines required by the treaties.

Spain

123. The Board sent a mission to Spain in July 2009. The Board notes that Spain, a party to all three international drug control conventions, is firmly committed to the goals and objectives of those treaties. That commitment is reflected in the national drug control strategy and the national drug control action plan adopted by the Government, which are implemented within a well-designed administrative framework. The Government has established effective procedures for control over the licit manufacture of,

trade in and use of narcotic drugs, psychotropic substances and precursors. A comprehensive and well-balanced system of prevention, treatment, rehabilitation and social reintegration programmes has been put in place to deal with drug abuse. The Board remains concerned, however, about the continued availability of “drug consumption rooms” in Spain.

124. The Board notes the actions taken by the national law enforcement authorities in Spain to prevent the smuggling of narcotic drugs through Spanish territory. As Spain is used as a transit country for smuggling drugs from Latin America and Africa into other European countries, it is important to foster effective cooperation among the law enforcement authorities in Spain, as well as with the law enforcement agencies of the countries of origin and destination of drug shipments entering Spain, with a view to identifying and dismantling the drug trafficking rings involved.

Turkmenistan

125. A mission of the Board visited Turkmenistan in June 2010. The Board notes that, since its last mission to Turkmenistan, in 2003, the Government has taken a series of measures to implement the international drug control treaties and has made some progress in certain areas of drug control. In particular, national drug control legislation and the Penal Code were amended in 2009 and the State Anti-Drug Control Service was established. The Government has also taken some steps to address the emerging problems of drug abuse and drug trafficking in the country, for example, by strengthening border control, enhancing law enforcement capacity and carrying out drug abuse prevention programmes targeting young persons.

126. However, significant challenges remain. The Board notes that, although drug abuse does not appear to be significant in the country, no recent studies on the drug abuse situation have been carried out, and therefore precise information on the extent and nature of drug abuse in the country is not available. Regarding trafficking through Turkmenistan of drugs originating in Afghanistan, the Board urges the Government of Turkmenistan to take appropriate measures to make its drug control efforts effective. The Board also urges the Government to take measures to ensure the availability of narcotic drugs and psychotropic substances for medical purposes in compliance with the provisions of the international drug control treaties.

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

127. As part of its ongoing dialogue with Governments, the Board also conducts, on a yearly basis, an evaluation of Governments' implementation of the Board's recommendations pursuant to its country missions. In 2010, the Board invited the Governments of the following six countries, to which it had sent missions in 2007, to provide information on progress made in the implementation of its recommendations: Albania, Bhutan, Bolivia (Plurinational State of), Liberia, Nepal and Viet Nam.

128. The Board wishes to express its appreciation to the Governments of Albania, Bhutan, Bolivia (Plurinational State of) and Nepal for submitting the information requested, which facilitated the Board's assessment of the drug control situation in those countries and the Governments' compliance with the international drug control treaties. The Board regrets that no information was received from the Governments of Liberia and Viet Nam, and it urges those Governments to provide the requested information without further delay.

129. Information regarding the implementation of the Board's recommendations by the Governments of Argentina, the Gambia and Myanmar following its missions to those countries in 2006, which was received too late to be included in the report for 2009, is also included in the present report.

Albania

130. The Board notes that the Government of Albania has implemented some of the Board's recommendations following its mission to that country in October 2007. In particular, some measures have been taken in the area of demand reduction. The Government has also improved its reporting to the Board, which is required under the international drug control treaties.

131. The Board notes, however, that progress continues to be lacking in other areas. The Board remains concerned that the Inter-Ministerial Drug Control Committee, though established many years ago, has not been able to function adequately, owing to lack of resources, and that cooperation between Government agencies responsible for drug control

continues to be seriously hampered by lack of coordination. Furthermore, the following problems have yet to be addressed: the absence of reliable information on the extent of drug abuse; the lack of legislation on precursor control and of a designated competent authority for the implementation of the provisions of article 12 of the 1988 Convention; and the lack of progress reported in the eradication of illicit cultivation of cannabis plant.

132. The Board urges the Government of Albania to take effective measures to ensure that progress is made in the above-mentioned areas, particularly with regard to the strengthening of the Inter-Ministerial Drug Control Committee to ensure coordination among various Government agencies involved in drug control.

Argentina

133. The Government of Argentina has acted upon the recommendations made by the Board following its mission to that country in May 2006, and progress has been made in a number of areas of drug control. Most notably, the Government has improved coordination between all agencies involved in implementing drug control and has strengthened coordination and cooperation on law enforcement issues between the competent national authority and other agencies involved in drug control at the national level and between the national authorities and the provincial authorities. Progress has also been made in integrating customs authorities in national drug control policy.

134. The Board welcomes the measures taken by the Government of Argentina to prevent the diversion of narcotic drugs and psychotropic substances from licit distribution channels, to be sold on illicit markets. Those measures include, inter alia, the standardization of official prescriptions and monitoring of pharmaceutical preparations containing substances under international control, a nationwide programme aimed at detecting possible irregularities in the handling of controlled substances, and the creation of a unified model for official prescriptions to prevent adulterations and the falsification of prescriptions.

135. Steps have also been taken by the competent national authorities to further curb the high rate of consumption of anorectics in Argentina, for example by reducing the country's assessments for those substances and limiting their use in "magistral"

preparations, which are permitted in Argentina under current legislation.

136. The Board, while acknowledging the progress made in drug control, encourages the Government of Argentina to continue its efforts in improving the collection and analysis of data, including data on drug-related crime, and expanding drug abuse prevention programmes and facilities for the treatment and rehabilitation of drug abusers, as necessary, to ensure that all sectors of the population have access to those services, including at the provincial level.

137. The Board notes that consumption of coca leaf (by chewing or in the form of tea) and its possession for such purposes are still permitted under the national legislation currently in force in Argentina. The Board calls upon the Government, as a party to the 1961 Convention as amended by the 1972 Protocol, to ensure full compliance with its obligations under the Convention, including the obligation to eliminate all uses of coca leaf for purposes other than those provided for in the Convention.

Bhutan

138. The Government of Bhutan has acted upon the Board's recommendations following its mission to that country in 2007, and some progress has been made in a number of areas. The Board notes that the Government has developed an implementation framework for the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of 2005, as well as rules and regulations for the implementation of the provisions of the Act. The Government has also made the prevention of drug trafficking an operational priority. Concrete steps taken in that regard include increasing border control, law enforcement capacity-building and strengthening cooperation with neighbouring countries.

139. The Board notes that increased efforts have been made in Bhutan to strengthen the mechanism for controlling the licit movement of narcotic drugs and psychotropic substances, as well as in the area of demand reduction. In particular, the Government has expanded facilities for the treatment and rehabilitation of drug addicts and carried out campaigns to raise awareness about drug abuse, with assistance from regional and international organizations.

140. The Board, while welcoming the positive developments in drug control in Bhutan, notes that

there appears to be a lack of progress in strengthening coordination among Government agencies involved in drug control. The Board requests the Government to step up its efforts in that area, particularly in view of the increased drug trafficking in South Asia.

Bolivia (Plurinational State of)

141. The Board notes with regret that no progress has been made by the Government of the Plurinational State of Bolivia in implementing the recommendations made by the Board following its mission in 2007 regarding coca bush cultivation and coca leaf production. The Government continues to implement its national Strategy for Fighting Drug Trafficking and Revaluing the Coca Leaf 2007-2010, which marks a significant shift in the political will and commitment of the Government to the objectives of the international drug control treaties. While the Strategy reaffirms the strong stand of the Government on dealing with the illicit manufacture of and trafficking in cocaine and with criminal organizations, the Strategy addresses the coca-chewing issue in a manner that is not in line with that country's obligations under the international drug control treaties to which it is a party.

142. The Board remains concerned about the continuous increase in both the reported total area under coca bush cultivation and the expected coca leaf production since 2005. Despite the social control measures currently being pursued by the Bolivian Government with the aim of reducing coca bush cultivation and coca leaf production, in 2009 the total area cultivated reached 30,900 ha and potential production of coca leaf rose to 40,200 tons, the largest amount of coca leaf produced in the country since 1998. Those developments could increase the risk of coca leaf being diverted for use in the illicit manufacture of cocaine.

143. The Board, while noting its agreement with the Bolivian Government's position of zero tolerance for the illicit manufacture of and trafficking in cocaine, urges the Government to adopt effective policies and to take a proactive role to eliminate coca bush cultivation and coca leaf production in the country, as well as to address in a decisive manner the illicit manufacture of and trafficking in cocaine.

144. The Bolivian Government has yet to implement other recommendations made pursuant to the 2007 mission of the Board, notably the recommendations

concerning demand reduction and the monitoring of the licit movement of substances under international control. The Board is concerned about the rise of drug abuse among the general population and the student population in the country. In particular, the abuse of cocaine and cannabis continues to increase among the population aged 12-65 years, while drug abuse prevention programmes are largely absent from Government policy. Moreover, the existing mechanism for the control and monitoring of substances under international control does not function adequately. The Board urges the Government to take the necessary measures to ensure that progress is made in those areas.

Gambia

145. The Board notes with concern that little progress has been made by the Government of the Gambia in implementing the recommendations made by the Board following its mission to the country in May 2006. In particular, the Board notes that the current national legislation concerning the import and export of narcotic drugs and psychotropic substances has not been updated to meet the requirements of the international drug control treaties; legal provisions for precursor control have yet to be adopted; and the administrative mechanism for licit drug control remains inadequate. The Gambia has failed to fulfil its reporting obligations for many years, including the furnishing of estimates and assessments of the country's requirements for narcotic drugs and psychotropic substances. The Board urges the Government to take the necessary remedial action, as a matter of priority.

146. The Board notes that the extent of drug abuse in the Gambia is largely unknown to the authorities. Reliable data on drug abuse continue to be scarce, and no epidemiological study on the prevalence of drug abuse has been undertaken. The Board urges the Government to take steps to address those issues, including the elaboration of drug abuse prevention and demand reduction programmes; the conduct of a rapid assessment of the extent of drug abuse in the country; the provision of adequate support to the existing medical structures to ensure proper treatment for drug-dependent patients; and the creation of suitable facilities for the rehabilitation of drug abusers.

147. The capacity of the Gambia in drug law enforcement is limited. In view of the smuggling of cocaine through West Africa, the Board is concerned that the Gambia, like other countries in the region, is at risk of being used as a transit country for cocaine shipments. The recent large seizure of cocaine in the Gambia might be an indication that traffickers are taking advantage of the serious weaknesses in the drug control and law enforcement structures of the country. The Board urges the Government of the Gambia to take effective measures to intensify its drug law enforcement efforts and make further progress in complying with the international drug control treaties. In doing so, the Government may wish to consider requesting needed technical assistance from UNODC and other international organizations.

Myanmar

148. The Board notes that some progress has been made in Myanmar since the Board's last mission to that country, in 2006. A series of measures have been taken towards achieving the goals of the 15-year national drug control plan calling for the elimination of all drug trafficking and illicit drug production by 2014, including the prevention and eradication of illicit opium poppy cultivation and the improvement of living standards to reduce the financial incentive for such cultivation. Specific steps have also been taken in supply and demand reduction: law enforcement, awareness-raising programmes, the improvement of access and communication between people living in various lowland and highland areas and the improvement of living standards of those residing in border areas.

149. The Board notes, however, that illicit opium poppy cultivation has increased in Myanmar in recent years. Although there have been increasing seizures of precursor chemicals and amphetamine-type stimulants by the Myanmar law enforcement agencies in recent years, the illicit manufacture of methamphetamine remains a significant challenge. Clandestine drug laboratories continue to be active in Myanmar along the borders with Thailand and China. The Board further notes that the availability of narcotic drugs and psychotropic substances used for medical purposes remains limited and that little progress seems to have been made in the collection of data on drug abuse in the country.

150. The Board urges the Government to step up its efforts in drug control and to ensure that continued progress is made in the elimination of illicit opium poppy cultivation in the country. Additional measures should be taken to address the illicit manufacture of, and trafficking in, amphetamine-type stimulants and, in particular, to identify the sources and routes of shipments of precursor chemicals that are seized, as well as new methods used for illicit drug manufacturing. To that end, the Government should strengthen its cooperation with neighbouring countries.

Nepal

151. The Board notes that the Government of Nepal has been making efforts to strengthen drug control since the mission of the Board to that country in March 2007. In particular, the Board notes that the National Strategy for Drug Control was adopted in 2010, that the Narcotics Drug Control Act is under review to make it fully compliant with the provisions of the international drug control treaties and that considerable efforts have been made in the area of law enforcement. The Board also notes that the Government has continued its efforts in demand reduction, for example, through the development of facilities for the treatment of drug abusers and community-based programmes for drug abuse prevention.

152. The Board notes, however, that coordination among Government agencies involved in drug control has not improved and that there continues to be a need for more resources to be allocated to law enforcement agencies to enable them to operate more effectively. In addition, there appears to be lack of progress in the adoption of legislation on precursor control and the designation of a competent authority for the implementation of the provisions of article 12 of the 1988 Convention.

153. In view of the worsening situation in Nepal with regard to drug abuse, including drug abuse by injection, the Board urges the Government to further strengthen its efforts in the area of demand reduction, particularly with regard to a nationwide assessment of the drug abuse situation, and to take all measures necessary to address the problem in accordance with the international drug control treaties. The Board trusts that the Government of Nepal will take the necessary

measures to ensure that progress is made in all those areas as well.

5. Evaluation of the implementation of the recommendations made by the Board in its annual reports for 2005, 2006 and 2007

154. Since 2005, the Board has devoted chapter IV of its annual report to highlighting major recommendations addressed to Governments and international organizations. At its session held in November 2008, the Board decided to evaluate the implementation of the recommendations published in chapter IV of its annual reports for 2005, 2006 and 2007.

Recommendations addressed to Governments

155. In March 2010, the Board sent a letter to all Governments, inviting them to complete a questionnaire on their implementation of the Board's recommendations published in its annual reports for 2005, 2006 and 2007. The questionnaire covers various aspects of drug control, including: (a) prevention of the diversion of controlled substances; (b) illicit crop cultivation and drug trafficking; (c) prevention of drug abuse; (d) availability and rational use of narcotic drugs and psychotropic substances for medical purposes; and (e) Internet pharmacies and misuse of courier services.

156. As at 1 November 2010, the completed questionnaire had been received from a total of 117 States and territories, as well as the European Union. Of the States and territories that had sent the completed questionnaire, 25 (45 per cent) were in Africa, 20 (45 per cent) were in the Americas, 29 (59 per cent) were in Asia, 39 (83 per cent) were in Europe and 4 (18 per cent) were in Oceania. The Board wishes to thank those States and territories and the European Union for their cooperation in this matter and encourages those that have not done so to provide the requested information without further delay. Information received will be compiled and analysed for review by the Board.

Recommendations addressed to international organizations

157. In May 2010, the Board reviewed the implementation by relevant international organizations of its recommendations published in its annual reports

for 2005, 2006 and 2007, on the basis of information received. The Board wishes to express its appreciation for the excellent cooperation of the Council of the European Union, the European Commission, the International Criminal Police Organization (INTERPOL), UNODC, the Universal Postal Union, the World Customs Organization and the World Health Organization (WHO) in providing the required information. The Board notes that a response has yet to be received from the United Nations Development Programme and looks forward to its cooperation in this matter.

158. The Board notes that most of the recommendations have been addressed by the above-mentioned organizations, with progress made in varying degrees. The information provided has made it possible for the Board to determine to what extent its recommendations have been implemented, as well as the impact of its recommendations on the drug control situation at the national and international levels.

B. Action taken by the Board to ensure the implementation of the international drug control treaties

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

159. Article 14 of the 1961 Convention (and of that 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. Such measures, which consist of increasingly severe steps, are taken into consideration when the Board has reason to believe that the achievement of the aims of the conventions is being seriously endangered by the failure of a State to carry out the provisions of the conventions.

160. The Board has invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to a limited number of States. The Board's objective in so doing has been to encourage compliance with those Conventions when other means failed. The States concerned are not named until the Board decides to bring the situation to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs (as in

the case of Afghanistan). After dialogue with the Board pursuant to articles 14 and 19, most of the States concerned have taken remedial measures, resulting in the Board's decision to terminate action taken under those articles vis-à-vis those States.

161. Afghanistan is currently the only State for which action is being taken pursuant to article 14 of the 1961 Convention.

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

162. At the International Conference on Afghanistan, held in London in January 2010, the Government of Afghanistan and the international community reaffirmed their commitment to achieving lasting peace, stability and prosperity in the country, with particular emphasis on the need for a reinvigorated and prioritized Afghanistan National Development Strategy. This commitment has led to an encouraging step forward, as evidenced by the Government-led plan for improved development, governance and stability in Afghanistan, endorsed at the Kabul Conference on 20 July 2010, including a strategy for the transfer of lead responsibility for security on a province-by-province basis. The Kabul Conference concluded with the adoption of a communiqué reflecting a renewed commitment of the Government of Afghanistan to addressing various key issues, including counter-narcotics, as well as the commitment of the international community to the principles of aid effectiveness.

163. The Board welcomes those important developments and the commitment of the Government of Afghanistan to attaining the goals of its National Development Strategy and of its National Drug Control Strategy. The Board reiterates that the achievement of peace, security and development in Afghanistan is closely linked to the solving of the drug control problem and expects that the Government of Afghanistan will continue its efforts towards eliminating illicit crop cultivation and related drug activities within the country, in compliance with the provisions of the international treaties, particularly the 1961 Convention.

164. The last decade has witnessed a continued high level of illicit opium poppy cultivation in Afghanistan, despite some reductions observed in 2008 and 2009.

Those reductions were, however, due largely to market factors, notably the high wheat and low opium prices at the time, which made licit crop cultivation more attractive. In 2010, the area under illicit opium poppy cultivation remained at 123,000 ha, the same as in 2009. Although illicit opium production decreased significantly, by 48 per cent, in 2010, the decline was caused by a plant disease that affected the major poppy-growing regions. Clearly, no significant progress has been made over the past nine years in addressing illicit opium poppy cultivation in Afghanistan.

165. As in previous years, in 2010 most of the illicit cultivation of opium poppy (98 per cent) continued to take place in the southern and western provinces which are the most insecure areas in Afghanistan. Helmand remained the main province in which opium poppy is illicitly cultivated, accounting for 53 per cent of the total area under illicit opium poppy cultivation in Afghanistan. It was followed by Kandahar, where the total area under illicit opium poppy cultivation reached 26,000 ha in 2010; such cultivation has been on the rise in that province since 2004, when 4,959 ha were under cultivation. Unless tangible and continued progress is made in the reduction of illicit opium poppy cultivation in those two provinces, no significant decline in such cultivation in Afghanistan can be expected.

166. The Board, while acknowledging increased efforts in drug control in Afghanistan, is concerned that activities to eliminate illicit opium poppy cultivation have been seriously hampered by widespread corruption at all levels of government, and that counter-narcotics programmes, despite some progress, remain challenged by a lack of security, political will and Government capacity. The Board underlines that long-term success depends on the sustainability of programmes for economic development in poppy-growing provinces and, more importantly, good governance and the rule of law to be established and enhanced in those provinces.

167. The Board points out that the prevention of illicit crop cultivation and the eventual elimination of such cultivation continue to be of the utmost importance to the efforts of Afghanistan to fulfil its treaty obligations, and those goals can be achieved only when the relevant laws are fully respected and strictly implemented and when sustainable alternative sources

of income are made available to farmers. The Board urges the Government of Afghanistan to take effective measures to ensure that progress is made in the areas that are essential to the country's long-term economic growth and sustainable progress in the elimination of illicit opium poppy cultivation, as reaffirmed at recent international conferences in support of Afghanistan.

168. The Board notes that the Government of Afghanistan has pledged to take all measures necessary to increase transparency and accountability and tackle corruption. Efforts are being made to establish the statutory basis for the Major Crimes Task Force and the Anti-Corruption Tribunal (Special Courts) and to establish a committee to review Afghan laws for compliance with the United Nations Convention against Corruption. The Board welcomes the concrete steps taken by the Government of Afghanistan and calls upon UNODC to continue to provide assistance in that area, particularly with regard to the reforming of Afghanistan's anti-corruption legislation to bring it in line with the Convention against Corruption, ratified by Afghanistan in 2008.

169. The Board notes that increased efforts have been made to strengthen regional cooperation. The Government of Afghanistan has continued its dialogue and cooperation with neighbouring countries through bilateral talks and regional meetings on issues of security, economic cooperation and counter-narcotics. In particular, several other regional meetings were held on issues of crime, counter-narcotics and border management, with the participation of high-ranking officials from Afghanistan and the neighbouring countries. In addition, a new round of joint operations conducted in August 2010, by Afghan and Iranian forces and by Afghan and Pakistan forces, resulted in significant seizures of illicit drugs, including heroin, opium and cannabis, and the arrest of drug traffickers.

170. Effective action to counter the threat of Afghan opium and to provide support to the Government of Afghanistan requires close regional cooperation and a concerted effort at the national, regional and international levels. The Board calls upon all relevant international and regional organizations to work closely together and to play an active role in addressing the challenges posed by opium originating in Afghanistan.

171. The Board acknowledges the complexity of the drug-related problems in Afghanistan, which are

affected by insurgency, violence and the involvement of organized crime. Hence, addressing those problems requires the long-term commitment and support of the international community, including military forces, as well as their involvement in efforts in the areas of counter-insurgency, drug control and alternative development.

172. The Board notes that the Government of Afghanistan is in the process of updating and improving its National Drug Control Strategy, as declared by the Government and reflected in the communiqué of the Kabul Conference. The Board trusts that the updated National Drug Control Strategy will be comprehensive and balanced, comprising all aspects of drug control, including measures against illicit cultivation of cannabis plant in the country, in compliance with the international drug control treaties. The Board urges the international community to support Government-led counter-narcotics efforts in Afghanistan, including in the areas of agricultural development, interdiction, demand reduction, eradication and public information, as well as the effective implementation of Security Council resolution 1817 (2008), on precursor control. The Board, pursuant to article 14 of the 1961 Convention, will maintain the consultation process with the Government of Afghanistan to ensure that progress is made in the drug control situation in that country.

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

173. Parties to the international drug control treaties have an obligation to furnish to the Board information on narcotic drugs, psychotropic substances and precursors, in accordance with the provisions of those treaties. Governments are required to provide additional information to the Board pursuant to resolutions of the Economic and Social Council and the Commission on Narcotic Drugs.

174. The Board uses the statistical data and other information received from Governments to monitor licit activities involving controlled substances throughout the world. The analysis of statistical data allows the Board to determine whether Governments

have implemented treaty provisions requiring them to limit to medical and scientific purposes the licit manufacture of, trade in and use of narcotic drugs and psychotropic substances and, at the same time, have ensured the availability of narcotic drugs and psychotropic substances for legitimate purposes. The Board also identifies whether Governments have implemented measures to prevent diversion of precursors — substances listed in Tables I and II of the 1988 Convention, which are frequently used in the illicit manufacture of narcotic drugs and psychotropic substances.

175. Information received from Governments is also used by the Board to analyse various aspects of the functioning of the international drug control system. On the basis of its analysis, the Board makes recommendations to improve the system and the control of narcotic drugs, psychotropic substances and precursors at the international and national levels.

176. Several achievements in international drug control are directly linked to the exchange of data between the Board and Governments. For example, universal implementation of the system of estimates and the system of statistical returns for narcotic drugs, in which the submission of data to the Board plays a pivotal role, made it possible to virtually stop the diversion of narcotic drugs from licit international trade into the illicit traffic. The implementation of similar systems for the control of psychotropic substances led to a significant reduction in the diversion of those substances from international trade. Those achievements would not have been possible if Governments had not submitted to the Board data on their legitimate requirements for narcotic drugs and psychotropic substances (estimates and assessments) and furnished the Board with detailed statistical reports on licit activities involving narcotic drugs and psychotropic substances, including their import and export. The Board trusts that the introduction of estimates for certain precursors will bring similar results.

2. Submission of statistical reports

177. Governments have an obligation to furnish to the Board each year statistical reports containing information required by the international drug control conventions. As at 1 November 2010, reports on narcotic drugs for 2009 had been submitted by

166 States and territories, reports on psychotropic substances had been submitted by 159 States and territories and reports on precursors had been submitted by 127 States and territories. A report on precursors was also submitted by the European Union (on behalf of its member States). As in previous years, it is expected that several more Governments will submit reports for 2009. In recent years, the number of States and territories that submitted reports on narcotic drugs averaged about 180, or 85 per cent of the States and territories required to furnish those reports. For reports on psychotropic substances, the average number was about the same. For reports on precursors the average number was about 140, or 66 per cent of the States and territories required to furnish those reports.

178. Governments are also required to submit to the Board quarterly statistical reports on trade in narcotic drugs and quarterly statistical reports on trade in psychotropic substances in Schedule II of the 1971 Convention. A total of 188 States and territories provided for 2009 quarterly statistics on their imports and exports of narcotic drugs; that figure represents 89 per cent of the States and territories requested to furnish such statistics. A total of 178 States and territories furnished quarterly statistics on their imports and exports of psychotropic substances in Schedule II of the 1971 Convention; that figure represents 84 per cent of the States and territories requested to furnish such statistics.

179. Pursuant to article 12 of the 1988 Convention, Governments are required to report information with respect to substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. As at 1 November 2010, 57 Governments had reported seizures of such substances in 2009. All but one of those Governments had reported seizures of such substances, which are listed in Tables I and II of the 1988 Convention, and nearly half had reported seizures of substances not controlled under the 1988 Convention.

180. Details of the statistical data received by the Board, including the status of compliance of parties with their reporting obligations, are contained in the 2010 technical reports of the Board on narcotic drugs and psychotropic substances and in the 2010 report of

the Board on the implementation of article 12 of the 1988 Convention.¹⁹

181. While the majority of Governments regularly submit the mandatory and voluntary statistical reports, the cooperation of some has not been satisfactory. The number of Governments not submitting their statistics regularly has been high in Africa, the Caribbean and Oceania. In recent years, about one third of Governments in Africa and about 40 per cent of Governments in the Caribbean and Oceania have not furnished annual statistical reports. The rate of submission of statistical reports by Governments in those regions and subregions has not improved in spite of the repeated requests sent by the Board to the Governments concerned.

182. The Governments of several low-income countries have encountered difficulties in submitting statistical reports to the Board. Those difficulties indicate major deficiencies in their national mechanisms for regulating controlled substances. The Board requests the Governments concerned to enhance their mechanisms for regulating licit activities involving controlled substances, including national systems for compiling data for the mandatory statistical reports on narcotic drugs, psychotropic substances and precursors. The Board will continue to provide assistance to those Governments in order to facilitate reporting. The Board requests UNODC and the relevant regional organizations to provide support to Governments in Africa, the Caribbean and Oceania with a view to increasing those Governments' capacity for controlling licit activities involving narcotic drugs and psychotropic substances and taking measures to prevent the diversion of precursors.

¹⁹ *Narcotic Drugs: Estimated World Requirements for 2011 — Statistics for 2009* (United Nations publication, Sales No. T.11.XI.2); *Psychotropic Substances: Statistics for 2009 — 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. T.11.XI.3); *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2010 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.11.XI.4).

183. Several Governments did not provide in 2010 the requested annual statistical reports in a timely manner, including the Governments of some countries that are major manufacturers, exporters, importers and users of narcotic drugs and/or psychotropic substances, such as Canada, India, Japan and the United States. Late submission of statistical reports makes it difficult for the Board to monitor licit activities involving controlled substances and delays the analysis by the Board of the worldwide availability of narcotic drugs and psychotropic substances for legitimate purposes, as well as its analysis of the global balance between the supply of opiate raw materials and the demand for opiates. Many Governments have submitted their annual reports on precursors after the deadline set by the Board for the submission of those reports (30 June), thereby delaying the analysis by the Board of action taken by Governments to implement article 12 of the 1988 Convention. The Board requests all the Governments concerned to identify the reasons for the late submission of statistical reports and to adopt measures to enable them to comply in a timely manner with their reporting obligations pursuant to the international drug control conventions.

184. When examining the statistics received from Governments, the Board brings to the attention of the Governments any inconsistencies in their statistical reports and requests them to rectify the inconsistencies and resolve the problems that have led to those inconsistencies. In recent years, the Board has noted with concern the deterioration in the quality of statistical data furnished by the Governments of certain countries that are major manufacturers, exporters, importers and users of narcotic drugs and psychotropic substances. The Board has contacted the Governments concerned and requested them to correct the situation. The Board notes that some of those Governments, including the Governments of India and the United Kingdom of Great Britain and Northern Ireland, examined in 2009 and 2010 their systems for reporting on narcotic drugs and psychotropic substances to identify the reasons for inconsistencies in their statistical reports and, since then, have started improving their national reporting mechanisms. The Board will continue to support those Governments and other Governments concerned in their efforts to ensure timely and accurate reporting in accordance with their obligations under the international drug control treaties.

3. Submission of estimates and assessments

185. Parties to the 1961 Convention have an obligation to submit to the Board each year estimates of their requirements for narcotic drugs for the following year. As at 1 November 2010, a total of 153 States and territories had submitted estimates of their requirements for narcotic drugs for 2011; that figure represents 73 per cent of the States and territories required to furnish such annual estimates for confirmation by the Board. For those States and territories that did not submit their estimates in time for the Board to examine and confirm them, the Board had to establish estimates in accordance with article 12, paragraph 3, of the 1961 Convention.

186. Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of their annual medical and scientific requirements for psychotropic substances in Schedules II, III and IV of the 1971 Convention. As at 1 November 2010, all Governments had submitted at least once assessments of their annual medical requirements for psychotropic substances. 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. However, 24 Governments have not submitted an update of their legitimate requirements for psychotropic substances in over three years.

187. By adopting resolution 49/3, the Commission on Narcotic Drugs requested Member States to provide the Board with estimates of their legitimate requirements for four substances frequently used in the manufacture of amphetamine-type stimulants — 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), pseudoephedrine, ephedrine and 1-phenyl-2-propanone (P-2-P) — and preparations containing those substances. As at 1 November 2010, 121 States and territories had submitted those estimates; that figure represents 57 per cent of the States and territories that were requested to submit that information.

188. The estimates and assessments for all States and territories are published by the Board in its technical reports on narcotic drugs and psychotropic substances and the report of the Board on the implementation of article 12 of the 1988 Convention. Updates of those estimates and assessments, which reflect supplementary estimates furnished by Governments,

are made available on the website of the Board (www.incb.org).

189. Failure to submit adequate estimates or assessments for narcotic drugs and psychotropic substances may have a negative impact on the effectiveness of control. When estimates or assessments are lower than the actual legitimate requirements, the importation or use of narcotic drugs or psychotropic substances needed for medical or scientific purposes may be delayed. If estimates or assessments are significantly higher than the legitimate requirements, the risk of narcotic drugs and psychotropic substances being diverted into illicit channels may increase. The Board calls upon all Governments to ensure adequacy of their estimates and assessments. When necessary, Governments should submit to the Board supplementary estimates for narcotic drugs or inform the Board of modifications to their assessments for psychotropic substances.

190. The estimates for narcotic drugs established by the Board are based on estimates and statistics reported in the past by the Governments concerned. If a Government has not furnished estimates and statistics for several years, the Board may, as a precaution against diversion, establish estimates that are lower than the estimates submitted in the past by the Government. Therefore, the Governments for which estimates were established by the Board are urged to examine closely their requirements for narcotic drugs for 2011 and provide their own estimates to the Board for confirmation as soon as possible, in order to prevent any possible difficulties in importing the quantities of narcotic drugs required for legitimate purposes.

191. The Board notes that approximately 40 per cent of Governments have not yet provided estimates of their annual requirements for certain precursors. Moreover, many Governments that provided estimates in the past have failed to ensure that the information on record is up to date, despite the fact that their legitimate requirements for certain precursors may have changed. The Board calls upon Governments to comply with the request contained in Commission on Narcotic Drugs resolution 49/3 and to ensure the timely submission and continued accuracy of the estimates for precursors. This is necessary to ensure that the estimates can continue to be used to identify suspicious transactions involving precursors.

4. Assistance to Governments in dealing with deficiencies in reporting statistics, estimates and assessments

192. Information available to the Board shows that problems encountered by Governments in furnishing adequate statistics and/or estimates to the Board are often an indication of deficiencies in their national mechanisms for the control of substances. Such deficiencies frequently reflect problems in those countries in the implementation of provisions of the international drug control treaties, such as lacunae in national laws or administrative regulations regarding reporting by licensees to the national authorities, the failure of some licensees to comply in a timely manner with their reporting obligations under national law and the absence of an efficient inspection system. The Board invites the Governments concerned to find the causes of such deficiencies in reporting to the Board statistics, estimates and/or assessments, with a view to resolving those problems.

193. In some countries, deficiencies in the quality of data are the result of the Government providing insufficient resources to the authorities responsible for the control of licit activities involving narcotic drugs, psychotropic substances or precursors. The Board calls upon the Governments concerned to provide adequate resources to ensure the compliance of those authorities with all reporting obligations under the international drug control treaties.

194. The Board provides assistance to Governments to facilitate their compliance with reporting obligations under the international drug control treaties. In 2010, the Board provided to several Governments, at their request, explanations regarding reporting requirements for controlled substances. Training material on the control of narcotic drugs, psychotropic substances and precursors and guidelines for reporting on those controlled substances have been made available on the website of the Board (www.incb.org) for use by competent national authorities. Reporting requirements for narcotic drugs, psychotropic substances and precursors were discussed during an informal consultation organized by the Board for selected Governments during the fifty-third session of the Commission on Narcotic Drugs, in March 2010. All Governments are encouraged to request from the Board any information that they may consider useful regarding reporting requirements for narcotic drugs,

psychotropic substances and precursors pursuant to the international drug control treaties.

195. The Board will continue to evaluate the cooperation of Governments in providing reports on narcotic drugs, psychotropic substances and precursors and take action, as necessary, to ensure timely and accurate reporting by Governments.

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

196. To monitor compliance with the international drug control treaties, the Board examines action taken by Governments to implement the treaty provisions aimed at preventing the diversion of controlled substances into illicit channels, to be subsequently sold to drug abusers or, in the case of precursor chemicals, used in the illicit manufacture of narcotic drugs and psychotropic substances. Over the years, the treaty provisions have had to be supplemented with additional control requirements to close loopholes that were being exploited by traffickers to divert controlled substances. In the present section, the Board highlights action that needs to be taken to implement the international control regime, describes problems encountered in preventing the diversion of controlled substances and provides specific recommendations on how to deal with such problems.

1. Legislative and administrative basis

197. Governments need to ensure that national legislation is in line with the provisions of the international drug control treaties. In addition, they need to amend the lists of substances controlled at the national level when a substance is included in a schedule of an international drug control treaty or transferred from one schedule to another. Inadequate legislation or implementation mechanisms at the national level or delays in bringing (or failure to bring) lists of substances controlled at the national level in line with the schedules of the international drug control treaties will result in inadequate national controls being applied to substances under international control. Such inadequacies could result in the competent national authorities experiencing problems in reporting on those substances to the Board. Failure to reflect in national legislation or mechanisms changes made in schedules

of substances under international control may result in the diversion of substances into illicit channels.

198. The Board welcomes the adoption of legislative measures to strengthen precursor control in China, the Czech Republic, El Salvador, Mexico, Myanmar, Samoa and South Africa, which will help to reduce the diversion of precursor chemicals used for the illicit manufacture of drugs.

2. Changes in the scope of control of the 1988 Convention

199. In 2006, the Board initiated a review of the status of phenylacetic acid, a substance in Table II of the 1988 Convention, in view of the increased number of seizures of the substance, which is used in the illicit manufacture of amphetamine and methamphetamine. Using as a basis the substantial information provided by Governments, the Board submitted to the Commission on Narcotic Drugs in November 2009 a recommendation to reschedule phenylacetic acid. Taking into account the recommendation of the Board, the Commission at its fifty-third session, in March 2010, adopted decision 53/1, by which it decided to transfer phenylacetic acid from Table II to Table I of the 1988 Convention. Pursuant to article 12 of the 1988 Convention, the decision will become fully effective on 17 January 2011.

3. Control measures for preparations containing psychotropic substances

200. The Board has noted that some Governments need to take action with regard to the control of preparations containing psychotropic substances, ensuring that national control measures comply with the 1971 Convention. Unlike the 1961 Convention, the 1971 Convention does not provide a list of preparations that are exempted in all countries from some of the control measures included in the Convention. Instead, the 1971 Convention allows Governments to exempt certain preparations from some mandatory control measures applicable under the Convention. However, if Governments decide to exempt certain preparations from some control measures, they must notify the Secretary-General of those exemptions, in accordance with article 3 of the 1971 Convention. The Board requests all Governments that are exempting certain preparations at the national level from control measures foreseen in the

1971 Convention and that have not yet notified the Secretary-General of those exemptions to do so without delay. The Board wishes to remind Governments that all other preparations containing psychotropic substances should be subject to the provisions of the 1971 Convention.

201. The Board stands ready to clarify the meaning of specific provisions of the international drug control treaties for Governments, when required.

4. Prevention of diversion from international trade

Import and export authorization requirement

202. One of the main pillars of the international control system is the universal application of the requirement of import and export authorization. Import and export authorizations are required for a transaction involving any of the substances controlled under the 1961 Convention or listed in Schedules I and II of the 1971 Convention. The competent national authorities are required by those conventions to issue import authorizations for transactions involving the importation of such substances into their country. The exporting countries must verify the authenticity of the import authorizations before issuing the export authorizations required to allow the shipments containing the substances to leave the country.

203. The 1971 Convention does not require import and export authorizations for trade in psychotropic substances listed in Schedules III and IV of the Convention. As the diversion of those substances from international trade was widespread in the 1970s and 1980s, the Economic and Social Council, in its resolution 1996/30, requested Governments to extend the system of import and export authorizations to cover those substances. By 2010, most countries had made import and export authorizations a requirement for such substances. The Board appreciates that the Governments of Cuba, Gabon, Guatemala, the Libyan Arab Jamahiriya, the Russian Federation and the Syrian Arab Republic have, in the meantime, amended their national legislation to require an import authorization for any of the substances in Schedules III and IV of the 1971 Convention.

204. Data on cases involving diversion indicate that traffickers are quick to target countries in which controls are less strict than in others. The Board

therefore urges the Governments of the few States in which national legislation does not yet require import and export authorizations for all psychotropic substances, regardless of whether or not they are States parties to the 1971 Convention, to extend such controls to all substances in Schedules III and IV of the 1971 Convention as soon as possible and to inform the Board accordingly.

Assistance to Governments in verifying the legitimacy of import authorizations

205. Government authorities are encouraged to verify with the Board all import authorizations that they consider to be suspicious — for example, authorizations using new or unknown formats or bearing unknown stamps or signatures or authorizations with other aspects that differ from the norm. Import authorizations may need to be verified if they have not been issued by a recognized competent national authority or if the consignment consists of substances known to be frequently abused in the region of the importing country. The Board maintains a collection of samples of official certificates and authorizations used for importing narcotic drugs, psychotropic substances and precursor chemicals, which can be compared with questionable import documents, thus assisting Governments in verifying the authenticity of documents. The Board appreciates that the Governments of many exporting countries continue to request the assistance of the Board in verifying the legitimacy of import authorizations.

206. When the sample in the Board's collection of official authorizations differs from the newly submitted import authorization or when there is no corresponding sample in the collection, the Board, on behalf of the competent authorities of the exporting country, contacts the importing country to ascertain the legitimacy of the transaction. In such cases, the Board calls upon the Government of the importing country to respond in a timely manner. Failure to quickly confirm the legitimacy of import authorizations may hinder the investigation of diversion attempts and/or cause delays in legitimate trade in controlled substances, thus adversely affecting the availability of those substances for legitimate purposes.

Online system of pre-export notification for precursor chemicals

207. The rapid exchange of information between exporting and importing countries through the pre-export notification system has proved to be an efficient way of identifying the legitimacy of individual consignments of precursor chemicals. The Pre-Export Notification Online (PEN Online) system, developed by the Board, is the main system used for the exchange of such information. The number of countries using the PEN Online system has continued to increase: 115 countries and territories now use the system on a regular basis, issuing about 1,500 notifications per month (compared with 600 per month in 2007). Despite the widespread use of PEN Online by national authorities and its established position in international precursor control, the Board notes with concern that some countries still have not registered to use the system. African countries account for about half of the countries that have not yet registered.

208. The Board notes that several countries that have registered for the PEN Online system do not use the system on a regular basis, thereby foregoing access to one of the most important tools available for precursor control. The Board urges all Governments that have not yet done so to register with and make use of the PEN Online system. The Board encourages those Governments already using the system to respond to enquiries as quickly as possible, in order to enable the legitimacy of shipments to be verified in a timely manner.

System of estimates and assessments of annual requirements for controlled substances

209. Another important control measure used to prevent the diversion of controlled substances from international trade is the system of estimates of legitimate annual requirements. Estimates of requirements for narcotic drugs are used in the calculation of limits that must be observed by parties when authorizing imports and exports of narcotic drugs. The assessments of annual requirements for psychotropic substances and estimates of annual requirements for selected precursors help Governments to identify unusual transactions. In many cases, the diversion of a controlled substance was prevented when the exporting country did not authorize the export of the substance because the quantities of the

substance to be exported would have exceeded the quantities required in the importing country.

210. The Board regularly investigates cases involving possible non-compliance by Governments with the system of estimates or assessments, as such non-compliance could facilitate the diversion of controlled substances from licit international trade into illicit channels. The Board notes that in 2009, almost all Governments complied with the system of estimates for narcotic drugs. The authorities of 17 countries issued authorizations in 2009 for the import of psychotropic substances for which they had not established any assessments or in quantities that significantly exceeded their assessments. With regard to precursors, the Board has noted that many States parties continue to authorize the import of precursors in quantities that greatly exceed the quantities provided in their estimates of legitimate annual requirements.

211. The Board once again calls on Governments to respect the system of estimates and assessments, pursuant to the 1961 Convention, the relevant Economic and Social Council resolutions and Commission resolution 49/3, and to ensure increased vigilance in the monitoring of imported substances. Governments that have not yet done so should establish a mechanism to make certain that their estimates and assessments are in line with their actual legitimate requirements and that no imports in quantities exceeding those requirements are authorized. The Board also calls upon the Governments of exporting countries to regularly check the estimates and assessments of importing countries and not to authorize exports that are not in line with legitimate requirements.

5. Effectiveness of the control measures aimed at preventing the diversion of controlled substances from international trade

212. The system of control measures laid down in the 1961 Convention provides effective protection of international trade in narcotic drugs against attempts to divert such drugs into illicit channels. Similarly, as a result of the almost universal implementation of the control measures stipulated in Economic and Social Council resolutions, in recent years there have been no identified cases involving the diversion of psychotropic substances from international trade into illicit channels. However, cases involving attempts to divert narcotic

drugs and psychotropic substances continue to be detected by vigilant competent national authorities, which often work in close cooperation with the Board. The Board calls upon Governments to continue to monitor international trade in those substances by using the tools mentioned above. Competent national authorities are encouraged to request the Board to assist in verifying the legitimacy of suspicious individual transactions.

213. With regard to the diversion of precursor chemicals from international trade, Project Prism and Project Cohesion, two international initiatives launched by the Board, have continued to be the driving force behind the increased monitoring of licit trade in precursor chemicals used in the illicit manufacturing of amphetamine-type stimulants, heroin and cocaine.

214. The Board welcomes the success of Operation Pila, launched in 2009 under Project Prism to monitor global trade in ephedrine, pseudoephedrine, P-2-P and phenylacetic acid. One of the aims of Operation Pila, which lasted from 1 July 2009 to 31 March 2010, was to replicate the success of previous operations such as Crystal Flow and Ice Block, generating intelligence on the trafficking methods used and identifying weaknesses in national and regional mechanisms for precursor control. As a result of Operation Pila, 40 suspicious shipments of ephedrine and pseudoephedrine, involving a total of 12.8 tons and 199 million tablets, were suspended, stopped or seized, thus preventing the illicit manufacture of approximately 11.5 tons of methamphetamine. In addition, through Operation Pila, it was possible to identify a number of suspicious shipments of P-2-P. Intelligence collected in the course of Operation Pila corroborated information about the emergence of Central America as a major destination for shipments of precursor chemicals used in the illicit manufacture of methamphetamine. Information gathered through the Operation also indicated that traffickers were increasingly using substances not under international control, including esters of phenylacetic acid.

215. The Board acknowledges the strong support from Governments in the implementation of Operation Dice-2, launched under Project Cohesion. Under Operation Dice-2, the Board reviewed nearly 900 international shipments of acetic anhydride and issued notifications regarding suspicious transactions, which led to the seizure of over 26 tons of acetic

anhydride. Like Operation Pila, Operation Dice-2 prompted an increase in the exchange of intelligence with respect to trafficking patterns, which in turn made it possible to identify weaknesses in existing control measures and facilitated the development of remedial measures.

216. The Board notes that because of the weak regulatory and enforcement frameworks in African countries traffickers continue to target those countries for the diversion of precursors. Problems related to the absence of effective controls over the availability of precursor chemicals in African countries have been exacerbated by the fact that a relatively small percentage of African countries have registered with the PEN Online system and that those African countries that have registered with the system do not use it regularly. The Board urges the Governments of African countries to adopt and enforce comprehensive legislative and regulatory frameworks governing precursors and to register with and make use of the PEN Online system.

6. Prevention of diversion from domestic distribution channels

217. Since the diversion of narcotic drugs and psychotropic substances from international trade has almost stopped, the diversion of such substances from licit domestic distribution channels has become a major source used to supply illicit markets. Precursor chemicals are also increasingly being diverted from domestic distribution channels.

218. In principle, the provisions of the international drug control conventions, if complied with, should prevent diversion from domestic distribution channels. Lack of national legislation in line with the conventions, inadequate implementation of national legislation and insufficient monitoring of the implementation have enabled traffickers to divert controlled substances from domestic distribution channels. That fact is illustrated by the following case involving the diversion of a psychotropic substance from domestic distribution channels for use as a precursor chemical in illicit drug manufacture. Cathine, a stimulant in Schedule III of the 1971 Convention, is used mainly for industrial purposes, as direct medical use of the substance is limited. In the 10-year period 1999-2008, South Africa was the main importer of cathine, importing on

average 1.8 tons of the substance each year. When the Board enquired about the final use of the large amounts of cathine being imported into South Africa, it was revealed that the substance had been purchased by criminal associations for use in clandestine laboratories illicitly manufacturing amphetamine-type stimulants. At the time, cathine was not controlled in South Africa in line with the provisions of the 1971 Convention. The Government then amended its national legislation so that in South Africa cathine became subject to the provisions foreseen in the 1971 Convention. As a result, no imports of cathine into South Africa were reported in 2009.

219. The Board calls on all Governments to monitor shipments of cathine, in particular when they are destined for Africa, in order to prevent the illicit use of that substance in countries in the region where national control measures may not be adequate.

220. With regard to precursor chemicals, Operation Dice-2 (see para. 215 above) confirmed the diversion of acetic anhydride from domestic distribution channels, for use in the illicit drug manufacture in other countries.

Diversion of pharmaceutical preparations containing controlled substances

221. While controlled substances are sometimes diverted from domestic distribution channels in bulk form, pharmaceutical preparations (prescription drugs) containing those substances are often diverted. In many cases, the diverted preparations are smuggled into other countries, particularly countries in which there is considerable illicit demand for a specific substance with a relatively high street price. Diverted pharmaceutical preparations are frequently marketed via illegal Internet sites.

222. The narcotic drugs most often diverted and abused include fentanyl, hydrocodone, methadone, morphine and oxycodone. The psychotropic substances most often diverted and abused are stimulants, benzodiazepines (alprazolam and diazepam), *gamma*-hydrobutyric acid (GHB) and buprenorphine.

223. In addition, attempts to divert pharmaceutical preparations containing precursor chemicals continue to occur. In response to the threat posed by the diversion of such pharmaceutical preparations, China,

the Czech Republic, El Salvador and South Africa enacted in 2009 national legislation explicitly extending control measures to pharmaceutical preparations containing ephedrine or pseudoephedrine. Operation Pila focused on monitoring global trade in pharmaceutical preparations containing ephedrine or pseudoephedrine, thereby helping to raise awareness of that aspect of precursor control.

224. While loopholes in national legislation regarding precursors are exploited to divert pharmaceutical preparations containing precursors from international trade, the modus operandi most frequently used for the diversion of narcotic drugs and psychotropic substances include falsified prescriptions, the supplying of substances by pharmacies without the required prescriptions, or theft from pharmacies, wholesalers or factories. In many cases, prescription drugs are obtained from the persons to whom they were prescribed by physicians.

225. In addition, modern telecommunication and information technologies (such as the Internet and international call centres) are used for the illicit distribution of pharmaceutical preparations containing controlled substances. Mail and courier services are used for smuggling diverted or counterfeit pharmaceutical preparations containing controlled substances. Video-sharing websites promote pharmaceutical preparations containing substances under international control and direct the viewer to illegal websites selling without prescription pharmaceutical preparations containing controlled substances, including strictly controlled substances such as oxycodone, methadone, methylphenidate or dexamphetamine. Unsolicited electronic communication (spamming) continues to be one of the main means of advertising used by illegally operating Internet pharmacies. Criminal networks hire spammers to promote websites where drugs are sold illegally.

226. As stated above, diversions from domestic distribution often indicate loopholes in national legislation or insufficient monitoring of compliance with existing legislation or regulations. The Board requests Governments that are faced with problems involving the diversion of trafficking in or abuse of prescription drugs to identify the source of the diverted preparations and take measures to prevent such activity in future. The main measures to be taken to counter such activity includes: ensuring implementation of the

prescription requirement; enhancing national monitoring and inspection mechanisms; educating doctors about the rational use of drugs; and using prescription monitoring programmes to identify unethical behaviour by doctors or patients.

227. When such medications are being supplied by friends or family members, that shows that public awareness of the dangers involved in the abuse of prescription drugs is not adequate and that national authorities, in cooperation with professional associations, need to alert the general population about the negative effects of such abuse. The Board wishes to remind all Governments that they should ensure the implementation of the provisions of article 10 of the 1971 Convention, by including warnings on packages of psychotropic substances and by prohibiting the advertising of such substances to the general public.

228. An analysis of the extent of abuse of prescription drugs and a recommendation on action to be taken to prevent such abuse are contained in the report of the Board for 2009.²⁰ To prevent the use of the Internet for illicit distribution of diverted pharmaceutical preparations containing controlled substances, the Board advises Governments to consider the *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*,²¹ developed by the Board, and to implement the recommendations contained in the report of the Board for 2009 on action to deal with illegal Internet pharmacies.²²

229. When distributing the Guidelines to Governments, the Board expressed its hope that the Guidelines would help Governments to effectively counter and prevent trafficking in internationally controlled substances through the Internet. In order to assess progress achieved in implementing the Guidelines, the Board in 2010 requested all Governments to complete a questionnaire. The responses to the questionnaire will allow the Board to evaluate the effectiveness of the Guidelines and to identify those recommendations for which Governments may need additional support to

implement. The Board therefore requests all Governments that have not yet done so to submit their replies to the questionnaire as soon as possible.

230. The Board notes with appreciation that, according to the responses to the questionnaire received so far, a number of Governments have implemented the Guidelines and had acquired expertise in dealing with illegal Internet pharmacies. Other Governments have expressed a need for international support, in particular in the area of training law enforcement and drug regulatory authorities, to enable them to implement the Guidelines. The Board notes with concern that the recommendations pertaining to sharing information, making expertise available to other States and providing training to the authorities of other countries have been implemented by only a small number of Governments. Sharing information and providing expertise and training to States in need of such support would, however, be in the interest of all States, given the transnational nature of the problem of illegal Internet pharmacies.

231. The Board notes that some competent national authorities would like to learn from the experiences of their counterparts in countries that have already implemented the Guidelines, in order to identify good practices. To support those cooperative efforts, the Board plans to identify ways to facilitate the exchange of such experiences and to organize a meeting of interested parties.

232. The Board notes with appreciation efforts by Austria and the United Kingdom to bring to the attention of the general public the dangers associated with the purchase of medications through illegal Internet pharmacies. Those efforts were carried out in cooperation with professional bodies representing pharmacies, patient groups and industry. The Board notes that Austria prohibited in 2010 the import of any medications ordered over the Internet.

Diversion and abuse of drugs used in substitution treatment

233. One matter of particular concern is the continued diversion of substances used in substitution treatment, such as buprenorphine, methadone and morphine. The Board has examined this problem several times in the

²⁰ *Report of the International Narcotics Control Board for 2009* (United Nations publication, Sales No. E.10.XI.1), paras. 229-241 and 787 (recommendation 31).

²¹ United Nations publication, Sales No. E.09.XI.6.

²² *Report of the International Narcotics Control Board for 2009 ...*, paras. 272 and 790.

past (including, for example, in its report for 2006).²³ In 2010, the Board contacted the Governments of the countries that had been most affected by the diversion, abuse of or trafficking in buprenorphine, requesting them to inform the Board of the current extent of the diversion of buprenorphine, including the diversion of buprenorphine from programmes in which it is used in substitution treatment for opioid addicts, and of the measures taken to prevent such diversion. The Board notes that the Governments concerned have investigated the diversions that were detected with a view to identifying the persons involved in those illicit activities and bringing them to justice and have taken action to prevent such diversion.

234. The Board requests the Governments of all countries that have substitution treatment programmes and that are faced with problems involving the diversion and abuse of preparations used in such treatment to continue their efforts to prevent the diversion and abuse of those preparations while making them available for medical treatment.

7. Other issues related to the implementation of drug control treaties or related resolutions

Secure area for the use of Governments

235. On 1 August 2010, the Board established on its website a secure area that is accessible to authorized Government officials only. The secure area, which is still in its initial stages and therefore available in English only, will be used by the Board to publish restricted information to assist competent national authorities in the international control of narcotic drugs, psychotropic substances and precursors.

236. The only information currently available to Governments in the secure area is a summary of national requirements in place for authorizing the import and export of ketamine, in compliance with Commission on Narcotic Drugs resolution 49/6 entitled "Listing of ketamine as a controlled substance". The Board calls upon Governments to review that information when considering authorizing imports or exports of ketamine and to inform themselves about any restrictions to international trade in ketamine that may be in place in countries that are trading partners.

²³ *Report of the International Narcotics Control Board for 2006* (United Nations publication, Sales No. E.07.XI.11), paras. 187-195.

237. The Board is pleased to note that already in the first three months of its existence, officials from about 80 Governments asked for access to the secure area, although the information available on the site is still limited. The Board encourages all Governments to continue to make use of that tool and to provide the Board with feedback on its usefulness and ideas about other types of information that might be useful to include in the secure area of the Board's website.

238. The Board wishes to remind Governments of the information package on the control of precursors, which details control measures adopted by Governments for substances in Tables I and II of the 1988 Convention, based on information provided to the Board by Governments. The information package, which is updated annually, is available in the secure area for competent national authorities responsible for implementing article 12 of the 1988 Convention. In order for the information package to continue to be a reliable source of information, Governments should keep the Board informed of any changes in their national control regime for precursors.

8. Use of non-scheduled substances in the illicit manufacture of narcotic drugs and psychotropic substances

239. As more and more States have implemented the provisions of the 1988 Convention, it has become more difficult for traffickers to obtain some of the substances listed in Tables I and II of that Convention. In response, traffickers are seeking non-scheduled substitutes for the more closely monitored precursors. The Board has noted this development over the past several years and has identified the following general trends:

(a) Shifts to different forms of, or products containing, the controlled precursor, for example, pharmaceutical preparations, natural products (e.g. ephedra extracts) or derivatives that can be converted into the controlled precursor through readily available means. These may include commercially available products that do not fall within the purview of precursor control or products and derivatives that are specifically designed to circumvent existing controls, including made-on-order preparations;

(b) The illicit manufacture of the controlled primary precursor from non-scheduled pre-precursors;

(c) The use of new or altered methods of processing or manufacture that require substances not currently listed in Table I or II of the 1988 Convention;

(d) The illicit manufacture of related “designer drugs” that require as starting material substances not currently listed in Table I or II of the 1988 Convention.

240. Forty-four Governments reported the seizure of a total of 170 non-scheduled substances in the five-year period 2005-2009. Because of the flexibility inherent to the manufacture of amphetamine-type stimulants and the variety of such substances, the range of reported non-scheduled substances has been greater for this group than for other drug groups. However, the Board has noted in its technical reports on precursors the seizure or actual use of non-scheduled substitute chemicals used in the illicit manufacture of cocaine and heroin.

241. Specifically, the Board has drawn attention to several substitutes for ephedrine- and pseudoephedrine-based methods for illicit methamphetamine manufacture, including *l*-phenylacetylcarbinol (*l*-PAC), an intermediate substance used in the industrial manufacture of ephedrine, and *N*-acetylpseudoephedrine acetate, which can be easily converted to pseudoephedrine using a hydrolysis reaction. Both substances enable illicit operators to continue to use familiar manufacturing techniques. The Board is also aware of attempts to produce ephedrine from *N*-methyl-DL-alanine. In connection with P-2-P-based methods for the illicit manufacture of methamphetamine, seizures of non-scheduled derivatives of phenylacetic acid, in particular its esters, are among the most significant developments. Seizures of tartaric acid, a chemical employed in the post-manufacture purification of methamphetamine manufactured from P-2-P, provide further evidence of a resurgence of P-2-P-based methods in the wake of strengthened controls on ephedrine and pseudoephedrine and preparations containing them. Purpose-made P-2-P in the form of its bisulphite adduct has also been encountered in an attempt to disguise its physical characteristics and thus circumvent controls, as has been a purpose-made derivative of 3,4-MDP-2-P known as “3,4-MDP-2-P glycidate”. The latter two may also be classified as “hidden” precursors.

242. With regard to the manufacture of cocaine, the use of non-scheduled substances brought to the

attention of the Board extends from the use of a range of alternative solvents and a method employing ethanol to substitute for the traditional potassium permanganate process for the purification of the crude cocaine base, to the illicit manufacture of key precursors such as sulphuric acid, and potassium permanganate from potassium manganate or manganese dioxide.

243. For heroin, the majority of the non-scheduled substances are chemicals that are employed, in addition to acetic anhydride, in various steps of the traditional manufacturing process, such as ammonium chloride, sodium carbonate and bicarbonate and ammonia. In addition, large-scale seizures of acetyl chloride and glacial acetic acid have led to claims of the illicit manufacture of acetic anhydride from non-scheduled pre-precursors or the direct use of substitute acetylating agents. However, while those processes are technically feasible, the claims remain to be corroborated.

244. Concern over such developments led the Board in 1998, in response to Economic and Social Council resolution 1996/29, to establish the limited international special surveillance list of non-scheduled substances — substitute and “new” chemicals for which there was substantial information on actual use in illicit drug manufacture. A total of 26 substances aside from those listed in Tables I and II of the 1988 Convention were originally included on the special surveillance list. The special surveillance list, which is available on the Board’s secure website, currently includes 45 chemicals. Distributed annually by the Board to competent national authorities, the special surveillance list is aimed at assisting Governments in devising, in cooperation with the industries concerned, a flexible system that is sensitive to the requirements of legitimate trade while preventing the use of non-scheduled substances in the illicit manufacture of drugs. The usefulness of the special surveillance list has been demonstrated by the numerous seizures of substances included on the list and by the establishment of similar surveillance lists at the regional level.

245. With regard to the maintenance and use of the special surveillance list, the Board notes that there is a need to improve the gathering and sharing of intelligence and other information with regard to the chemicals found when dismantling illicit drug

manufacturing laboratories, both among other entities at the national level and among international organizations and bodies, such as the Board.

246. Individual Governments have introduced additional regulations for substances not under international control. The Board is aware of 38 States that have established some form of control over a total of 132 substances not included in Tables I and II of the 1988 Convention or on the special surveillance list. While the Board welcomes the increased alertness and the introduction of appropriate measures by individual Governments to prevent the use of non-scheduled substances by traffickers, it wishes to highlight the importance of coordinating those approaches at the regional level to avoid situations whereby sources, points of diversion or trans-shipment routes are displaced from one country to another. The Board also wishes to remind all competent national authorities to keep themselves up to date on, and comply with, the existing regulations of their trade partners and to cooperate with each other in verifying the legitimacy of orders and investigating suspicious shipments of all substances that could be used in illicit drug manufacture.

247. There is a need to counter the use of numerous substitute chemicals not controlled under the 1988 Convention of which a negligible proportion of the amounts required for legitimate purposes is being used in illicit drug manufacture. The Board considers comprehensive voluntary cooperation between the industries concerned and the competent national authorities to be one of the main means of countering continual shifts between such substitute chemicals used as precursors. Key elements of such cooperation include: good trade practices, such as the sharing of knowledge and the continuous monitoring of patterns of legitimate manufacture and trade involving such substances, in order to identify irregularities and suspicious transactions; the know-your-client principle and reliable estimates of annual legitimate requirements for the substances in question and the products containing them, such as pharmaceutical preparations. In addition, Governments are reminded to consider, pursuant to General Assembly resolution S-20/4 B, punishing, as a criminal offence in the sense of article 3 of the 1988 Convention, unlawful conduct of persons or companies in connection with the diversion of non-scheduled substances with the knowledge that they are intended for use in the illicit

manufacture of narcotic drugs or psychotropic substances and introducing related penal, civil and administrative sanctions.

248. The Board is aware that the above-mentioned recommendations can be only a subset of the measures required to address an issue as complex as that of preventing the use of non-scheduled substances in the illicit manufacture of drugs. It therefore calls on Governments to examine all available options to establish appropriate mechanisms to monitor the movement of non-scheduled substances and identify suspicious transactions involving them and to cooperate with each other and the Board to that end.

E. Special topics

1. Use of cannabis seeds for illicit purposes

249. The Commission on Narcotic Drugs, in its resolution 52/5, entitled “Exploration of all aspects related to the use of cannabis seeds for illicit purposes”, addressed the use of cannabis seeds for the illicit cultivation of the cannabis plant. In that resolution, the Commission requested the Board, within its mandate under the international drug control treaties and, as appropriate, in cooperation with other competent international bodies, to gather from Member States regulatory information on cannabis seeds, including on the sale of cannabis seeds through the Internet, and to share that information with Member States.

250. The Board sent to all Governments a questionnaire on regulations pertaining to cannabis seeds in order to identify provisions in national laws and administrative regulations aimed at preventing the use of cannabis seeds for the illicit cultivation of the cannabis plant and to obtain descriptions of the various regulations on cannabis seeds applied in countries worldwide. International organizations were requested to provide information on any regulations pertaining to cannabis seeds that were obtained in the course of carrying out their mandates and programmes.

251. The European Commission provided an overview of European Union legislation on hemp seeds. European Union legislation provides that only cannabis varieties listed in the Commission’s Common Catalogue of Varieties of Agricultural Plant Species and having a tetrahydrocannabinol (THC) content not

exceeding 0.2 per cent are eligible for direct agricultural support payments. Accordingly, import of cannabis seeds into the European Union for sowing is authorized only when the THC content of the cannabis variety in question does not exceed 0.2 per cent. Cannabis seeds not for sowing may be imported only if they are non-viable (having been rendered unsuitable for sowing), mixed with other grains for animal nutrition or destined for re-export to a country outside the European Union.

252. The Board received responses to the questionnaire on regulations pertaining to cannabis seeds from 104 (49 per cent) of the 211 Governments requested. In general, the responses showed that a wide range of regulatory approaches are applied in different countries.

253. A majority of the responding Governments (59 per cent) stated that national laws or administrative regulations on the production of cannabis seeds were in place. One regulatory approach is to include cannabis seeds in the legal definition of cannabis (reported by Anguilla, Australia, El Salvador, Guyana, Hong Kong (China), Lithuania, Malaysia, Malta, Mauritius, Mexico, New Zealand and Zimbabwe), hence placing cannabis seeds under the relevant narcotic drug laws and regulating production of cannabis seeds as production of a narcotic drug. Other approaches are: placing only viable cannabis seeds under national drug control (in Canada, Malta and the United States); permitting the production of seeds of cannabis whose THC content is below an established threshold (reported by a number of States members of the European Union); or permitting the import of cannabis seeds only with special authorization (reported by Colombia and India).

254. With respect to international trade in cannabis seeds, about half of the responding Governments (53 per cent) indicated having provisions to control the import of cannabis seeds and about half (47 per cent) reported having provisions to control the export of cannabis seeds. In most of those countries, authorization is required for the import or export of cannabis seeds. In countries where cannabis seeds are controlled drugs, international trade is regulated in accordance with the provisions on trade in narcotic drugs. In some countries, imports or exports are limited to certain types of cannabis seeds, such as cannabis seeds having undergone anti-germination treatment

(reported by Japan), seeds of cannabis varieties with a THC content below a specified level or seeds listed in a catalogue of approved species (as reported by a number of States members of the European Union). The import or export of cannabis seeds is prohibited in some countries (Argentina, Brazil, China, Guatemala, Iceland, Lebanon, Panama and Zambia).

255. About half of the responding Governments (51 per cent) regulate the domestic sale, purchase, advertisement or possession of cannabis seeds. In countries where cannabis seeds are subject to national drug control, the unlawful sale, purchase and possession of cannabis seeds are drug-related offences. In some countries (such as Cyprus, Estonia, Finland, Hungary and Japan), it is illegal to possess, purchase and/or sell cannabis seeds if the seeds are to be used for the illicit cultivation of cannabis plants. In such cases, the possession of and trade in cannabis seeds are regarded as preparatory acts of such illicit cultivation and are dealt with under provisions against such illicit cultivation. A few States (Brazil, Dominican Republic, Israel, Japan, Mexico, United States and Zimbabwe) have prohibited the advertisement of cannabis seeds or have made it illegal to advertise illicit drugs. The vast majority of the responding Governments (87 per cent) reported not having specific regulations on the sale of cannabis seeds through the Internet. Many, however, emphasized that the sale of cannabis seeds through the Internet was covered by general provisions on the sale of cannabis seeds, which were applicable irrespective of the mode of sale. One third of the responding Governments (33 per cent) reported having noted suspicious transactions involving cannabis seeds to be used for illicit purposes or having effected seizures of cannabis seeds, mostly in small quantities.

256. A number of Governments felt that comprehensive measures were required, including in the areas of law enforcement, cooperation among government agencies, the sharing of information at the international level and awareness-raising, to prevent the use of cannabis seeds for the illicit cultivation of the cannabis plant. With respect to possible measures for the control of cannabis seeds, it was suggested that a distinction should be made between cannabis seeds capable of germination and non-viable seeds. The view was also expressed that the international community, when considering control measures, should seek to avoid having an adverse impact on legitimate use of cannabis seeds.

257. The Board notes that the wide availability of cannabis seeds, which are not controlled under the international drug control treaties, contributes to the illicit cultivation of the cannabis plant. Given the various regulatory approaches with respect to cannabis seeds that were described in the responses to the questionnaire, the Board encourages all Governments to continue identifying best practices in addressing the use of cannabis seeds for illicit purposes. The Board invites Governments to consider appropriate measures at the national level to effectively prevent such use. Those measures may include, for instance, trade restrictions on cannabis seeds capable of germination or on seeds of cannabis varieties with a THC content exceeding a certain threshold.

258. The Board is concerned about the widespread sale, particularly over the Internet, of cannabis seeds to be used for illicit purposes. Those who use websites and electronic advertisements to sell cannabis seeds obviously incite individuals to engage in the illicit cultivation of cannabis plants. The Board therefore requested selected Governments to provide information on the sale of cannabis seeds over the Internet, including on detected transactions, the website operators involved and the sources and destinations of shipments of cannabis seeds, and on measures taken by Governments to address this issue. From the responses received, it appears that information on Internet transactions involving the sale of cannabis seeds to be used for illicit purposes is often not available to Governments. The Board therefore invites Governments to increasingly monitor cases involving the use of the Internet to sell cannabis seeds to be used for illicit purposes and to strengthen efforts to stop such activity. In that connection, the Board calls upon Governments to apply article 3, paragraph 1 (c) (iii), of the 1988 Convention, which requires States parties to establish as a criminal offence public incitement or inducement of others to engage in, inter alia, the illicit cultivation of cannabis plant and the illicit use of cannabis.

2. Synthetic cannabinoid receptor agonists

259. During the past several years, synthetic cannabinoid receptor agonists have emerged as a new class of substances of abuse requiring the attention of drug regulators. These substances are added to herbal mixtures, marketed under brand names such as Spice, which are sold through the Internet and in specialized

shops. The synthetic cannabinoid receptor agonists that have been detected in these herbal mixtures are not under international control. However, in 2009, concern about the potential health risks posed by their abuse prompted authorities in several countries to adopt national measures to prevent such abuse. Some countries have added specific synthetic cannabinoid receptor agonists, notably ones such as JWH-018 and CP 47497 and homologues most commonly identified in seized samples of herbal mixtures, to the list of substances controlled under national legislation. However, a large number of synthetic cannabinoid receptor agonists have been synthesized such that non-controlled ones could appear on the market. To pre-empt this problem, some States, such as the United Kingdom, have adopted measures for the control of groups of structurally related synthetic cannabinoid receptor agonists.

260. Concerned that herbal mixtures containing cannabinoid receptor agonists were increasingly being sold through various channels, the Commission on Narcotic Drugs, adopted resolution 53/11, entitled “Promoting the sharing of information on the potential abuse of and trafficking in synthetic cannabinoid receptor agonists”. In that resolution, the Commission welcomed the work of the Board in bringing to the attention of Member States the abuse of herbal mixtures containing synthetic cannabinoid receptor agonists through the inclusion of information on that matter in the report of the Board for 2009²⁴ and requested the Board to continue to play a role in gathering from Member States information on synthetic cannabinoid receptor agonists, including new types of those substances not under international control, and in sharing that information with other Member States and WHO.

261. Pursuant to that request, the Board has sent a letter to the Governments of selected countries in all regions requesting information regarding recent trends in the abuse of synthetic cannabinoid receptor agonists and the presence on the market of new types of such substances. The Board has reviewed the information provided by Governments, as well as other official reports about measures implemented to deal with the problem of the abuse of synthetic cannabinoid receptor agonists in various parts of the world.

²⁴ *Report of the International Narcotics Control Board for 2009 ...*, paras. 242-248.

262. The availability on the market of products containing synthetic cannabinoid receptor agonists continues to be a matter of concern for Governments. In 2010, a number of Governments have introduced or intend to introduce measures to prevent trafficking in such products. In countries such as Belarus and Ukraine, a number of synthetic cannabinoid receptor agonists have been added to the list of substances controlled under national legislation, whereas Ireland has placed groups of structurally related synthetic cannabinoid receptor agonists under national control. In the United States, only the synthetic cannabinoid HU-210 is under control due to its being a structural analogy to THC. However, concerned that herbal mixtures containing synthetic cannabinoid receptor agonists have recently become available in specialized shops throughout the United States, lawmakers in several states have adopted legislation to control the use of and trade in specific synthetic cannabinoid receptor agonists, including JWH-018 and CP 47497 and some of its homologues.

263. Governments of some countries that had already adopted national legislation to control specific synthetic cannabinoid receptor agonists reported to the Board that law enforcement authorities had, since the adoption of that legislation, detected non-controlled agonists in samples taken from herbal mixtures that had been seized in their countries. For example, JWH-250 was recently detected in herbal mixtures seized in France, Japan and the Russian Federation. Another synthetic cannabinoid receptor agonist, JWH-081, was detected in samples taken from herbal mixtures seized in Finland, France and Sweden.

264. The Board encourages Governments to continue monitoring the abuse of synthetic cannabinoid receptor agonists and adopt measures to prevent their trafficking and abuse. In that regard, all Governments concerned are encouraged to implement Commission on Narcotic Drugs resolution 53/11. The Board invites Governments to continue to provide it with information regarding the extent of abuse of and trafficking in products containing synthetic cannabinoid receptor agonists and measures that have been adopted to counter such abuse.

3. Recently identified “designer drugs”

265. The term “designer drugs” is used to describe substances of abuse that have been developed to avoid

existing control measures, including those foreseen under the international drug control conventions. Frequently, they are manufactured by means of a minor modification of the molecular structure of controlled substances, resulting in a new substance with similar pharmacological effects. They can be easily manufactured, as instructions on their manufacture and a description of their pharmacological effects are often found on the Internet.

266. The abuse of 4-methyl-methcathinone, a “designer drug” also known as “mephedrone” or “4-MMC”, has been reported in a growing number of countries and regions. Mephedrone is a derivative of methcathinone, which itself is chemically related to cathinone, one of the psychoactive ingredients found in khat (*Catha edulis*). Its chemical structure is also related to amphetamines. The effects of the substance are reported to be similar to other stimulant drugs, such as cocaine, amphetamine and MDMA (“ecstasy”), although there is little existing research into its pharmacology and toxicity.

267. The abuse of mephedrone was first noted in 2007, in the United Kingdom. By 2008, its abuse had become so widespread in Europe that notification was given to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) so that the substance could be monitored through the European Union early warning system. In a few cases, the abuse of mephedrone, especially in combination with other substances, has resulted in death. In 2010, there was an increasing number of reports of the seizure or abuse of mephedrone in regions other than Europe — in countries in North America, South-East Asia and Oceania, in particular Australia and New Zealand.

268. Mephedrone is easily obtained through the Internet and has been marketed through retail outlets (“smart shops”) in some countries. Organized criminal groups are involved in its trafficking and distribution. Mephedrone has been advertised as bath salt, plant food and a research chemical, presumably to escape detection by drug control authorities and to avoid legal proceedings against the marketing of the substance. The substance appears to have no legitimate use.

269. In many countries where mephedrone was not already controlled as an analogue of methcathinone, the substance has been placed under national control fairly rapidly. Other Governments are planning to place the substance under national legislation or have already

taken steps to do so. In addition, in Europe, the region where the abuse of mephedrone started and has spread the most so far, the Council of Europe took a decision to undertake a formal risk assessment of the substance. The Board appreciates those actions, which show that Governments can respond quickly to emerging trends in drug abuse.

270. However, mephedrone is not the only recent designer stimulant that is abused. For example, in Europe alone, some 15 other “designer cathinones” are currently being monitored by EMCDDA. Among those, methedrone and methylone, which are also analogues of methcathinone, are abused in the United Kingdom. In addition, naphyrone, another synthetic compound with stimulating effects that is not related to cathinone, is abused in Europe.

271. In countries where the national legislation does not support generic scheduling, the list of substances that are subject to national controls has to be amended for each newly identified “designer drug” or other substance that has been identified as problematic. For example, in Japan, 51 drugs (including mephedrone and salvinorin A, a substance obtained from the plant *Salvia divinorum*) have recently been placed under national control. Belarus, Brazil and Finland also found it necessary to amend their national drug control legislation and place several “designer drugs” on the list of controlled substances.

272. Governments are well aware that the abuse of new substances can spread quickly within and among regions. The Board recommends that all Governments closely monitor trends in drug abuse on their territory, with a view to identifying new substances of abuse, such as designer stimulants. In that regard, Governments should monitor Internet forums to identify the substances that might replace mephedrone as a result of that substance being placed under national control in a growing number of countries. Governments are urged to share with the Board and WHO any new trends in substance abuse. If necessary, Governments that have not yet done so should take immediate action to place mephedrone and other “designer drugs” under national control, in order to be able to prosecute the persons responsible for their distribution. To that end, Governments might consider generic scheduling, where national legislation allows it.

273. Furthermore, in view of the fact that mephedrone is abused in several regions and appears to be smuggled from region to region, Governments might consider notifying the Secretary-General of problems experienced with the abuse of mephedrone on their territory, with a view to adding the substance to any of the Schedules of the 1971 Convention. In that regard, the Board notes that WHO has, for some time, not been able to convene its Expert Committee on Drug Dependence to assess substances for possible scheduling under the 1961 Convention and the 1971 Convention, a situation that has serious repercussions for the international drug control system.

274. The Board therefore urges Governments and international entities such as UNODC, through its Laboratory and Scientific Section, and WHO to develop effective measures to address the problem of “designer drugs”. In view of the responsibility given to WHO under the 1961 Convention and the 1971 Convention, the Board calls on WHO, as a first step, to resume its activities to assess new substances as soon as possible.

4. Abuse of volatile organic compounds referred to as “poppers”

275. The Board notes that the Governments of some countries, in particular in South America, have experienced problems with regard to the abuse by inhalation of volatile organic compounds containing various alkyl nitrites, such as amyl nitrite. Those mixtures, which are commonly referred to as “poppers”, are currently not under international control. They are not “designer drugs”; however, their abuse raises concerns about adverse health effects. In response to those developments, in its resolution 53/13, entitled “Use of ‘poppers’ as an emerging trend in drug abuse in some regions”, the Commission invited Member States to address the potential problem of the use of “poppers” and to share information on best practices and lessons learned to counter that emerging trend. In that resolution, the Commission also invited Member States to share available information on abuse of “poppers” with the Board and other interested parties. In view of the concerns regarding the adverse health effects of the abuse of “poppers”, the Board recommends that Member States share with WHO information on health issues related to such abuse.

5. International cooperation in countering the covert administration of psychoactive substances to facilitate the commission of sexual assault and other criminal acts

276. Substances under international control, as well as some substances that are not controlled, have been known to be used to facilitate the commission of sexual assault or other criminal acts. The substances are concealed in food or, more frequently, drinks in doses that are higher than those used for therapeutic purposes, in order to weaken the resistance of individuals and ensure that victims have no recollection afterwards of what happened. Most notable has been the widespread use of flunitrazepam as a so-called “date-rape drug”. The Board has referred repeatedly to such use and the actions taken by Governments and industry to counter such problems.²⁵

277. In its resolution 52/8, the Commission on Narcotic Drugs addressed the use of pharmaceutical products to facilitate sexual assault (“date rape”). In its report for 2009, the Board welcomed the adoption of Commission resolution 52/8 and urged all Governments to implement the resolution as soon as possible. The Board also referred to cases in which those pharmaceutical products had been used to rob victims, for example, to obtain their credit card information or use of their motor vehicles, and invited the international community to consider the implementation of Commission resolution 52/8 with regard to such drug-facilitated crime, including sexual assault.²⁶ The Board notes that, as a result, the risk of use of pharmaceutical products to weaken the resistance of potential victims with criminal intent has come to the attention of the general public and the media. In particular, the fact that sexual assault is often facilitated by “date-rape drugs”, and the lack of effective countermeasures taken so far was highlighted in media reports appearing in many countries and regions in 2010.

278. In the light of those developments and in order to obtain more information on the extent of the problem and the countermeasures taken so far, the Commission on Narcotic Drugs adopted resolution 53/7, as

follow-up to its resolution 52/8. In its resolution 53/7, the Commission urged States to combat the phenomenon, inter alia, by raising public awareness of the *modi operandi* of the assailants and of the means of recourse available to the victims, and encouraged States to forward any relevant experiences and research findings to the Board and UNODC. In addition, the Commission invited States to promote research in that area, with a view to measuring the extent of the problem, ascertaining the *modi operandi* and identifying the substances used, whether the substances were under international control or not. Moreover, the Commission urged relevant international organizations, including the Board, UNODC and WHO, to gather information and further analyse the phenomenon, with a view to developing common definitions and standards, such as guidelines for forensic analyses to identify the presence of psychoactive substances used to commit sexual assault or other criminal acts.

279. Pursuant to Commission on Narcotic Drugs resolution 53/7, the Board contacted all Governments in July 2010, drawing their attention to that resolution and requesting that the information required under the resolution be communicated to the Board. By 1 November 2010, 47 Governments had replied to the Board.

280. The replies received by the above date indicate that drug-facilitated criminal acts have occurred in many countries and regions. The information available suggests that psychoactive substances have been used predominantly on young women, for the purpose of committing sexual assault. However, in several countries, there is also information on drug-facilitated robbery and ownership fraud, in which cases the victims tend to be men. Most Governments indicated that they have difficulties in providing accurate data on this issue, owing to the lack of forensic or other evidence in such cases. The actual extent of the problem is therefore hard to ascertain, and it is believed to be significantly underreported in most countries.

281. The reason for the difficulties in collecting such data is that victims themselves may not be aware that a crime has been committed, or may not be willing or able to make a public accusation. First, they may not remember what happened as a consequence of having taken such substances. Second, since the preparations used by the assailants are tasteless, colourless and

²⁵ *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.1), paras. 37-39.

²⁶ *Report of the International Narcotics Control Board for 2009* ..., paras. 260-268.

odourless, victims may not suspect that they have been drugged and thus may not consider undertaking a forensic examination of their blood or urine. Third, substances such as *gamma*-butyrolactone (GBL) and GHB are metabolized very quickly and may not, after a few hours, leave any traces in blood or urine. In addition, in the case of sexual assault, in some cultures the nature of the crime makes it difficult for the victim to seek professional help, especially when the assailant had been acquainted with the victim before the crime. Victims may not report such incidents out of shame or fear of being blamed or because of the stigma that, in some societies, is associated with being a victim of such crime. Therefore, law enforcement authorities dealing with cases involving drug-facilitated crime should undergo special training on interrogating the victims of such crime. The Board therefore trusts that Governments will not limit their search for such data to official criminal records but will also continue looking for empirical data, for example, by contacting social workers, including special services and crisis centres for women, and the medical profession, to obtain realistic estimates of the extent of the problem.

282. The Board is pleased to note that many countries have introduced countermeasures to tackle this problem, as recommended in Commission on Narcotic Drugs resolution 53/7. In that connection, the Board welcomes initiatives started by some Governments, in cooperation with industry, to prevent the diversion and use of medicines for the commission of drug-facilitated crime, similar to what was done with flunitrazepam in the 1990s, without having a negative impact on the bioavailability and medical use of the preparations in question. The Board calls on all Governments that have not yet done so and that are affected by such problems, to consider taking appropriate measures to prevent the covert administration of psychoactive substances to commit sexual assault or other crime.

283. The Board notes the actions taken and planned by UNODC and interested Governments to develop common definitions and guidelines for forensic analyses, with a view to identifying the presence of psychoactive substances used to commit sexual assault or other criminal acts. The Board welcomes those initiatives and will support them in accordance with its mandate. Furthermore, the Board will continue to monitor problems experienced with drug-facilitated crime, share the information collected with UNODC and other international bodies, such as WHO, take

further action as necessary to develop appropriate countermeasures, and include in future annual reports newly received information on the subject, as applicable.

6. Plant material containing psychoactive substances

284. Many plants that contain psychoactive substances with stimulating or hallucinogenic properties, as well as preparations made from those plants, have traditional uses in some countries or regions; for example, some are used in religious rites. Under the 1961 Convention and that Convention as amended by the 1972 Protocol, plants that are the sources of narcotic drugs, such as cannabis plant, opium poppy and coca bush, are subject to specific control measures. In contrast, although some active stimulant or hallucinogenic ingredients contained in certain plants are controlled under the 1971 Convention, no plants are currently controlled under that Convention or under the 1988 Convention. Preparations (e.g. decoctions for oral use) made from plants containing those active ingredients are also not under international control.

285. Examples of such plants or plant material include khat (*Catha edulis*), whose active ingredients cathinone and cathine are listed in Schedules I and III of the 1971 Convention; ayahuasca, a preparation made from plants indigenous to the Amazon basin of South America, mainly a jungle vine (*Banisteriopsis caapi*) and another tryptamine-rich plant (*Psychotria viridis*) containing a number of psychoactive alkaloids, including DMT; the peyote cactus (*Lophophora williamsii*), containing mescaline; magic mushrooms (*Psilocybe*), which contain psilocybine and psilocine; *Ephedra*, containing ephedrine; “kratom” (*Mitragyna speciosa*), a plant indigenous to South-East Asia that contains mitragynine; iboga (*Tabernanthe iboga*), a plant that contains the hallucinogen ibogaine and is native to the western part of Central Africa; varieties of *Datura* containing hyoscyamine (atropine) and scopolamine; and *Salvia divinorum*, a plant originating in Mexico that contains the hallucinogen salvinorin A.

286. The Board notes increased interest in the recreational use of such plant materials. In addition, such plants are often used outside of their original socio-economic context to exploit substance abusers. As they can be transported quickly by air to any country in the world, the use of such plants or of

preparations made from such plants, is no longer limited to the regions where the plants grow, or to the communities that have traditionally used the plants. Potential abusers have been using the Internet to inform themselves about the stimulating or hallucinogenic properties of such plant material, about the fact that the plant material is not under international control and about Internet sites through which the plant material can be purchased. As a result, increased trade, use and abuse of such plant material have been noted in many countries. The use of such plant material may have adverse effects on the abuser, including nausea, vomiting, drowsiness, poisoning and flashbacks. In addition, any impairment resulting from a person's use of such plant material might have serious consequences for the well-being of other persons — consequences similar to those of driving under the influence of psychoactive substances.

287. The Board notes that, in view of the health risks associated with the abuse of such plant material, some Governments have placed certain types of plant material and preparations under national control. The Board recommends that Governments that have not yet done so and have experienced problems with regard to persons engaging in the recreational use of or trafficking in such plant material, to remain vigilant (since the risks associated with such use may increase) and to notify the Board and the WHO of those problems. The Board recommends that Governments should consider controlling such plant material at the national level where necessary.

III. Analysis of the world situation

A. Africa

1. Major developments

288. The threats posed by drug trafficking through Africa have remained high on the agenda of the international community. The political commitment to the issue was illustrated at a debate held by the Security Council in December 2009 on the transnational threats posed by drug trafficking to peace and security, during which specific reference was made to West Africa as one of the areas most affected by drug trafficking. The Council returned to the issue on subsequent occasions and called upon local authorities to take action. In January 2010, a United Nations integrated office was established in Guinea-Bissau, to be headed by a personal representative of the Secretary-General.

289. The Board notes the steps taken by the African Union to implement its Plan of Action on Drug Control and Crime Prevention (2007-2012). At the fourth session of the African Union Conference of Ministers for Drug Control and Crime Prevention, held in Addis Ababa from 28 September to 2 October 2010, African ministers and experts responsible for drug control and crime prevention in the member States of the African Union agreed to fight the illicit cultivation and abuse of cannabis, to actively address the control of precursor chemicals and to develop adequate monitoring and regulatory systems for ensuring the availability of drugs for medical purposes while, at the same time, curbing the availability of drugs on unregulated markets.

290. For the past several years, West African countries have been used by drug traffickers as trans-shipment areas for large quantities of cocaine from South America destined for Europe and North America. The large-scale smuggling of cocaine through West Africa by criminal organizations appeared to peak in 2007; in 2008 and 2009, the number of seizures reported in the subregion fell, possibly because heightened international awareness of the threat posed by drug trafficking had made such trafficking via that subregion more difficult. Recently, however, the large-scale smuggling of cocaine via the subregion appears to have resumed, as indicated by several large seizures

of cocaine effected in or linked to the subregion in 2010.

291. 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, 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.

292. The Board is concerned about the fact that in Africa there has been an increase in the abuse of almost all types of drugs over the past few years. Illicit cannabis production, trafficking and abuse continue to represent major challenges in Africa. Cannabis is the main drug of abuse in Africa. Cannabis that is illicitly produced in Africa is sold on the illicit markets in that region or smuggled into other regions, mainly Europe and North America. While cannabis herb is illicitly produced in many countries throughout Africa, the illicit production of cannabis resin is concentrated in North Africa, with Morocco being one of the world's largest producers of that drug.

293. The use of Africa as a transit area for the traffic in precursor chemicals appears to have decreased in the past few years. While some years ago a number of large shipments of ephedrine and pseudoephedrine destined for African countries and ultimately Central and North America were identified and stopped, no further cases involving the attempted diversion of ephedrine and pseudoephedrine on a large scale through Africa were reported in 2009 or 2010. This may be attributable to the improved controls applied by some African countries over imports of those precursor chemicals and to the intensified screening by the authorities of exporting countries of shipments of precursor chemicals destined for Africa. However, Africa continues to be used by traffickers as an area for the diversion of precursor chemicals, as indicated by the continued diversion and smuggling of small shipments of ephedrine, pseudoephedrine and other precursor chemicals used in the illicit manufacture of drugs.

2. Regional cooperation

294. Within the framework of the African Union Plan of Action, the African subregional economic communities are playing a key role in the implementation of the Plan of Action at the subregional and national levels. A five-year programme to improve drug and crime control in North Africa and the Middle East was adopted by the Council of the League of Arab States in the second half of 2010. The programme addresses the main challenges faced by the subregion, including trafficking, organized crime and drug abuse. The programme, together with a political declaration and the terms of reference for a steering committee, was elaborated at a regional expert meeting held in Cairo in April 2010.

295. In West Africa, member States of the Economic Community of West African States (ECOWAS) continue to demonstrate their support for the ECOWAS Political Declaration on the Prevention of Drug Abuse, Illicit Drug Trafficking and Organized Crime in West Africa, and many of them have taken action to implement the ECOWAS Regional Action Plan to Address the Growing Problem of Illicit Drug Trafficking, Organized Crime and Drug Abuse in West Africa (2008-2011), which was adopted at the ECOWAS Ministerial Conference on Drug Trafficking as a Security Threat to West Africa, held in Praia in October 2008. Progress has been made by the ECOWAS Commission in putting into effect its operational plan, adopted in Abuja in June 2009, for implementation of the Regional Action Plan, and in setting up a monitoring and evaluation mechanism. In December 2009, support and funds for implementation of the ECOWAS Regional Action Plan were pledged at a donor round table in Vienna organized by the ECOWAS Commission and UNODC including 15 million euros pledged by the European Commission.

296. In February 2010, the Dakar Initiative, an alliance of West African States, was established at a ministerial conference held in Dakar. The aim of the Dakar Initiative is to create a trans-Saharan network to counter the growing threat posed by cocaine trafficking through West African countries. The States currently participating in the Dakar Initiative are Cape Verde, the Gambia, Guinea, Guinea-Bissau, Mali, Mauritania and Senegal.

297. At a ministerial meeting of the West Africa Coast Initiative held in Freetown in February 2010, the Freetown Commitment was adopted by the four States currently participating in the Initiative (Côte d'Ivoire, Guinea-Bissau, Liberia and Sierra Leone). The Freetown Commitment supports implementation of the ECOWAS Regional Action Plan and is designed to strengthen the capacity of specialized drug law enforcement agencies and of national criminal justice systems. The West Africa Coast Initiative was launched in 2009 as a joint technical assistance programme for capacity-building at the national and subregional levels. It is expected that the Initiative will eventually be expanded to include all 15 ECOWAS member States and Mauritania.

298. In East Africa, a programme to promote the rule of law, health and human security in that subregion, covering Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, Uganda and the United Republic of Tanzania, was endorsed by a regional ministerial conference held in Nairobi in November 2009.

299. At the Twentieth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, held in Nairobi in September 2010, participants examined current illicit drug trends in Africa and ways in which to strengthen the investigation of drug trafficking and related offences. The Meeting focused in particular on issues relating to drug trafficking and its corrupting influence on law enforcement agencies.

300. The Board notes that Governments of African countries have continued to establish legislative and administrative mechanisms to identify, trace, freeze, seize and confiscate the proceeds of drug trafficking with technical support by UNODC and the relevant subregional groups, notably the Eastern and Southern Africa Anti-Money Laundering Group and the Intergovernmental Action Group against Money Laundering in West Africa (GIABA). In January 2010, a GIABA workshop on the theme "Laundering the proceeds of illicit trafficking in narcotic drugs and psychotropic substances in West Africa" was held in Bissau to examine the techniques and methods used to launder the proceeds of drug-related crime in the subregion and to identify gaps in the national regulatory and institutional frameworks for countering money-laundering.

301. A high-level meeting of heads of drug law enforcement agencies of six West African countries (Cape Verde, the Gambia, Ghana, Guinea-Bissau, Sierra Leone and Togo), as well as Colombia, the Dominican Republic, Jamaica and Peru, was organized by UNODC in Bogota in January 2010 as part of its transatlantic intelligence exchange project. At the meeting, a total of 24 bilateral agreements were signed in order to facilitate joint investigations and the rapid exchange of operational information between law enforcement agencies with the aim of promoting intelligence-led investigations resulting in the interception of illicit drug shipments in South America, Central America and the Caribbean, West Africa and Europe.

302. Relevant international organizations have continued to provide joint technical assistance to West African States in support of the efforts of those States to combat drug trafficking through their territory. The Board notes the various initiatives implemented by UNODC in 2009 and 2010 to provide technical assistance to West Africa in the areas of drug control and fighting organized crime, notably the development of the UNODC programme for West Africa for the period 2010-2014. The Container Control Programme, which is implemented jointly by UNODC and the World Customs Organization in Africa, Central America, South America and Central Asia, is assisting Governments in establishing effective container controls to prevent the smuggling of drugs and contraband while facilitating legal trade. The programme is fully operational in Senegal (the port of Dakar) and in Ghana (the port of Tema) and will be extended to Benin, Cape Verde, Côte d'Ivoire, Mali and Togo in the near future. The Airport Communication Project, developed by UNODC in cooperation with INTERPOL and the World Customs Organization and with funding from the European Commission, enhances border controls and border management systems in international airports on drug trafficking routes in Brazil and countries in Africa and links them with the communication systems of INTERPOL and the World Customs Organization. Joint units to counter drug trafficking are to be set up under the project in Cape Verde, Côte d'Ivoire, Ghana, Guinea, Mali, Morocco, Nigeria, Senegal and Togo.

3. National legislation, policy and action

303. In 2009, the Government of Benin established three new bodies to monitor implementation of and enforce the drug control legislation adopted by that State in 1997: the inter-ministerial committee to combat the abuse of narcotic drugs and psychotropic substances (CILAS), the central office against drug trafficking (OCERTID) and the unit for combating money-laundering (attached to the economic and financial brigade). It also adopted a plan for combating drugs.

304. An inter-ministerial coordination committee on drug control was established in Ethiopia, comprising all ministries and key Government agencies responsible for the prevention of drug trafficking and drug abuse. The committee's role is to oversee implementation of the national drug control master plan, provide policy advice on the updating of national drug control legislation, monitor compliance by Ethiopia with its obligations under the international drug control treaties and provide guidance on drug abuse prevention strategies for the general public and specific target groups.

305. Ghana has undertaken major restructuring of its national drug law enforcement agency, the Narcotics Control Board, and has also improved national inter-agency cooperation and collaboration with international partners. The number of interceptions and seizures of drug shipments has increased markedly as a result of Operation Westbridge, a passenger and cargo profiling operation carried out jointly with United Kingdom customs officials to improve drug interdiction at airports. The operation is to be extended to three airports in Nigeria.

306. In November 2009, the Government of the Libyan Arab Jamahiriya signed an agreement with UNODC to open a UNODC subregional office in Tripoli for the Maghreb countries. The new office, which is to be opened in December 2010, will focus on promoting cooperation between Algeria, the Libyan Arab Jamahiriya, Morocco and Tunisia in strengthening drug and crime control at their national borders.

307. The Government of Namibia is currently reviewing its national drug control master plan for the period 2003-2008. The Board encourages the Government to pass, as soon as possible, the

Combating of the Abuse of Drugs Bill, which would ban trafficking in and the sale, possession and use of addictive substances and bring Namibia into full compliance with the requirements of the 1988 Convention, and the Drug Control Bill, which provides for up-to-date tools for the prosecution of drug related crime.

308. In March 2010, the South African Police Service held its second national chemical monitoring and precursor control conference. The objectives of the conference were to bring together representatives of the chemical industry, pharmaceutical companies and the South African Police Service to develop strategies for countering the diversion of precursor chemicals for use in the illicit manufacture of drugs and to acquire international expertise on current international trends and best practices in the dismantling of clandestine drug laboratories. In October 2010, the Government of South Africa held a national conference to review its national drug control master plan for the period 2006-2011 and adopt a master plan for the period to follow.

309. In the State of Zanzibar, United Republic of Tanzania, a draft law on illicit drugs was passed by the Zanzibar House of Representatives in 2009. The new law enhances the powers of police officers to conduct searches and seize narcotic drugs and provides for controlled delivery. It also establishes a commission to coordinate drug control efforts.

310. In 2009, the Government of Tunisia adopted new drug control legislation focusing on the storage, transportation, prescription and dispensation of psychotropic substances. In addition, buprenorphine, methylphenidate and oripavine were added to the list of narcotic drugs subject to State control.

311. The Parliament of Uganda is currently considering comprehensive draft national legislation on drug control that would introduce stiffer penalties for traffickers and provide for the establishment of a national body for coordinating drug control, the treatment and rehabilitation of drug abusers, regional and international cooperation, and the confiscation and forfeiture of assets.

312. At the end of November 2009, a comprehensive national plan for combating drugs and crime for the period 2009-2013 was drawn up and approved by the Government of Togo under the auspices of UNODC.

The Government of Togo has established a financial intelligence unit, managed by the Ministry of Security, to fight money-laundering.

313. With regard to efforts to counter money-laundering, the Government of Ethiopia passed legislation to combat that phenomenon in November 2009, while in Kenya, the Proceeds of Crime and Anti-Money-Laundering Act entered into force in December 2009. Despite the efforts undertaken by Ethiopia, the Financial Action Task Force on Money Laundering has identified Ethiopia as having significant anti-money-laundering deficiencies that pose a risk to the international financial system. The Government of Ethiopia may wish to seek technical assistance through UNODC in order to address those shortcomings.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

314. Cannabis continues to be the drug most widely trafficked and abused, and cannabis plant the illicit crop most widely cultivated, throughout Africa. The African region remains among the world's largest producers of cannabis. Cannabis plants continue to be illicitly cultivated chiefly by small farmers and cannabis distributed by small groups or individuals.

315. Significant illicit production of cannabis resin continues to take place in countries of North Africa, notably Morocco. From 2003 to 2005 there was a marked decline in illicit cannabis plant cultivation in Morocco; that downward trend continued in subsequent years. The land used for cannabis plant cultivation was reported to have decreased from 134,000 ha in 2003 to 56,000 ha in 2009, while cannabis resin production decreased from 3,070 tons to 820 tons over the same period. The Board notes that while Moroccan authorities are actively engaged in efforts to interdict illicit drug shipments, data from European countries show that large quantities of Moroccan cannabis resin continue to be smuggled into Europe, the world's largest market for cannabis resin. The Board commends the Government of Morocco for its endeavours and calls upon it to continue its efforts to achieve the total eradication of cannabis plant cultivation on its territory. At the same time, the Board calls upon Governments of European countries, which are among the main countries of destination of

shipments of African cannabis to take all necessary measures to curb cannabis abuse in their countries. The Board encourages the Government of Morocco to continue to monitor the situation in its country by collecting and analysing pertinent statistical data on the extent of cannabis plant cultivation in Morocco and to share its experience with the international community. In that connection, the Board notes with regret that the survey on cannabis plant cultivation and cannabis production that was to be conducted by the Government of Morocco in cooperation with UNODC in 2010 was not carried out. The Board encourages the Government of Morocco and UNODC to take all steps necessary to ensure that the survey is conducted as soon as possible.

316. Cannabis herb production and trafficking are reported in practically all African countries. Cannabis herb is abused locally or smuggled within the region. Africa is also one of the main sources of the cannabis herb seized in Europe. The largest producers of cannabis herb in Africa are countries in West Africa (Ghana, Nigeria, Senegal and Togo), Central Africa (the Democratic Republic of the Congo and Equatorial Guinea), Southern Africa (Malawi, South Africa, Swaziland and Zambia) and East Africa (Comoros, Ethiopia, Kenya, Madagascar, Uganda and the United Republic of Tanzania).

317. In Nigeria, more than 900 ha of cannabis plants were destroyed by the National Drug Law Enforcement Agency during 2009. As a result, the farm-gate price of cannabis quadrupled in that country during the same year. The quantity of cannabis seized in Nigeria decreased sharply, from 334 tons in 2008 to 115 tons in 2009. In Ghana, irrigation farming has been introduced on sites where cannabis plants are illicitly cultivated, making it possible for the illicit crops to be grown throughout the year. Cannabis from Ghana is shipped primarily to Europe, in particular to the United Kingdom. A Government pilot scheme launched in Ghana in 2003 to provide cannabis farmers with the means to cultivate alternative cash crops was discontinued in 2008, as the scheme was not sustainable and some farmers continued to grow cannabis plants despite receiving incentives to cultivate alternative crops. South Africa ranks among the world's largest producers of cannabis. While most of the cannabis illicitly produced in that country is abused locally, some is smuggled into countries in Europe, primarily the United Kingdom. In Egypt,

cannabis plants continue to be illicitly cultivated in the north of the Sinai peninsula and in Upper Egypt, and about 75 ha of illicit crops were eradicated on the Sinai peninsula and 30 tons of cannabis seized during 2009.

318. While there is no evidence of the illicit cultivation of coca bush or the illicit manufacture of cocaine in Africa, for the past several years, West African countries have been used as trans-shipment areas for smuggling large quantities of cocaine from South America into Europe. As a result, two key trans-shipment areas have emerged in West Africa: one in Guinea and Guinea-Bissau in the north of the subregion; and the other in the Bight of Benin in the south. The preferred modus operandi of traffickers has been to transport the cocaine shipments using mother ships that offload the shipments onto smaller sea vessels near the West African coast, which then transport the shipments to Portugal and Spain. Large cocaine shipments are also sent in modified small aircraft from Brazil or Venezuela (Bolivarian Republic of) to various destinations in West Africa. West African traffickers then traffic the cocaine onward to Europe, usually using commercial air courier services and often receiving a portion of the drug in payment for their services.

319. In 2008, a decrease in the number of reported seizures suggested that cocaine trafficking through West Africa was beginning to subside, possibly because drug trafficking as a whole had become more difficult as a result of heightened international awareness of the threat posed by such trafficking. By 2009, there were almost no seizures of cocaine trafficked by sea or on flights originating in West Africa. However, there were indications that cocaine continued to be smuggled through West Africa, such as the discovery in the Mali desert of the wreckage of a large cargo plane suspected of having carried a multi-ton cocaine shipment from the Bolivarian Republic of Venezuela. By mid-2010, large-scale cocaine trafficking via West Africa appeared to have resumed. In May 2010, members of a trafficking network were arrested in Liberia on charges of having attempted to smuggle at least 4 tons of cocaine from South America into European countries and the United States via Liberia. In June 2010, a record seizure of 2.1 tons of cocaine was effected in the Gambia and 12 suspects were arrested as a result of a joint investigation by Gambian and British law enforcement services. In July 2010, a shipment of

450 kilograms (kg) of cocaine from Chile was intercepted in Nigeria. Those seizures indicate that multi-ton shipments of cocaine are arriving in West Africa and will continue to do so in the future, particularly since the factors that previously facilitated such flows of illicit drugs continue to prevail.

320. It appears that traffickers are adapting their *modus operandi*, for instance by using light aircraft to transport shipments of less than one ton of cocaine to coastal countries, notably Guinea-Bissau and Sierra Leone, and inland desert countries, such as Mali, which are closer to Europe and whose territory is more difficult to control. Drug traffickers constantly change their routes in response to successful law enforcement efforts; for instance, cocaine shipments are increasingly being routed from Argentina and Uruguay to Central and Southern Africa, while small-scale cocaine trafficking by air between North Africa and Europe — for example, from Morocco to Spain, from Algeria to France and from Tunisia to Italy — is increasing. In contrast, no major maritime seizures have been reported off the West African coast or by the Lisbon-based Maritime Analysis and Operations Centre – Narcotics (MAOC–N) since late 2009. There was also a significant decrease, between 2006 and 2009, in the number of arrests of cocaine couriers arriving at European airports on flights originating in West Africa.

321. A serious danger posed by cocaine is its enormous value relative to the size of local economies, a factor that allows traffickers to use bribery to protect their operations. For instance, in March 2010, 11 top-level officials of Gambian law enforcement agencies were arrested in connection with drug trafficking.

322. Some cocaine is also smuggled into South Africa, both via West Africa and directly out of South America using courier, air freight or express mail services. South Africa is becoming an important hub for cocaine shipments destined for illicit markets in Southern Africa and Europe. As regards East Africa, a series of cocaine seizures at the international airport of Nairobi in 2009 highlighted the continuing drug trafficking problem in Kenya. A growing number of cocaine seizures have been reported in North Africa, notably in Egypt and the Libyan Arab Jamahiriya.

323. The illicit cultivation of opium poppy continues to take place on the Sinai peninsula and in Upper Egypt. Such cultivation has also been reported in Algeria. The opium produced in Algeria and Egypt is

abused locally. There is no illicit manufacture of heroin in Africa. Heroin from South-East and South-West Asia enters Africa through East African countries, from where it is trafficked first to West Africa and then to the United States and, to a lesser extent, countries in Europe. According to UNODC estimates, about 35 tons of heroin are smuggled into Africa each year, of which some 25 tons are used to supply Africa's population of drug addicts, which is tentatively estimated at 1.2 million.

324. Within Africa, heroin flows to South Africa and countries in North Africa. In recent years, Ethiopia has become a significant transit area for heroin. Heroin is trafficked through Ethiopia and Kenya primarily because those countries have good air transport connections. From Kenya, heroin is transported to the Indian Ocean islands of Comoros, Madagascar, Mauritius and Seychelles. South Africa is used as a transit country for heroin shipments destined for illicit markets in Southern Africa and Europe and is also a country of destination. Heroin seizures have increased in North African countries, notably Egypt and the Libyan Arab Jamahiriya. Countries in West Africa have also emerged as important trans-shipment areas for heroin trafficking, as corroborated by a series of significant seizures of heroin (each of quantities greater than 5 kg) linked to Côte d'Ivoire, Nigeria and Ghana in 2009 and 2010. West African trafficking organizations are playing a key role in heroin trafficking throughout the world.

Psychotropic substances

325. In Africa, the illicit manufacture of psychotropic substances for local abuse takes place mainly in South Africa, but also in other Southern African countries and in East Africa. The illicitly manufactured drugs are predominantly methamphetamine, methcathinone and methaqualone (Mandrax). The precursor chemicals needed for the manufacture of methamphetamine, namely ephedrine and pseudoephedrine, are usually imported into South Africa legally but then diverted from domestic distribution channels. Legally imported cathine is also being used for the illicit manufacture of methamphetamine. Methaqualone originating in South Asia enters Africa through ports in East Africa and is smuggled via Mozambique into Southern Africa. Amphetamines appear to continue to be illicitly manufactured in Egypt (albeit to a lesser extent than previously) as evidenced by the discovery in Egypt in

April 2010 of a laboratory suspected to have been used for the illicit manufacture of methamphetamine.

326. Amphetamines and other amphetamine-type stimulants continue to be smuggled into countries in West and Central Africa, to be sold on the illicit markets or smuggled into other countries. According to the *World Drug Report 2010*,²⁷ prepared by UNODC, West and Central Africa accounted for almost 90 per cent of global seizures of unspecified amphetamines in 2008. In 2009, more than 700 kg of psychotropic substances were seized in Nigeria, a considerable increase compared with the 530 kg seized in 2008. Nigeria may be at risk of becoming a transit country for methamphetamine trafficking, as indicated by two seizures effected in Lagos, Nigeria, in April 2010: one of 36 kg of crystalline methamphetamine destined for Tokyo and the other of 26.5 kg of amphetamine destined for the United States via South Africa. In both cases, the substances were detected by the National Drug Law Enforcement Agency of Nigeria in air cargo shipments.

327. African countries continue to be vulnerable to the problems posed by illicitly manufactured or counterfeit pharmaceutical preparations containing narcotic drugs or psychotropic substances. In many African countries, it is possible to purchase pharmaceutical preparations without presenting a valid prescription. Many pharmaceutical preparations, some of them smuggled or imported without authorization, are sold on street markets. There is a need to increase the capacity of African countries to address the counterfeiting of medicines and the problems related to such medicines; lack of resources hampers the detection and investigation of such counterfeiting. The fact that counterfeit medicines can be easily obtained on African markets represents a serious risk to public health.

Precursor chemicals

328. In 2008 and 2009, there was a decrease in the number of reported cases involving suspicious or stopped shipments of precursor chemicals being smuggled through Africa. During the period 2006-2007, a large number of suspicious shipments of ephedrine, pseudoephedrine and preparations containing those substances were identified and

stopped and a total of more than 75 tons of ephedrine and pseudoephedrine were prevented from being diverted to or through the region. In 2008, however, the smuggling of those substances through Africa began to decrease markedly, although the diversion and smuggling of small shipments have continued. In April 2010, the Egyptian authorities dismantled an illicit drug manufacturing laboratory in Alexandria and seized various precursor chemicals (pseudoephedrine, hydrochloric acid, toluene and sulphuric acid), as well as tools and equipment, used in the illicit manufacture of methamphetamine. In April 2010, two businesswomen were arrested in Lusaka for smuggling 4 kg of ephedrine and 1 kg of cocaine. In South Africa, large quantities of ephedrine and pseudoephedrine continue to be diverted for use in the illicit manufacture of methamphetamine, which is abused mainly in the Western Cape province.

329. West Africa is at risk of being used by traffickers as a source of precursor chemicals that are used to illicitly manufacture drugs in the subregion or smuggled to other subregions, as indicated by the interception by the customs authorities of Côte d'Ivoire, in June 2010, of a shipment of 960 kg of acetone and 2,145 kg of methyl ethyl ketone, precursor chemicals used in the illicit manufacture of cocaine and other drugs. The traffickers had intended to transport acetone to Benin and the methyl ethyl ketone to Guinea without the required authorizations. Subsequent investigations carried out jointly with those two States confirmed that the addresses to which the shipments were to be sent were false. The Board urges the Governments of the African countries that have not yet done so to put in place, as a matter of priority, the legislative and institutional framework necessary to combat effectively the smuggling of precursors into or through their territories.

Substances not under international control

330. Khat continues to be cultivated in countries in East Africa, mainly Ethiopia and Kenya, and is used as a stimulant locally and in parts of the Arabian Peninsula. Despite the fact that the use of khat is associated with health risks, khat is prohibited only in some countries in the subregion, such as Eritrea, Madagascar, Rwanda and the United Republic of Tanzania, and in Canada, the United States and some European countries.

²⁷ *World Drug Report 2010* (United Nations publication, Sales No. E.10.XI.13), p. 207.

331. The abuse of tramadol, an opioid analgesic that is not under international control, is of increasing concern in North African countries. In 2009, the Egyptian authorities seized 1.2 million tablets containing that substance which had been placed under national control in Egypt in 2008.

5. Abuse and treatment

332. Cannabis has remained the primary drug of abuse throughout Africa. The annual prevalence rate in Africa for cannabis abuse among the population aged 15-64 years fluctuates between 5 and 9.6 per cent, which is among the highest rates in the world and approximately double the global annual average. One matter of concern is that cannabis abuse in Africa appears to be increasing, the highest annual prevalence rates for such abuse being recorded in West and Central Africa (between 7.8 and 12.3 per cent), followed by Southern Africa, North Africa and East Africa. Zambia and Nigeria remain the African countries with highest prevalence of cannabis abuse (17.7 per cent and 13.8 per cent, respectively). According to the South African Community Epidemiology Network on Drug Use (SACENDU), in South Africa, the only country in Africa that systematically monitors drug abuse, 9 per cent of the population abuses cannabis and 26-58 per cent of patients attending specialist treatment centres reported cannabis as their primary or secondary drug of abuse.

333. Cocaine abuse appears to be rising in Africa, albeit from low levels. In Africa, the annual prevalence rate for cocaine abuse among the population aged 15-64 years is estimated at 0.2-0.5 per cent, which corresponds to the global average rate for such abuse. Within Africa, the rate of cocaine abuse is highest in countries in West and Central Africa — where the transit traffic in cocaine has fuelled an increase in local abuse — followed by countries in Southern Africa. SACENDU has noted an increase in the number of persons admitted for the treatment of cocaine abuse in South Africa.

334. There are estimated to be about 1.2 million heroin abusers in Africa. Within Africa, the subregion with the highest prevalence rate for opiate abuse is East Africa, followed by North Africa, Southern Africa, and West and Central Africa. The African countries with the highest annual prevalence rate for opiate abuse are Mauritius (1.9 per cent), Kenya (0.7 per cent) and

Egypt (0.4 per cent). According to the *World Drug Report 2010*, in South Africa, the prevalence rate for heroin abuse has reportedly remained stable over the past few years.²⁸ The abuse of buprenorphine, including by injection, has been reported in Mauritius and Tunisia.

335. South Africa is possibly the world's largest consumer of methaqualone. In that country, methaqualone is the preferred drug of abuse, and it is often abused in combination with cannabis. Another matter of serious concern is the abuse of methamphetamine (locally known as "tik") and methcathinone in South Africa. Methamphetamine is illicitly manufactured in South Africa, to be sold on the illicit market. It is abused mainly in the Western Cape province, especially in Cape Town and, more recently, in Pretoria. According to police estimates, at least 30,000 addicts use more than a gram of methamphetamine every day. In Cape Town, methamphetamine is reported to be a primary or secondary substance of abuse among two thirds of drug abusers. Abuse of methamphetamine is believed to be spreading to other provinces of South Africa. In order to address the seriousness of the drug abuse problem, the provincial government of the Western Cape has adopted new substance abuse policies and in 2010 appointed a substance abuse coordinator at the Office of the Premier of the Western Cape.

336. In many African countries, national health-care systems, owing to lack of resources, are unable to meet medical needs adequately, particularly as regards facilities for the treatment and rehabilitation of drug-dependent persons. As a result of limited treatment options and in many cases no treatment programmes or facilities specifically for drug abusers, persons seeking assistance are often referred to the psychiatric wards of general hospitals, where only a small number of drug-dependent persons can be accommodated. The Board therefore welcomes the launch by UNODC and WHO of the project "Treating drug dependence and its health consequences" in Africa in 2009. The objective of the project is to improve the treatment available to drug-dependent persons and to facilitate their access to quality and affordable treatment services by providing support for the development and strengthening of such services and capacity-building for the entities that provide such

²⁸ Ibid., p. 157.

services. To date, a total of 70 national trainers from 13 sub-Saharan countries have been trained under the project. The training programme is to be implemented at the national level between September 2010 and October 2011, and participating countries will be provided with technical support for policy development and service provision.

337. Capacity-building initiatives have been launched in Algeria, Egypt, the Libyan Arab Jamahiriya and Morocco to provide a comprehensive response to drug abuse and HIV/AIDS, including community outreach services for drug abusers, drug abuse prevention services and treatment services for drug abusers, including prison inmates.

338. In Morocco, the programme for opioid substitution therapy launched by the Government in 2009 became operational in June 2010 as part of a comprehensive package of services for the treatment of heroin dependence. Morocco is the first country in North Africa (and in the Arab world) to adopt legislation allowing the use of methadone in the treatment of drug dependence.

B. Americas

Central America and the Caribbean

1. Major developments

339. Because of its geographical location, at the crossroads of the main producing countries and the consumer markets, the Central American and Caribbean region continues to be used as a transit area for the large-scale smuggling of illicit drugs. The region's long coastlines, porous borders and limited law enforcement and institutional capacity have facilitated trafficking activities, further compounding the impact of drug-related crime.

340. Despite the considerable efforts made by Governments in the region, the drug problem facing Central America and the Caribbean has been exacerbated by endemic corruption, widespread poverty and high unemployment. It is estimated that the street value of all drugs transiting through the Caribbean alone exceeds that of the legal economy. Proceeds of drug trafficking have been used to bribe public officials, increasing corruption within government, law enforcement agencies and the

judiciary and further undermining already weak institutions.

341. In some instances, the resources amassed by drug trafficking syndicates through illicit activities have enabled them to challenge the Government for effective control of parts of the national territory, jeopardizing the State's security and political stability. The Board notes with concern the negative effect that corruption has had on drug control efforts in Central America and the Caribbean and urges the Governments of all countries in the region to take urgent measures to combat corruption in all its manifestations.

342. In Central America, drug-related violence has continued to plague El Salvador, Guatemala and Honduras, the countries of the so-called "Northern Triangle", as national gangs are forming alliances with international criminal syndicates. According to the *World Drug Report 2010*,²⁹ the "Northern Triangle" currently has the world's highest murder rate and high rates of other forms of crime. It is reported that in Honduras alone about 60 per cent of all crimes are drug-related. In Panama, the murder rate more than doubled between 2006 and 2009, and the authorities attributed the increase to drug-related violence. In an effort to destabilize the Governments of countries in the area, drug syndicates have also targeted senior governmental officials; in Honduras, for example, the chief of the counter-narcotics police was murdered in December 2009.

343. In the Caribbean, Jamaica has also been affected by significant drug-related violence. In the summer of 2010, a police operation aimed at arresting the alleged head of a drug trafficking ring led to a stand-off between heavily armed gang members and police. The gravity of the ensuing violence, which caused over 70 deaths, prompted the Government of Jamaica to declare a state of emergency in Kingston and mobilize the largest contingent of armed forces in the history of the country. The suspect was eventually arrested by police and extradited to the United States to face drug trafficking charges.

344. The Board notes that natural disasters have also posed new challenges to the drug prevention efforts in Central America and the Caribbean. In January 2010, an earthquake of a magnitude of 7.0 struck Haiti, killing upwards of 200,000 people and causing

²⁹ Ibid., p. 239.

widespread devastation to the country's fledgling infrastructure. Before the quake, Haiti was already known to be used as a major transit area for illicit drug shipments bound for North America owing to its long and poorly patrolled coastline, as well as the presence of several clandestine airstrips on its territory. The magnitude of the destruction that occurred and the resulting loss of capacity of the Haitian State have given rise to fears that the country may be increasingly used as a trans-shipment area for illicit drugs.

345. The adoption of strengthened drug law enforcement measures in many countries has had a displacement effect on trafficking routes, with drug traffickers seeking out the path of least resistance. The displacement effect, as manifested by the adoption of new trafficking routes, has led to a rise in demand for illicit drugs throughout the region and an increase in drug-related crime owing in particular to the growing prevalence of "payments in kind", that is, the commission of crime in exchange for drugs or the exchange of drugs for different drugs.

346. Although the total amount of cocaine smuggled into North America has declined due to decreased demand, the proportion of that amount that is smuggled through Central America, particularly Guatemala and Honduras, has increased. Illicit drug shipments from South America are also reportedly passing through the Caribbean to West Africa on their way to Europe.

347. The primary means of drug trafficking remain maritime vessels, including go-fast boats, land transport and light aircraft landing on clandestine landing strips. Drug law enforcement agencies in Central America have also reported the renewed use by traffickers of submersible and semi-submersible vessels, which are rapidly increasing in capacity and technological sophistication. There have also been reports suggesting a resurgence in the use of drug couriers (sometimes referred to as "mules"). In addition, the exploitation of commercial aviation for smuggling is being facilitated by corrupt airport staff, including baggage handlers and customs and security agents.

2. Regional cooperation

348. As mentioned in the report of the Board for 2009,³⁰ two ministerial conferences on drug

trafficking, transnational organized crime and terrorism as challenges for security and development were held in Central America and the Caribbean in 2009: one in Santo Domingo in February and the other in Managua in June. The political declarations and action plans adopted by the States participating in those conferences was evidence of the strong consensus that concerted action was required to address shared security threats and laid the groundwork for further cooperation at the regional and interregional levels.

349. In March 2010, UNODC launched phase I of the Santo Domingo Pact and Managua Mechanism, an interregional programme scheduled to run until February 2013. The project is aimed at promoting the establishment of information-gathering and policy-sharing initiatives and providing an integrated regional framework for the coordination of technical assistance activities aimed at combating drug trafficking and associated forms of transnational organized crime. The Santo Domingo Pact and Managua Mechanism also provide for the establishment of expertise and training focal points throughout the entire region. In its resolution 53/14, the Commission on Narcotic Drugs requested UNODC to assist the States of Central America and the Caribbean in obtaining the resources necessary for the effective implementation of the Santo Domingo Pact and Managua Mechanism. In order to facilitate the implementation of its related activities, UNODC has strengthened cooperation with States in the region through the establishment of the Regional Programme Office in Panama in 2009. The Board acknowledges the continuing role played by UNODC in assisting States in Central America and the Caribbean in the development and effective implementation of national and regional drug control strategies.

350. At the Nineteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held on Isla Margarita, Bolivarian Republic of Venezuela, from 28 September to 2 October 2009, participants discussed new and emerging challenges and effective means of addressing them, including the need for sustainable alternative development initiatives as an incentive for crop growers to abandon the cultivation of illicit crops, as well as various issues concerning drug trafficking trends and techniques. In particular, participants noted

³⁰ *Report of the International Narcotics Control Board*

for 2009 ..., paras. 349 and 354.

a resurgence in the use of drug couriers, particularly couriers who concealed controlled drugs by ingesting them, and the increased use of light aircraft to smuggle drugs into the United States and countries in Europe. Participants also identified measures to enhance concerted action against drug trafficking and other forms of transnational crime, including the development of more efficient methods of data collection and structures for sharing information, an increase in capacity-building activities and cross-border cooperation and the wider and more effective use of civil asset forfeiture actions.

351. The Board welcomes the adoption of the Hemispheric Drug Strategy by the Inter-American Drug Abuse Control Commission (CICAD) at its forty-seventh regular session, in May 2010. The strategy is aimed at the grave threats posed by trafficking in and abuse of drugs to sustainable development, political and economic stability, good governance and the rule of law. It involves a multifaceted approach with five components: institutional strengthening; demand reduction; supply reduction; control measures, and international cooperation.

352. The Central American Integration System (SICA) continues to be one of the primary multilateral engines for regional integration, including for the development of coordinated responses to shared security threats posed by drug trafficking. In April 2010, SICA announced the investment of \$953 million in a joint project with Mexico aimed at combating drug trafficking, organized crime and gangs in the region. The project is intended to assist States in counteracting the smuggling of drugs through Central America as well as the growing influence of drug gangs in the “Northern Triangle”.

353. The Thirty-fifth Regular Meeting of Heads of State and Government of SICA member States was held in Panama City on 29 and 30 June 2010. The meeting culminated in the adoption of the Panama Declaration, in which participants reiterated their commitment to taking meaningful steps to deal effectively with drug trafficking, gangs, illicit firearms, the smuggling of migrants and trafficking in human beings. Participants also pledged to make use of all resources at their disposal to prevent trafficking in and abuse of drugs in the region.

354. An extraordinary summit of Heads of State and Government of SICA member States was held in San Salvador on 20 July 2010. The meeting led to the adoption of an action plan calling for the continued implementation of the security strategy for Central America and Mexico adopted in 2007. In addition, the action plan calls for a review of the role of national police chiefs as set forth in the regional plan against organized crime of SICA member States, Mexico and States of the Caribbean. The Board welcomes this initiative and recognizes the importance of interregional cooperation in dealing decisively with the shared threats posed by illicit crop cultivation and illicit drug production and trafficking.

355. Under the auspices of the Caribbean Community (CARICOM), a four-day workshop was held in March 2010 to assist some CARICOM member States (Bahamas, Belize and Saint Vincent and the Grenadines) in the elaboration of their respective national drug control strategies. The subregional workshop was part of a technical assistance programme launched by the CARICOM Secretariat with the financial support of the European Union with the goal of building a critical mass of trained persons and developing good practices in addressing drug-related problems.

356. Building upon a pilot project previously implemented in South America, CICAD announced the expansion of the Seized and Forfeited Asset Management project (BIDAL) to Central America in 2010. The project aims to establish and strengthen national systems for the investigation, seizure, forfeiture, administration and disposal of assets derived from drug trafficking. The project further aims to provide a framework to fund national drug control programmes using confiscated assets derived from drug trafficking.

357. At a meeting held in Lima from 10 to 12 August 2009, the CICAD Group of Experts on Chemical Substances issued a series of recommendations to CICAD which included the following: to confer a mandate on the Group of Experts to review and improve the CICAD Model Regulations to Control Chemical Precursors and Chemical Substances, Machines and Materials; to enhance the use of electronic means of gathering and exchanging information; and to expand the array of CICAD training activities relative to the illicit manufacture of

synthetic drugs through the elaboration of specific activities for prosecutors and judges. Several Governments expressed the need for simple and reliable methods of testing for ephedrine and pseudoephedrine. Others, including the Government of Costa Rica, reported having already made use of such tests in efforts to curb the diversion of precursor chemicals.

358. El Salvador and Guatemala have continued to pursue integrated bilateral responses to shared security threats, acting primarily through the binational commission established in 2000. In April 2010, the Minister of the Interior of Guatemala and the Minister of Justice and Public Security of El Salvador held a meeting with a view to establishing joint mechanisms for the exchange of operational information and the elaboration of shared strategies to address common threats. Building upon the consensus reached at that meeting, the ministers of foreign affairs of the two countries signed an agreement for the establishment of a binational police force, which would undertake joint border patrols to combat drug trafficking and organized crime.

3. National legislation, policy and action

359. In 2009, Belize adopted legislation prohibiting the importation of pseudoephedrine and restricting the importation of ephedrine. In 2010, El Salvador adopted two regulations for the control of ephedrine and pseudoephedrine: the first regulation prohibits pseudoephedrine and pseudoephedrine preparations, while the second prohibits ephedrine and ephedrine preparations, with the notable exception of ephedrine in its injectable pharmaceutical form.

360. In 2008, Honduras reported a sharp increase in the amount of precursor chemicals seized, which was attributed to the displacement effect, as stricter precursor controls had been adopted in other countries in Central America and the Caribbean. In response to that growing problem, early in 2009, the Government of Honduras adopted a ministerial regulation prohibiting the importation, exportation, use and distribution of ephedrine, pseudoephedrine and their salts. Since then, seizures of those precursor chemicals have declined sharply.

361. In El Salvador, the National Anti-drug Commission, composed of representatives of the ministries of public security, health, education and

defence, announced the elaboration, in consultation with CICAD, of the national drug control strategy for the period 2010-2014. The strategy is aimed at reducing the supply of and demand for illicit drugs in the country by means of five central components: legislation; capacity-building; improved management; investigations; and the more efficient flow of information. In April 2010, the Government of El Salvador unveiled its National Drug and Crime Integrated Programme, developed with UNODC, envisaging investments of up to \$15 million.

362. In 2009, Costa Rica adopted several new laws strengthening the national legal regime against organized crime and money-laundering. In 2009, over 64,000 drug-related arrests were made, an increase of more than 40 per cent over 2008. The Government also signed an agreement with UNODC on the establishment of a container intelligence programme. In September 2009, a Costa Rican delegation headed by the president of the Supreme Court signed at UNODC headquarters a plan of action addressing the needs of the country in the areas of drug control, fighting transnational organized crime and preventing terrorism. In July 2010, the Congress of Costa Rica authorized the entry of several United States warships and submarines into the territorial waters of Costa Rica between 1 July and 31 December 2010, in order to assist in drug control operations and humanitarian missions.

363. In March 2010, the President of Guatemala launched a three-year national integrated programme at a cost of \$16 million, to strengthen Guatemala's capacity in the areas of drug control, justice, police reform, firearms control, prison reform and countering trafficking in human beings. The programme is also aimed at combating corruption, which is recognized as being one of the greatest problems facing Guatemala.

364. The widespread corruption, impunity and recurring violence associated with drug trafficking in Central America have continued to adversely affect efforts in Guatemala to combat drug-related problems. According to the International Commission against Impunity in Guatemala (CICIG), established in cooperation with the United Nations in 2006 to support the Guatemalan justice system, about 97 per cent of the cases involving serious crime in the country, the perpetrators remain unpunished. In June 2010, CICIG expressed dissatisfaction with the measures taken by

Guatemala to reform its justice system and to curb corruption.

365. In order to bolster its ability to deal effectively with the threats posed by large-scale drug trafficking, the Government of the Bahamas has adopted a capacity-building strategy focused on maximizing the participation of its law enforcement officials in national, regional and international training activities.

366. The Government of Panama announced the creation of a joint task force with the goal of implementing measures to increase the country's control over its territorial waters in order to deter drug trafficking in its territory. The main component of the strategy is the establishment of monitoring stations on both coasts. Building upon its participation in the Container Control Programme, the Government of Panama and the UNODC Regional Programme Office in Panama have created an investigative and intelligence unit to monitor container shipping.

367. In April 2010, the Government of Honduras inaugurated a new naval base, built with the financial and logistic support of the United States Government, in the remote La Mosquitia region to facilitate the interception of light aircraft ("*narcoavionetas*") smuggling cocaine from the Bolivarian Republic of Venezuela through Honduras.

368. The Government of the Dominican Republic, in response to a marked increase in trafficking in the country, has taken decisive steps to increase its operational capacity to fight drug trafficking through the acquisition of new equipment such as aircraft, boats and radar systems. In June 2010, the Government of the Dominican Republic and UNODC finalized an agreement for the establishment of a regional centre of excellence on drug demand reduction and prison management. The centre is expected to become operational in early 2011.

369. The Board notes with concern that many States in Central America and the Caribbean have not yet enacted effective legislation to prevent the diversion of precursor chemicals subject to international control. In countries in which such legislation has been adopted, poor enforcement of the legislation owing to limited resources and/or a lack of political will has hindered its effectiveness. The Board urges all States to adopt comprehensive legislation on precursor chemicals as expeditiously as possible and to provide their

respective law enforcement authorities with the resources needed to ensure its systematic implementation. The Board also encourages Governments to disseminate and work towards implementing its *Guidelines for a Voluntary Code of Practice for the Chemical Industry*.³¹

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

370. Jamaica remains the largest illicit producer and exporter of cannabis in Central America and the Caribbean, accounting for approximately one third of cannabis produced in the Caribbean. An increased production of the drug has been noted in other countries, in particular Saint Vincent and the Grenadines and Dominica. Jamaica has also become a hub for the trafficking of cocaine, as trafficking routes have been displaced as a result of the strengthening of drug trafficking countermeasures in Latin America. Compounding the problem is the fact that Jamaican criminal groups are exploiting the elaborate networks originally established for trafficking cannabis to facilitate their attempts to traffic cocaine.

371. The Government of the Bahamas has reported that cannabis herb smuggled out of Jamaica and Haiti using go-fast boats and light aircraft continues to pose challenges to the country's drug control efforts. Further compounding the problem is the fact that drug trafficking groups in the Bahamas have formed strategic alliances with established drug syndicates in producer and consumer countries.

372. The amount of cannabis seized in the Dominican Republic increased from 885 kg in 2008 to 1,400 kg in 2009, with almost 30 per cent of the seized cannabis originating in Haiti. The Dominican authorities also reported that in 2009 the amount of cocaine seized increased sharply to 3,400 kg, 64 per cent of which was accounted for by five large seizures. Although no official seizure data were provided for 2008, cannabis seizures in the Dominican Republic also rose significantly in 2009, to over 1,400 kg (compared with 884 kg in 2007). The Dominican authorities also

³¹ United Nations publication, Sales No. E.09.XI.17; accessible to competent national authorities through the secure portal of the Board (www.incb.org/incb/cna.html).

reported having seized about 24,000 cannabis plants, covering an estimated area of 3 ha.

373. In Costa Rica, law enforcement agencies have pursued a systematic cannabis crop eradication programme that has yielded significant results. In 2009, the Government reported the eradication of nearly 1.7 million cannabis plants. The total area used for illicit cannabis plant cultivation, which had nearly tripled from 2005 to 2007, when it reached 9.21 ha, decreased to 5.25 ha in 2008 as a result of increased land and aerial reconnaissance efforts. Cannabis seizures in Costa Rica also sharply declined, with seizures of 2,064 kg reported in 2009, compared with 4,809 kg in 2008. After a significant decline from 2007 to 2008, cocaine seizures in Costa Rica once again increased, totalling 18,590 kg in 2009. Costa Rica also reported seizures of “crack” cocaine totalling over 200,000 “doses” (“*pedras*”).

374. The quantity of cocaine seized in El Salvador sharply declined for the second consecutive year, from 4,074 kg in 2007 to 394 kg in 2009. According to official figures provided by the Salvadoran authorities, approximately 85 per cent of the cocaine seized was being smuggled by sea. Most of the seized drug had been bound for the United States, and a small proportion had been intended for illicit markets in El Salvador and countries in Europe. At approximately 440 kg, cannabis seizures in El Salvador remained stable in 2009 compared with the amount reported for 2008. The proportion of cannabis seized in the region that had originated in Guatemala was reported to be increasing significantly.

375. After having reported a marked decrease in cannabis seizures from 2007 to 2008, Cuba reported a significant increase in such seizures in 2009. The total amount of cannabis seized in 2009 was 3,139 kg, an increase of 83 per cent over 2008.

376. Large fluctuations in the quantity of cannabis seized were recorded in some Caribbean countries. Saint Lucia reported cannabis seizures in 2009 totalling 94,841 kg, a quantity approximately 145 times greater than the 655 kg seized in 2008. In contrast, cannabis seizures in Saint Vincent and the Grenadines dropped sharply from 47,596 kg in 2008 to 9,882 kg in 2009 despite reports suggesting that the illicit production of cannabis in the country was increasing.

Psychotropic substances

377. The spread of clandestine drug laboratories to Central America is thought to be linked to the increased control over precursor chemicals in Mexico and the United States, which has led to increased illicit manufacture of amphetamine-type stimulants in countries in Central America and the Caribbean. In 2008, for the first time, a clandestine laboratory manufacturing amphetamine-type stimulants was discovered in Guatemala.

378. In 2009, over 10,000 units of methamphetamine were seized in the Dominican Republic, while Guatemala reported seizures totalling more than 10,600 kg. Fewer than 500 tablets of methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”) were reported to have been seized in each of the following countries; Bahamas, Costa Rica and Trinidad and Tobago.

Precursors

379. The Dominican Republic reported having seized over 1,332,000 tablets of pseudoephedrine in 2009. In the same year, Guatemala reported having seized more than 10,600 tablets of pseudoephedrine.

380. Costa Rica reported the seizure of 30 kg of norephedrine that had entered the country through Panama. The Costa Rican authorities were unable to ascertain the country of origin of the seized drug.

381. Following the adoption of legislation regulating ephedrine and pseudoephedrine in particular in Central America, the number of reported attempts to divert chemicals subject to international control has declined. At the same time, there is evidence suggesting that attempts to divert such chemicals have continued. The Central American subregion has also reportedly witnessed an increase in imports of chemicals that are not yet subject to international control but are suspected of being used in the illicit manufacture of drugs.

5. Abuse and treatment

382. The development and successful implementation of initiatives for the prevention and treatment of drug abuse in Central America and the Caribbean are largely restricted by the limited resources and institutional capacity of countries in the region. Given those constraints, Governments have had to strike a balance

between competing developmental priorities and the need to adopt drug abuse prevention and treatment measures.

383. The Board recognizes that a central problem in the design of effective prevention and treatment programmes is that throughout Central America and the Caribbean there is a lack of capacity for the collection of drug-related data and a lack of centralized agencies mandated to assess that information. Although the amount and the quality of information regarding drug abuse patterns in the region have greatly improved, more research on consumption patterns and trends is needed to tailor treatment initiatives to meet local needs. The Board reiterates the importance of States in the region taking tangible steps to improve frameworks for the collection and analysis of drug-related data and encourages greater international cooperation to that end.

384. Several States in the region have adopted policies to develop and streamline national efforts to prevent and treat drug abuse. The Government of Saint Lucia has established the Substance Abuse Advisory Council Secretariat, a central authority coordinating national drug control policy. The Government of Saint Vincent and the Grenadines has established an advisory council on drug abuse prevention and is working with the Organization of American States to design and implement a demand reduction programme.

385. While drug abuse by injection has not accounted for a high proportion of new HIV infections in most countries in Central America and the Caribbean, Puerto Rico remains a notable exception. According to research data released in 2009, in Puerto Rico, drug injection accounted for 40 per cent of HIV infection cases among men and 27 per cent of cases among women.

386. Guatemala and Trinidad and Tobago noted a decrease in the age of first-time cannabis users. Guatemala also noted an increase in the overall availability of cocaine, including “crack” cocaine.

387. The Board welcomes the expansion of the global project “Partnership for action on comprehensive treatment: treating drug dependence and its health consequences” into Latin America and the Caribbean in 2009. The programme, funded by the Fund for International Development of the Organization of the Petroleum Exporting Countries, in cooperation with the

Governments of Spain, Sweden and the United States, is aimed at fostering the development of policies for the effective treatment of drug addiction and for the minimization of associated social and health-care costs. Components of the strategy include advancing scientific understanding of drug addiction, increasing the effectiveness of treatment services by providing greater access and increasing staff training and developing strategies for countering discrimination against persons with drug addiction.

388. In cooperation with UNODC, CARICOM finalized its draft action plan for social development and crime prevention. The plan includes several measures aimed at preventing substance abuse among the general population and in schools, increasing the accessibility and quality of treatment, including in prison settings, addressing drug-related risk factors and facilitating the exchange of experiences and good practices in the Caribbean.

North America

1. Major developments

389. North America continues to play a major role in illicit drug supply and demand. Large-scale drug trafficking within the region is carried out by organized criminal groups, meeting the continuing high illicit demand for drugs. The Governments of the countries in North America are addressing the situation by combining policies to reduce illicit drug supply with policies to reduce illicit drug demand. Since 2009, law enforcement components, as well as drug abuse prevention and treatment components, in national strategies and programmes have been strengthened in order to address drug-related problems in an effective and comprehensive manner. Regional and bilateral cooperation targeting cross-border drug trafficking has intensified. The Board recognizes the efforts of the Governments of the countries in North America to develop more effective policies against drug trafficking and abuse.

390. The United States continues to be the main country of destination for illicit drug shipments. In the United States, in the case of all controlled drugs except cannabis and methamphetamine, most of the drugs have been illicitly manufactured outside of the country and then smuggled into the country. Drug trafficking

organizations based in Mexico dominate the illicit supply of cocaine, heroin and methamphetamine at the wholesale level in the United States, in addition to playing a significant role in the illicit supply of cannabis. The number of drug-related deaths increased sharply in the United States. The Board is deeply concerned about the fact that the United States recorded for 2009 an increase in the abuse of all drugs except cocaine. From 2006 to 2009, the abuse of cocaine declined in the United States. One matter of particular concern to the Board is the increasing abuse of cannabis and prescription drugs containing controlled substances among that country's youth. The Board welcomes the steps that have been taken by the Government of the United States to address the abuse of prescription drugs.

391. Mexico continues to be faced with significant challenges from drug trafficking organizations, which use it as a major transit and source country for illicit drugs. Vigorous law enforcement measures taken by the Government in 2009 and 2010 led to further disruptions of drug trafficking operations, the relocation of criminal activities and increased competition for shares in the illicit market. Once again, drug trafficking organizations responded by unleashing unprecedented violence, murdering a large number of persons, including law enforcement officials. Since 2006, more than 28,000 people have been killed in drug-related incidents in Mexico. The Government intends to strengthen capabilities to combat drug trafficking by introducing comprehensive institutional reforms and anti-corruption measures. The abuse of certain illicit drugs in Mexico has increased sharply.

392. Canada remains one of the world's primary source countries for illicitly manufactured synthetic drugs, particularly MDMA ("ecstasy") and methamphetamine, and a significant supplier of high-potency cannabis. The Board notes the decline in drug abuse in Canada, in particular among youth, reported by the Canadian Alcohol and Drug Use Monitoring Survey.

393. The involvement of organized criminal groups in drug trafficking in North America expanded further. Mexico-based drug trafficking organizations strengthened their position as the main wholesale suppliers of illicit drugs in the United States, in particular in the eastern part of the country, where the influence of Colombia-based drug trafficking

organizations was diminishing. The Mexico-based organizations also increased their cooperation with criminal gangs based in the United States. In 2009, the mid-level and retail-level distribution of illicit drugs in the United States was largely controlled by about 20,000 street gangs. Alliances with the Mexico-based organizations enabled the street gangs to expand their illicit drug distribution operations at the expense of local independent drug dealers and small local criminal groups and to extend those operations into more rural and suburban areas. In Canada, some street gangs also started becoming involved in drug-related crime such as drug smuggling or illicit drug manufacturing, thereby enabling their activities to cover a larger geographical area.

394. The Board notes the result of the referendum in California, which rejected the "legalization" of cannabis use in that state. That result represents a recognition of the danger of cannabis abuse and an affirmation of the international drug control conventions. The Board also notes the statement of the Government of the United States, confirming the Board's position that federal law supersedes state law with regard to the obligations contained in the international drug control conventions. The Board notes that the Government of the United States will continue to enforce federal law in that regard. The cultivation of cannabis plants and the use of cannabis for purposes other than scientific purposes are illegal according to the federal law in the United States. The Board welcomes the statement of the Government of the United States that it firmly opposes the legalization of cannabis.

395. The Board is deeply concerned about "medical" cannabis schemes, which so far have been introduced in 14 states in the United States. The control measures applied in those states to the cultivation of cannabis plants and the production, distribution and use of cannabis fall short of the control requirements of the 1961 Convention.

2. Regional cooperation

396. The Merida Initiative, a multi-year law enforcement and security cooperation programme involving Mexico, the United States and countries in Central America that was initiated in 2007, continues to be the focal point of cooperation at the regional level to counter drug trafficking and related forms of

organized crime. The Government of the United States provided about US\$ 1.3 billion in funding for 2008 and 2009 and proposed to allocate an additional US\$ 450 million for Mexico (and US\$ 100 million for Central America) for 2010. Notwithstanding the fact that only a small part of the initiative has been implemented so far, cooperation between Mexico and the United States has intensified within this framework. The emphasis of cooperation is shifting from the provision of equipment to improve law enforcement operations towards longer-term capacity-building and institutional development in support of the systemic reforms that are under way in Mexico. Activities carried out under the Merida Initiative have included the provision of helicopters and inspection equipment, the expansion of police and customs canine teams, and the participation of over 5,500 federal and state officials from Mexican law enforcement and judicial agencies in training programmes. In addition, the Royal Canadian Mounted Police provided instructors for training Mexican investigators. The goals and commitments of the initiative were reaffirmed by the Governments of Mexico and the United States at the meeting of the Merida Initiative High-level Consultative Group on Bilateral Cooperation against Transnational Organized Crime held in Mexico City in March 2010.

397. At its forty-seventh regular session, held in Washington D.C., in May 2010, CICAD adopted a new Hemispheric Drug Strategy, in which CICAD member States agreed to strengthen national drug control institutions and to apply comprehensive and evidence-based national drug control policies. According to the new strategy, CICAD member States will endeavour to reduce illicit drug demand through prevention, early intervention, treatment, rehabilitation and recovery services. In order to reduce the supply of illicit drugs, CICAD member States intend to improve the gathering and analysis of information on illicit drug supply, adopt law enforcement and alternative development measures and identify and monitor emerging trends. The new strategy also involves the provision of guidance on precursor control, the prevention of diversion of pharmaceutical preparations and the dismantling of drug trafficking organizations. In the new strategy, CICAD member States recognize the need for international cooperation, including compliance with the international drug control conventions. In addition to adopting the new strategy,

CICAD member States discussed their progress in the implementation of drug control policies within the Multilateral Evaluation Mechanism, strategies in the areas of treatment, prevention and recovery, trends with respect to selected illicit drugs and issues related to interdiction, forensic analysis and alternative development.

398. At the eighth Binational Drug Demand Reduction Policy Meeting, held in Washington D.C., in February 2010, Government officials and experts from Mexico and the United States discussed measures to reduce illicit drug demand and to intensify the prevention and treatment of drug abuse. The participants adopted the Declaration of Drug Demand Reduction Cooperation, expressing their Governments' commitment to strengthening both national and bilateral efforts to enhance the prevention and treatment of drug abuse, to advance effective reintegration practices and community development and to continue sharing information and good practices.

399. In 2009, the law enforcement agencies of Mexico and the United States implemented new operating and communication procedures, which streamlined maritime patrol operations and the boarding and searching of vessels suspected of being involved in trafficking. Those procedures improved the coordination and effectiveness of such operations, contributed to a number of seizures of drugs and vessels and, in some cases, resulted in land routes being used instead of sea routes for drug trafficking operations.

400. In 2009, cooperation between Canada and the United States continued to take place in different forms, including joint law enforcement operations, information-sharing and bilateral collaboration using the Cross-Border Crime Forum, which brings together senior law enforcement and justice officials from Canada and the United States, and similar forums. Joint law enforcement activities resulted in significant seizures of drugs, including cannabis, cocaine, heroin, methamphetamine and MDMA ("ecstasy"). In 2009, the Governments of Canada and the United States signed the Framework Agreement on Integrated Cross-Border Maritime Law Enforcement Operations, which, after the passing of legislation for its implementation, will enable joint law enforcement teams to operate along the Canada-United States

maritime border, thus facilitating maritime law enforcement operations.

3. National legislation, policy and action

401. Mexico continued to devote considerable effort to combating drug trafficking and organized crime. The main approaches followed were law enforcement and longer-term institutional reforms. Law enforcement action resulted in the arrest of a number of leaders of cartels in 2009 and 2010. Drug-related arrests, as well as extraditions to the United States, reached a record-high number in 2009 and continued at a similar pace in 2010. At the institutional level, Mexico made progress in implementing comprehensive judicial and public security reforms. A major goal of the judicial reform in Mexico is to make the transition from a system of written trials to an adversarial system with oral trials by 2016, making trials more expeditious and transparent. Although the process has slowed down in the country as a whole, several Mexican states have made progress towards the implementation of the adversarial system. In 2009, a number of leading universities incorporated those concepts into their curricula. Training programmes in trial advocacy were started for judges and prosecutors. Another element is the introduction of methods for alternative case resolution, such as mediation. Judicial reforms have been supported by the development of a national prosecutorial case management system. As part of the reform of the security sector, the new federal police was established, its investigative powers were strengthened and vetting and hiring standards increased. In 2009, the Government of Mexico enhanced the capacity of the customs service by recruiting additional staff and providing specialized training. Forensic laboratories have been modernized to make better use of scientific evidence in the prosecution of crimes. Advances have been made in intelligence-gathering, such as through the ongoing implementation of the information exchange platform *Plataforma Mexico*, which links law enforcement agencies, states and municipalities.

402. Corruption continues to impede efforts to counter drug trafficking in Mexico. Police and other law enforcement units at the state and municipal levels are exposed to threats and offered bribes from drug trafficking organizations. The Government of Mexico continued to combat corruption among law enforcement and government officials, including by

screening and performing background checks on such officials and, when necessary, arranging for their dismissal or arrest.

403. The Government of the United States adopted the 2010 National Drug Control Strategy. The strategy, released in May 2010, was prepared after a broad consultation process involving stakeholders; it emphasizes a comprehensive evidence-based approach to addressing drug-related problems. The main elements of the strategy are community-based drug abuse prevention, early intervention, the integration of treatment for drug abuse into the mainstream health-care system, innovations in criminal justice, the strengthening of law enforcement, international cooperation and improving information systems. With regard to drug abuse prevention, the strategy focuses on developing a community-based prevention system mainly for young people, information campaigns and increased collaboration involving different government levels and agencies. The strategy also establishes five-year goals to reduce drug abuse. Those goals include: reducing by 15 per cent, drug abuse among youth, the number of chronic drug users and drug-induced deaths; and reducing by 10 per cent the number of cases involving driving under the influence of drugs. The Board appreciates the efforts made by the Government aimed at ensuring that evidence-based measures are taken to address drug-related problems and at strengthening treatment and early intervention initiatives.

404. In the United States, disparities in the amounts of cocaine and “crack” required for the imposition of minimum sentences were reduced significantly by the Fair Sentencing Act, signed in August 2010. The Act also eliminated the minimum prison term for simple possession of “crack” and significantly increased monetary penalties for major drug trafficking.

405. The Government of the United States continued to implement the National Southwest Border Counternarcotics Strategy, adopted in 2009. The strategy requires law enforcement agencies of the United States to enhance operational capabilities and coordination to address cross-border drug trafficking. The United States intensified its law enforcement and intelligence operations in the areas near its border with Mexico, including by creating an inter-agency border law enforcement task force to identify, disrupt and dismantle criminal organizations engaged in drug

trafficking and related crime, such as arms trafficking and bulk cash smuggling.

406. In the United States, a number of measures are being taken to deal with the problem of the abuse of prescription drugs containing controlled substances. The Government stated that reducing the abuse of prescription drugs was one of the areas of focus of the national drug control policy in 2010. Steps to address the problem include programmes for promoting the return and disposal of prescription drugs, informing the public of the risks of prescription drug abuse, educating physicians about prescribing opiate analgesics, addressing the practice of obtaining prescriptions for controlled substances from multiple physicians (“doctor shopping”), taking action against establishments for pain management that have inappropriate prescription practices and expanding prescription drug monitoring programmes. In 2010, 40 states had in place programmes for monitoring prescription drugs or had passed legislation to implement such programmes.

407. To tackle the problem of prescription drugs being sold through illegal Internet pharmacies the Government of the United States has introduced stronger control, law enforcement and legislative measures. One of those measures, the Ryan Haight Online Pharmacy Consumer Protection Act of 2008, prohibits Internet pharmacies from, inter alia, providing prescription drugs to individuals who have not had at least one face-to-face evaluation by a prescribing medical practitioner. The Food and Drug Administration issued in November 2009 warning letters to 22 operators of websites identified as having illegally sold unapproved or misbranded drugs to persons in the United States. These above-mentioned measures have contributed to reducing the number of illegal Internet pharmacies and will be further implemented by the Government.

408. In addition to the existing federal regulations in the United States, restrictions on the retail sale of pseudoephedrine products had been adopted in 45 states by the end of 2009, making pseudoephedrine a controlled drug at the state level, imposing point-of-sale restrictions or introducing laws for tracking pseudoephedrine shipments. In Oregon, which in 2006 became the first state to introduce a law that reclassified pseudoephedrine as a prescription drug,

pseudoephedrine “smurfing”³² has been virtually eliminated and a sharp drop in the number of seized methamphetamine laboratories has been observed. In the light of that experience, Mississippi enacted a similar law in 2010 and other states are also considering such legislative measures.

409. The Government of Canada continued to implement its National Anti-Drug Strategy, aimed at preventing and reducing drug abuse, enhancing the treatment of drug abusers and strengthening drug law enforcement. A 2010 report evaluating the strategy found that it had been implemented largely as intended, though some components related to the prevention and treatment of drug abuse had experienced delays. As Canada is a major source of illicitly manufactured synthetic drugs, the Government has decided to make countering the illicit manufacture of and trafficking in such drugs a national priority. In 2009, the Synthetic Drug Initiative, the first Canadian drug control strategy to focus on a single class of drugs, was launched as a component of the National Anti-Drug Strategy. The initiative utilizes a combination of law enforcement, deterrence and prevention measures targeting the illicit manufacture of synthetic drugs. The initiative is also aimed at preventing the diversion of precursor chemicals from licit distribution channels in Canada.

410. In May 2010, the Government of Canada introduced in the Senate the Penalties for Organized Drug Crime Act. The bill provides a mandatory sentence of a minimum of one or two years in jail for a number of serious drug-related offences, including illicit drug production, trafficking, possession for the purposes of trafficking, importing and exporting, and possession for the purposes of exporting. The bill also provides for additional penalties when such offences are committed for the purposes of organized crime or when they involve selling drugs to young people.

³² “Smurfing” is a method used by some traffickers to acquire large quantities of a precursor chemical such as pseudoephedrine. Individuals purchase the chemical from multiple retail locations in quantities at or below the legal limit. Traffickers often use several associates in “smurfing” operations to increase the speed with which the chemical can be acquired.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

411. In the United States, cannabis continues to be illicitly produced on a large scale for the illicit market in that country. While there are no reliable estimates of the amount of illicitly produced cannabis, law enforcement data indicate a continuing high level of illicit cultivation of cannabis plants and illicit production of cannabis. In 2009, more than 2,000 tons of cannabis were seized in the United States, exceeding by more than one third the total amount seized in 2008. The number of eradicated cannabis plants increased by 30 per cent to almost 10.4 million, largely as a result of the increased eradication of cannabis plants grown outdoors. Drug trafficking organizations from outside the United States continue to establish and expand sites for the illicit cultivation of cannabis plants within the United States borders, in order to reduce the risks and costs of smuggling cannabis. Criminal groups, in particular drug trafficking organizations based in Mexico, obtain significant quantities of cannabis from sites used for the illicit cultivation of cannabis plants on public land. Such growing sites on public land pose significant public safety and environmental hazards. The illicit cultivation of cannabis plants indoors by individuals and criminal groups is expanding partly in reaction to intensified efforts to eradicate cannabis plants illicitly cultivated outdoors. Those criminal groups include Canada-based drug trafficking organizations with indoor growing sites mainly in the north-western part of the United States. Indoor cultivation sites usually offer increased control over growing conditions and yield cannabis of a higher potency, which could be sold at a higher price.

412. The Board is concerned that the “medical” cannabis programmes in some states of the United States and the insufficient control measures applied in those programmes have contributed to illicit cultivation of cannabis plants and trafficking in cannabis.

413. The Government of Mexico estimates that the illicit production of cannabis declined slightly in 2009, to about 19,900 tons, most of which was destined for the United States. More than 2,100 tons of cannabis herb were seized in Mexico in 2009, an increase of about 27 per cent. North America continued to be the region in which the most cannabis herb is seized. The total area of illicitly cultivated cannabis

plants eradicated continued to decline in 2009, to 16,547 ha (a decrease of 11 per cent), partly owing to law enforcement units being increasingly involved with public security tasks. According to reports from the United States, the amount of cannabis seized along that country’s border with Mexico increased by 19 per cent in 2009, indicating a sustained high flow of cannabis from Mexico.

414. Cannabis remains the main illicit drug produced in Canada. In 2009, Canadian law enforcement officers seized more than 34 tons of cannabis herb, a slight decrease over the figure for 2008. The majority of the illicitly produced cannabis in Canada has been cultivated indoors, which means that its potency is high. In 2008, the average THC level of cannabis seized in Canada was 11 per cent. Organized criminal groups continue to dominate illicit cannabis production in Canada. The Canadian market for cannabis is supplied almost entirely by cannabis illicitly-produced in Canada. A significant amount of the cannabis illicitly produced in Canada continues to be destined for the illicit market in the United States. Some organized criminal groups smuggle Canadian cannabis into the United States in exchange for cocaine and other contraband, such as firearms and tobacco. The amount of cannabis seized along the border between Canada and the United States increased slightly to about 3.4 tons in 2009.

415. Cocaine trafficking in North America continued to decline as a result of various factors, including less cocaine abuse, decreased illicit cocaine manufacture in Colombia and sustained pressure on drug trafficking organizations in Mexico. Consequently, less cocaine was seized in Mexico (21.6 tons) and the United States (108.3 tons) (including at its border with Mexico (20.5 tons)) in 2009 than in previous years. Cocaine shortages persisted in many areas of the United States in 2009, as evidenced by higher prices and lower purity levels. Criminal groups are smuggling cocaine into Canada, mainly through Mexico and the United States, to be sold on the illicit market in Canada or shipped overseas. Thus, Canada is increasingly being used as a transit country for cocaine. Disruptions in cocaine trafficking in the region resulted in the decreased availability and increased prices of cocaine in major urban centres across Canada.

416. Most of the heroin in the United States originates in Colombia or Mexico. Law enforcement reports

indicate that Mexican drug trafficking organizations have gained a more significant share of the heroin market in the United States at the expense of South American criminal groups. In addition to South American heroin being trafficked and distributed in greater quantities, there are some indications that “white heroin” (heroin with a higher purity level) is being illicitly manufactured in Mexico and that a mixture of both Mexican and South American heroin is being distributed. Mexico is the world’s third largest source of illicitly produced opium. The total area of illicitly cultivated opium poppy eradicated in Mexico increased from 13,095 ha in 2008 to 14,753 ha in 2009. The Government of Mexico also reported an increase in the illicit production of opium. Increased illicit heroin manufacture in Mexico and the increased involvement of Mexican criminal groups in trafficking in drugs from South America resulted in an increased amount of heroin being seized along the south-west border of the United States. Heroin continues to be widely available in the United States. In some areas of the United States, the availability of heroin is increasing, as evidenced by high purity levels and low prices.

417. The heroin on the illicit market in Canada continues to be predominately from South-West Asia. Law enforcement agencies in Canada seized a total of 213 kg of heroin in 2009. Most of the seized heroin had been smuggled into the country by post or by air or sea.

418. In the United States, the illegal distribution of prescription drugs containing internationally controlled substances continues to increase. The prescription drugs involved are primarily opioid pain relievers containing codeine, fentanyl, hydromorphone, morphine, oxycodone, dextropropoxyphene, methadone or hydrocodone. From 2007 to 2009, the percentage of state and local law enforcement agencies reporting that problems related to prescription drugs posed the greatest drug-related threat to their areas more than doubled. Establishments involved in pain management have become a major source of the controlled prescription drugs used by drug abusers. According to the Government of the United States, so-called “pain clinics” are in some states operating outside the scope of acceptable medical practices and dispensing or prescribing large quantities of prescription opioids to persons with no legitimate need for such drugs. Those establishments have been identified as a significant

source of the prescription opioids distributed in numerous states that have programmes for monitoring the distribution of prescription drugs. Obtaining prescription drugs by “doctor shopping” has decreased in states that have implemented such monitoring programmes but has continued in states without such programmes.

Psychotropic substances

419. In spite of regulatory measures taken by Governments, the illicit manufacture of methamphetamine has increased in North American countries. In Mexico, the illicit manufacture of methamphetamine was disrupted in 2007 and 2008 as a result of the ban on precursors of methamphetamine that had been introduced by the Government. Then, however, drug trafficking organizations adapted to the new regulations. As a result, the illicit manufacture of methamphetamine in Mexico, the main supplier of the methamphetamine abused in the United States, resurged in 2009. That development was reflected in the sharp increase in the total amount of methamphetamine seized in Mexico (from about 300 kg in 2008 to more than 6 tons in 2009) and in the number of clandestine methamphetamine laboratories uncovered in the country (21 laboratories in 2008 compared with 191 in 2009).

420. The increasing manufacture of methamphetamine in Mexico resulted in a greater flow of methamphetamine to the United States, as reflected in an increase in the total amount of methamphetamine seized along the south-west border of the United States (from 2.2 tons in 2008 to about 3.5 tons in 2009). In the United States sustained illicit manufacture of methamphetamine also contributed to the increased availability of the substance on the illicit market. In 2009, the total amount of methamphetamine seized in the United States increased slightly to about 6.6 tons, while the number of clandestine laboratories uncovered increased to 4,571 (compared with 3,931 in 2008). The increase in the illicit manufacture of methamphetamine in the United States was primarily accounted for by laboratories manufacturing the substance on a small scale in several states.

421. Methamphetamine illicitly manufactured in Canada accounts for a significant share of the methamphetamine found on illicit markets in other countries. The illicit manufacture of methamphetamine

in Canada has risen to meet the illicit demand for the substance. In Canada, methamphetamine is illicitly manufactured mainly by organized criminal groups on a large scale in clandestine laboratories. The number of clandestine methamphetamine laboratories uncovered in Canada rose to 23 in 2009, more than doubling the figure for 2008. Almost all of the methamphetamine found on the illicit market in Canada has been illicitly manufactured in that country. While the smuggling of methamphetamine from Canada into the United States remained limited, a significant amount of methamphetamine was smuggled into countries in East and South-East Asia, especially Japan, and in Oceania, especially Australia. In recent years, methamphetamine has increasingly been found in tablets sold as MDMA (“ecstasy”) on the illicit market in Canada.

422. Canada continues to be a major source of MDMA (“ecstasy”) found on the illicit markets of countries in North America and other regions. Organized criminal groups in Canada are illicitly manufacturing and distributing methamphetamine on a large scale. MDMA has continued to be widely available in Canada. Large quantities of MDMA illicitly manufactured in Canada were smuggled mainly into the United States and countries in East and South-East Asia and in Oceania. In the United States, as the illicit supply of MDMA increased, MDMA accounted for a larger share of the illicit drugs sold by street gangs. In “ecstasy” tablets originating in Canada the percentage of MDMA has decreased and the percentage of chemicals used as adulterants has increased. That development may have significant health implications for “ecstasy” abusers.

Precursors

423. In Mexico, after a ban was placed on pseudoephedrine and ephedrine, prohibiting their import and use, drug trafficking organizations developed various ways to circumvent the ban. They used new smuggling routes such as through Central America and South America, they smuggled precursors in tablet form rather than in bulk, they shifted their illicit manufacturing operations to other countries and they used alternative manufacturing methods that required chemicals for which controls were less strict or non-existent. One of those methods for manufacturing methamphetamine without using ephedrine is the P-2-P method, which has become significantly more important. Phenylacetic acid, a

chemical used to produce P-2-P, was found in clandestine methamphetamine laboratories in Mexico. Operation PILA, which was initiated in 2009, and coordinated by the Board, focused on monitoring trade in ephedrine and pseudoephedrine, including pharmaceutical preparations containing one of those chemicals. Analysis of the relevant data and seizures revealed that Mexico was the destination of many suspect ephedrine and pseudoephedrine shipments.³³

424. In the United States, the increase in illicit methamphetamine manufacture in 2008 and 2009 was fuelled primarily by individuals and criminal groups that organized “smurfing” operations to acquire large amounts of the precursor chemical pseudoephedrine.

425. Canada continues to be used by traffickers as both a country of destination and a transit country for chemicals used in the illicit manufacture of synthetic drugs, particularly methamphetamine and MDMA (“ecstasy”).

Substances not under international control

426. Khat continues to be smuggled into Canada, primarily by courier and air cargo. The abuse of khat is most common among East African communities in Canada. Most of the khat found in Canada comes from Ethiopia or Kenya. In 2009, the total amount of khat seized by law enforcement agencies throughout Canada decreased compared with the previous year, to about 19 tons.

427. According to Canadian law enforcement reports, there has been an increase in the demand for unregulated chemicals such as methylamine.

5. Abuse and treatment

428. In the United States, an estimated 38 million persons (or 15.1 per cent of the population aged 12 or older) had used illicit drugs in 2009. That represents an increase of 2.5 million persons (or 0.9 per cent of the population aged 12 or older) over the figure for 2008 and a reversal of the declining trend in illicit drug use in the preceding years. About 21.8 million persons (or 8.7 per cent of the population aged 12 or older) were

³³ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2010 ...*

“current users” (persons who reported having used illicit drugs in the past month).

429. In the United States, one matter of concern is the increasing abuse among youth of cannabis and prescription drugs containing narcotic drugs. According to the 2009 survey “Monitoring the Future 2009”, an annual survey on drug abuse among students aged 13-18 in the United States, annual prevalence of cannabis abuse increased for the first time after declining for seven consecutive years: from 21.5 per cent in 2008 to 22.9 per cent in 2009. That turnaround was accompanied by a decline in students’ perceptions of the risks of cannabis abuse. The abuse of OxyContin (annual prevalence: 3.9 per cent), a product containing oxycodone, and Vicodin (annual prevalence: 6.5 per cent),³⁴ a product containing hydrocodone, reached or remained at record-high levels in 2009. The abuse of other illicit drugs either declined (as in the case of cocaine, inhalants and hallucinogens) or remained fairly stable (as in the case of heroin, amphetamines and tranquillizers).

430. In the United States, the number of drug-related deaths³⁵ doubled from 1999 to 2007. According to the latest statistics available, there were a total of 38,371 drug-related deaths in 2007. In a number of states, the number of drug-related deaths has surpassed the number of deaths resulting from motor vehicle accidents.

431. In the United States, cannabis remains the most commonly abused drug. In 2009, 28.5 million persons (or 11.3 per cent of the population aged 12 or above) abused cannabis. That represents an increase of 2.7 million persons (or 1 per cent of the population aged 12 or above) compared with the figure for 2008.

432. In 2009, 4.8 million persons abused some form of cocaine in the United States (compared with 5.3 million in 2008). Past-year prevalence of the abuse of cocaine (including “crack”) among the United States population aged 12 and older was 1.9 per cent.

³⁴ The prevalence data for those preparations are queried in the “Monitoring the Future” questionnaire; therefore, trade names are used in this particular case.

³⁵ Drug-related deaths include deaths resulting from drug-induced diseases, accidental poisoning and intentional self-poisoning (suicide) but exclude accidents, homicides and other causes indirectly related to drug use.

433. The increased availability of heroin in the United States has led to increased heroin abuse and, consequently, an increase in the number of heroin-related overdoses and deaths resulting from overdose. In 2009, the number of heroin abusers increased by about one third, to over 600,000 (or 0.2 per cent of the population aged 12 and older). Abusers of prescription opioids reportedly switch to heroin because they build tolerance to prescription opioids and because heroin is cheaper and more easily available than prescription opioids.

434. The abuse of methamphetamine increased in the United States: in 2009, 0.5 per cent of the population aged 12 and older were past-year abusers, compared with 0.3 per cent in 2008.

435. According to the assessment of the Government of the United States, the abuse of prescription drugs is the fastest-growing drug problem in the country. In 2009, the abuse of prescription drugs — measured as non-medical use of pain relievers, tranquillizers, stimulants or sedatives — was reported by 16 million persons (or 6.4 per cent of the population aged 12 and above), compared with 15.2 million (or 6.1 per cent of the population) in 2008. About 7 million persons were “current users”. Pain relievers were the most commonly abused prescription drugs: 12.4 million persons reported having abused pain relievers in 2009 (compared with 11.9 million in 2008). More and more opiate-related overdoses are attributable to prescription analgesics. The number of unintentional deaths by overdose resulting from the abuse of prescription opioids has increased sharply. The number of drug-related emergency room visits involving narcotic analgesics more than doubled from 2004 to 2008, mainly as a result of incidents involving the abuse of hydrocodone, methadone and oxycodone. Prescription drugs continued to be one of the most abused categories of drugs — second only to cannabis.

436. According to the latest Canadian Alcohol and Drug Use Monitoring Survey, the abuse of most drugs among members of the population aged 15 and older declined in 2009, which is an encouraging development. The prevalence of past-year cannabis abuse continued to decrease, reaching 10.6 per cent in 2009. Annual prevalence of abuse of cocaine (1.2 per cent), methamphetamine (0.4 per cent) and MDMA (“ecstasy”) (0.9 per cent) also decreased compared with 2008. The rate of drug abuse among

males was almost double the rate among females. The abuse of prescription drugs (opioid pain relievers, stimulants, and sedatives and tranquillizers) in 2009 remained at the level reported in 2008: 0.6 per cent of respondents indicated that they had used prescription drugs in the past year “to get high”.

437. In Canada, drug abuse among youth (persons 15-24 years old) declined in 2009. The Canadian Alcohol and Drug Use Monitoring Survey showed declining past-year abuse of cannabis (from 32.7 per cent in 2008 to 26.3 per cent in 2009), cocaine (from 5.9 per cent in 2008 to 3 per cent in 2009), hallucinogens (from 10.2 per cent in 2008 to 4.4 per cent in 2009), MDMA (“ecstasy”) (from 6.5 per cent in 2008 to 3.6 per cent in 2009) and prescription drugs (from 2.1 per cent in 2008 to 1.7 per cent in 2009). Cannabis abuse declined by almost 30 per cent during the five-year period 2004-2009. The abuse of one type of prescription drugs, pain relievers, increased. Despite the overall positive development, the rate of drug abuse among youth remained 4-5 times higher than the rate among adults (persons aged 25 and older).

438. In Mexico, a national survey showed that from 2002 to 2008 there was a significant increase in the abuse of drugs, in particular cocaine. According to Government estimates, the abuse of cocaine, particularly “crack”, continued to increase sharply in 2009. Most drug-related deaths were attributed to the abuse of cocaine (449 deaths in 2009, an increase of 90 per cent over 2008). There was also a sharp increase in the abuse of heroin, methamphetamine, hallucinogens, solvents and inhalants. The most commonly abused drug continued to be cannabis, followed by cocaine. One reason for the increased abuse of drugs is that drug trafficking has resulted in drugs being more widely available in the country.

439. In the United States, about 1.2 million persons were admitted for treatment of drug abuse in 2008, 9 per cent more than in 2007. For most of those persons the primary drug of abuse was cannabis (346,000 persons in 2008, an increase of 20 per cent), followed by heroin (281,000), cocaine (230,000), amphetamines (127,000) and other opiates (121,000). The growing problem of abuse of prescription drugs is also reflected in data on persons admitted to treatment for drug abuse. Among the persons admitted for treatment and for whom medication-assisted opioid

therapy was planned, the number of persons treated for the abuse of pain relievers more than tripled from 1998 to 2008, reaching 26.5 per cent. According to the Government, 1,132 treatment facilities in the United States offered opioid treatment programmes in 2008, mostly maintenance programmes using methadone and/or buprenorphine. It is estimated that there is a significant treatment gap in the United States: in other words, the vast majority of drug addicts do not receive special treatment. According to the Government, that is partly attributable to the fact that there is no integration of treatment for drug addiction with the rest of the health-care system. As part of its drug control strategy, the Government therefore intends to better integrate treatment into health care, making treatment services more accessible and improving their quality. The Government also aims to support recovery from drug addiction through services involving, for example, transitional housing, mutual help groups, counselling and employment restoration.

440. In the United States, the number of drug treatment courts has continued to increase. At the end of 2009, 2,459 drug treatment courts were operating throughout the country. More than half of them were for adults. In addition, there was a significant number of specialized drug treatment courts, including juvenile, family, tribal, campus or veterans’ drug treatment courts. Evaluations conducted by the Government, as well as by researchers, have shown that, compared with traditional courts that lead to traditional forms of punishment such as incarceration, drug treatment courts are more successful in reducing recidivism among drug-abusing offenders and more cost-effective in the long run.

441. The Government of Canada is enhancing the national system for the treatment of drug abuse within the framework of the National Anti-Drug Strategy. The Drug Treatment Funding Program was launched to support provinces and territories in strengthening their systems for the treatment of drug abuse. Targeted treatment for imprisoned drug abusers is offered in the correctional system, significantly reducing recidivism.

442. The action programme for the prevention and treatment of addictions was launched by the Government of Mexico to strengthen the infrastructure for providing treatment services for drug addicts. The community-based network of centres offering basic treatment and prevention services for drug abusers was

expanded further. In 2009, most persons received treatment for abuse of cannabis, followed by cocaine and inhalants. In 2009, about 39,000 persons began receiving treatment for drug abuse in specialized centres; that represented only a small proportion of the drug addicts in the country. A project to train and accredit providers of treatment for drug abuse was started in 2009, with a view to improving the functioning and running of treatment facilities.

South America

1. Major developments

443. Trends related to the illicit manufacture of, trafficking in and abuse of drugs have changed in South America over the past decade. Criminal organizations that have traditionally been involved in drug trafficking at the international level have also started to engage in drug trafficking and other forms of drug-related crime at the national level. The availability of a greater variety of illicit drugs and the increase in the abuse of those drugs, in particular among youth, indicate that the illicit drug market continues to change. CICAD has warned of the growing influence of cartels in politics and of the threat that those cartels pose to security and development in the Americas.

444. In 2009, the total area under illicit coca bush cultivation in South America decreased for a second consecutive year, as a result of a significant reduction of that area in such cultivation in Colombia. The total area under coca bush cultivation in the region in 2009 was 158,800 ha, 8,800 ha less than in 2008 (a decrease of 5 per cent). The Board is pleased to note that in 2009, the total area under illicit coca bush cultivation in Colombia decreased by 16 per cent, to 68,000 ha. In contrast with the situation in Colombia, the total area under illicit coca bush cultivation increased to 30,900 ha in the Plurinational State of Bolivia (an increase of 1 per cent) and to 59,900 ha in Peru (an increase of 7 per cent), in 2009, the fourth consecutive year in which such cultivation increased in those two countries.

445. In South America, over the years, there has been a tendency for illicit drug crop cultivation to move to new areas in response to local eradication campaigns. Thus, the decrease in illicit coca bush cultivation in

Colombia in the past decade has been partly compensated for by an increase in such cultivation on Bolivian and Peruvian territory. The Board is concerned that if the current trend continues, in the period 2010-2011, Peru will replace Colombia as the world's largest grower of illicit coca bush, a position last held by Peru in 1996.

446. For a number of years, UNODC has estimated the potential manufacture of cocaine for the main coca leaf producing countries with a view to providing information on the global supply of cocaine. That estimation of potential manufacture takes into account several factors, including data on coca leaf production and efficiency in the transformation of coca leaf to cocaine. The Board notes that because of the ongoing review of conversion factors used for estimation in Bolivia (Plurinational State of) and Peru, no single estimated figure was provided for those two countries for 2009; instead, UNODC calculated an estimate of global potential manufacture of cocaine as a range (842-1,111 tons). In Colombia, potential illicit manufacture of cocaine in 2009 was estimated at 410 tons, 40 tons less than in 2008.

447. In some South American countries, financial resources in support of efforts to address drug-related problems continue to be insufficient. The Board calls upon the international community to enhance assistance, including expertise and financial resources, provided to countries in South America to overcome the problems of illicit drug crop cultivation and cocaine manufacture. The Board urges the Governments of Bolivia (Plurinational State of) and Peru to take the measures necessary to reduce the total area under illicit coca bush cultivation on their territory and to counter illicit cocaine manufacture and trafficking, in cooperation with the Governments of other countries and international organizations, including United Nations entities.

448. The abuse of cocaine appears to be rising in several countries in the Southern Cone, including Argentina, Brazil, Chile and Uruguay. According to CICAD experts on demand reduction, although some progress has been made in the Americas in improving treatment for drug abuse over the past 20 years, the demand for such treatment is not being met. The Board encourages Governments of countries in South America to continue to give high priority to treatment for drug abuse when developing national

drug control policies and to include such treatment in their national health-care systems.

2. Regional cooperation

449. The Nineteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, was held on Isla Margarita, Bolivarian Republic of Venezuela, from 28 September to 2 October 2009. Pursuant to Commission on Narcotic Drugs resolution 52/10, representatives of 10 West African States also participated in the Meeting, and a round-table discussion was held on strengthening cooperation among bodies involved in tackling the smuggling of drugs from Latin America and the Caribbean into West Africa. The Meeting made recommendations on, inter alia, the need to pay attention to the collection and exchange of intelligence, training, joint operations, the placement of liaison officers, the provision of equipment, and technical support. It also recommended that bilateral or multilateral cooperation agreements be established and that confidence-building measures be developed. The participants agreed that the implementation of those recommendations should be supported by UNODC, ECOWAS and INTERPOL.

450. In December 2009, the European Commission approved the Cooperation Programme between Latin America and the European Union on Anti-Drugs Policies. In the framework of the Cooperation Programme, efforts will be made to consolidate drug control coordination and cooperation mechanisms between the European Union and Latin America through policy support and dialogue, the consolidation of national observatories on drugs and capacity-building in reducing illicit drug supply and demand.

451. Under an interregional programme of the European Union and UNODC, a high-level meeting of heads of drug law enforcement agencies in West Africa and Latin America and the Caribbean was held in Bogota from 25 to 27 January 2010 to promote agreements on joint investigations. Twenty-four bilateral agreements were signed by six West African States (Cape Verde, Gambia, Ghana, Guinea-Bissau, Sierra Leone and Togo) and four Latin American and Caribbean States (Colombia, Dominican Republic, Jamaica and Peru).

452. To exchange experiences with regard to the control of precursors and the negative environmental

impact of disposing of residues from the illicit manufacture of synthetic drugs, experts from Bolivia (Plurinational State of), Colombia, Ecuador and Peru held a meeting in Lima on 16 February 2010 in the framework of a project funded by the European Commission entitled "Support for the Andean Community in the area of synthetic drugs" (DROSICAN). At the meeting, the experts stressed the importance of cooperating with the academic community, in particular universities, in efforts to address the problem.

453. In 2009, the Union of South American Nations (UNASUR) established the Consejo Sudamericano de Lucha Contra el Narcotráfico (South American council for the fight against drug trafficking). In April 2010, ministers of the countries concerned ratified the council's statute, which provides a legal framework for a concerted approach to fighting drug-related problems and for UNASUR drug control activities in that area.

454. Participants in the Twelfth United Nations Congress on Crime Prevention and Criminal Justice, held in Salvador, Brazil, from 12 to 19 April 2010, adopted the Salvador Declaration on Comprehensive Strategies for Global Challenges: Crime Prevention and Criminal Justice Systems and Their Development in a Changing World,³⁶ in which concern was expressed about the negative impact of organized crime on human rights, the rule of law, security and development. A workshop on the links between drug trafficking and other forms of organized crime was organized in the framework of the Congress with a view to strengthening the role of the United Nations, promoting good practices, training and capacity-building and facilitating the efforts of Member States to prevent and control such trafficking.

455. In April 2010, the Madrid Declaration was adopted at the twelfth high-level meeting of the Coordination and Cooperation Mechanism on Drugs between the European Union and Latin America and the Caribbean. The Declaration stresses, among other things, the importance of cooperation on alternative development in regions where crops are cultivated for use in the illicit manufacture of drugs.

456. According to a CICAD study entitled *Establishing Drug Treatment Courts: Strategies, Experiences and Preliminary Outcomes*, published in

³⁶ A/CONF.213/18, chap. I, resolution 1.

April 2010, drug treatment courts contribute significantly to reducing recidivism among drug-dependent offenders and help to reduce crime at the local level. The study was developed in the framework of the EU-LAC Drug Treatment City Partnerships initiative and is based on a survey of drug treatment courts in 12 countries in Europe and the Americas, including Brazil, Chile and Suriname.

457. On 19 and 20 May 2010, the Brazilian Federal Police, in partnership with UNODC, organized an international seminar on the interception of telephone and long-distance computerized communications. Experts from eight countries (Brazil, Canada, Colombia, France, New Zealand, Portugal, the United States and the United Kingdom) participated in the seminar, which was held in Brasilia, Brazil. The discussion focused on investigative techniques, legislative frameworks and changes to such frameworks, and cross-border cooperation to strengthen the capacity of law enforcement and the judiciary.

458. In June 2010, the Government of Peru, in cooperation with the European Commission and UNODC, hosted in Lima an international precursor control symposium organized in the framework of a regional programme entitled "Prevention of the diversion of drug precursors in the Latin American and Caribbean region". At the symposium, representatives from 15 countries in Europe and Latin America and the Caribbean agreed to strengthen controls over precursor chemicals in order to prevent them from being diverted and used in illicit drug manufacture. The topics discussed by national experts included cooperation with the private sector in the area of precursor control.

459. Experts from 11 countries and several international organizations participated in the joint meeting of the task forces of Project Prism and Project Cohesion held in Bogota in June 2010. The meeting was organized to evaluate the projects' earlier activities (Operation PILA and the second phase of Operation Dice), which had focused on monitoring the trade in and exchanging information on precursors used in the illicit manufacture of amphetamine-type stimulants and heroin, respectively. The experts proposed future operational activities under Project Prism and Project Cohesion and strategies to prevent the diversion of precursors.

460. In July 2010, the Government of Colombia, in cooperation with UNODC, hosted a seminar on drugs and HIV in Colombia that was attended by national and international experts from Canada, Colombia, France, Spain, the United States and Uruguay. Attention was drawn to the relationship between drug abuse, especially the abuse of drugs by injection, and practices that increase the risk of HIV infection.

461. Although cocaine continued to be smuggled by air out of a number of countries in South America, according to the World Customs Organization, airport authorities in South America, Africa and Europe had only recently begun to exchange operational information. The Airport Communication Project (AIRCOP), jointly developed by UNODC, the World Customs Organization and INTERPOL, will focus on strengthening border controls and management and on sharing intelligence among participating international airports in Africa and Latin America and the Caribbean. The Board encourages the Governments concerned to further strengthen such interregional cooperation within the framework of shared responsibility.

462. UNODC, the Inter-American Observatory on Drugs of CICAD and the national drug control commissions of Argentina, Bolivia (Plurinational State of), Chile, Ecuador, Peru and Uruguay jointly published in 2010 the second comparative analysis of drug use among students in secondary schools. In addition, under project DROSICAN, Bolivia (Plurinational State of), Colombia, Ecuador and Peru conducted, from January to November 2009, an epidemiological study on the use of synthetic drugs among the university population in the Andean subregion.³⁷

463. Brazil, Colombia, Haiti, Nicaragua and Peru are participating in a global project entitled "Partnership for action on comprehensive treatment: treating drug dependence and its health consequences". The project activities, which are supported by UNODC, include promoting a sound understanding of drug dependence and its treatment.

464. Several countries in South America have signed bilateral agreements for enhancing cooperation in the area of drug control. In 2010, the National Anti-Drug

³⁷ Available from www.comunidadandina.org/public/Estudio_drogas.pdf.

Secretariat (SENAD) of Paraguay and the National Commission for Development and a Drug-Free Lifestyle (DEVIDA) of Peru signed an agreement to enhance the cooperation of institutions in initiatives for preventing drug abuse and trafficking. Ecuador and Venezuela (Bolivarian Republic of) concluded a cooperation agreement to foster cooperation in the prevention and treatment of drug abuse, the rehabilitation and social reintegration of drug abusers and alternative development. Bolivia (Plurinational State of) and Brazil concluded a partnership agreement to enhance cooperation between police authorities involved in combating drug trafficking and transnational organized crime.

3. National legislation, policy and action

465. In December 2009, the Argentine authorities published a national study on the use of psychoactive substances and the connection between the use of such substances and the commission of crime among the prison population. The study, the first of its kind in Argentina, concludes that alcohol and drug use and criminal behaviour are related to social, cultural and economic changes that have occurred in that country in recent decades. The study also found that illicit drug use was significantly higher among the prison population than among the general population.

466. The Bolivian national council for the fight against drug trafficking (CONALTID), with the support of UNODC through its project on strengthening the fight against drug trafficking and related crimes in the Plurinational State of Bolivia, has assessed the country's national strategy to fight drug trafficking and re-evaluate the coca leaf (covering the period 2007-2010). With the participation of public and private institutions, and international and civil society organizations, CONALTID is formulating a national plan for the prevention and treatment of drug abuse and the social reintegration of drug addicts, as well as a new national policy to fight drug trafficking (covering the period 2011-2015).

467. In September 2010, the Supreme Court of Brazil ruled that failure to consider non-custodial sentences for individuals found guilty of small-scale drug-dealing offences would violate the Constitution. The Government of Brazil has made significant investments in technology to support the monitoring of illicit drug

crops in the country and in activities of the Federal Police to counter drug trafficking.

468. In December 2009, the Colombian Congress amended the Constitution to prohibit the possession and use of drugs for purposes other than medical purposes, thereby reversing the Constitutional Court ruling that the punishment for possession of illicit drugs for personal use was unconstitutional.³⁸ In April 2010, the Government of Colombia launched a new campaign entitled "Colombia, a drug-free territory", sponsored by the National Narcotics Directorate (DNE), the Ministry of the Interior and Justice and UNODC.

469. In 2009, the Government of Chile approved the national drug control strategy for the period 2009-2018. In the strategy, the role of the family in preventing drug abuse and alcohol consumption among children and youth is acknowledged. The Government also approved measures and activities, contained in its action plan for the period 2009-2013 and designed to achieve the goals of the strategy.

470. In April 2010, DEVIDA published a catalogue of best practices in the prevention and treatment of drug abuse with the aim of sharing information among professionals on relevant programmes and projects carried out in Peru. In addition, DEVIDA has promoted an initiative aimed at preventing drug traffickers from gaining political influence in the country. As a result of the initiative, a number of political parties in Peru have committed themselves to transparency and the establishment of rigorous procedures for the selection of candidates for elections to be held in 2011.

471. The Bolivarian Republic of Venezuela continued to implement its national drug control plan covering the period 2009-2013 and the national plan for drug abuse prevention entitled "Sowing values for life". Measures to counter drug trafficking that have been implemented in the country include the installation of a radar network for defending the country's airspace from drug traffickers, the installation of body scanners at the country's international airports and the building of facilities for incinerating illicit drugs.

³⁸ Article 49 of the Constitution states that the possession and consumption of narcotic drugs and psychotropic substances are prohibited, with the exception of medical prescriptions.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

472. Although cannabis plants are illicitly cultivated in most countries in South America, information on the areas under illicit crop cultivation is too scattered and scarce for a comprehensive analysis of trends in such cultivation to be carried out. Paraguay continues to be the main South American country used for illicit cannabis production. According to figures for 2008, illicitly cultivated cannabis plants covered about 6,000 ha in Paraguay, in an area close to the Brazilian border (potential yield: 16,500 tons of cannabis herb). In 2009, the Paraguayan law enforcement authorities, in cooperation with their Brazilian counterparts, eradicated over 2,000 ha of cannabis plants. In the same year, the total amount of cannabis herb seized in Paraguay decreased by more than one half, to 85.4 tons (compared with 173.4 tons in 2008). UNODC estimates that about 80 per cent of the cannabis found in Brazil originates in Paraguay.

473. In 2009, the Colombian drug observatory estimated that illicitly cultivated cannabis plants covered about 210 ha of the country's territory. In 2009, about 170 ha of illicitly cultivated cannabis plants were eradicated in the country. The Venezuelan authorities did not identify any illicit cultivation of cannabis plants in their country. In the Bolivarian Republic of Venezuela, the amount of seized Colombian cannabis increased from 20.7 tons in 2008 to 32.6 tons in 2009. Cannabis is the only drug illicitly produced in Chile. The amount of cannabis herb seized in Chile increased gradually from 5 tons in 2005 to nearly 14 tons in 2009.

474. The extent of the indoor cultivation of cannabis plants in South America is not known. According to UNODC, Argentina is the only country in the region that reported the illicit cultivation of cannabis plants indoors.

475. In Colombia, the authorities seized 209 tons of cannabis herb in 2009; from 2006 to 2009, Colombian authorities seized on average 189 tons of cannabis herb per year. In the Plurinational State of Bolivia, seizures of cannabis plants and cannabis herb rose from 424 tons in 2007 to 1,964 tons in 2009. From 2008 to 2009, the amount of cannabis plants seized in

Peru increased from 61 to 137.5 tons, the largest amount seized since 2000.

476. In 2009, the total area under illicit coca bush cultivation in South America decreased by 5 per cent, to 158,800 ha (compared with 167,600 ha in 2008). Colombia accounted for 43 per cent of that total (68,000 ha); it was followed by Peru (59,900 ha or 38 per cent) and the Plurinational State of Bolivia (30,900 ha or 19 per cent). Illicit coca bush cultivation on sites covering less than 25 ha was reported in Ecuador.

477. In South America, illicitly cultivated coca bush is eradicated manually or by aerial spraying.

478. In Colombia, 60,500 ha of illicit coca bush cultivation were eradicated manually and an additional 104,800 ha were subject to cumulative aerial spraying in 2009 (a total of 165,300 ha). In 2009, the Peruvian authorities eradicated 10,025 ha of illicit coca bush cultivation, the smallest area eradicated in the country since 2003. In 2009, Bolivian authorities eradicated 6,300 ha of illicit coca bush cultivation (16 per cent more than in 2008), mostly in the Tropics of Cochabamba region.

479. According to UNODC, between 2005 and 2008 the global cocaine interception rate exceeded the annual benchmark of 40 per cent. In 2008, 123 countries reported having seized a total of 360 tons of cocaine (amount adjusted for purity), thus contributing to a reduction in the potential availability of that drug (from 865 to about 500 tons).

480. From 2008 to 2009, the total amount of seized cocaine increased in Paraguay (to 0.6 tons, an increase of 114 per cent) and Ecuador (from 15.7 to 53.4 tons, an increase of more than 300 per cent). The total amount of seized cocaine decreased in Bolivia (Plurinational State of) (to 4.9 tons, a decrease of 32 per cent), Chile (to 2.7 tons, a decrease of 10 per cent), Peru (to 10.7 tons, a decrease of 36 per cent) and Venezuela (Bolivarian Republic of) (to 27.7 tons, a decrease of 17 per cent). In Brazil, a total of 20 tons of cocaine were seized in 2009, an amount not significantly different from the amount seized in 2008. In Colombia, seizures of cocaine hydrochloride remained stable in 2009, amounting to 200 tons.

481. The three main illicit markets for cocaine are in North America, Europe and the Southern Cone, which

in 2008, accounted for about 41, 29 and 10-20 per cent, respectively, of global cocaine consumption. While the market for cocaine has decreased in North America, it continues to increase in Europe.

482. Despite the efforts of authorities in countries in Central America and the Caribbean to combat the drug trafficking, the region continues to be part of a major trafficking route for illicit shipments of controlled drugs originating in South America and destined for North America and Europe. Most of the cocaine abused in Canada and the United States is smuggled out of Colombia through Mexico or countries in Central America.

483. Although Colombia remains the primary source of the cocaine found in Europe, Peru is becoming an increasingly important country of origin. The European Police Office (Europol) has identified the three main sea routes used to smuggle cocaine into Europe: the “northern route”, leading from the Caribbean via the Azores to the coasts of Portugal and Spain; the “central route”, leading from South America via Cape Verde or Madeira and the Canary Islands to Europe; and the “African route”, leading from South America to West Africa and then mainly to Spain and Portugal. The trans-shipment of cocaine has become a significant threat to the security and political stability of the countries in Central America and the Caribbean.

484. The World Customs Organization has identified the Bolivarian Republic of Venezuela as one of the principal countries of origin of cocaine shipments seized in Western Europe and has warned of the increasing role played by Brazil, Ecuador and Suriname as countries of departure of cocaine shipments. In 2009, the Venezuelan authorities seized more than 30 aircraft that had been used to transport drugs and destroyed 48 unauthorized airstrips in the country. Some of the seized aircraft had been modified to increase their flying range. The Board is concerned about the continued smuggling of drugs through the Bolivarian Republic of Venezuela.

485. Approximately five years ago, West Africa emerged as a hub for the smuggling of cocaine from Latin America into Europe. Most of the cocaine shipped to West Africa was being smuggled by boat or light aircraft. More recently, there have been indications that in order to smuggle drugs further inland, traffickers are taking advantage of the absence

of a radar control network in the region by using aircraft designed to carry heavy cargo.

486. In past years, the use of semi-submersibles for smuggling drugs has strongly increased. According to the Colombian authorities, 19 semi-submersibles were seized worldwide from 1993 to 2007. In 2008 and 2009 alone, the law enforcement authorities seized 34 semi-submersibles. The level of technological advancement and the transport capacity of such vessels have developed over the years, as evidenced by the seizure of a submarine capable of carrying 14 tons of drugs. The submarine was seized during a law enforcement operation carried out in Ecuador, near that country's border with Colombia, in July 2010.

487. Over the past four years, the size of coca-processing laboratories in South America has decreased while their number has increased. Over 99 per cent of the approximately 10,000 coca-processing laboratories destroyed worldwide in 2008 were located in Bolivia (Plurinational State of), Colombia or Peru. In 2008, cocaine laboratories were dismantled in Argentina (20), the Bolivarian Republic of Venezuela (10), Chile (4) and Ecuador (3).

488. According to DNE of Colombia, about 90 per cent of the 2,959 clandestine drug laboratories destroyed in the country in 2009 had been illicitly processing coca paste or cocaine base; the remainder had been illicitly manufacturing cocaine hydrochloride. The number of clandestine drug laboratories dismantled in Colombia in 2009 decreased by 14.3 per cent compared with the number of such laboratories dismantled in 2008 (3,451). In Colombia, clandestine drug laboratories are becoming smaller and easier to set up and disassemble, which makes them more difficult for law enforcement authorities to detect.

489. The capacity of traffickers from Bolivia (Plurinational State of) and Peru to manufacture cocaine has grown in the past few years. In 2009, authorities in Peru dismantled approximately 1,200 laboratories for processing coca paste and 25 used for manufacturing cocaine hydrochloride. The Bolivian authorities destroyed about 6,700 maceration pits and about 4,900 laboratories for processing coca paste and coca base.

490. Ecuadorian law enforcement authorities destroyed several large-scale drug laboratories in 2009 and 2010. In October 2009, they dismantled one of the

largest cocaine manufacturing laboratories in the country; it was estimated that the laboratory could manufacture 20 tons of cocaine per month. Another clandestine laboratory, capable of converting each month approximately 1 ton of coca paste into cocaine hydrochloride, was dismantled in April 2010. The Board is concerned about the increasing cocaine manufacturing capacity in Ecuador. Although the Venezuelan authorities did not detect any illicit cultivation of coca bush in their country, in 2009 they detected and destroyed 26 illicit drug manufacturing laboratories.

491. The total area under illicit opium poppy cultivation in South America accounts for less than 1 per cent of the total area under such cultivation worldwide. In Colombia, the country in which most of the illicit opium poppy cultivation in South America takes place, such cultivation is limited to mountainous areas and has gradually declined from 6,500 ha in 2000 to 356 ha in 2009 (potential heroin manufacture: 1 ton). In 2009, Colombian authorities eradicated illicitly cultivated opium poppy covering a total area of 546 ha. The heroin manufactured in Colombia is sold on the illicit market in that country or smuggled into other countries in the Americas, in particular the United States.

492. In Peru, in 2009 the authorities eradicated 31.5 ha of opium poppy and seized 75 kg of opium latex. In 2008, Peru reported the destruction of one clandestine laboratory for processing opiates.

493. In 2009, the South American country reporting the largest total amount of heroin seized was Colombia (over 735 kg), followed by Ecuador (178 kg) and the Bolivarian Republic of Venezuela (80 kg).

Psychotropic substances

494. According to the World Customs Organization, the total amount of MDMA (“ecstasy”) seized by customs authorities worldwide decreased from 5,929 kg in 2007 to only 218 kg in 2009, and such a sharp decline in the amount of “ecstasy” seized worldwide could be attributed to an increase in the manufacture of that substance in countries in which it is sold on illicit markets and a decrease in the smuggling of that substance across national borders. Argentina, Brazil, Chile and Colombia reported seizures of “ecstasy” by either customs or police authorities in 2009. In the period 2008-2009, the

manufacture of “ecstasy” was reported in Argentina and Brazil.

495. The Colombian authorities warned about attempts to barter cocaine from South America for MDMA (“ecstasy”) tablets from Europe. In addition, those authorities conducted a survey whose findings confirmed that many of the tablets sold as “ecstasy” on illicit markets in that country actually contained a mixture of psychoactive substances, including analgesics, benzodiazepines, cocaine, heroin and methaqualone. The unpredictable composition of those tablets and the unknown quantity of active ingredients they contained made them especially harmful to “ecstasy” abusers. In July 2010, the Peruvian authorities reported that 251,000 “ecstasy” tablets and over 100 kg of cocaine had been seized in Lima.

496. In 2009, the Chilean authorities reported the seizure of a small-scale laboratory for illicitly manufacturing mescaline, a psychotropic substance in Table I of the 1971 Convention. It was the first time that such a clandestine laboratory had been identified in Chile.

Precursors

497. Potassium permanganate remains the key oxidizing agent used to manufacture cocaine. According to DNE of Colombia, the availability of potassium permanganate for use in the illicit manufacture of cocaine has increased in recent years despite the seizure of large amounts of the substance and the implementation of the necessary control measures in the country. In 2009, 22.8 tons of potassium permanganate were seized in Colombia. Although that was the smallest total quantity of potassium permanganate seized in the country in the period 2000-2009, it was the largest total quantity of the substance seized in a single country in 2009 accounting for 90 per cent of the total amount of potassium permanganate seized worldwide. In 2009, the seizure of potassium permanganate in quantities larger than 100 kg was also reported in Peru (1,770 kg) and Ecuador (480 kg).

498. A portion of the potassium permanganate seized in Colombia had been illicitly manufactured in clandestine laboratories. From 2004 to 2008, 58 clandestine laboratories manufacturing potassium permanganate were seized in the country. Although traffickers’ capacity to manufacture their own

potassium permanganate still remains difficult to assess, the Colombian authorities indicate that potassium permanganate may be illicitly manufactured in sufficient quantities to cover most of the traffickers' needs for the substance. In 2009, two laboratories illicitly manufacturing potassium permanganate were destroyed in the country.

499. In the past three years, Argentina, Chile, Colombia and Peru have strengthened controls over the licit trade in ephedrine and pseudoephedrine, including in the form of pharmaceutical preparations. The measures taken included restricting or banning the import and use of those substances. Nonetheless, ephedrine and pseudoephedrine have continued to be smuggled. In 2009, a total of over 1.5 tons of raw ephedrine were seized by Chilean, Colombian and Venezuelan authorities. In addition, Argentina, Brazil and Colombia reported seizures of ephedrine and pseudoephedrine in the form of pharmaceutical preparations. In July 2010, the Colombian law enforcement authorities seized 2 million tablets containing pseudoephedrine in a shipment bound for Honduras. The Board encourages Governments to use the "Guidelines for a voluntary code of practice for the chemical industry", developed by the Board, to further strengthen control over the precursor chemical trade in their countries, in cooperation with the private sector.

Substances not under international control

500. The Governments of countries in South America continue to pay attention to the use of psychoactive substances that are not currently under international control. In January 2010, the National Anti-Drugs Council (CONAD) of Brazil adopted a resolution on the use of ayahuasca for religious purposes. In March 2010, the Government of Argentina approved decree 299/2010, pursuant to which ketamine was included on the list of substances subject to national control.

501. The health and drug regulatory authorities of several countries in the Americas have recently focused on herbal mixtures marketed under the brand name Spice. As small amounts of synthetic cannabinoids have been identified in such mixtures, there is concern that the use of Spice products may have negative effects on health. The CICAD group of experts on chemical substances has recently prepared for all

CICAD member States factsheets on scopolamine (hyoscine) and Spice products.

5. Abuse and treatment

502. The latest estimates on drug abuse indicate that cannabis continues to be the most abused drug in South America, where about 7.5 million persons aged 15-64 used that drug during the past year, three times the number of persons who used cocaine during the past year.

503. The Board notes that recently, a number of countries in South America have used common methodologies in conducting surveys on drug abuse in the region. For example, Argentina, Bolivia (Plurinational State of), Chile, Ecuador, Peru and Uruguay conducted the second comparative analysis of drug use among students in secondary schools. According to the results of the analysis, cannabis herb is the drug most commonly abused among students aged 13-17. On average, almost 11 per cent of the students in those six countries had used the substance at least once in their lifetime; the percentages in the individual countries ranged from 4 per cent in Peru to almost 23 per cent in Chile. The Board wishes to encourage the Governments of the countries in South America to periodically carry out, in cooperation with CICAD and UNODC, standardized drug abuse surveys to enable the magnitude of the drug abuse problem to be assessed and compared in countries throughout the region.

504. The results of the first national survey on the use of alcohol, tobacco and other drugs among university students in 27 Brazilian state capitals, announced by the Government of Brazil in June 2010, indicate that 8 per cent of the university students in the survey were at risk of becoming dependent on cannabis. The Brazilian study also revealed that almost half of the surveyed students had used a psychoactive substance at least once in their lifetime and that there had been an increase in the abuse of synthetic drugs (amphetamines and MDMA ("ecstasy")). The drug most often abused among university students was cannabis (13.8 per cent), followed by amphetamines (10.5 per cent).

505. Past-year prevalence of cocaine abuse among the general population in South America (0.9-1.0 per cent) is far lower than in North America (2.0 per cent) but higher than in Central America (0.5-0.6 per cent). According to UNODC, in South America cases

involving treatment for cocaine abuse accounted for 65 per cent of all cases involving treatment for substance abuse in 1998, and that figure decreased, in relative terms, to 49 per cent in 2008. For the past 10 years, cocaine has been the primary drug of abuse among persons treated for drug problems in the region.

506. Demand for “crack” cocaine appears to be emerging in some countries in South America. In 2008, seizures of “crack” cocaine were reported in Argentina, Brazil, Chile, Paraguay and Venezuela (Bolivarian Republic of). In the Bolivarian Republic of Venezuela, lifetime prevalence of the abuse of “crack” cocaine among the population aged 15-70 is 11.9 per cent. In that country, about a quarter of the persons who received treatment for drug addiction were addicted to “crack” cocaine. In 2010, the Government of Brazil launched its integrated plan to combat “crack” cocaine and other drugs.

507. In South America, the countries with the highest prevalence of abuse of prescription opioids among persons aged 15-64 are Brazil and Chile (0.5 per cent in 2008). In both countries, the abuse of prescription opioids is the main problem, while the abuse of heroin is still low. In Chile, the estimate of 0.5 per cent for 2008 represents an increase compared with the figure for 2006 (0.3 per cent). In other countries in the region, the prevalence of abuse of opiates is low, ranging from 0.1 per cent in Ecuador to 0.3 per cent in the Plurinational State of Bolivia. In most countries in South America, the abuse of synthetic opioids is more common than the abuse of heroin.

508. According to an epidemiological study of the consumption of synthetic drugs among the university population in the Andean subregion, the highest lifetime prevalence of the abuse of MDMA (“ecstasy”) among students was in Colombia (about 3.5 per cent), followed by Ecuador, Peru and the Plurinational State of Bolivia.

509. According to the second comparative analysis of drug consumption among students in secondary schools in the region, the countries with the highest past-year prevalence of cocaine abuse among persons aged 15-16 were Uruguay (3.7 per cent), Chile (3.21 per cent), Argentina (3.16 per cent), the Plurinational State of Bolivia (2.12 per cent), Ecuador (1.52 per cent) and Peru (0.95 per cent).

510. According to the *2009 AIDS Epidemic Update*, published by the Joint United Nations Programme on HIV/AIDS and WHO, an estimated 29 per cent of the more than 2 million Latin Americans who abuse drugs by injection are infected with HIV. HIV epidemics among such drug abusers in the region tend to be concentrated in the Southern Cone. It is estimated that in Argentina alone, almost half of the persons who abuse drugs by injection are infected with HIV.

C. Asia

East and South-East Asia

1. Major developments

511. In East and South-East Asia, progress in reducing opium production is under threat, owing to an upswing in opium poppy cultivation during the 2009 growing season. Successes in reducing opium poppy cultivation in the region have been built on decades of successful alternative development work in rural communities; however, the information available for the last three years has been less encouraging. Several factors have contributed to the increase in illicit opium poppy cultivation in the area known as the Golden Triangle. It should be noted that despite some increases in illicit opium poppy cultivation since 2008 in South-East Asia, that subregion accounts for less than 5 per cent of global opium poppy production. Myanmar remains the main opium-producing country in the subregion, accounting for approximately 95 per cent of total opium production in South-East Asia; it is followed by the Lao People’s Democratic Republic and Thailand. A significant increase in the total area under illicit opium poppy cultivation has been reported in Myanmar; the total area under such cultivation in that country in 2009 was 31,700 ha, an increase of 11 per cent over the figure for 2008 (28,500 ha). Opium poppy cultivation and potential opium production increased in the Lao People’s Democratic Republic in 2009; the total area under illicit opium poppy cultivation, in that country amounted to 1,900 ha in 2009, an increase of 19 per cent over 2008. According to UNODC, potential production of opium in Thailand was negligible in 2009 — about 3 tons.

512. An issue of paramount concern to East and South-East Asia has been the increasing trafficking in, illicit manufacture of and abuse of synthetic drugs in

recent years, in particular amphetamine-type stimulants, which, because of their low costs of manufacture, ease of availability and considerable addictive potential, represent a major challenge to national health authorities. Since 2008, Cambodia, Indonesia, Malaysia, Myanmar and the Philippines have reported the dismantling of several laboratories that were illicitly manufacturing amphetamine-type stimulants. The number of seizures of amphetamine-type stimulants, including methamphetamine tablets and crystalline methamphetamine, has been increasing in the region. China reported large seizures of methamphetamine in 2009. Methamphetamine trafficking was reported to have increased in Japan in 2009; methamphetamine was being smuggled into that country out of Latin America, West Asia and Africa. In the Lao People's Democratic Republic, increased seizures of tablets containing different types of amphetamine-type stimulants, mostly methamphetamine, were also reported.

513. Amphetamine-type stimulants (primarily methamphetamine) and opioids and cannabis continue to be widely abused in East and South-East Asia. Cases involving opioids and methamphetamine make up the bulk of treatment episodes for drug abuse. Persons who abuse drugs by injection account for an alarmingly high percentage of the drug abusers in the region: it is estimated that approximately 25 per cent of all injecting drug abusers in the world live in East and South-East Asia. The risk of an HIV epidemic among the drug-injecting population in the region is therefore high.

2. Regional cooperation

514. The Thirty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, was held in Bangkok from 30 November to 3 December 2010. The main goal of the meeting was to promote and coordinate capacity-building for law enforcement in the region. The issues discussed included major regional drug trafficking trends and countermeasures, including international cooperation, specific law enforcement measures, such as controlled delivery, and approaches to strengthen regional cooperation with regard to the dismantling of clandestine drug laboratories.

515. In 2009, border liaison offices assisted the Governments of Cambodia, China, the Lao People's

Democratic Republic, Myanmar, Thailand and Viet Nam in conducting numerous joint operations that led to several seizures of drugs and precursors and to the dismantling of clandestine laboratories. A cross-border cooperation meeting between Cambodia and the Lao People's Democratic Republic was held in Preah Vihear, Cambodia, and Ban Meuang Sene, Lao People's Democratic Republic, from 19 to 23 July 2010 to bring together law enforcement officers from the border liaison offices of both countries and build a network for information-sharing.

516. Ministers for foreign affairs of member States of the European Union and the Association of Southeast Asian Nations (ASEAN), as well as the Secretary-General of ASEAN, at the eighteenth ASEAN-European Union Ministerial Meeting, on the theme "Partners in regional integration", held in Madrid on 26 May 2010, reaffirmed their commitment to promoting cooperation to combat drug trafficking. The foreign ministers also reaffirmed the unique character of the partnership between ASEAN and the European Union, underlining the potential strategic importance of the partnership, bearing in mind that there were approximately 1.25 billion people living in the member States of ASEAN and the European Union.

517. A Senior Officials Committee meeting among the signatories to the 1993 memorandum of understanding on drugs in the Greater Mekong subregion was hosted by the Government of Viet Nam in Da Nang from 11 to 14 May 2010 to review and assess the implementation of the memorandum's subregional action plan and related projects.

518. The twenty-third ASEAN-Australia Forum was held in Singapore on 19 March 2010, with the participation of representatives from Australia, ASEAN member States and the ASEAN secretariat, to tackle, among other issues, cooperative mechanisms for combating transnational organized crime, including drug trafficking.

519. The first ASEAN-United States Leaders' Meeting, on the theme "Enhanced partnership for enduring peace and prosperity", was held in Singapore on 15 November 2009. Leaders from around the world, including Heads of State or Government of the member States of ASEAN and the United States, gathered to enhance regional partnership and issued a joint statement on strengthening efforts to prevent and

combat transnational organized crime, including drug trafficking.

520. The fifteenth Asia-Pacific Operational Drug Enforcement Conference was held in Tokyo in February 2010. The meeting promoted information exchange and cooperation in investigations and the sharing of knowledge and experiences acquired in international drug control.

3. National legislation, policy and action

521. The Board notes that the Governments of Japan and Thailand have taken proactive measures to prevent drug abuse through successful cooperation among related ministries and agencies, such as the Drug Abuse Prevention Center of Japan, as well as their private sectors. In Thailand, the “To be number one” campaign, a joint initiative of the Ministry of Health and the Ministry of Education, has been launched with the theme “You can only be the best you can be by not using drugs”. Actions under the campaign included the promotion of nationwide drug abuse awareness and prevention in schools and communities.

522. Several countries in East and South-East Asia have adopted or enacted new laws or regulations for drug control. Indonesia reported enacting its law on narcotics in 2009, which brings internationally controlled substances, including precursors, under national control and defines the competencies of authorities at the national and provincial levels. In the Lao People’s Democratic Republic, a new drug law was promulgated in January 2009. Also in 2009, the Prime Minister’s decree on the implementation of the law on drugs was enacted. In Mongolia, a new law was implemented in 2009, providing for the monitoring of narcotic drugs and envisaging psychological assistance for addicts. Following the adoption of a new customs law in 2008, the Mongolian Customs General Administration began to reform its risk-assessment techniques related to drug control.

523. In Myanmar, safrole oil was recently listed as a controlled precursor chemical. It is now subject to the same control measures as substances in Table I of the 1988 Convention. In April 2009 the Philippines enacted the regulation on controlled precursors and essential chemicals and in November 2009 the regulation on psychotropic substances, which included *N*-benzylpiperazine in the list of dangerous drugs. In July 2009 the Republic of Korea enacted the

enforcement decree of the act on the control of narcotics, through which additional substances and precursor chemicals were placed under national control. In addition, in October 2009 the Republic of Korea enacted the enforcement rule of the act on the control of narcotics, which stipulated the provisions for travellers entering the country carrying controlled substances.

524. Singapore introduced, with effect from July 2009, a new law for the control of the export of cough preparations containing codeine. Viet Nam adopted an amendment and supplement to the drug control law, which came into effect in January 2009, redefining the responsibilities of national authorities in preventing drug abuse and controlling the licit drug supply, including the roles of law enforcement agencies such as the police, maritime police, border protection forces and customs service. In addition, the amendment and supplement to the penal code adopted in June 2009 came into effect in January 2010. According to the new law, the abuse of narcotic drugs is no longer a criminal offence in Viet Nam.

525. Thailand has enacted new ministerial regulations on rules and procedures for issuing licences to manufacture, import, sell or possess with intent to sell drugs in Schedule II or preparations in Schedule III of the 1961 Convention. The regulations came into effect in September 2009, redefining the responsibilities of national authorities in controlling the illicit drug supply and availability.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

526. Illicit cultivation of cannabis plant continues to be a problem in East and South-East Asia. In the Lao People’s Democratic Republic, illicit cannabis plant cultivation has taken place mainly in the central provinces for export to neighbouring countries, particularly in areas near the Mekong. Some 2,800 kg of cannabis were seized in April 2010 in Khamouan Province, on the Lao-Thai border. In Japan, cannabis plants were illicitly cultivated indoors for domestic use, and arrests and seizures relating to such cultivation increased in 2009. In Mongolia, illicit cannabis production, trafficking and abuse were on the rise, although still considered small in scale. The level of cultivation was estimated to be low in that country,

as the most common local source of cannabis was naturally growing cannabis plants in the northern provinces.

527. Significant amounts of cannabis continue to be seized in East and South-East Asia. In 2009, Chinese authorities seized a total of 8.7 tons of cannabis — the largest total amount of seized cannabis ever reported by China. In the Lao People's Democratic Republic, where cannabis seizures totalled 978 kg in 2009, almost 3 tons of cannabis were seized in the first half of 2010. Viet Nam also reported significant problems with cannabis trafficking: 1.6 tons of cannabis were seized in 2009. Indonesia and Thailand reported having seized large amounts of cannabis over the past two years.

528. Illicit opium poppy cultivation increased in East and South-East Asia from 2008 to 2009. In 2009, the total area under illicit opium poppy cultivation was 33,811 ha, representing an increase of 11 per cent over the figure for 2008 (30,388 ha). In Myanmar, illicit opium poppy cultivation increased from 27,700 ha in 2007 to 28,500 ha in 2008 and reached a total of 31,700 ha in 2009. Opium poppy cultivation in the Lao People's Democratic Republic increased in 2009 to an estimated 1,900 ha, up from 1,600 ha in 2008 and 1,500 ha in 2007. Small-scale opium poppy cultivation continued in Thailand, where approximately 211 ha of opium poppy were cultivated in scattered areas. The Government of Myanmar continued its efforts to eliminate illicit opium poppy cultivation, dispatching eradication teams to opium poppy fields in remote and mountainous areas of the country. As a result, Myanmar reported the eradication in 2009 of illicitly cultivated opium poppy covering 4,087 ha. In Viet Nam, the total area under opium poppy cultivation continued to decrease, amounting to 31 ha in the growing period 2009/10.

529. In South-East Asia, there has been a significant reduction in illicit opium production over the past two decades as a result of a combination of law enforcement and alternative development initiatives. Because of lower yield per hectare, illicit production of raw opium in the Lao People's Democratic Republic, Myanmar and Thailand totalled 345 tons in 2009, a decrease over the figure for 2008 (424 tons). In Myanmar, potential production of opium declined from 410 tons in 2008 to 330 tons in 2009, a decrease of 20 per cent. Nevertheless, Myanmar has remained the

main opium-producing country in the region, accounting for approximately 95 per cent of total opium production in South-East Asia. Potential opium production in the Lao People's Democratic Republic in 2009 was estimated at 11.4 tons, increasing from 9.6 tons in 2008. There was a risk of opium poppy cultivation increasing in the country because of the high price for opium and the absence of alternative development initiatives.

530. Seizures of opium continued to be reported. China reported seizures of opium totalling 1.3 tons in 2009. Increasing seizures of opium were reported by the Lao People's Democratic Republic. In contrast, there was a significant decline in the amount of opium seized in Viet Nam.

531. According to INTERPOL, illicit heroin manufacture in South-East Asia has declined substantially in the past five years, as a result of several years of unfavourable growing conditions and new Government policies of forced eradication. However, preliminary figures for 2009 indicate an increased number of seizures of opiates (mainly heroin). In some countries in the region, heroin has been trafficked by international drug trafficking organizations, including some originating in Africa. The drug trafficking organizations, operating in Cambodia, China (including Hong Kong), Indonesia, Malaysia, the Philippines and Thailand, have close ties with their supply sources in West Asia. Furthermore, cases involving non-Chinese drug traffickers have increased significantly in China. The increasing involvement of Iranian nationals and organized criminal organizations in drug trafficking was reported as a new development in the region in 2009 and 2010.

532. China reported seizures of heroin totalling 5.8 tons in 2009, compared with 4.3 tons in 2008. China, Malaysia, Thailand and Viet Nam accounted for the majority of the heroin seizures in East and South-East Asia. In Hong Kong, China, 59 kg of heroin was seized in 2009, compared with 46 kg in 2008. In Viet Nam, where 213 kg of heroin was seized in 2009, trafficking in opiates continued, as the country is used by drug traffickers as a major transit area for shipments to China and Australia. In Viet Nam, more than 11 kg of heroin was seized in May 2010 through the cooperation of Lao and Vietnamese forces, culminating in the arrest of West and Southern African and

Vietnamese drug traffickers. The amount of heroin trafficked into Viet Nam increased by 27 per cent from 2008 to 2009. Trafficking in opiates continued to be a serious problem in the Lao People's Democratic Republic, which reported increasing seizures of heroin.

533. Seizures of cocaine in East and South-East Asia appear to be declining, although Hong Kong, China, and the Philippines reported increasing cocaine seizures in 2009. China was not only a country of destination, but also a transit country for cocaine shipments originating in South America. The amount of cocaine seized in China decreased from 558 kg in 2008 to only 41 kg in 2009. The Lao People's Democratic Republic also reported declining cocaine seizures.

Psychotropic substances

534. Illicit manufacture of and trafficking in amphetamine-type stimulants have remained a serious concern in East and South-East Asia. The illicit manufacture of amphetamine-type stimulants has taken place virtually wherever there is easy access to the required precursor chemicals. The number of clandestine laboratories dismantled in China increased from 244 in 2008 to 391 in 2009. Although illicit manufacture of methamphetamine on a large scale did not take place in Hong Kong, China, several small-scale "kitchen labs" were dismantled in 2009. Over the past two years, Cambodia, Indonesia, Malaysia, Myanmar and the Philippines reported the dismantling of several clandestine laboratories manufacturing amphetamine-type stimulants.

535. The smuggling of amphetamine-type stimulants from the so-called Golden Triangle into China continued to increase in 2009, the most common substance smuggled being methamphetamine. In 2009, 6.6 tons of methamphetamine was seized in China. The quantity of amphetamine-type stimulants seized surpassed that of heroin in 22 Chinese provinces in 2009. According to INTERPOL, significant quantities of methamphetamine were smuggled out of the Islamic Republic of Iran via neighbouring countries into East and South-East Asia. In Indonesia, thousands of kilograms of methamphetamine were seized in 2009. In Hong Kong, China, a number of successful operations resulting in the interception of methamphetamine consignments in 2009 were reported; the consignments had been destined for illicit markets in Australia and

Japan. In recent years, methamphetamine has been smuggled into Japan not only from neighbouring countries but also from Latin America, West Asia and Africa. In 2009, the number of cases of methamphetamine trafficking in Japan more than doubled the number recorded in the previous years.

536. The Lao People's Democratic Republic has been used as a transit country for amphetamine-type stimulants since the late 1990s. The use of the Lao People's Democratic Republic as a transit area for shipments of methamphetamine originating in Myanmar and destined for Thailand increased after Thai law enforcement efforts were strengthened along the northern Thai-Myanmar border. The number of seizures of tablets containing various types of amphetamine-type stimulants in the Lao People's Democratic Republic almost doubled between 2008 and 2009; more than 80 per cent of those seizures involved methamphetamine tablets. More than 2,330,000 methamphetamine tablets were seized in the country in 2009. A shipment of some 21.8 million tablets containing amphetamine-type stimulants, weighing 2.18 tons, was seized in February 2010. Drug-related crime and violence were also reported to have increased in the Lao People's Democratic Republic. Viet Nam reported having seized over 500,000 methamphetamine tablets in 2009.

537. In 2009, nearly 1.1 million MDMA ("ecstasy") tablets were seized in China. In Indonesia, seizures of "ecstasy" were more common than seizures of methamphetamine; millions of "ecstasy" tablets were seized in 2009. In Japan, where "ecstasy" from Canada and Western European countries, in particular Belgium, has been trafficked, the number of seized "ecstasy" tablets decreased substantially, from 217,172 in 2008 to 61,280 in 2009. In Hong Kong, China, in 2009 and 2010, there was a continuing trend in which "ecstasy" tablets were increasingly containing substances other than MDMA, such as a mixture of methamphetamine and ketamine. The "ecstasy" seized nowadays in Hong Kong, China, has been reported to originate in Asia, not Europe. While Europe is still cited as a source of MDMA, the importance of that region as a source has decreased as more countries outside of Europe have reported the manufacture of the substance on their territory. For example, the sources of MDMA seized in Indonesia were reported to be illicit manufacture of the substance in that country, as well as China and the Netherlands.

538. One notable development in recent years is the growing presence of nimetazepam, a benzodiazepine in Schedule IV of the 1971 Convention, on the illicit markets of some East and South-East Asian countries. Large seizures of the substance have been made in Indonesia and Malaysia in recent years, and a rise in the abuse of nimetazepam was reported in Brunei Darussalam, Hong Kong, China, Indonesia, Malaysia and Thailand.

539. In China, GHB was reported to be mixed with MDMA (“ecstasy”) and ketamine in drugs of abuse.

540. In Singapore, where diversion and abuse of buprenorphine had been a problem, a significant decline in such illicit activities became evident in 2009, owing to new legislation enforced in 2009 and stricter penalties imposed by the Government for illicit activities involving that substance.

Precursors

541. Most diversions of precursors take place because of the ability of criminal groups to exploit gaps in national regulatory frameworks for monitoring trade in precursors and identifying suspicious transactions. International and regional efforts have been undertaken to prevent the diversion in East and South-East Asia of precursors.

542. Despite efforts made by the Government of China in precursor control, a number of countries reported seizures of precursors originating in China that had been intended for use in the illicit manufacture of methamphetamine.

543. Myanmar has exchanged information on a regular basis with the neighbouring countries of China, India, the Lao People’s Democratic Republic and Thailand in order to prevent the diversion of precursor chemicals.

544. There have been indications that transnational organized criminal groups are increasingly smuggling precursor chemicals through the Lao People’s Democratic Republic. In 2009, there were several instances of extraction of ephedrine and pseudoephedrine from pharmaceutical products in East and South-East Asia, which reflects a global trend.

Substances not under international control

545. Ketamine continued to be seized in several countries in East and South-East Asia. In 2008, figures

for ketamine seizures were higher than those for annual heroin seizures in the region: 6.3 tons of ketamine was seized, compared with 5.2 tons of heroin. The countries reporting seizures or abuse of ketamine included Brunei Darussalam, China (including Hong Kong), Malaysia, Singapore, Thailand and Viet Nam. Forensic data suggest that many of the so-called “ecstasy” tablets seized in the region actually contain substances other than MDMA, such as ketamine.

546. In China, ketamine was ranked fifth among all drugs of abuse. Prevalence of the abuse of ketamine has increased. The abuse of ketamine accounts for more than a third of all drug abuse cases registered as involving “new-type drugs”. China reported having seized over 5,323 kg of ketamine in 2009. Recent reports pointed out that rather than diverting ketamine licitly manufactured as an anaesthetic, drug trafficking organizations have recently been attempting to procure the precursor hydroxylamine hydrochloride and use it to illicitly manufacture ketamine in clandestine laboratories.

5. Abuse and treatment

547. Cannabis continues to be the primary drug of abuse in Indonesia. Thailand has indicated that cannabis is the second most common drug of abuse in the country. In Japan, cannabis abuse accounted for the second-largest number of drug-related arrests. Other countries in East and South-East Asia reporting cannabis abuse included Brunei Darussalam, Cambodia, China, Indonesia, Japan, the Lao People’s Democratic Republic, Malaysia, Myanmar, the Philippines, the Republic of Korea, Singapore, Thailand and Viet Nam.

548. Heroin continued to be the primary drug of abuse in China, Malaysia, Myanmar, Singapore and Viet Nam. Most countries in East and South-East Asia reported stable or decreasing trends in heroin abuse; the exceptions were the Lao People’s Democratic Republic, Singapore, Thailand and Viet Nam. In Viet Nam, heroin abusers accounted for 83.1 per cent of the total drug-abusing population. In Singapore, similar to the situation in 2008, heroin abusers accounted for 58 per cent of the drug abusers arrested in 2009. In China, which has the largest illicit market for opioids in the region, opioid abuse is estimated to involve between 1.8 million and 2.9 million persons and heroin abuse is the primary reason for seeking

treatment for drug abuse. In 2009, 97,000 new heroin abusers were registered in China, bringing the total to 978,226.

549. As in some other countries in East and South-East Asia, drug abuse by injection has been widespread in Viet Nam and remains a major means of HIV transmission. It is estimated that in Viet Nam persons who abuse drugs by injection account for over 80 per cent of the drug-abusing population. In Malaysia, the National Strategic Plan on HIV/AIDS for 2006-2010 included needle and syringe exchange programmes to reduce HIV transmission. In 2009, the design and implementation of the HIV/AIDS Asia Regional Programme, funded by the Australian Agency for International Development, continued to be carried out in the Lao People's Democratic Republic and Myanmar with the goal of reducing over a period of five years the prevalence of HIV infection transmitted through drug abuse by injection.

550. In Myanmar, two new programmes for methadone maintenance therapy were launched in early 2010, one at the general hospital in Muse, where persons who abuse drugs by injection were offered treatment with the assistance of a psychiatrist, and the other at the general hospital of Tachilek, where a physician was assigned to handle methadone treatment authorized by the Department of Health. The Board notes that other countries in East and South-East Asia, in particular China, Indonesia, Malaysia and Viet Nam, have recently initiated or scaled up methadone maintenance programmes or expanded the coverage of such programmes to include additional segments of the population.

551. The Lao authorities estimated that there were between 12,000 and 15,000 opium addicts, mostly in the northern provinces, although more precise data on the number of drug addicts in the country were not available. In Mongolia, many patients hospitalized for trauma or other painful conditions became addicted to morphine when excessive doses of the narcotic analgesic were prescribed.

552. The abuse of amphetamine-type stimulants, especially among young people, was on the rise in many countries. All countries in East and South-East Asia reported the abuse of methamphetamine, with nine countries reporting it as the most common or second most common drug of abuse, depending on its form. Increasing abuse of methamphetamine has been

reported in Cambodia, China, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, Singapore, Thailand and Viet Nam. According to UNODC, methamphetamine was the main drug of abuse in the Lao People's Democratic Republic and Thailand and the second most commonly abused drug in Cambodia and China. Crystalline methamphetamine was reported to be the primary drug of abuse in Brunei Darussalam, Japan and the Republic of Korea. In Brunei Darussalam in 2009, methamphetamine was the drug of choice for 97 per cent of drug abusers. In China, the number of registered abusers of amphetamine-type stimulants reached 360,000, of whom 97,000 were newly registered. In the Lao People's Democratic Republic, the number of people addicted to amphetamine-type stimulants was estimated at 35,000-40,000. Malaysia is at risk of becoming a major illicit market for amphetamine-type stimulants, as large amounts of those stimulants have been smuggled into the country.

553. MDMA ("ecstasy") was not reported as the most common drug of abuse in any country in East and South-East Asia; however, it was the second most common drug of abuse in Indonesia and the third most common in many countries in the region, including China, where it ranked after heroin and methamphetamine. In Viet Nam, "ecstasy" has been identified as a new drug of abuse.

554. Recent surveys in the Lao People's Democratic Republic and Thailand have drawn attention to the widespread abuse of volatile substances such as glue, primarily by children and teenagers. The abuse of inhalants is also a problem in other countries in East and South-East Asia, such as Mongolia.

555. In accordance with the international drug control conventions, physical and mental health problems related to drug abuse should be evaluated and treated, and support for social integration and employment provided to those in need. Research has indicated that effective treatment for drug dependence responds to individual needs and reaches those who are not motivated to attend treatment facilities. Unfortunately, those principles often were not or could not be followed by Governments in East and South-East Asia. The practice of making treatment at centres compulsory for drug abusers seems to be increasing in the region.

556. The Board wishes to highlight the importance of providing assistance in response to drug abuse and HIV prevention, treatment, support and care among persons who abuse drugs by injection and among prison inmates in East and South-East Asia. In 2009, capacity-building for the treatment of drug dependence was carried out in Cambodia, Myanmar and Viet Nam, and counselling clinics and community counselling teams for drug abusers were established.

South Asia

1. Major developments

557. South Asia has become one of the main regions used by drug traffickers to obtain ephedrine and pseudoephedrine for the illicit manufacture of methamphetamine. Indian law enforcement authorities continue to report significant seizures of these precursor chemicals. In addition to being diverted from the licit manufacturing industry in India, those precursor chemicals are manufactured illicitly, as indicated by the discovery of a clandestine ephedrine laboratory in 2009. To circumvent measures in place in India to control domestic and international trade in bulk ephedrine and pseudoephedrine, criminal networks have resorted to smuggling pharmaceutical preparations containing those chemicals. In addition, drug traffickers have begun using Bangladesh to obtain large quantities of such preparations.

558. Law enforcement agencies in India continue to uncover clandestine facilities where methamphetamine is illicitly manufactured. This indicates that India is being used by criminal networks for the illicit manufacture of amphetamine-type stimulants. There are reports that most of the methamphetamine manufactured in clandestine laboratories in India is destined for illicit markets in other countries. The prevalence of abuse of amphetamine-type stimulants in India is not known.

559. The diversion into illicit channels of pharmaceutical preparations containing substances under international control, as well as the smuggling of such preparations, continues to pose problems in South Asia. Law enforcement agencies of Bhutan, India and Nepal often seize pharmaceutical preparations containing codeine. Seizures of pharmaceutical preparations containing buprenorphine

have increased in recent years in Bangladesh. Furthermore, many drug abusers in South Asia inject pharmaceutical preparations containing dextropropoxyphene or buprenorphine. Concerted efforts at the national and regional levels are needed to deal with that situation.

560. High rates of HIV infection are reported among people who abuse drugs by injection in some cities, such as Dhaka, and in the north-eastern states of India. One response to this problem has been the introduction and expansion of opioid substitution treatment programmes in several countries in the region in recent years. Pilot studies on the use of methadone in such programmes have been initiated in Bangladesh and Maldives and officially approved in India. The opening of additional facilities that provide opioid substitution treatment using methadone is planned in Nepal. In India, measures are being implemented to harmonize the quality and improve the efficacy of opioid substitution treatment programmes that use buprenorphine.

561. Ketamine, a substance not under international control that is increasingly being abused in East and South-East Asia, was previously reported to originate in China and other countries in that region. In recent years, however, ketamine of Indian origin has been smuggled into countries in East and South-East Asia. In India, the number of large seizures of ketamine has increased. In addition, there has been an increasing number of shipments of ketamine originating in India and illegally imported into other countries.

2. Regional cooperation

562. The tenth in a series of talks at the level of Home Secretary between Bangladesh and India was held in New Delhi in November 2009. Draft bilateral agreements on mutual legal assistance in criminal matters and on combating international terrorism, organized crime and drug trafficking were finalized during those talks.

563. In December 2009, the ministers for foreign affairs of Bangladesh, Bhutan, India and Sri Lanka participated in the twelfth ministerial meeting among States involved in the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC). The ministers signed the BIMSTEC Convention on Combating International Terrorism, Transnational Organized Crime and Illicit Drug

Trafficking, aimed at strengthening mutual assistance in investigating and suppressing transnational organized crime and prosecuting offenders in cases involving such crime.

564. Also in December 2009, Bhutan and India signed a memorandum of understanding on drug demand reduction and the prevention of trafficking in narcotic drugs, psychotropic substances and precursor chemicals and related matters. The first meeting of a coordination committee composed of drug control officials from the two countries was held in Thimphu in June 2010 to discuss the implementation of the memorandum.

565. In January 2010, the prime ministers of Bangladesh and India signed the Agreement on Combating International Terrorism, Organized Crime and Illicit Drug Trafficking. Pursuant to the agreement, a coordination committee composed of representatives of law enforcement and intelligence agencies of the two countries was established to extend cooperation in the prevention and investigation and trial of criminal offences such as drug smuggling.

566. The secretaries of the interior of India and Myanmar held a meeting in Nay Pyi Taw in January 2010 and a meeting in Tawang, India, in June 2010, focusing on cooperation to prevent transnational organized crime and on measures to prevent the smuggling of narcotic drugs and arms across the border between India and Myanmar.

567. At the third meeting of ministers of the interior of States members of the South Asian Association for Regional Cooperation (SAARC), held in Islamabad in June 2010, participants discussed possible measures to strengthen regional cooperation to combat terrorism, trafficking in persons and drug smuggling, including the formation of a regional police agency. Also in June, and in preparation for the SAARC meeting, the SAARC Drug Offences Monitoring Desk held a meeting at which participants emphasized the need for a border control management system in the region to be used to counter the smuggling of narcotic drugs and weapons.

3. National legislation, policy and action

568. National seminars on the abuse of pharmaceutical preparations containing controlled substances were organized by UNODC in each of the six South Asian

countries between May and December 2009. The seminars, which brought together medical practitioners and representatives from drug law enforcement agencies and the pharmaceutical industry, provided a forum for participants to discuss aspects of the legal, regulatory and law enforcement systems that should be strengthened in order to stem the widespread abuse of pharmaceutical preparations in the region. The Board encourages States in the region to implement the measures necessary to curb the abuse of and trafficking in pharmaceutical preparations containing controlled substances.

569. The National Consultative Committee on De-addiction and Rehabilitation Services of India is formulating a national policy for the prevention of alcoholism and substance abuse and the rehabilitation of victims of such abuse. The National Consultative Committee, which operates under the chairmanship of the Minister of Social Justice and Empowerment, was constituted in 2008 to advise the Government of India on matters related to the reduction of the illicit demand for drugs.

570. In August 2009, the drug control regulations of the State of Andhra Pradesh, India, were amended to facilitate access to morphine for medical purposes. The elaborate system of licensing in place in many states of India can make it difficult for health facilities to obtain morphine for medical purposes. In 1998, the Government of India issued simplified regulations for the provision of morphine and requested states to adopt them. Of the 28 states of India, Andhra Pradesh is the fourteenth to have complied with that request. The Board encourages the Government of India to continue to promote the adoption and implementation by states of the simplified regulations so as to improve the availability of morphine in the country.

571. In March 2010, new administrative arrangements were established for allocating quotas for the manufacture of narcotic drugs in India with the aim of promoting the submission of accurate statistics and estimates to the Board. Previously, quotas were allocated to states by the central drug controller and were then distributed to individual manufacturers by the state drug controllers. The decentralized system made it cumbersome to collect from manufacturers data on narcotic drugs that must be submitted to the International Narcotics Control Board. Under the new arrangements, the authority to allocate quotas to

manufacturers and to collect the requisite data has been transferred to the Narcotics Commissioner of India.

572. In June 2010, the Ministry of Social Justice and Empowerment of India launched a new module on drug abuse prevention for out-of-school children aimed at providing guidance to non-governmental organizations working in that area. The module was prepared by the Ministry in collaboration with UNODC as part of a project to develop national programmes for preventing and raising awareness about drug abuse.

573. To devise a comprehensive action plan for combating the drug-related problems, the Government of Maldives organized a conference entitled “Maldives: Towards a Future without Drugs”. The conference, which was held in Male from 15 to 17 August 2009, brought together stakeholders from all segments of society, including legal experts, service providers, law enforcement officers, policymakers, recovering drug abusers and representatives from the private sector and international organizations.

574. In January 2010, the Government of Maldives signed a memorandum of understanding with UNODC on technical cooperation to implement a programme on strengthening the national response to combat drug abuse. The programme, supported financially by the European Union and UNODC, aims to enhance capacity for drug abuse prevention and treatment in Maldives. The Board notes with satisfaction the continued efforts of the Government of Maldives to address the growing problem of drug abuse.

575. In April 2010, a workshop on the development of comprehensive drug abuse prevention programmes in schools was organized in Male in the framework of the Drug Advisory Programme of the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific. Teachers attending the workshop received training on integrating drug abuse prevention and life-skills education into school curricula.

576. Act 1 of 2008 of the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of Sri Lanka came into force in June 2009. The act translates into national law the provisions of the 1988 Convention, to which Sri Lanka became a party in 1991.

577. In June 2010, a campaign to raise young people’s awareness about the dangers of drug abuse was organized in Colombo by the National Dangerous

Drugs Control Board of Sri Lanka in collaboration with the Secretariat of the Colombo Plan. The campaign included a ceremony during which each of the participants pledged to live a life free of drug abuse.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

578. Cannabis plants are illicitly cultivated on a large scale throughout South Asia, contributing to the trafficking in cannabis herb and cannabis resin. In 2009, law enforcement authorities in Bangladesh seized 2.1 tons of cannabis herb. In June 2009, the Government of Bhutan organized an eradication campaign that resulted in the destruction of about 2.5 ha of illicitly cultivated cannabis plants. In the same year, law enforcement authorities of India eradicated 4,883 ha of illicitly cultivated cannabis plants, about three times more than in 2008. In addition, 171 tons of cannabis herb and 3.5 tons of cannabis resin were seized in that country in 2009. In Nepal, the authorities eradicated at least 62 ha of illicitly cultivated cannabis plants and seized 16 tons of cannabis in 2009. The Government of Sri Lanka reported that in 2009 the total area under illicit cannabis plant cultivation was about 500 ha and that about 8.6 tons of cannabis had been seized in the country.

579. Opium poppy is illicitly cultivated in Bangladesh, India and Nepal. Opium poppy eradication campaigns are frequently carried out by the drug law enforcement authorities of those countries. In 2009, such campaigns resulted in the eradication of 2,448 ha of illicitly cultivated opium poppy in India and 35 ha in Nepal. In addition, the seizure of about 1.45 million opium poppy plants was reported by Bangladesh.

580. Trafficking in heroin, morphine and opium continues to pose problems in India, where, in 2009, a total of 1,045 kg of heroin, 42 kg of morphine and 1,732 kg of opium were seized. Furthermore, drug law enforcement authorities reported seizures of more than 4.5 tons of poppy straw. Locally produced low-grade heroin base known as “brown sugar” is abused in India and is also smuggled into other countries in South Asia; higher-grade heroin is smuggled through the region from Afghanistan and Myanmar. Courier and postal services continue to be widely used to smuggle

heroin from India. In 2009, about 21 kg of heroin were seized in Bangladesh, more than 14 kg were seized in Nepal and 34 kg were seized in Sri Lanka.

581. Pharmaceutical preparations containing narcotic drugs and psychotropic substances are widely abused in South Asian countries. India, a country with a large pharmaceutical industry, is the main manufacturer of such preparations, which are smuggled through the porous borders that India shares with neighbouring countries. In Bhutan, authorities continue to make frequent seizures of pharmaceutical preparations containing dextropropoxyphene and codeine originating in India. In 2009, law enforcement authorities in Bangladesh seized 58,875 bottles containing 174 litres of codeine-based syrup, 92 ampoules containing pethidine and morphine and 1,617 tablets containing codeine. In Nepal, seizures of tablets containing codeine have increased in recent years. Factors contributing to the diversion of and trafficking in pharmaceutical preparations in the region include inadequate regulation of manufacturers, lax prescription and dispensing practices, an insufficient number of trained pharmacists, the presence of an unregulated market in some countries and weak border controls.

Psychotropic substances

582. Seizures of pharmaceutical preparations containing buprenorphine have increased significantly in recent years in Bangladesh. In 2009, law enforcement authorities reported the seizure of 18,600 ampoules containing buprenorphine, equivalent to more than 10 times the total quantity seized in 2006 and about 4 times the quantity seized in 2007. The seizure of 4,051 tablets known as “yaba”, containing caffeine and methamphetamine, was also reported in 2009.

583. India is one of the main sources of psychotropic substances sold through illegally operating Internet pharmacies. In 2009, the drug law enforcement authorities of India reported having seized more than 1 kg of alprazolam and about 31,000 tablets of diazepam, phentermine and zolpidem. The tablets were found inside a parcel that was about to be dispatched through courier services. In addition, 5 kg of diazepam destined for London were seized in March 2010 and 2 kg of alprazolam were seized in May 2010.

584. In recent years, law enforcement agencies in India have uncovered several laboratories illicitly manufacturing methamphetamine. In June 2009, the seizure of 28 kg of methamphetamine led to the discovery of facilities used for the illicit manufacture of that substance in the State of Punjab. In January 2010, a methamphetamine laboratory was dismantled in the State of Himachal Pradesh and 18 kg of methamphetamine were seized on the premises. In August 2010, law enforcement agencies discovered two clandestine methamphetamine laboratories in Mumbai, India, and seized large quantities of methamphetamine and its precursors ephedrine and pseudoephedrine on the premises.

585. The total amount of amphetamine seized by law enforcement authorities in India more than doubled between 2008 and 2009, reaching 41 kg in 2009.

Precursor chemicals

586. Seizures of acetic anhydride continue to be made in India. In 2009, about 1,038 litres of that chemical were seized, representing about one third of the amount seized in the previous year.

587. In India, ephedrine and pseudoephedrine, which are used in the illicit manufacture of amphetamine-type stimulants, are either diverted from the licit manufacturing industry or produced illicitly. In November 2009, Indian law enforcement agencies dismantled a laboratory where ephedrine had been illicitly manufactured, seizing 82.5 kg of ephedrine on the premises. In the course of 2009, a total of 1.2 tons of ephedrine were seized in India. In 2009, there were reports of large shipments of ephedrine and pseudoephedrine tablets originating in India that were seized while being smuggled through countries in Central America and South America and that had been destined for Mexico, where methamphetamine is illicitly manufactured on a large scale.

588. Criminal networks are increasingly targeting Bangladesh as a source of pharmaceutical preparations containing pseudoephedrine. Pseudoephedrine from India is formed into tablets in Bangladesh before being sent to countries in Central America and the Caribbean. Examples of large seizures of pseudoephedrine tablets originating in Bangladesh in 2009 include the seizure of more than 2 million tablets in Honduras and the seizure of about 400,000 tablets in the Dominican Republic.

Substances not under international control

589. India has become one of the main sources of ketamine that is smuggled into East and South-East Asia, where there is high demand for the substance among drug abusers. In 2009, more than 1 ton of ketamine was seized in India. Ketamine shipments have been uncovered at several major airports in India, in sea containers and in parcels sent through courier or postal services. The number and size of the ketamine seizures made in India and of the seized shipments of ketamine originating in India have increased significantly in recent years. Two large seizures of ketamine, weighing 300 and 440 kg, were made in India during the last two months of 2009. In December 2009, 147 kg of ketamine were seized at Port Klang, Malaysia, in a sea container originating in India. In January 2010, a shipment of 254 kg of ketamine destined for Taiwan Province of China was seized in Bangalore, India. The Board urges the Government of India to strengthen measures to prevent the smuggling of ketamine from its territory.

5. Abuse and treatment

590. In Bangladesh, treatment services for drug abusers are provided by the Government in four treatment centres and at three institutions operating within the prison system. Buprenorphine, cannabis and heroin are the substances most commonly reported as the main drug of abuse among patients registered in governmental treatment facilities. In 2009, 3,793 patients, only four of whom were women, were treated for drug abuse by the Government.

591. The first national baseline survey of drug abuse in Bhutan was conducted in 2009 by the Bhutan Narcotic Control Agency in collaboration with the Ministry of Health and UNODC. The survey was based on interviews with 991 drug abusers from 14 districts and on questionnaires completed by 20,757 students in 60 schools throughout the country. Among the drug abusers interviewed outside the school setting, the lifetime prevalence rates were 96 per cent for cannabis abuse and 14 per cent for heroin abuse. The lifetime prevalence rates for the abuse of pharmaceutical preparations containing codeine, nitrazepam and dextropropoxyphene were 47 per cent, 34 per cent and 61 per cent, respectively. Of the drug abusers, 11 per cent reported having abused by injection either heroin or heroin in combination with buprenorphine

and dextropropoxyphene. Among students, lifetime prevalence of abuse of cannabis was 9.7 per cent, whereas the prevalence rates for daily abuse of cannabis and pharmaceutical preparations were 0.6 per cent and 0.3 per cent, respectively.

592. In Bhutan, drug abusers can receive detoxification treatment in the psychiatric ward of a major hospital in Thimphu. The Government also operates four drop-in centres for drug and alcohol abusers that provide information about drug abuse, as well as peer-led counselling and referrals to medical facilities. In August 2009, the Government opened a treatment and rehabilitation centre for drug and alcohol dependents in Thimphu, the first of its kind in the country. In addition, guidelines on the operation of treatment and rehabilitation centres and drop-in centres were published by the Government. The Board notes with satisfaction the progress made in providing treatment services for drug abusers in Bhutan.

593. The latest national household survey in India was conducted during 2000 and 2001; more recent information on national prevalence of drug abuse is not available. In 2008, the National Sample Survey Office of India was tasked with undertaking a national survey on drug abuse. The office produced a report on methodology for the national survey in 2009 and initiated pilot surveys in selected states at the beginning of 2010. The Board notes with satisfaction the steps taken by the Government of India towards obtaining up-to-date information about the national prevalence of drug abuse.

594. In India, treatment and rehabilitation services for drug abuse are mainly provided by non-governmental organizations, which operate 376 treatment and rehabilitation centres and 68 counselling and awareness-raising centres nationwide. In 2008 and 2009, about US\$ 5 million were allocated by the Government to support those organizations under the Scheme of Assistance for Prevention of Alcoholism and Substance (Drug) Abuse and for Social Defence Services. In 2009, the Government also published a manual of minimum standards for programmes to provide guidance to organizations funded through the Scheme.

595. In Sri Lanka, cannabis, heroin and opium are the most frequently abused drugs. In 2009, 2,975 patients were admitted for drug abuse treatment: 80 per cent of the patients received treatment at one of four treatment

centres operated by the Government of Sri Lanka, 18 per cent were admitted to treatment programmes operating within the prison system and 2 per cent received treatment through rehabilitation programmes operated by a number of non-governmental organizations.

596. In India, opioid substitution treatment using buprenorphine is currently available to 4,800 drug abusers in 52 centres operated by non-governmental organizations. To increase and harmonize the quality of services provided to drug abusers, the Government has developed guidelines on standard operating procedures for substitution treatment using buprenorphine and an accreditation procedure for facilities providing such treatment to drug abusers. A curriculum for training health professionals in opioid substitution treatment is being developed in cooperation with UNODC.

597. Several countries in South Asia are planning to initiate or expand programmes to provide opioid substitution treatment using methadone. In Bangladesh, a one-year pilot study with 300 patients, conducted in collaboration with UNODC, was initiated in July 2010. In 2009, the Government of India approved a pilot programme to study the efficacy of substitution treatment using methadone that will be implemented in five health facilities across the country in collaboration with UNODC. In Nepal, substitution treatment using methadone is provided by the Government to about 250 drug abusers, and two new centres serving 300 new patients will open in 2010.

West Asia

1. Major developments

598. In West Asia, the total area under illicit opium poppy cultivation, after decreasing in 2008 and 2009, remained stable in 2010 at 123,000 ha, but illicit opium production declined to almost half the quantity reported for 2009. That sharp decline was due to lower yields per hectare, a consequence of a fungus affecting opium poppy plants, frost and drought. The number of Afghan provinces free of opium poppy remained unchanged in 2010. However, as opium prices are rising sharply, there is a risk that Afghan farmers may choose to grow more opium poppy in 2011.

599. In 2010, the Government of Afghanistan, with the support of UNODC, completed a survey of drug use in

Afghanistan and a survey on cannabis production. The 2009 Afghanistan drug use survey found that illicit drug use has increased across the country, with dramatic increases in the abuse of opium, heroin and other opiates. There are nearly 1 million drug abusers among the population of Afghanistan aged 15-64. Compared with the findings of a survey conducted in 2005, opium use increased by 53 per cent, while heroin use increased by 140 per cent. According to the first-ever survey of cannabis in Afghanistan,³⁹ conducted by UNODC in 2009, Afghanistan could be the world's largest producer of cannabis resin ("hashish"). Up to 630,000 adults in Afghanistan, mostly men, use cannabis on a regular basis.

600. The southern Caucasus is increasingly being used as a transit area for consignments of opiates from Afghanistan, and as a result, drug abuse is on the rise in the subregion. Given the long borders that countries of that subregion share with Iran (Islamic Republic of), the Russian Federation and Turkey and their access to the Black Sea and the Caspian Sea, the Board remains concerned that the situation with regard to drug trafficking and abuse in Armenia, Azerbaijan and Georgia may continue to deteriorate unless increased attention is given to information-sharing, more efficient border control, drug demand reduction and regional and national coordination of drug control activities.

601. Various sources indicate that cannabis plants continue to be illicitly cultivated in Iraq and the Bekaa valley of Lebanon, although recent eradication efforts, coupled with campaigns to discourage new cultivation of cannabis plants, have led to positive results in Lebanon. Various reports show an increase in drug abuse and drug-related cases and arrests, mainly involving cannabis, heroin and so-called Captagon tablets, in countries in that area.

602. Although information on trends is limited owing to a lack of appropriate systems for monitoring drug abuse, the drug abuse situation in the Middle East is undoubtedly worsening, and abuse of all kinds of drugs has become a growing problem, as shown by indirect indicators such as HIV and hepatitis C infection rates, which are increasing in the region, particularly among

³⁹ United Nations Office on Drugs and Crime, *Afghanistan Cannabis Survey 2009* (April 2010).

persons who abuse drugs by injection and the prison population.

603. In the Islamic Republic of Iran, the illicit traffic in methamphetamine appears to have reversed direction. In the period 2007-2008, methamphetamine was smuggled into the Islamic Republic of Iran from China and Malaysia; in 2008, methamphetamine was smuggled out of the country to countries such as Indonesia, Japan, Malaysia, New Zealand and Thailand.

604. Non-medical use of prescription drugs, in particular tranquillizers and sleeping tablets, is increasing in some countries in the Middle East. Substances often reported to have been obtained without the required medical prescription include preparations containing methylphenidate, pseudoephedrine, tramadol and benzodiazepines such as diazepam.

605. According to the World Custom Organization, large seizures of khat have been reported in the subregion, in particular in Qatar, where the biggest seizure, amounting to 3 tons, was detected in a road freight consignment arriving from Kuwait.

2. Regional cooperation

606. The main outcome of the London Conference on Afghanistan, held on 28 January 2010, with the participation of more than 70 countries and international organizations, was the call for Afghan ownership and leadership in implementing the strategy in the areas of security, economic development, governance and counter-narcotics. Participants in the conference emphasized, among other things, the links existing between trafficking in narcotic drugs, the insurgency and other criminal activities, including corruption and trafficking in persons. In that connection, participants welcomed the updating of the National Drug Control Strategy by the Government of Afghanistan, the continuation of the "Paris-Moscow" process in countering the illicit production and consumption of and trafficking in narcotic drugs and the elimination of opium poppy crops and illicit drug laboratories and storage facilities, and welcomed the "whole-of-government" approach taken by the Government of Afghanistan in fighting corruption.

607. The special conference on Afghanistan held in Moscow on 27 March 2010, under the auspices of the

Shanghai Cooperation Organization, focused on the impact that the situation in Afghanistan has on neighbouring countries and on identifying ways to jointly confront regional threats such as terrorism, drug trafficking and organized crime. Conference participants included ministers of the States members of the Shanghai Cooperation Organization and representatives of States members of the Group of Eight, Iran (Islamic Republic of), Turkey and Turkmenistan, the United Nations, the Collective Security Treaty Organization (CSTO), the Organization for Security and Cooperation in Europe (OSCE), the European Union and the North Atlantic Treaty Organization (NATO). Participants in the conference recognized that, as a direct result of the inability of the Government of Afghanistan to control its borders, Iran (Islamic Republic of), Pakistan and countries of Central Asia, through which Afghan opiates are predominantly smuggled, face a wide range of problems related to large-scale drug trafficking, such as organized crime, corruption and the highest rates of abuse of opiates in the world.

608. An international forum entitled "Drug Production in Afghanistan: A Challenge to the International Community" was held in Moscow on 9 and 10 June 2010. The President of the Russian Federation opened the forum, which was attended by heads of national drug control and law enforcement agencies, national experts and representatives from international organizations, CSTO, NATO and the Shanghai Cooperation Organization. The forum focused on stepping up the fight against trafficking in drugs from Afghanistan. The President of the Board and the Executive Director of UNODC addressed the forum.

609. The international Kabul Conference held on 20 July 2010 brought together representatives of more than 60 States, including 40 ministers for foreign affairs, and 11 regional and international organizations to discuss Afghanistan's development, governance and stability, deliberate and endorse 15 national priority programmes for socio-economic development and increasingly transfer greater responsibility for the management of funds to the Afghan Administration. The Kabul Conference was the first international meeting on Afghanistan held in the country. Subsequent to the Conference, the Ministry of Counter-Narcotics of Afghanistan is updating the National Drug Control Strategy. The Board supports this Afghanistan-led process, which is aimed at accelerating Afghan

leadership and ownership, strengthening international partnerships and regional cooperation, improving governance in Afghanistan.

610. The Governments of Afghanistan, Iran (Islamic Republic of) and Pakistan are intensifying their regional cooperation through the Triangular Initiative, aimed at joint implementation of the strategic policy outline, developed by UNODC, through projects for joint border cooperation. On 4 August 2010, representatives of the competent authorities of Afghanistan, Iran (Islamic Republic of) and Pakistan met in Tehran for the fourth meeting of senior officials. The topics of discussion included joint and simultaneous operations of the Joint Planning Cell, establishment of border liaison offices and lessons learned from the pilot border liaison offices in Afghanistan, Iran (Islamic Republic of) and Pakistan. Meeting participants examined the current status of cross-border communications, including the results of the fourth cross-border communications expert meeting, held in Tehran on 25 and 26 May 2010.

611. At a meeting in Doha in February 2010, the heads of the drug law enforcement agencies of Iran (Islamic Republic of) and Qatar emphasized the expansion of mutual cooperation in fighting drug trafficking. Both sides expressed their readiness to continue and deepen cooperation between the two countries at the expert level and to exchange intelligence.

612. In November 2009, the Governments of Afghanistan and Pakistan met in Kabul to review progress made under the Dubai Process, an initiative facilitated by the Government of Canada and aimed at increasing cooperation between Afghanistan and Pakistan in key areas including counter-narcotics. The discussion focused mainly on activities related to border liaison offices, precursor chemicals, treatment for drug abuse, community engagement, joint operations and equipment and training. In April 2010, at a follow-up session of the Dubai Process, the Governments of Afghanistan and Pakistan reviewed the status of the modernization of key border crossing points as part of the development of a comprehensive border management strategy.

613. Governments of countries in Central Asia are increasing their bilateral and multilateral cooperation in areas such as the 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 been participating in various regional projects and international operations under the auspices of the Commonwealth of Independent States, CSTO, the Shanghai Cooperation Organization and the States signatories of the 1996 Memorandum of Understanding on Subregional Drug Control Cooperation (Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan). Similarly, an increasing number of joint programmes are being implemented and supported by the United Nations, the European Union, OSCE, the World Bank, the World Customs Organization, INTERPOL, the Paris Pact Policy Consultative Group, the NATO-Russia Council, mini-Dublin groups and individual Governments.

614. Following the entry into force of the framework agreement on the establishment of the Central Asian Regional Information and Coordination Centre (CARICC), in 2010, Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan continued their cooperation in countering trafficking in narcotic drugs, psychotropic substances and precursors. The Board encourages the Governments involved to further enhance their joint activities and to include 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 operations, promoting training and carrying out other efforts to reduce illicit drug supply in West Asia.

615. A meeting organized within the framework of the second phase of the UNODC operation called Targeted Anti-trafficking Regional Communication, Expertise and Training (Operation TARCET) was held in Almaty, Kazakhstan, on 30 and 31 March 2010. The meeting was hosted by CARICC. The main objectives of the second phase of the operation (TARCET II) were to reveal and dismantle channels for the smuggling of precursors to Afghanistan. During the operation, the competent authorities of Afghanistan, Kazakhstan, Kyrgyzstan and Pakistan and the International Security Assistance Force in Afghanistan seized more than 440 tons of precursors under international control.

616. The exchange of operational information is essential for the successful apprehension of members of drug trafficking organizations, and joint measures taken by the Governments of countries in West Asia to

combat drug trafficking have continued to produce good results. In 2009, there were numerous meetings and joint operations with Turkey and other countries in the region such as Iran (Islamic Republic of) and the Syrian Arab Republic, as well as with European countries such as Bulgaria, Germany and the Netherlands.

617. The Governments of 18 Arab countries are working with UNODC on the development and implementation of a regional programme framework to address problems related to drugs and crime for the period 2011-2015. The programme was reviewed at a regional expert group meeting held in Egypt in April 2010, organized jointly with the League of Arab States and the Government of Egypt. The main objectives of the programme are countering trafficking, organized crime and terrorism; promoting integrity and strengthening justice systems; and drug abuse prevention and health. The regional programme will be presented to the Ministerial Council of the League of Arab States at the end of 2010 for adoption.

618. A regional forum for 16 countries of the Middle East and North Africa, hosted by the United Arab Emirates, was held in Dubai in June 2010. The main objective of the forum was to enhance cooperation among law enforcement agencies and treatment centres in the region. At the meeting, participants adopted a set of recommendations, shared with the Council of Arab Ministers of the Interior, and highlighted the importance of the establishment and implementation of shared training programmes for law enforcement officers, in the areas of border control, sharing of intelligence and controlled deliveries.

619. Enhanced cooperation in the form of meetings and the exchange of information and involving countries such as Jordan, Saudi Arabia, the Syrian Arab Republic and Turkey has proved effective, resulting in significant drug seizures in 2009. Joint operations involving Iran (Islamic Republic of) and Turkey have led to important seizures of heroin. In a similar fashion, cooperation between the Syrian Arab Republic and Turkey has proved effective in countering trafficking in cannabis originating in the Syrian Arab Republic. Controlled deliveries involving Jordanian authorities and their counterparts in Saudi Arabia and the Syrian Arab Republic have resulted in significant drug seizures.

620. At its twenty-seventh session, held in Tunisia in March 2010, the Council of Arab Ministers of the Interior approved phased plans for the implementation of joint strategies to fight illicit drug use, terrorism, corruption, money-laundering, cybercrime and transnational organized crime. The Council recognized the threat posed to the region by drug trafficking and organized crime and reaffirmed the necessity of unifying their efforts and the need to develop security techniques and enhance regional and international cooperation.

621. The Board notes with appreciation the establishment in Doha by the Cooperation Council for the Arab States of the Gulf of a criminal information centre for combating drug-related problems. The centre, which will be opened by the end of 2010, is to reinforce the concerted efforts of member States of the Cooperation Council to support work in areas such as preventing the spread of drug abuse.

3. National legislation, policy and action

622. The Government of Pakistan has approved a new drug control policy for 2010 in an effort to re-energize existing drug law enforcement institutions. The new policy seeks to promote international cooperation and regional partnership in tackling drug-related problems and emphasizes the need to control the problem at the source, in countries where opium poppy is grown. The strategy states that socio-economic factors should be taken into consideration and be addressed through rapid industrialization and the establishment of alternative development projects in areas where opium poppy is grown. The new policy aims to strengthen law enforcement agencies and streamline their activities and, at the same time, to enhance drug demand reduction and prevention efforts through education and community mobilization campaigns. The new policy also envisages the development of systems to provide effective and accessible treatment and rehabilitation for drug abusers and the conduct of a survey to determine the prevalence of drug abuse in the country.

623. In 2009, the Government of Jordan enacted a new regulation on prescriptions and records for narcotic drugs, psychotropic substances and preparations containing controlled substances that are used in hospitals and specialized clinics. Similar administrative measures were taken in Bahrain. The authorities of Bahrain established drug control offices in various

parts of the country, enhanced collaboration with drug law enforcement agencies of Arab countries through joint training sessions held within national structures. At the national level, the authorities organized various exhibitions and lectures in order to raise public awareness of the danger of drug abuse.

624. In Iraq, the Ministry of Health has established a national drug control committee, headed by the Minister of Health, which will act as a coordinating body for drug control activities carried out by the ministries of the interior, education, justice and labour. A database will be established for collection of information from health institutions. Drug control legislation prepared by the Ministry of Health is in the process of adoption by the Parliament. The Board welcomes those positive developments in drug control in Iraq and encourages the Government to take further steps to ensure that a national drug control strategy is developed and implemented as soon as possible.

625. Ten years ago, the Board, having determined that Afghanistan had become by far the world's largest illicit producer of opium and that that situation seriously endangered the aims of the 1961 Convention, invoked article 14 of that Convention with respect to Afghanistan, calling the attention of the States parties to the 1961 Convention, the Economic and Social Council and the Commission on Narcotic Drugs to the grave situation in Afghanistan. The Board stresses that limited progress has been made in the past decade in eliminating the impact of Afghan opium. Effective action to counter the threat posed by Afghan opium and to support the Government of Afghanistan requires close regional cooperation and a coalition of all forces at the national, regional and international levels. The Board recognizes that addressing the serious situation in Afghanistan should not be the burden of the Government of Afghanistan alone: it should be a shared responsibility, and it requires the full support and cooperative action of the international community.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

626. According to the *Afghanistan Opium Survey 2010: Summary Findings*, published by UNODC in September 2010, the illicit cultivation of opium poppy in Afghanistan in 2010 remained at the same level as in 2009. However, in 2010, the spread of a disease that

affected opium poppy plants in the main growing provinces resulted in the yield per hectare declining sharply, by 48 per cent compared with 2009, and illicit opium production decreasing to 3,600 tons, slightly more than half the quantity reported for 2009.

627. Almost all of the illicit opium poppy cultivation in Afghanistan remained concentrated in the southern and western parts of the country. Helmand remained the province with the largest area under illicit opium poppy cultivation in 2010, accounting for 53 per cent of the total area under such cultivation; it was followed by Kandahar (21 per cent). The number of provinces free of opium poppy in 2010 was the same as in 2009 (20 provinces), and the northern region maintained the poppy-free status it had achieved in 2009.

628. As of March 2010, there was an increase in prices of fresh and dry opium, both at the farm-gate level and at the trader level in Afghanistan. According to UNODC, the national average price for dry opium in Afghanistan at the farm-gate level in September 2010 reached US\$ 207 per kilogram. That represents a marked increase compared with the price in September 2009 (US\$ 78 per kilogram) and the highest price since December 2004.

629. UNODC estimated that at the end of 2009, opium stockpiles in Afghanistan and neighbouring countries totalled some 12,000 tons, equivalent to 2.5 years of global illicit demand for opiates. The fact that illicit opium production decreased significantly in 2010 does not mean that illicit heroin manufacture will also fall by any significant amount, as there are sufficient stocks of opium available.

630. There remains a strong link between security conditions and illicit opium poppy cultivation in the southern provinces of Afghanistan. Information collected by UNODC indicates that the overwhelming majority of villages with poor security are involved in such cultivation. Drug traffickers and other criminal groups encourage villagers to grow opium poppy, ensuring the protection of their opium poppy fields and, in some cases, using threats and intimidation to force the villagers to engage in illicit opium poppy cultivation.

631. Information released by UNODC in August 2010 indicates that 2,316 ha of illicitly cultivated opium poppy were eradicated in Afghanistan through the Governor-led opium poppy eradication campaign, an

area 57 per cent less than the area eradicated in 2009 (5,351 ha) and 88 per cent less than the peak reached in 2007 (19,510 ha). Although the greatest area of illicitly cultivated opium poppy eradicated in 2010 was that reported for Helmand (1,602 ha, or 69 per cent of the total area), that amount is miniscule compared with the total area under illicit opium poppy cultivation in that province (65,045 ha).

632. Afghanistan has emerged as one of the main countries in which cannabis plants are illicitly cultivated, as evidenced by the outcome of the first ever cannabis survey in Afghanistan. Illicit cultivation of cannabis plant takes place on a large scale in 17 of the 34 provinces in Afghanistan, and the area under such cultivation is estimated at 10,000-24,000 ha, indicating a production capacity of between 1,500 and 3,500 tons of cannabis resin per year. The extremely high yield of cannabis resin in Afghanistan (about 145 kg per hectare) is more than three times the yield in Morocco (40 kg per hectare). In 2009, 67 per cent of farmers growing cannabis plants also grew opium poppy.

633. The campaign against drug trafficking in Afghanistan was much more successful than the illicit crop eradication campaigns in the country. From April 2009 to March 2010, the law enforcement authorities of Afghanistan reported 397 cases of drug trafficking and seized 2.5 tons of heroin, over 7.5 tons of morphine, more than 59 tons of opium, more than 23 tons of cannabis resin, more than 417.5 tons of solid precursor chemicals and almost 40,000 litres of liquid precursor chemicals.

634. The Board once again urges the Government of Afghanistan, as well as the international community, to take effective measures to eradicate illicit opium poppy cultivation and ensure that opium poppy growers are provided with legitimate livelihoods that are sustainable. The Board wishes to emphasize that eradication of illicit opium poppy cultivation in Afghanistan will require a sustained effort.

635. Afghan opiates are smuggled predominantly through Iran (Islamic Republic of), Pakistan and countries in Central Asia. Those countries are faced with a wide range of problems related to large-scale drug trafficking, such as organized crime, corruption and relatively high illicit demand for opiates.

636. In the Islamic Republic of Iran, there is no significant illicit cultivation of opium poppy. However, as the route through the Islamic Republic of Iran is one of the shortest routes for smuggling Afghan opiates into European countries, it remains the main route used by drug traffickers; an estimated 140 tons of Afghan heroin is smuggled through the country each year. Accordingly the Islamic Republic of Iran continues to be the country in which more opiates are seized than in any other country in the world. In 2009, the seizures of opium (579 tons), heroin (23.4 tons) and morphine (16.1 tons) represented increases of 300 per cent, 113 per cent and 60 per cent compared with 2008.

637. Pakistan continues to be used by drug traffickers as a major transit area for shipments of Afghan opiates. According to UNODC estimates, up to 40 per cent of the opium produced in Afghanistan transits or is abused in Pakistan. From 2007 to 2009, that amounted to roughly 8,800 tons of opium or its equivalent when refined into morphine and heroin.

638. In Pakistan, Government data for 2009 show a decrease in the amount of opium seized (from 28 to 25 tons) and the amount of morphine seized (from 7 to 2 tons), compared with the data for 2008. The amount of seized heroin increased marginally, from 1.9 to 2 tons, whereas the amount of seized cannabis increased sharply by 52 per cent, from 134.6 tons in 2008 to 204.5 tons in 2009.

639. Illicit cultivation of opium poppy continues to take place on a small scale in several countries in Central Asia and the southern Caucasus. The illicitly produced opium is mostly used locally, though a relatively small portion of it is smuggled into the Russian Federation.

640. Trafficking in narcotic drugs along the northern route, through Central Asia, persists: it is estimated that up to 25 per cent of Afghan opiates passed through Central Asia in 2009. However, drug seizures in the subregion have followed a significant downward trend. In 2009, the total amount of drugs seized in the Central Asian countries of Kazakhstan, Kyrgyzstan and Tajikistan and in Azerbaijan decreased by 13.4 per cent, from 49.9 tons in 2008 to 43.2 tons in 2009. In particular, the amount of seized heroin decreased by 34.4 per cent, from 3.7 tons in 2008 to 2.4 tons in 2009.

641. This downward trend appears to have continued in 2010. In the first three months of 2010, the total amount of heroin seized in Central Asia decreased by 26 per cent compared with the same period in 2009 (from 897 to 662.5 kg). The amount of seized heroin decreased in Kazakhstan by 60 per cent, in Kyrgyzstan by 64 per cent and in Uzbekistan by 60 per cent. Only Tajikistan reported an increase in seizures of heroin, of 33 per cent, from 266 kg to 353 kg.

642. Compared with 2008, there was a decrease of 54 per cent in the amount of heroin seized in Kazakhstan (from 1.6 tons to 731 kg) and 31 per cent decrease in Tajikistan (from 1.6 tons to 1.1 tons), although those two countries still accounted for 76 per cent of the total amount of heroin seized in Central Asia. The amount of heroin seized in Kyrgyzstan increased by 14 per cent (from 299 kg to 341 kg) and Azerbaijan by 63 per cent (from 144 kg to 235 kg).

643. The total amount of opiates seized in Central Asia and Azerbaijan decreased by 27 per cent, from almost 6 tons in 2008 to 4.4 tons in 2009.

644. According to official reports, the law enforcement authorities of Tajikistan seized 2 tons of drugs in the first six months of 2010, nearly a third less than the amount seized in the same period of 2009. Heroin accounted for more than a quarter of the drugs seized (540 kg). Damage to the opium poppy crop caused by a fungus was one of the main reasons for the decline.

645. The unstable political situation, mountainous landscape and weak border controls, exacerbated by conflicts that exist in some parts of the southern Caucasus, contribute to the spread of all kinds of criminal activities, such as illegal immigration, illicit drug crop cultivation, trafficking and money-laundering.

646. A total of 811 drug-related crime cases linked to the illicit distribution of narcotic drugs, psychotropic substances and precursors were registered in Armenia in the first half of 2010, a 50-per-cent increase over the same period in 2009.

647. The Middle East, including the Arabian Peninsula, is mainly used as a transit area for smuggling heroin from Afghanistan into Arab countries. Cocaine originating in South America reaches the subregion through Europe.

648. Cannabis remains the most widely abused drug in the Middle East, including the Arabian Peninsula, where the cannabis plant is illicitly cultivated in many countries, such as Iran (Islamic Republic of), Iraq, Lebanon, the Syrian Arab Republic and Turkey. In Turkey, 25 per cent more cannabis was seized in 2009 than in 2008, and some of that cannabis may have originated in rural areas of the country.

649. The illicit drug most seized in Jordan, by amount, is cannabis, followed by heroin and Captagon tablets. There has recently been an increase in the number of cocaine shipments seized in Jordan after having transited Europe; the shipments had been destined for Israel and Lebanon.

650. According to the World Customs Organization, a total of 3 tons of cannabis resin were seized in the Middle East in 2009. In Yemen, the largest single seizure of cannabis resin amounted to 2.4 kg and was concealed in a seafreight shipment from Pakistan. Cannabis resin seized in Kuwait originated in Iraq. The Lebanese customs authorities uncovered at a seaport 85 kg of cannabis resin that had been destined for the Netherlands.

651. Although the number of heroin seizures remained stable in the Middle East, there was an increase in the quantity seized. The two largest seizures of heroin in the subregion in 2009 were reported in Jordan (70 kg) and Bahrain (34 kg). The heroin shipment seized in Jordan had arrived from the Syrian Arab Republic by road and had been destined for Saudi Arabia. The heroin shipment seized in Bahrain had departed from the United Arab Emirates and had transited Saudi Arabia.

652. Heroin from Afghanistan continues to be smuggled into European countries via the Balkan, northern Black Sea and Eastern European routes. Seizures of opiates originating in Afghanistan have been reported by the law enforcement agencies of Turkey. In Turkey, nearly 98 per cent of the opium seizures take place in provinces bordering the Islamic Republic of Iran or in the city of Istanbul. The amount of heroin seized in Turkey increased to 15.4 tons in 2008.

Psychotropic substances

653. In the Islamic Republic of Iran, the abuse of amphetamine-type stimulants has grown dramatically

and has led to some major drug trafficking. The amount of seized amphetamine-type stimulants reached 2.4 tons in 2009, an increase of 60 per cent over the previous year.

654. Trafficking in and abuse of amphetamine-type stimulants in the Middle East continue to increase. Reports indicate that laboratories illicitly manufacturing Captagon tablets have continued to be dismantled in the subregion, in particular in Saudi Arabia and the Syrian Arab Republic. The Middle East is the subregion in which the largest amount of amphetamine-type stimulants is seized.

655. Reports of amphetamine seizures in countries in the Middle East continue to refer predominantly to tablets sold as Captagon. Although it is not always clear which psychoactive ingredients are contained in such tablets, reports suggest that the main component is amphetamine smuggled from South-Eastern Europe and that such tablets frequently contain caffeine. Analysis of Captagon tablets seized in Iraq confirmed that they contained between 7 and 20 milligrams of amphetamine and other ingredients such as caffeine and theophylline and not fenetylline.

656. In addition to opiates, cannabis and cocaine, synthetic drugs, including pharmaceutical preparations, in particular tablets containing amphetamine sold as Captagon, are reported to be readily available in Iraq. Synthetic drugs are illegally exported to the country by mixing them among consignments of licit pharmaceutical products.

657. Captagon tablets containing amphetamine that are illicitly manufactured in laboratories in the Syrian Arab Republic and Turkey are smuggled into Saudi Arabia, the largest illicit market for Captagon, and Iraq. In 2009, a laboratory illicitly producing Captagon tablets from amphetamine was discovered in Istanbul, Turkey. In the operation, more than 2 million Captagon tablets and the tableting press were seized, as reported by Government sources.

658. Saudi Arabian customs authorities detected more than 13 tons of amphetamine in 2009; the largest seizure (2.5 tons) took place at the border with Jordan. Most of the amphetamine seized in Saudi Arabia had been sent from Jordan; the Syrian Arab Republic and Egypt, in descending order, were also important source countries.

659. According to INTERPOL, in 2009, there was a significant increase in seizures of methamphetamine (in crystalline and liquid form) with links to the Islamic Republic of Iran. In 12 cases, the seized methamphetamine had originated in the Islamic Republic of Iran; however, some countries in the region, such as Qatar, Turkey and the United Arab Emirates, were frequently used as countries of departure or transit countries. Indonesia, Japan, Malaysia, New Zealand and Thailand were identified as countries of destination.

660. The non-medical use of prescription drugs, as well as psychoactive substances not under international control, in particular tranquillizers and sleeping tablets, is increasing in some countries in the Middle East. In Israel, according to the 2009 national survey on illegal use of drugs and alcohol, substances obtained without medical prescription include preparations containing diazepam, methylphenidate and pseudoephedrine. There is also increased abuse of cathinone ("hagigat") tablets, in particular among students. In Kuwait, abuse of preparations containing tramadol is increasing.

Precursors

661. The smuggling of acetic anhydride through West Asia continued in 2009 and 2010. During 2010, authorities in China and Spain suspended suspicious shipments of large quantities of acetic anhydride destined for Iraq. In addition, between September 2009 and May 2010, authorities in the Islamic Republic of Iran seized three shipments with a total of 380 litres of acetic anhydride originating in northern Iraq. Furthermore, countries in West Asia, such as Pakistan and the United Arab Emirates, have been used as transit areas for shipments of acetic anhydride originating in China and the Republic of Korea and en route to Afghanistan.

662. Shipments of ephedrine and pseudoephedrine destined for countries in West Asia were seized or stopped during the period 2009-2010. The authorities of Canada and India stopped large shipments of ephedrine and pseudoephedrine, both in the form of raw materials and pharmaceutical preparations, destined for Iraq, Jordan and the United Arab Emirates. In addition, in 2009, there was an increase in seizures of methamphetamine with links to the Islamic Republic of Iran. In view of the high annual licit requirements for pseudoephedrine (55,000 kg) reported by the

authorities of the Islamic Republic of Iran, the Board urges the Government to remain vigilant and apply adequate controls to prevent the diversion of ephedrine and pseudoephedrine, precursors used in the illicit manufacture of methamphetamine, from licit channels.

663. Another concern of the Board is the legitimacy of large shipments of P-2-P into Jordan and the Syrian Arab Republic. Some of those shipments were claimed to be re-exported to Iraq. P-2-P, a precursor of amphetamine, might have been used in the illicit manufacture of amphetamine-type stimulants.

664. In September 2009, the Turkish police seized three clandestine drug laboratories and a storage facility containing several tons of precursor chemicals and drugs, including 400 kg of amphetamine and 600 kg of P-2-P, as well as 5 tons of *alpha*-phenylacetonitrile, a precursor of P-2-P. According to police authorities, the material found could have been used to manufacture more than 200 million amphetamine-type-stimulant tablets, which were probably intended for countries in the Middle East, the main illicit market for such tablets.

5. Abuse and treatment

665. According to *Drug Use in Afghanistan: 2009 Survey; Executive Summary*, prepared by UNODC, there are nearly 1 million problem drug users in Afghanistan aged 15-64. Compared to the findings of a previous survey conducted in 2005, opium use increased by 53 per cent, while heroin use increased by a staggering 140 per cent. Reportedly, no more than 11 per cent of drug abusers awaiting treatment (86,000 individuals) had received any form of treatment or intervention, as there remains an enormous treatment gap, with a capacity of only 10,500 treatment places per year for the 780,000 drug abusers awaiting treatment. Drug addiction is harming health and welfare among the population of Afghanistan, and much greater resources are thus required for the prevention and treatment of drug abuse as part of mainstream health-care and development programmes.

666. Drug dependency in Afghanistan, notably dependency on opiates such as heroin and opioid analgesics, continues to increase. Easy access to cheap drugs and limited access to drug abuse treatment, combined with the effects of three decades of war-related trauma, have resulted in problematic drug use

among almost 1 million Afghans, roughly 8 per cent of the population aged 15-64 years. The effects of that high rate of abuse — twice the global average — are debilitating, not only for those affected but also for their families, communities and the country as a whole.

667. The abuse of opiates continues to pose a major problem in countries neighbouring Afghanistan and even in countries near Afghanistan. Nearly all those countries have high rates of drug abuse. The Islamic Republic of Iran, for example, has the world's highest rate for abuse of opiates: an estimated 2.8 per cent of the population aged 15-64 in 2007. Pakistan also has a high abuse rate for opiates: the estimated rate of drug abuse among the population aged 15-64 in 2009 was 0.7 per cent. Many countries in Central Asia have similar levels of drug abuse, with heroin having replaced cannabis and opium as the main drug of abuse. In Central Asia, the incidence of heroin dependence among registered drug abusers ranges from 50 to 80 per cent, the highest rates being recorded in Tajikistan and Uzbekistan.

668. As of April 2010, the number of officially registered drug addicts in Kazakhstan stood at 50,506 persons, which represents the highest prevalence rate in Central Asia — 323 per 100,000 individuals (or 0.5 per cent of the adult population). A total of 9,730 persons in Kyrgyzstan (or 0.3 per cent of the adult population) were officially registered as drug abusers in 2010. The number of persons abusing drugs is increasing in Tajikistan as well; according to official statistics, in 2009, there were 8,018 registered drug abusers in the country (or 0.2 per cent of the adult population), of which 81 per cent were abusing heroin. In Uzbekistan, 20,832 persons (or 0.1 per cent of the adult population) were officially registered as drug addicts in 2009; however, according to a UNODC assessment study, 80,000 persons in the country abuse heroin by injection.

669. There are no estimates of the prevalence of drug abuse in countries in the Middle East and in the Gulf States owing to the lack of proper monitoring systems. Lack of adequate resources makes information on the extent and patterns of and trends in drug abuse in the region very limited, which hampers the tailoring of the response to the drug problem. The Board encourages the Governments of those countries to conduct comprehensive surveys and rapid assessments of the

drug abuse situation and to take effective measures in the area of demand reduction.

670. According to the 2009 in-depth survey of new referrals (male) to the addiction unit of the psychological medicine hospital in Kuwait in 2009, the number of new referrals to the unit was greater than in 2008. The proportion of new cases of polydrug users is high (74 per cent). Abuse of amphetamines remains high, while cocaine abuse is very low. Substance abuse such as tramadol has increased.

671. For patients treated at the national centre for rehabilitation in Amman, the primary substance of abuse was alcohol, followed by benzodiazepines, opioids and cannabis. Abuse of Captagon and other stimulants is increasing.

672. Lebanese authorities reported that in 2009, 70 per cent of drug abusers injected drugs. According to national estimates, the majority of drug abusers are polydrug abusers. Among the 1,022 people in treatment (detoxification and rehabilitation), 10 per cent are female, and the most prevalent drugs of abuse continued to be, in descending order, cannabis, heroin, cocaine, benzodiazepines and amphetamine, according to Government sources.

673. With the support of UNODC and other international agencies, the Ministry of Health of Lebanon is launching an opioid substitution therapy programme.

674. According to a 2008 national survey, among 10 provinces in Iraq, a total of 1,462 drug addicts received treatment (52 females and 1,410 males), with the largest proportion in Baghdad (468 individuals).

675. Drug abuse by injection is increasing in many countries in West Asia, contributing to a growing HIV problem. Drug abuse by injection is one of the main driving forces behind the spread of HIV in Kazakhstan and Uzbekistan, the two countries in the region in which the virus has spread the fastest. Up to 54 per cent of all HIV cases in Tajikistan are related to drug abuse. The same phenomenon has been noted in Pakistan and countries in the southern Caucasus.

676. In 2010, with the support of the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNODC and WHO, the Government of Afghanistan scaled up its HIV-prevention efforts, which include the

provision of methadone maintenance therapy, training on health and social services for drug abusers in Kabul.

D. Europe

1. Major developments

677. According to EMCDDA and UNODC, the level of cannabis abuse in Europe is moving into a period of stabilization and even, in some cases, decline. Austria, Bosnia and Herzegovina, Finland, France, Italy, Romania, Spain and Sweden have all reported a decrease in the prevalence of cannabis abuse; the United Kingdom, too, has reported a significant decline over the past few years. Surveys of students conducted in 2008 in Belgium, Italy, Spain, Sweden and the United Kingdom indicate that lifetime prevalence of cannabis abuse was either comparable to or lower than that reported in 2007.

678. Trafficking in cannabis herb remains at a significant level in Europe. Cannabis herb is produced in considerable amounts in the Netherlands and in a number of other Western European countries. Most of the cannabis herb abused in Central Europe and Eastern Europe is produced in Albania, Bulgaria, Montenegro, the Republic of Moldova, Serbia, the former Yugoslav Republic of Macedonia and Ukraine. The cannabis resin abused in Europe originates, in great part, in Morocco. Cannabis resin produced in Morocco is smuggled, mainly by boat, into the Iberian peninsula, and from there it is transported by freight or passenger vehicle to other countries in Western Europe. A particularly noteworthy development is the increase in illicit cultivation of cannabis plant in Europe, especially indoors and on a large scale.

679. Cocaine is smuggled into Europe by air and by sea. Multi-ton shipments of cocaine are transported by sea from Argentina, Brazil, Chile, Colombia, Ecuador, Suriname and Venezuela (Bolivarian Republic of) and dropped off mainly near the coasts of Portugal, Spain and other countries. Although most consignments of cocaine are bound for Western Europe, in recent years authorities have made substantial seizures of cocaine, usually concealed in containers, at major seaports in the Balkans.

680. The abuse of cocaine is spreading from Western Europe to other parts of Europe. In some countries, the abuse of cocaine may be replacing the abuse of

amphetamine and MDMA (“ecstasy”); for instance, in Denmark, Spain and the United Kingdom, increases in the level of cocaine abuse co-occurred with decreases in the level of amphetamine abuse. It is estimated that the number of cocaine abusers in Western Europe and Central Europe doubled from 2 million in 1998 to 4.1 million in 2008, with the combined cocaine consumption of those two subregions accounting for a quarter of global cocaine consumption.

681. The illicit market for opiates in Europe is the largest in the world. The abuse of opiates has reportedly been increasing in several Eastern European countries, particularly in Albania, Belarus, Croatia, the Republic of Moldova and countries along the Balkan route. The Russian Federation remains the European country with the highest number of people who abuse opioids. According to UNODC, there are between 1.6 million and 1.8 million opioid abusers in the Russian Federation, which is equivalent to 1.6 per cent of the overall population aged 15-64.

682. Almost all the heroin available on illicit drug markets in Europe originates in Afghanistan. Heroin originating in Afghanistan arrives mostly via the Balkan route, which runs from Turkey to either Bulgaria or Greece and from there to Albania or Serbia. In addition, heroin continues to be trafficked along the so-called “silk route”, through Central Asia into the Russian Federation, to be sold on the illicit market in that country or, to a lesser extent, smuggled into Western European countries.

683. Europe has seen an increase in the variety of drugs being abused, which include a growing range of substances not under international control. The use of the Internet to market drugs and the capacity of the illicit drug market to adapt swiftly to changes in the legal status of psychoactive substances have played a major role in the region. Also of significance is the increase in the use of the Internet to sell seeds of cannabis plants with a high THC level, in particular seeds to be used to illicitly cultivate cannabis plants indoors.

2. Regional cooperation

684. In 2009, the European Union and China signed a new agreement to enhance precursor control and coordination, and China announced tighter controls on the manufacture of 3,4-MDP-2-P, the precursor

chemical most commonly used in Europe in the illicit manufacture of MDMA.

685. Also in 2009, two phases of the operation Channel 2009 were conducted by CSTO and the Federal Drug Control Service of the Russian Federation, with the participation of Armenia, Belarus, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. Several European Union member States also participated in the operation, including Bulgaria, Estonia, Germany, Latvia, Lithuania, Poland, Romania and Spain. In September 2009, representatives of law enforcement agencies of Turkey and Venezuela (Bolivarian Republic of) took part, for the first time, in the operation (first phase).

686. The goal of the operation was to build a system of enhanced collective security to prevent trafficking in drugs from Afghanistan and the entry of precursor chemicals into Central Asian countries and Afghanistan. More than 139,000 officers from various drug control agencies of CSTO member States were involved in the operation. The joint operation resulted in the seizure of over 28 tons of drugs, including more than 790 kg of heroin, 799 kg of cocaine, 14 tons of cannabis herb and 4.5 tons of cannabis resin. In addition, over 12 tons of other opiates of Afghan origin were seized; that amount exceeded the quantity seized in previous years.

687. In September 2009, the European Commission conference on bridging the research gap in the field of illicit drugs in the European Union recommended that European Union member States and the scientific community work towards the common goals of enhancing drug-related research and sharing research findings.

688. The European Union and Governments of the region took part in various initiatives addressing the problem of opium originating in Afghanistan. For example, at the London Conference on Afghanistan held in January 2010, the parties agreed to support increased regional cooperation to combat the illicit trade in drugs in and from Afghanistan. In addition, an international forum on the theme “Drug production in Afghanistan: A challenge to the international community” was held in Moscow in June 2010, emphasizing the importance of the role played by the Russian Federation in tackling that problem in the region.

689. At the twelfth High-Level Meeting of the Coordination and Cooperation Mechanism on Drugs between the European Union, Latin America and the Caribbean, held in Madrid in April 2010, participants adopted a political declaration that recognized the importance of coordinating common political positions in the context of international forums such as the Commission on Narcotic Drugs, biregional cooperation in demand and supply reduction efforts, control of precursors and laundering of funds derived from drug trafficking.

690. On the occasion of the sixth summit between Latin America, the Caribbean and the European Union, held in Madrid in May 2010, the Andean Community member States and the European Union confirmed their commitment to give greater political impetus to biregional dialogue to tackle the global issue of drugs as identified and developed in the framework of the Coordination and Cooperation Mechanism on Drugs, in accordance with the principle of shared responsibility. In particular, a commitment was made to strengthen the European Union-Andean Community High-Level Specialized Dialogue on Drugs. The Madrid Action Plan 2010-2012 reflects the priorities established at the summit and includes as a key area the world drug problem. The Board urges the European Union to continue strengthening cooperation with the Andean countries within a framework of shared responsibility.

691. In May 2010, the Mexico-European Union Strategic Partnership announced its Joint Executive Plan. Under the Plan and within the framework of the European Union Regional Strategy for Latin America 2007-2013, the European Union and Mexico intend to explore innovative mechanisms for cooperation that build upon the Cooperation Programme between Latin America and the European Union on Anti-Drugs Policies (COPOLAD) initiative.

692. The second World Forum against Drugs, organized by the World Federation against Drugs, was held in Stockholm in May 2010. The main themes of the Forum were new research on cannabis abuse, the influence of illicit drugs on development and democracy in sub-Saharan Africa, and drug abuse among adults and its influence on children.

693. A European pact to combat international drug trafficking, focusing on cocaine and heroin, was adopted in June 2010 by the Council of the European Union. The pact seeks to disrupt cocaine trafficking

routes by utilizing regional information exchange centres set up in West Africa, together with coordinated action by the European States and institutions along the Atlantic and Mediterranean coasts, as well as by streamlining the provision of technical assistance to source and transit countries.

694. In June 2010, the European Medicines Agency and EMCDDA signed a new working arrangement facilitating the exchange of information on new psychoactive substances and misused medicines.

695. The XVIII International AIDS Conference was held in Vienna in July 2010. Under the slogan "Rights here, right now", the Conference participants emphasized the necessity of protecting the human and civil rights of those living with or most vulnerable to HIV.

696. In September 2010, the seventeenth European Cities against Drugs (ECAD) Mayors' Conference on Drugs was held in Malta. The Conference discussed ways to strengthen, through international cooperation and exchanges, local, national and international efforts to combat the abuse of illicit drugs.

3. National legislation, policy and action

697. In 2009, the Government of Slovakia amended its law governing narcotic drugs and psychotropic substances. The amendments include a list of the entities allowed to possess narcotic drugs and psychotropic substances, provide for action against unauthorized cultivation of cannabis plant or opium poppy and specify the conditions for temporary suspension of a licence in cases where a licence holder is accused of a criminal offence.

698. In December 2009, the Government of Croatia amended its legislation on combating drug abuse. The amendment introduced new requirements in the areas of precursor control and the monitoring of chemical substances, and it shortened the mandatory period for holding seized drugs before they can be destroyed.

699. Also in December 2009, the Government of the Czech Republic stipulated quantity-based limits for the illegal possession of controlled drugs without intent to sell. The limits were introduced as part of a revision of the penal code with effect from 1 January 2010. Under the new law, illegal possession of controlled drugs in quantities less than the defined amount is classified as an administrative offence.

700. Hungary's first national drug control strategy was evaluated in 2009, and a new strategy — the National Strategy for Tackling the Drugs Problem 2010-2018 — was adopted in December of that year. The Strategy is built around the following three pillars: prevention and community interventions; treatment and care; and supply reduction.

701. In December 2009, the Government of Latvia amended its law on the prevention of laundering of the proceeds from crime and the financing of terrorism. The amendment specifies the operations in the area of laundering of proceeds from criminal activities that fall under the investigative competence of the State Control Service.

702. In December 2009 and May 2010, the Russian Federation considered amendments to its Criminal Code aimed at wider use of non-custodial measures for non-serious crimes, including drug-related crimes. Under the amended Russian Criminal Code, an amount of heroin in excess of 2.5 grams is considered an extremely large amount and, in case of possession without intent to sell, such possession is punishable by mandatory imprisonment of 3-10 years.

703. The Government of Lithuania has approved amendments to its Penal Code lengthening prison sentences for the illegal production, acquisition, storage, transportation, sending, selling or any other act involving first-category drugs or precursors of psychoactive substances. A prison sentence of 2-10 years is the punishment foreseen for the illegal production, acquisition, storage, transportation, sending or selling of large quantities of such substances. In 2010, the Lithuanian Psychiatrists Association disseminated a methodology for using methadone to treat opioid dependency, with the aim of assisting psychiatrists in providing evidence-based and quality treatment for opioid-dependent individuals.

704. In 2010, the Government of Luxembourg launched its Strategy and Plan of Action on Drugs and Drug Addiction for 2010-2014. The Plan of Action addresses demand and supply reduction; reduction of risk, harm and nuisance; research; and international coordination.

705. In Germany, following the adoption in 2009 of a law allowing diamorphine-based substitution treatment for addicts meeting strict eligibility requirements, a

joint national board issued guidelines in March 2010 for diamorphine-supported substitution treatment.

706. In May 2010, the Pharmaceutical Society of Ireland issued guidance for pharmacists on the safe supply of non-prescription medicinal products containing codeine. The guidance aims at assisting pharmacists in fulfilling professional and legal responsibilities in the supply of such products and in complying with the Pharmacy Act 2007. Further, the Government of Ireland agreed to fund a network of drug- and alcohol-free cafes providing counselling and health services for young people.

707. As part of its efforts to prevent the abuse of substances to experience “legal highs”, the Government of Ireland in May 2010 placed under control a number of substances not under international control, including *N*-benzylpiperazine (BZP), mephedrone, synthetic cannabinoids, methylone methedrone, butylone, flephedrone, methylenedioxypropylvalerone, GBL and 1,4-butanediol. An additional measure in this direction — the Criminal Justice (Psychoactive Substances) Bill 2010 — will, once enacted, criminalize the sale or supply for human consumption of substances that although not specifically proscribed under the Misuse of Drugs Act have psychoactive effects.

708. In June 2010, the Government of the Russian Federation adopted the State Antidrug Policy Strategy of the Russian Federation for the period 2010-2020. It is the first comprehensive document consolidating the Government's efforts to prevent the spread of drug abuse in the country. The Strategy aims at suppression of the illicit production of and trafficking in drugs, reduction of drug demand by improving the system of prevention and rehabilitation activities and development and strengthening of international cooperation in the area of drug control.

709. Demand for treatment related to cannabis abuse continues to increase in the Netherlands. In September 2010, the Government decided to regulate the so-called “coffee shops”, where the sale, possession and consumption of cannabis is tolerated, and to introduce harsher penalties for importing and exporting drugs, as well as for illicit crop cultivation and drug trafficking. However, the Board wishes to reiterate that the so-called “coffee shops” contravene the international drug control treaties.

710. In October 2010, Belgium introduced random saliva testing of drivers to detect illicit drug use. A driver who tests positive for illicit drug use can be fined or banned from driving or, in the case of reoffenders, sentenced to prison.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

711. Illicit cultivation of cannabis plant is on the rise in Europe. In the United Kingdom, the number of detected illicit cultivation sites of commercial size jumped from 3,032 in the growing period 2007/08 to 6,866 in the growing period 2009/10. In Germany, the increased detection in the growing period 2008/09 of illicit cultivation sites with capacity for at least 1,000 plants pointed to the increasing professionalization of this activity. Austria, too, reported an increase in recent years of illicit cultivation of cannabis plant.

712. In Iceland, seizures of cannabis plants increased dramatically, from 893 plants in 2008 to 11,713 in 2009. Over 1 million cannabis plants illicitly cultivated indoors were eradicated in the Netherlands in 2008, and over 200,000 were eradicated in Belgium in 2009. In November 2009, the Government of Slovakia carried out a special law enforcement operation that resulted in the detection of a site used for illicitly cultivating cannabis plants indoors; a total of 318 plants having a combined weight of over 91 kg were seized in the operation.

713. According to the World Customs Organization, 68 per cent of global cannabis resin seizures by customs authorities in 2009 occurred in Western Europe. In 2009, Spanish customs authorities seized over 27 tons of cannabis resin at sea and on beaches; an estimated 93 per cent of the cannabis resin seized in Spain in 2009 originated in Morocco.

714. As reported by the World Customs Organization, most of the imported cannabis herb seized by customs authorities in Western Europe in 2009 came from Ghana; South Africa was the second largest source. It has been reported that traffickers may be using the East African route to smuggle cannabis from Afghanistan into Italy. The United Kingdom and the Netherlands were the main destination countries for cannabis herb

in Western Europe, representing 83 per cent of the amount seized in the subregion.

715. In the former Yugoslav Republic of Macedonia, illicit cultivation of cannabis plant appears to be on the increase. A major seizure of about 700 kg of locally produced cannabis herb suggests that the illicit cultivation of cannabis plants in that country was significantly higher in 2009 than in previous years, when it was reported that cannabis plants were illicitly cultivated on small plots only. The country is increasingly being used by traffickers as a transit area for cannabis shipments. The amount of cannabis seized in shipments having as their final destination the former Yugoslav Republic of Macedonia increased significantly in 2009, to 404 kg, compared with 157 kg in 2008.

716. The flow of cocaine shipments entering Europe through West Africa declined between 2007 and 2009. According to the World Customs Organization, the amount of cocaine seized in Western Europe after having arrived from or transited through West Africa dropped from 2.4 tons in 2007 to 0.2 tons in 2009. In Western Europe, the amount of cocaine seized by customs authorities fell from 54.9 tons in 2007 to 34.9 tons in 2009. UNODC reported that law enforcement authorities in Europe seized a total of 62.7 tons of cocaine in 2008. Seizures made by the customs authorities in Spain decreased from over 36 tons in 2007 to almost 18 tons in 2009. There was also a significant drop in cocaine seizures in the Netherlands. Between 2008 and 2009, however, cocaine seizures increased both in Germany (by a factor of 1.6) and in Greece (by a factor of about 9).

717. Cocaine seized in Europe originates mainly in Colombia, although Peru and the Plurinational State of Bolivia are increasing in significance as source countries. Cocaine is smuggled into Europe by sea from the Bolivarian Republic of Venezuela, Ecuador and Panama, although Brazil and Suriname are increasingly being used as transit countries. In addition, Europol has identified the “northern route”, leading from the Caribbean via the Azores to the coasts of Portugal and Spain, and the “central route”, leading from South America via Cape Verde or Madeira and the Canary Islands to Europe.

718. The main European points of entry for cocaine are Belgium, the Netherlands, Portugal and Spain: together they accounted for about 70 per cent of all

cocaine seized in Europe in 2008, although they accounted for only 25 per cent of the cocaine consumption in the region. That being said, cocaine trafficking routes are expanding eastward, in particular into the Balkan area. The United Kingdom has also been identified as one of the countries through which cocaine enters the European Union.

719. According to the World Customs Organization, seizures of “crack” cocaine in Western Europe in 2009 were reported mainly in the Netherlands; Suriname was the source country in most of the cases and shipment was mainly by express courier service. The amount of “crack” cocaine seized in Germany decreased from 8.2 kg in 2008 to 4.6 kg in 2009 (44 per cent). In France, 12 kg of “crack” cocaine were seized in 2009.

720. In 2009, the Russian Federation reported to the World Customs Organization 10 seizures of cocaine totalling 101 kg; that was the lowest annual quantity seized during the three-year period ending in 2009. In five of those seizures (totalling 90 kg), which were detected in Saint Petersburg and Novorossiysk, the cocaine had been concealed in sea freight shipments originating in Ecuador. Consignments of cocaine from Ecuador are increasingly being sent to the Russian Federation.

721. According to Europol, the number of nationals of Balkan countries involved in cocaine trafficking has grown in recent years. Albania, in addition to having a historical role in heroin trafficking along the Balkan route, has reportedly been used as a storage area for consignments of cocaine. The greater involvement of organized criminal groups may indicate that the infrastructure established in the Balkan area for smuggling cannabis and opiates (particularly heroin) is now being used for smuggling increasingly larger quantities of cocaine.

722. Seizures of cocaine at seaports in the Balkan area showed an increase in 2009. At the Black Sea port of Constanța, Romania, authorities seized 1.2 tons of cocaine that had been concealed in a shipment of wood loaded at Paranaguá, Brazil. Law enforcement authorities in Varna, Bulgaria, seized 1,020 bottles containing a mixture of cocaine and wine shipped from Santa Cruz de la Sierra, Plurinational State of Bolivia; the pure cocaine content was estimated at 100 kg. In Greece, 450 kg of cocaine concealed in a shipment of scrap metal were seized at Piraeus.

723. An EMCDDA/Europol analysis of the cocaine market, released in April 2010, identified innovative techniques being used to smuggle cocaine, such as incorporating cocaine base or hydrochloride into other materials (e.g. beeswax, plastic and clothing) and then extracting it at special laboratories set up inside European Union borders. According to the analysis, some 40 laboratories for the “secondary extraction” of cocaine were identified and dismantled in European Union member States in 2008. Similar laboratories have been reported in Albania and the Republic of Moldova.

724. Most of the heroin smuggled into Western Europe is transported along the Balkan route from Afghanistan and Pakistan through the Islamic Republic of Iran, Turkey and countries in South-Eastern Europe. The Government of Italy has reported that traffickers may be using the East African route also to smuggle heroin from Afghanistan. The main mode of transport used in smuggling heroin into Western Europe was overland by road or rail, although the World Customs Organization has highlighted the growing significance of air traffic routes in this activity. According to the World Customs Organization, South Africa was the main source of heroin seized in 2009 along air traffic routes in Western Europe.

725. UNODC estimates that about 25 per cent of all the heroin manufactured in Afghanistan is smuggled each year along the northern route, i.e. through Central Asia (Tajikistan, Turkmenistan or Uzbekistan), with a final destination of the Russian Federation. Based on seizures made at border crossings, most of the heroin is transported through Tajikistan and Kyrgyzstan and from there through Kazakhstan into the Russian Federation. The heroin is smuggled mostly overland by road and often in small quantities.

726. According to the World Customs Organization, customs authorities in Eastern European and Central European countries seized a total of 3.5 tons of heroin in 2009, compared with 4.9 tons in 2008. Europol and EMCDDA report that European law enforcement authorities seize between 8 and 15 tons of heroin each year. The main country of destination for the heroin shipments was Germany, followed by Bulgaria, the former Yugoslav Republic of Macedonia, Romania, the Netherlands and Greece. Heroin continues to be smuggled almost exclusively overland in vehicles. Although most of the seized shipments of Afghan

heroin originate in Turkey, in 2009 — for the first time — Iraq and the Syrian Arab Republic were reported to be the countries of departure for such shipments (27 kg and 11 kg respectively).

727. The customs authorities of the Russian Federation seized a total of 510 kg of heroin in 2009, according to the World Customs Organization. The largest single seizure of heroin involved 196 kg and was made at the Yarag-Kazmalyar border crossing. The consignment, which was being transported from Azerbaijan on a truck, had originated in the Islamic Republic of Iran and was bound for Belarus.

728. Western Europe saw a slight decrease in seizures of heroin by customs authorities in the period 2008-2009; an estimated 1.9 tons of heroin were seized in 2009. The largest seizures in 2009 were made in France, Germany, Italy and the United Kingdom. While Sweden reported a decrease in seizures of heroin, increases were reported in Austria, Germany, Greece and Norway.

729. Illicit cultivation of opium poppy occurs to a limited extent in some Eastern European countries. In Ukraine, the Republic of Moldova and the Russian Federation, opium poppy is illicitly produced to supply local markets with poppy straw derivatives.

730. Almost 100 kg of opium were seized in Western Europe in 2009. The main country of departure of the seized opium was the Islamic Republic of Iran, while Germany and Sweden were the main countries of destination.

Psychotropic substances

731. In 2008, Europe accounted for about one third (8.4 tons) of global seizures of amphetamine; that amount was only slightly below the amount seized in 2007 (8.7 tons). Seizures of amphetamines by customs authorities in Western Europe increased from 2.7 tons in 2007 to 3.0 tons in 2009, the main country of departure being the Netherlands. The main countries of destination of amphetamines seized in Western Europe were Denmark, Finland, Germany, Mozambique, Norway, Sweden and the United Kingdom. Increases in amphetamine seizures were reported in Germany and the United Kingdom, while in the Netherlands seizures declined. In 2009, the Estonian authorities reported as an emerging trend the smuggling of amphetamine from the Russian Federation.

732. The number of methamphetamine seizures reported in Europe continued to decrease. In 2009, Sweden and Ukraine reported the largest single seizures of methamphetamine (13 kg each); the shipments were concealed in cars entering from Latvia and Lithuania respectively. In Sweden, 154.3 kg of methamphetamine were seized in 2009, and there was a significant rise in the proportion of seizures identified as originating in Lithuania; it was noted that the drugs that were seized had been manufactured from P-2-P rather than from ephedrine.

733. According to EMCDDA, MDMA (“ecstasy”) is illicitly manufactured mainly in European countries, above all in the Netherlands and Belgium and, to a lesser extent, Germany, Poland and the United Kingdom. UNODC reported in 2009 that the Netherlands was mentioned most frequently (38.5 per cent) as the source country of seized “ecstasy”; it was followed by Belgium (9.5 per cent). For “ecstasy” shipments, the main countries of destination in Western Europe in 2009 were Germany, Malta and Norway. In 2008, Western Europe and Central Europe accounted for 20 per cent of global seizures of “ecstasy”, whereas South-Eastern Europe accounted for only 4 per cent and Eastern Europe for 1.5 per cent. The amount of “ecstasy” seized in Western Europe decreased from 1.1 tons in 2007 to 0.1 tons in 2009. That development was reflected in the amount of “ecstasy” seized in Europe as a whole, which fell from 3 tons in 2007 to 1 ton in 2008.

734. UNODC reported that the availability of MDMA (“ecstasy”) tablets in Europe had declined since 2007, although tablets sold as “ecstasy” increasingly contained greater amounts of substitute psychoactive substances not under international control, including BZP, 1-(3-chlorophenyl)piperazine (*mCPP*) and 1-(3-trifluoromethylphenyl)piperazine. In the European Union, 50 per cent of tablets sold as “ecstasy” in 2008 contained *mCPP*, compared with 10 per cent in 2006. In the United Kingdom, an analysis of “ecstasy” tablets over the period 2006-2009 showed a decrease in MDMA content and an increase in piperazine content.

Precursors

735. In the past few years, European Union member States have become targeted by traffickers in search of acetic anhydride. From 2007 to 2009, seizures of acetic

anhydride in European Union member States totalled 159 tons, accounting for almost 60 per cent of global seizures of the substance. Most of the acetic anhydride seized in those member States had been diverted from licit trade within the European Union. While the European Commission and member States of the European Union seek ways to strengthen control over acetic anhydride, the substance continues to be diverted in the region.

736. Suspicious shipments of ephedrine and pseudoephedrine from South Asia and South-East Asia and destined for Belize, Guatemala and Mexico continue to be trans-shipped in European countries, in particular Germany, the Netherlands, Spain and the United Kingdom. Authorities in European countries have also stopped suspicious shipments of those two substances to Africa.

737. There have been no seizures of 3,4-MDP-2-P in Europe since 2007. The agreement signed by the European Union and China, which has traditionally been a source of 3,4-MDP-2-P, may have contributed to that. An increase in seizures of safrole-rich oil has been reported in Europe and there is concern that that substance could be increasingly used in the illicit manufacture of MDMA (“ecstasy”).

Substances not under international control

738. Mephedrone was recently placed under national control in Austria, Croatia, Denmark, Estonia, France, Germany, Ireland, Romania, the Russian Federation, Sweden and the United Kingdom. In May 2010, the Council of the European Union called for an assessment of the risks arising from the illicit manufacture of, trafficking in and use of mephedrone. According to a joint Europol/EMCDDA report, mephedrone is legally sold in the region, both in bulk and small quantities, through the Internet and at shops specializing in the sale of psychoactive substances (“smart shops”). The number of websites selling mephedrone is thought to have doubled between December 2009 and March 2010.

739. Eleven European Union member States have reported to Europol having seized mephedrone in quantities ranging from 2 g in Italy to 320 g (including a single seizure of 4,400 tablets) in Germany. Over the past two years, seizures of mephedrone in Sweden and the United Kingdom have increased. In the Netherlands, over 130 kg of mephedrone were seized

in 2009 when two tableting sites and four storage locations were raided.

740. Pursuant to a 2008 Council of Europe decision to ban BZP, that substance was recently placed under national control in Austria, Cyprus, Ireland, the Netherlands, Portugal, Spain and the United Kingdom.

741. During 2009, a total of 24 new psychoactive substances, all of them synthetic, were identified through the European early warning system. The substances included 9 synthetic cannabinoids, 5 phenethylamines, 2 tryptamines, 4 synthetic cathinones and 2 substances with medicinal properties.

742. According to the World Customs Organization, 43.4 tons of khat were seized in Western Europe in 2009; that was 6 tons less than in 2008. The Netherlands and the United Kingdom are the hubs for almost all smuggling of khat, which is cultivated and produced primarily in East Africa. Khat shipped to the United Kingdom is generally transported on to Finland and Norway in air passenger baggage or by air mail, while khat shipped to the Netherlands is generally transported by vehicle to Germany and the Scandinavian countries. The main countries of destination for the khat shipments seized in 2009 were Denmark, Finland, Norway and Sweden.

743. In the United Kingdom, naphyrone and its related compounds became class B drugs in July 2010 pursuant to the Misuse of Drugs Act 1971. In Ireland, there was an increase in 2010 in reports of a new drug known as “whack” being sold at drug paraphernalia shops; the drug is reported to contain new cocaine-type substances and is thought to cause psychotic reactions.

5. Abuse and treatment

744. Although cannabis resin remains the most commonly abused drug in Europe, recent years have seen an increase in the abuse of cannabis herb. According to EMCDDA, the average annual prevalence of cannabis abuse stands at 6.8 per cent (or more than 22 million individuals) of the population aged 15-64 living in the European Union. National figures vary, ranging from 0.4 to 14.6 per cent; the European countries with the lowest prevalence rates are Bulgaria, Greece, Malta and Romania, and those with the highest are the Czech Republic, France, Italy and Spain. On average, 22.1 per cent — or more than 74 million European adults — have reported lifetime

prevalence of cannabis abuse, with national estimates situated between 1.5 and 38.6 per cent. The Board notes with concern that 2.0-2.5 per cent of Europeans aged 15-34 abuse cannabis on a daily or near-daily basis and that over 1 per cent of adults in Europe abuse cannabis daily or almost daily.

745. Cocaine remains (after cannabis) the second most-abused illicit drug in Europe, although levels vary greatly between countries. According to EMCDDA, the average annual prevalence of cocaine abuse in the European Union countries stands at 1.2 per cent, or an estimated 4 million people aged 15-64. The European countries with the lowest annual prevalence rates are Romania (0.0), Greece (0.1) and the Czech Republic, Hungary and Poland (0.2 each), while those with the highest rates are Spain (3.1), the United Kingdom (2.4), Italy (2.2) and Ireland (1.7). The annual prevalence of cocaine abuse has increased in recent years in Albania, Cyprus, the Czech Republic, Denmark and Norway. In Italy and Spain, the rate has stabilized in recent years, while in the United Kingdom the prevalence of cocaine abuse among adults decreased over the past year.

746. Western Europe comprises the world's largest illicit market for heroin, with approximately 60 per cent of the total illicit supply of heroin in Europe being accounted for by four countries (United Kingdom, Italy, France and Germany). European countries, including the Russian Federation, account for almost half of the heroin abused worldwide. The annual prevalence of opiate abuse in Europe was about 0.5 per cent in 2008, a level similar to that of previous years. The Russian Federation has the highest level of opiate abuse in Europe (1.6 per cent in 2007). Estonia and the United Kingdom (Scotland only) are reported to have the highest annual prevalence of opiate abuse (1.5 per cent) in Western Europe and Central Europe. While heroin abuse in Western Europe is reported to be decreasing, the number of opioid-related deaths increased in more than half of the countries in the subregion between 2006 and 2007. Heroin abuse was reported to have increased in recent years in the Russian Federation, although a decline was reported for 2009. According to UNODC, the number of heroin abusers in that country is estimated at 1.5 million.

747. Some countries of the region have shown a trend towards stabilization or even a decline in the abuse of

amphetamines and MDMA ("ecstasy"). In the United Kingdom, the annual prevalence of amphetamine abuse among young adults in England and Wales declined from 6.2 per cent in 2000 to 2.4 per cent in 2010. Amphetamine is abused more commonly than methamphetamine in Europe. Recent population surveys indicate that annual prevalence of amphetamine abuse in Europe ranges from 0 to 1.3 per cent. According to EMCDDA, the average annual prevalence of amphetamine abuse among the European Union countries stands at 0.5 per cent of the population aged 15-64, or about 2 million people. The European countries with the highest annual prevalences of amphetamine abuse are Estonia (1.3), Denmark (1.2) and the United Kingdom (1.0). The largest number of amphetamine abusers is found in the age group 15-34, with an estimated 7 million people. The abuse of methamphetamine in the region appears to be limited to the Czech Republic and Slovakia.

748. According to EMCDDA, about 2.5 million European adults, or 0.8 per cent of the population aged 15-64, abused MDMA ("ecstasy") in the past year. "Ecstasy" abuse is common among young adults: 2 million persons, or 1.6 per cent of the persons in the age group 15-34. With an average age of 24 years, abusers of "ecstasy" are among the youngest groups of drug abusers undergoing treatment and often report polydrug abuse involving "ecstasy" in combination with cannabis, cocaine or amphetamines.

749. In the Netherlands and the United Kingdom, there is increasing abuse of GBL, a solvent that is converted in the body to GHB, a substance in Schedule IV of the 1971 Convention that is associated with drug-facilitated sexual assault. To counteract that problem, GBL was placed under national control in the United Kingdom in 2009.

750. In an EMCDDA report released in June 2010, it was found that drug abuse by injection has stabilized or is declining in most European countries. EMCDDA estimated that the average prevalence of drug abuse by injection in the European Union is about 2.5 cases per 1,000 adults. The prevalence of drug abuse by injection is particularly high in Eastern Europe (1.5 per cent).

751. According to the Government of Ukraine, more than 4,000 patients received treatment in 2009 through the substitution therapy programmes in that country. The primary goal of those programmes is to expand

access to antiretroviral therapy treatment among injecting drug abusers who are HIV-positive.

752. The number of people undergoing treatment for drug abuse and reporting heroin to be the primary drug of abuse increased in 19 European countries between 2002 and 2007. The primary drug of abuse identified by people undergoing such treatment was opioids, mainly heroin (48 per cent), followed by cannabis (21 per cent) and cocaine (17 per cent). In Europe, demand for treatment relating to the abuse of opiates decreased slightly over the past decade, contrasting with an increase in demand for treatment relating to the abuse of cannabis and cocaine. The proportion of Europeans undergoing treatment for cocaine abuse increased from 3 per cent in the period 1997-1998 to 10 per cent in the period 2007-2008. In a report by EMCDDA, it was indicated that in 16 European countries opioid substitution treatment was available to at least half of opioid abusers, while in 10 countries such treatment was available only to a minority of opioid abusers.

753. Drug-related deaths accounted for 4 per cent of all deaths of people aged 15-39 in Europe, with opioids involved in about three quarters of those cases. The number of drug-related deaths in Italy fell from 1,002 in 1999 to 484 in 2009. In Germany, 1,331 deaths related to the abuse of illegal drugs were reported in 2009, representing a decrease of 8 per cent compared with the previous year. In the United Kingdom, 2,182 drug-related deaths were reported in 2009, an increase of 11.8 per cent compared with 2008. In Ireland, the number of drug-poisoning deaths rose from 178 to 274 during the period 1998-2007, with more than half of those deaths involving heroin or other opiates. In the same period, the percentage of drug-poisoning deaths in which cocaine was involved increased significantly in that country, from 3 to 23 per cent. Benzodiazepines accounted for more deaths by poisoning in Ireland than any other substance during that period.

754. In the Netherlands, over 2,500 medical cases relating to drug abuse were reported in 2009; nearly one third of those cases occurred at large dance events. Cannabis, MDMA (“ecstasy”), GHB and cocaine were the drugs most frequently abused, with GHB accounting for 20 per cent of the total number of cases and heroin and “crack” cocaine accounting for 8 per cent. Thirty-nine per cent of the cases involved

young adults between 18 and 24 years of age, many of them having abused “ecstasy” or hallucinogenic mushrooms (containing psilocybin).

755. An independent study in the United Kingdom found that there was a substantial decrease in the number of young adults entering treatment for the abuse of heroin and “crack” cocaine — from 12,320 in the period 2005-2006 to 7,427 in the period 2009-2010. However, the study also found that there was an increase in the number of persons — in particular young adults — entering treatment for cannabis abuse: in the period 2009-2010, 4,400 of those persons under the age of 25 listed cannabis as the main drug of abuse, compared with 3,300 in the period 2005-2006.

756. Eastern Europe is one of the few areas of the world where HIV prevalence is on the rise, with severe and spreading epidemics reported in the Russian Federation and Ukraine. The prevalence of HIV infection among adults in Ukraine is the highest in Europe: over 1.6 per cent. The use of contaminated equipment for drug injection was reported as the source of infection in over 50 per cent of the newly diagnosed HIV cases in Eastern Europe. In Eastern Europe, the number of persons who abuse drugs by injection is currently estimated at 3.7 million, roughly 25 per cent of whom are believed to be infected with HIV. In Ukraine, prevalence of HIV infection among persons who abuse drugs by injection is estimated at 38.5-50.3 per cent. According to the Ministry of Health and Social Development of the Russian Federation, of the 555,272 drug abusers registered in 2009, 386,279 abused drugs by injection; and 50,994 (or 13.2 per cent) of those who abused drugs by injection were HIV-positive. The Board highlights the importance of providing assistance in drug abuse and HIV prevention, treatment and support among people who abuse drugs by injection and in prison settings in the region.

757. Polydrug abuse has been identified as a central element of the European drug problem and it is of particular concern given the unpredictable effects of combinations of drugs. The Government of Italy has reported a growing tendency towards polydrug abuse, often in association with alcohol consumption. In the Netherlands, 15 per cent of drug-related medical cases involved combinations of drugs; and in Ireland, 70 per cent of cases involving treatment for drug abuse

in 2008 were reported to involve more than one substance.

E. Oceania

1. Major developments

758. In Australia, traffickers are increasingly using the Internet to obtain not only precursor chemicals but also equipment used for the illicit manufacture of drugs. Recently, the Australian customs authorities launched an operation to monitor importation from Internet pharmacies based overseas. The operation dismantled an organized criminal group that ordered pharmaceutical products containing pseudoephedrine from overseas-based Internet pharmacies, with the intention of reselling them to illicit drug manufacturers.

759. The Government of New Zealand has given high priority to the fight against the illicit manufacture and abuse of methamphetamine. The national action plan to tackle illicit manufacture and abuse of methamphetamine, launched in October 2009, has led to the identification of new trafficking trends, the seizure of precursor chemicals and the dismantling of clandestine methamphetamine laboratories in New Zealand. While most of the clandestine laboratories were small, they posed a significant risk to communities. In New Zealand, organized criminal groups were increasingly utilizing women and teenagers to smuggle methamphetamine and its precursors into the country.

760. Recent seizures in Oceania led to increasing concern over the use of some countries of the region as trans-shipment areas for smuggling drugs and precursors. The Oceania Customs Organisation highlighted the geographical risk factors leading to the use of those countries as transit areas for illicit drug shipments. In addition, the lack of comprehensive legislation and effective border control, as well as the fact that many States of the region are not yet parties to international drug control treaties, make these countries more vulnerable to drug trafficking. In July 2010, the Board held bilateral consultations with the Government of Papua New Guinea. The Board urged the Government to immediately take the steps necessary for Papua New Guinea to become a party to the 1988 Convention. The Board urges all States

concerned, such as Cook Islands, Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Samoa, the Solomon Islands, Tuvalu and Vanuatu, to accede to the international drug control treaties without further delay and to strengthen national legislation and border control.

2. Regional cooperation

761. Regional meetings in Oceania continued to play an important role in bringing countries together to address drug control issues. At the twenty-eighth annual meeting of the Pacific Islands Law Officers' Network, held in Samoa in December 2009, participants highlighted the need for States in the region that were not yet parties to the international drug control treaties to ratify those instruments. The annual meeting of the Regional Security Committee of the Pacific Islands Forum was held in Fiji in June 2010. The issue of transnational crime, including trafficking in drugs and precursors, remained high on the agenda. There was consensus among participants that the region remained vulnerable to threats posed by transnational crime and that countries in the region must respond collectively and promptly. Recommended actions included enhancing national legislation, strengthening law enforcement capacity and improving regional cooperation in drug control.

762. Lack of structures for monitoring and reporting on drug-related issues is a long-standing problem for many countries in Oceania. The Pacific Drug and Alcohol Research Network brings countries in Oceania together to share information and expertise on drug-related issues. At the fifth Meeting of the Network, held in Vanuatu in July 2010, representatives of 11 States of the region and international organizations, including UNODC, reviewed the latest developments and trends in drug and alcohol abuse at the national and regional levels and reiterated the need for strengthened and coordinated efforts to collect, analyse and report drug-related data. They also identified the urgent need to develop and implement effective legislation. The Board acknowledges the efforts of the Network in promoting drug-related research and information-sharing in the region and encourages participating countries to continue their monitoring and reporting with respect to drug-related issues in the framework of the Network.

763. In 2010, a joint initiative of the Asian Development Bank and the Government of Australia provided funding and training programmes to improve customs legislation and strengthen border control in Solomon Islands. Also in 2010, Australia launched the Framework for Law and Justice Engagement with the Pacific, aimed at strengthening legal and law enforcement cooperation throughout the region. Under the Framework, the Government of Australia is committed to supporting regional collaboration for combating transnational crime, including drug trafficking, with a focus on ensuring an appropriate legislative framework, the exchange of information, capacity-building, financial assistance and access to technical expertise.

764. Law enforcement agencies in Australia and New Zealand continued to provide support for capacity-building initiatives in Oceania. In June 2010, the Australian Federal Police and the Government of Papua New Guinea organized a workshop on drug trafficking and legislative reform in Papua New Guinea. Participants at the workshop shared the latest information on the situation with regard to trafficking in and illicit manufacture of drugs in Papua New Guinea and discussed possible legislative reforms to improve responses to emerging issues. With the assistance of the Australian Federal Police, the Pacific Transnational Crime Coordination Centre, established in 2004 and based in Samoa, continued to expand its network in the region. As of 2009, the network included seven transnational crime units, established in Fiji, Micronesia (Federated States of), Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu. The Coordination Centre analyses criminal intelligence data and will enhance the sharing of law enforcement intelligence in the region. In addition, Australia and New Zealand have provided assistance to the Tuvalu Police Force in establishing a database to manage crime statistics, which will enhance law enforcement capacity in Tuvalu.

765. The Board recognizes the efforts of countries in Oceania in combating drug-related crime with the support of bilateral assistance. The Board notes the lack of adequate resources and capacities in some countries to effectively tackle those problems. The Board encourages countries in the region, especially those that are not yet parties to the international drug control treaties, to continue their drug control efforts involving regional cooperation and capacity-building

in order to be well equipped to ratify and implement the international drug control treaties.

3. National legislation, policy and action

766. Drug abuse among young people was the focus of the National Drugs Campaign in Australia launched in February 2010. The second stage of the campaign is aimed at reducing abuse of MDMA (“ecstasy”), methamphetamine and cannabis among young people by helping them understand the harm caused by drug abuse and directing them to counselling and treatment services. The Australian Customs (Prohibited Imports) Amendment Regulations 2009 (No. 6), which came into effect in March 2010, makes it illegal to import tablet presses without prior authorization.

767. In line with the national campaign targeting drug abuse among young people, in July 2010, the Government of Australia launched the National Youth Policing Model. The initiative identified six major strategies to tackle youth crime, including one to strengthen the police response to drug abuse among young people. Australian states and territories will adopt initiatives that help prevent young people from committing crime or becoming victims of crime. The Model also provides the police, communities and all levels of government with examples of effective local solutions to youth crime.

768. In October 2009, the Government of New Zealand launched a three-year national action plan to tackle the increasing problem of abuse of methamphetamine in the country. The comprehensive action plan contains relevant measures to be implemented by all the government agencies concerned. Under the action plan, New Zealand will restrict the availability of precursors used in the illicit manufacture of methamphetamine, improve treatment services for methamphetamine abusers and enhance school education and community programmes to reduce the illicit demand for methamphetamine. The Government has developed the new drug education guidelines for schools and will continue to support the Community Action on Youth and Drugs, with a focus on problems associated with methamphetamine abuse.

769. Under the New Zealand national action plan on methamphetamine, a number of legislative instruments have been implemented or are currently under review by the Government. The New Zealand Crimes Amendment Act 2009 strengthened the ability of the

police to target gangs and organized criminal groups, which are responsible for a significant proportion of the activities involving illicit drug manufacture, trafficking and supply. The maximum penalty for participation in an organized criminal group has been extended from 5 to 10 years of imprisonment. Furthermore, with respect to treatment for drug abusers, the New Zealand Law Commission is reviewing the Alcoholism and Drug Addiction Act 1966 to include a new system for compulsory treatment for people with severe drug dependence.

770. In February 2010, the New Zealand Law Commission published an issues paper on the review of the Misuse of Drugs Act 1975. The paper included preliminary proposals to amend national drug laws to enable a better response to emerging issues related to drug control. For instance, the Law Commission proposed establishing a new control mechanism for substances not under international control and imposing strict control measures to prevent the abuse of prescription drugs. Moreover, on the issues of possession of drugs in small quantities and personal use of drugs, the paper proposed to place more emphasis on the delivery of effective treatment and less emphasis on conviction and punishment. The Board trusts that the Government will ensure that New Zealand fully complies with its obligations under the international drug control treaties when considering amendments to the national drug legislation.

771. In October 2009, the Government of Samoa adopted the Narcotics Amendment Act 2009, amending the Narcotics Act 1967. The Act established the penalty of life imprisonment for offences related to drugs such as cocaine, amphetamine and methamphetamine and included provisions on the control of substances listed in the Tables of the 1988 Convention. To prevent Samoa from becoming a transit area used by traffickers for shipping precursors used in the illicit manufacture of drugs, the Narcotic Amendment Act established severe penalties for all illegal activities associated with trafficking in and the diversion of precursor chemicals. The Board encourages Samoa to further strengthen drug control in line with its obligations under the international drug control conventions.

772. In 2009, the Government of the Cook Islands adopted the Narcotics and Misuse of Drugs Amendment Act 2009, amending the Narcotics and Misuse of Drugs Act 2004. Also in 2009, Papua New

Guinea passed the Dangerous Drugs Act 2009 to better respond to emerging challenges in drug control in the country. In December 2009, the Government of the Marshall Islands established a substance abuse prevention advisory council to lead national activities related to drug abuse prevention. The Government also endorsed the prevention strategies for the period 2010-2014 for strengthening the role of communities in preventing drug abuse. In addition, a number of countries in Oceania, including Fiji and Vanuatu, are currently reviewing or reforming existing national drug control legislation.

773. Despite the progress in legislative reform in a few countries in Oceania, drug control legislation in many other countries in the region appears to be outdated and insufficient to respond to new issues such as the illicit manufacture of and trafficking in amphetamine-type stimulants. The Board urges the countries concerned to strengthen national drug control legislation to enable a better response to emerging issues.

4. Cultivation, production, manufacture and trafficking

Narcotics

774. Cannabis continues to be the drug seized most often in Oceania. As there is extensive illicit cultivation of cannabis plants in Oceania, smuggling of cannabis into the region remains at a low level. In the period 2008-2009, the number of domestic cannabis seizures in Australia reached the highest levels in 10 years — an increase of 12.5 per cent over the number of seizures in the period 2007-2008. However, the total amount of seized cannabis decreased from 8,900 kg in the period 2007-2008 to 5,600 kg in the period 2008-2009, a year-on-year decrease reflecting the large amount of cannabis seized (total: 3,500 kg) in the state of Queensland in the period 2007-2008. Regarding seizures of cannabis at the Australian border, most were of amounts less than 100 grams; over 50 per cent of the total amount seized had been smuggled in air cargo. In terms of the number of seizures of cannabis shipments at the Australian border, the Netherlands was the country most often identified as the country of departure, whereas over half of the total amount of cannabis seized at the Australian border involved shipments that had departed from the United States. The majority of the cannabis-related seizures at the Australian border involved

seeds, which were believed to be for use in the illicit cultivation of cannabis plants on Australian territory.

775. In 2009, New Zealand reported having seized approximately 640 kg of cannabis, an amount similar to the amount seized in 2008. The New Zealand National Cannabis Crime Operation achieved significant results in the period 2008-2009: 141,000 cannabis plants were destroyed, and 190 firearms were seized by the police. In April 2010, in Operation Lime, which targeted the sale of equipment and materials used for illicitly cultivating cannabis plants, New Zealand Police detected about 150 sites used for illicitly cultivating cannabis plants indoors, and seized about 65 kg of drugs, including cannabis, methamphetamine and MDMA ("ecstasy"). Operation Lime also resulted in the seizure of a large number of weapons, which were believed to be closely linked with organized criminal groups.

776. The illicit cultivation of cannabis plants and the seizure of cannabis are increasingly being reported in Fiji, Papua New Guinea and Tonga. In Fiji, cannabis-related offences decreased significantly, by 42 per cent, from 2008 to 2009 (253 cases in 2008 compared with 148 cases in 2009). However, it appears that the illicit cultivation of cannabis has persisted in Fiji, despite the cannabis eradication campaigns conducted by the Fiji Police in the period 2009-2010 and the nationwide awareness-raising programmes carried out in recent years. In addition, cannabis plants have been illicitly cultivated in some remote areas where eradication is difficult. The Board urges the Governments concerned to take measures to address the problems of illicit cannabis plant cultivation and illicit cannabis production and trafficking in countries in Oceania.

777. The increasing illicit demand for cocaine in Australia is reflected in the fact that the amount of cocaine seized has remained relatively high since the period 2002-2003. During the period 2008-2009, the total amount of cocaine seized in Australia was about 1,100 kg, of which 506 kg were seized at the border. Colombia continues to be the main source of cocaine seized at the Australian border. Mexicans and South Americans with strong links to illicit cocaine manufacturers in South America were involved in the smuggling of most of the cocaine seized at the Australian border. During an 18-month operation in the period 2008-2009, the Australian authorities dismantled an international drug syndicate that had

used airport staff to smuggle cocaine into the country. In June 2010, the Australian authorities seized 240 kg of cocaine concealed in stone pavers from Mexico; that was the fifth largest cocaine seizure in Australian history.

778. Customs authorities of Fiji and Papua New Guinea reported seizures of cocaine from South America and Central America that had been smuggled in air cargo and by air passengers. Although the total amount of cocaine seized was small, it indicated that those countries were being considered as possible new markets for the drug.

779. The total amount of heroin seized in Oceania remains low compared with seizure totals in other regions. However, the quantity of the heroin seized has increased since 2005. In Australia, the total amount of heroin seized in the period 2008-2009 (300 kg) was almost double the amount seized in the period 2007-2008 (170 kg). While South-West Asia and South-East Asia continue to be major sources of the heroin smuggled into Australia, the number of countries from which heroin shipments depart for Australia increased significantly in the period 2008-2009, indicating that new smuggling routes are being used to smuggle the drug into the country. About 80 per cent of the heroin seized at the Australian border was smuggled in air cargo or by air passengers. South Africa was the country of departure for the largest shipment of heroin seized at the Australian border in the period 2008-2009: about 18 kg that had been concealed in air cargo.

780. At the Australian border, the number of seizures of pharmaceutical preparations containing opioids increased from 12 in the period 2007-2008 to 20 in the period 2008-2009. Half of the seizures involved morphine, while most of the remaining seizures were of pharmaceutical preparations containing oxycodone or hydrocodone. Most of the pharmaceutical preparations were purchased on the Internet, a trend that the Australian authorities expect will continue. Most of the shipments seized in the period 2008-2009 had been concealed in mail originating in countries including France, India, South Africa, Thailand, the United Kingdom and the United States.

Psychotropic substances

781. The illicit manufacture of and trafficking in amphetamine-type stimulants continue to pose a great challenge for countries in Oceania. In Australia, the

total amount of amphetamine-type stimulants (excluding MDMA (“ecstasy”)) seized at the border in the period 2008-2009 increased by 58 per cent compared with the period 2007-2008. Ninety per cent of the shipments of amphetamine-type stimulants seized had been sent in the mail. Most of the amphetamine-type stimulants seized at the Australian border were found in shipments that had departed from Hong Kong, China (50 per cent), followed by mainland China, Zambia, Canada and South Africa. Zambia was the country of departure of a seized shipment of 68 kg of amphetamine. Seizures of amphetamine-type stimulants continued to be reported in 2010. Most of the crystalline methamphetamine seized at the Australian border was found in shipments that had departed from, in descending order, Canada, Myanmar, the Lao People’s Democratic Republic, Cambodia, Indonesia and China. In January 2010, Australian law enforcement authorities seized 50 kg of crystalline methamphetamine that had been concealed in a shipment of car parts sent from China to Australia.

782. In New Zealand, seizures of methamphetamine continued to be reported in the period 2009-2010. Sources of the seized drug included, in descending order, the United States, China (including Hong Kong and Taiwan Province), and the United Kingdom. In 2010, law enforcement authorities in New Zealand seized methamphetamine smuggled by air passengers arriving from China (Hong Kong and Taiwan Province) and continued to dismantle clandestine methamphetamine laboratories in the country. An increasing number of women were involved in methamphetamine-related offences such as trafficking and illegal possession. As a result, since the period 2003-2004, the number of women serving prison sentences in New Zealand has almost doubled, and methamphetamine-related offences account for a significant proportion of the increase.

783. Increasing numbers of seizures of methamphetamine have been reported in other parts of Oceania. In 2009, authorities of French Polynesia reported the seizure of 340 grams of crystalline methamphetamine. The drug had been concealed in liquid sent by mail from Mexico and had subsequently been transformed into high-purity crystalline form in a local laboratory. Smuggling of methamphetamine into French Polynesia was first reported in 2004 and continued in 2005 and 2006. In Tonga, methamphetamine was seized in 2009 and 2010. The

seizures raise concerns about Tonga becoming a trans-shipment area used by drug traffickers.

784. Most of the amphetamine-type stimulants found on the illicit market in Oceania have been clandestinely manufactured within the region, as evidenced by the detection of an increasing number of clandestine laboratories. Although most of those clandestine laboratories are small, they pose a serious risk to communities, as many are located in residential areas. In Australia, detections of clandestine laboratories manufacturing amphetamine-type stimulants (including MDMA (“ecstasy”)) increased by 17 per cent, from 271 in the period 2007-2008 to 316 in the period 2008-2009. Twenty-four clandestine laboratories seized in the period 2008-2009 were each found to have been illicitly manufacturing more than one type of drug, for instance, methamphetamine and “ecstasy” had been illicitly manufactured in the same laboratory. In New Zealand, clandestine laboratories are the predominant source of amphetamine-type stimulants. Approximately 137 such clandestine laboratories were dismantled in 2009. In 2010, seizures of clandestine laboratories manufacturing amphetamine-type stimulants continued to be reported. Organized crime syndicates were found to be illicitly manufacturing the drug and distributing it locally.

785. While the quantity of precursors of MDMA (“ecstasy”) seized at the Australian border in the period 2008-2009 was small, the illicit manufacture and supply of “ecstasy” in Australia appears to have continued. Seizures of clandestine laboratories for manufacturing “ecstasy” increased significantly in Australia, from 11 in the period 2007-2008 to 19 in the period 2008-2009. In January 2010, for the first time, the Australian authorities dismantled a clandestine laboratory that had been used to extract and process sassafras oil, a substance used in the illicit manufacture of “ecstasy”. New Zealand authorities seized about 14,000 “ecstasy” tablets in 2009.

Precursors

786. The total amount of precursors of amphetamine-type stimulants seized in Oceania has increased significantly in recent years. Pseudoephedrine contained in pharmaceutical preparations became the precursor most commonly seized in the region. In Australia, 2,014 kg of ephedrine and pseudoephedrine were seized at the border in the period 2008-2009,

nearly double the total amount of all precursors seized in the period 2007-2008. Nearly 80 per cent of the seizures were of pseudoephedrine. Most of the pseudoephedrine seized had been shipped from China (including Hong Kong and Taiwan Province), New Zealand, Thailand and Viet Nam. In addition to being smuggled into Australia, a large amount of pseudoephedrine, including in the form of over-the-counter pharmaceutical preparations is diverted from domestic distribution channels in that country. In addition to ephedrine and pseudoephedrine, Australia reported seizures of 40 litres of sassafras oil in the period 2008-2009, destined for the illicit manufacture of MDMA (“ecstasy”) in the country. In 2009, Australian authorities seized a shipment of safrole that had departed from Papua New Guinea, indicating that traffickers are looking for new trafficking routes.

787. In New Zealand, the illicit importation of pharmaceutical preparations containing pseudoephedrine continues to pose a significant challenge for law enforcement authorities. Seizures of the substance reached a record high in 2009 (over 1 ton of cold medication containing pseudoephedrine was seized). China continues to be the main source of pharmaceutical preparations containing pseudoephedrine seized at the New Zealand border. Some of those preparations had been smuggled out of New Zealand into Australia. Many of the shipments seized were found to have been organized by criminal groups using teenagers. Furthermore, over-the-counter medicines containing pseudoephedrine continue to be diverted in New Zealand.

788. The Board is concerned about the use of countries in Oceania as trans-shipment areas for precursor chemicals destined for use in illicit drug manufacture in Australia and New Zealand. Evidence shows that traffickers have attempted to smuggle pharmaceutical preparations containing pseudoephedrine from several countries, including Fiji, Papua New Guinea and Tonga, into New Zealand. Some of those preparations appear to have been diverted from licit distribution channels in those countries. In order to prevent the diversion of over-the-counter medicines containing pseudoephedrine, the Fiji authorities have strengthened regulations to require registration of sales of such medicines and restrict the quantity of each transaction.

Substances not under international control

789. In Australia, illicit drug manufacturers continue to look for precursors not under international control that can be used for the illicit manufacture of amphetamine-type stimulants. While the extraction of ephedrine and pseudoephedrine from medicine used for treating colds continues to be a common method of obtaining those two precursors of amphetamine-type stimulants, restrictions on the sale of pharmaceutical preparations containing ephedrine and pseudoephedrine have forced illicit drug manufacturers to look for alternative precursors not under international or national control. For instance, in 2008, the Australian authorities dismantled a clandestine laboratory that produced *l*-phenylacetylcarbinol, a precursor of ephedrine and pseudoephedrine. Furthermore, in 2009, about 28 kg of ephedra, a plant containing ephedrine, were seized at the Australian border. In view of the increasing trend of using precursors not under international control for the illicit manufacture of drugs, the Board urges countries in Oceania to apply appropriate control to those substances and to provide the Board with any information available on precursors not under international control and new methods used for the illicit manufacture of drugs.

790. In recent years, the New Zealand customs authorities have seen increasing illicit importation of mephedrone into the country. Mephedrone is an analogue of methcathinone (also known as 4-methylmethcathinone, or 4-MMC and “meow”) and is reported to have effects similar to those of cocaine and MDMA (“ecstasy”). While the substance is not under international control, it is subject to national control in a number of countries, including Australia and New Zealand. The first seizure of mephedrone by the New Zealand authorities was made in November 2009. As at January 2010, a total of 15 seizures of mephedrone were made in New Zealand, mostly of shipments sent in the mail from China or the United Kingdom.

5. Abuse and treatment

791. According to the results of the 2007/08 New Zealand Alcohol and Drug Use Survey, one in six adults aged 16-64 years (16.6 per cent) had used illicit drugs in the past year. Among them, young people aged 16-34 years were more likely than other age groups to have used illicit drugs. Among the

past-year drug abusers, only about 3 per cent had received assistance in the past year. The Board encourages the Government of New Zealand to provide better assistance and treatment services for people with drug-related problems.

792. Cannabis continues to be the most widely abused drug in Oceania. In New Zealand, the annual prevalence rate of cannabis abuse among individuals aged 14-64 years was 14.6 per cent in 2008. Although the rate decreased slightly from 2003, it was among the highest in the world. About 13.4 per cent of past-year cannabis abusers had used cannabis daily; about 54 per cent had used cannabis at least once per month in the past year. Cannabis abuse among young people is an increasing concern in New Zealand. The population aged 18-24 years had the highest prevalence rate of past-year cannabis abuse of all age groups. Among individuals who had ever used cannabis, 16.2 per cent had first tried cannabis when they were 14 years or younger, and 80 per cent had first tried cannabis between the ages of 14 and 20 years.

793. Cannabis abuse among young people was also widespread in countries in Oceania other than New Zealand. Lifetime prevalence of cannabis abuse in Fiji and Papua New Guinea was about 47 per cent and 55 per cent, respectively, with an average age of first use of about 18 years. In Fiji, the abuse of cannabis among students in primary and secondary schools increased steadily from 1999 to 2005. In Palau, annual prevalence of abuse was about 24 per cent among people aged 16-64 years. According to the 2009 Palau Youth Risk Behaviour Survey, lifetime prevalence of cannabis abuse among students in secondary schools was about 60 per cent, a significant increase from the 49 per cent recorded in 2005. Among them, 29 per cent of males and 10 per cent of females first tried cannabis before the age of 13 years. In addition, Solomon Islands and Vanuatu reported that about 50 per cent of persons aged 15-24 years had tried cannabis. Micronesia (Federated States of) and Tonga also reported increased cannabis abuse in recent years.

794. Although annual prevalence of abuse of amphetamines (excluding MDMA ("ecstasy")) has been decreasing over the years in Oceania, it remains high compared with other regions. In 2008, Australia reported decreased abuse of methamphetamine among persons who regularly abused drugs by injection. The 2007/08 New Zealand Alcohol and Drug Use

Survey shows that annual prevalence of abuse of amphetamines in the country decreased from about 3 per cent in 2003 to 2.1 per cent in 2008. Young males aged 18-24 years had the highest annual prevalence of abuse of amphetamines among all population segments.

795. Abuse of other types of amphetamines is very limited in most countries in Oceania except Australia and New Zealand. Nevertheless, increased availability and abuse of amphetamines (including MDMA ("ecstasy")) in Fiji was reported by the Fiji Police Force in 2009. In Palau, annual prevalence of abuse of amphetamines in 2007 was about 1.6 per cent. Lifetime prevalence of abuse of amphetamines in Palau is about 7 per cent, which is among the highest rates in the region.

796. Annual prevalence of abuse of MDMA ("ecstasy") in Oceania has been increasing steadily in recent years, Australia having the highest annual prevalence of such abuse worldwide. In Australia and New Zealand, "ecstasy" has replaced amphetamines as the second most abused drug. In Australia, annual prevalence of abuse of amphetamines increased from 0.9 per cent in 1995 to 3.5 per cent in 2007. Similarly, in New Zealand, annual prevalence of such abuse among the population aged 16-64 years increased from 2.3 per cent in 2003 to 3.3 per cent in 2008. The increasing abuse of "ecstasy" may lead to increased demand for the substance in the region.

797. Drug abuse by injection continues to be reported in Australia and New Zealand. In Australia, the average age of first-time abuse of drugs by injection is about 19 years. A 2009 Australian national survey revealed that the drug most commonly abused by injection was heroin (37 per cent), followed by methamphetamine (26 per cent). In 2009, New Zealand reported that approximately 30,000 people in the country had abused drugs by injection during their lifetime.

798. The Government of Australia has conducted surveys of drug abuse among criminal offenders in recent years. Although drug abuse among police detainees has declined, the issue of drug abuse in prison is an increasing concern for the Australian authorities. It is estimated that 71 per cent of prisoners have abused drugs in the past 12 months. Female inmates reported a higher level of drug abuse, including by injection, than did male inmates. The inmate population segment with the highest proportion

of drug abuse in the past 12 months was that of prisoners aged 25-34 years (77 per cent) and the lowest rate of abuse was that of prisoners aged 45 years or older (43 per cent). The drug most frequently abused by prisoners in the past year was cannabis (52 per cent), followed by amphetamines (30 per cent), heroin (19 per cent) and MDMA (“ecstasy”) (18 per cent). About 55 per cent of prisoners had at some point in their life abused drugs by injection. Of those who had abused drugs by injection, 15 per cent had shared injection equipment with others. The needle exchange programme and opioid substitution treatment were available in prisons.

799. In Australia, substitution therapy is one treatment option for people dependent on opioids. According to an annual survey by the Government of Australia, as at 30 June 2009, a total of 43,445 persons were receiving pharmacotherapy treatment, a number that had slowly increased since 1998. Of that total, 70 per cent received methadone, and the remainder received buprenorphine or buprenorphine/naloxone, a trend that has remained stable since 2006. A total of 1,350 prescribers were authorized to prescribe pharmacotherapy treatment in the country, each prescriber having on average 32 patients. In 2009, there were approximately 2,150 dosing points in Australia, most of which (85 per cent) were located in pharmacies.

800. The drug treatment units located in the prisons of New Zealand continue to contribute to reducing drug abuse among prisoners. Under the Department of Correction’s drug and alcohol strategy for the period 2009-2014, three new drug treatment units will be established, and annual participation is expected to increase from 500 to 1,000 prisoners. In addition to a six-month treatment programme offered to prisoners serving more than 12 months, the drug treatment units offer an intensive three-month programme for people serving less than 12 months. Methadone maintenance treatment for opioid-dependent prisoners is part of the programme.

801. Even though Australia and New Zealand have comprehensive drug treatment response programmes, they are still facing the problem of insufficient treatment capacity, which may limit the effective delivery of treatment service. In Australia, there is a shortage of qualified general practitioners who can prescribe pharmacotherapy treatment. In New Zealand,

only about 24,000 people are treated each year for alcohol and drug dependence through the publicly funded health system. Currently, there are about 630 alcohol and drug treatment residential beds, 100 of which are suitable for moderate or severe abusers. Measures are being taken by the Governments of Australia and New Zealand to address this issue. Australia will provide funding to train more qualified doctors. In New Zealand, funding will be provided for 80 additional treatment beds by 2012, so that an additional 3,100 drug addicts can receive treatment.

802. In Fiji and Papua New Guinea, treatment for drug abuse is mostly provided by general and psychiatric hospitals. Cannabis abuse was the most common problem for which drug abusers sought treatment. In Fiji’s hospitals, in 2008, a total of 178 patients were treated for substance abuse problems; 60 per cent of those patients were treated for cannabis abuse. Papua New Guinea reported a lack of financial and other resources for treatment of drug abuse. In view of the increasing abuse of drugs in those countries, the Board encourages Australia and New Zealand to share expertise and provide assistance to improve treatment services for drug abusers in other countries in Oceania.

803. During the period 2009-2010, awareness-raising and education programmes aimed at reducing drug abuse were launched in Fiji, Papua New Guinea and Tonga. In response to the increasing abuse of cannabis in primary and secondary schools throughout the country, the Ministry of Health of Fiji launched the drug-free school concept in 2010, on the International Day against Drug Abuse and Illicit Trafficking. In 736 primary schools and 174 secondary schools in Fiji, many activities focusing on the harm caused by drug abuse were organized with a view to reducing drug abuse among students. In addition, the Fiji National Substance Abuse Advisory Council conducted training programmes related to drug abuse and the prevention of HIV/AIDS for community leaders, teachers and staff of government agencies and non-governmental organizations. Moreover, training workshops for inmates and prison officers took place in Fiji’s prisons. In 2009, the authorities of Papua New Guinea provided training workshops for health-care professionals and medical students. In Tonga, the Tonga Alcohol and Drug Awareness Centre organized weekly training programmes in schools and drug and alcohol abuse awareness-raising workshops in prisons and provided training for staff of non-governmental organizations.

IV. Recommendations to Governments, the United Nations and other relevant international and regional organizations

804. The Board monitors the implementation by Governments of the international drug control conventions and examines the functioning of the international drug control system at the national and international levels. Based on its analysis, the Board makes recommendations to Governments, international organizations and regional organizations to support implementation of the conventions.

805. In this chapter, the Board highlights the key recommendations contained in chapters II and III of the present report. The recommendations contained in chapter I are not included in chapter IV. In 2010, the Board decided to issue a supplement to the present report on the availability of internationally controlled drugs,⁴⁰ which will include several additional recommendations. Additional recommendations on the control of precursors are contained in the 2010 report of the Board on the implementation of article 12 of the 1988 Convention.⁴¹ The Board encourages Governments and relevant international and regional organizations to examine all the recommendations made by the Board and to implement them, as appropriate. The Board calls upon those concerned to keep the Board informed of their action in response to the recommendations.

806. In 2008, the Board decided to evaluate the implementation of the recommendations published in its reports for 2005, 2006 and 2007 by Governments and relevant international organizations. Information on the implementation of the recommendations made by the Board to relevant international organizations is contained in chapter II of this report; the information on the implementation of the Board's recommendations by Governments will be published by the Board in due course.

⁴⁰ *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes* (United Nations publication, Sales No. E.11.XI.7).

⁴¹ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2010 ...*

A. Recommendations to Governments

807. 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; and availability and rational use of narcotic drugs and psychotropic substances for medical purposes.

1. Treaty accession

808. The 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention represent the basis of the international drug control system. The accession of all States and the universal implementation of the provisions of the conventions are a fundamental prerequisite for efficient drug control worldwide.

Recommendation 1: There remain 16 States, 10 of which are in Oceania, that are not yet parties to one or more of the international drug control treaties.⁴² In addition, Afghanistan and Chad continue to be parties to the 1961 Convention in its unamended form only. The failure by a State to accede to any of the treaties may weaken the collective efforts of the international community to prevent and combat illicit drug use and drug trafficking. **The Board requests those States**

⁴² 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 and Chad;

(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, Nauru, Palau, Papua New Guinea, Solomon Islands, Somalia, Timor-Leste and Tuvalu.

which are not yet parties to one or more of the international drug control treaties to accede to the treaties without further delay.

2. Treaty implementation and control measures

809. Universal accession to the three international drug control treaties will not be sufficient to address drug-related problems; that will require, in addition, universal implementation of all the provisions of the treaties and the effective application of the necessary control measures by all Governments.

Recommendation 2: Parties to the international drug control treaties have an obligation to furnish to the Board statistical reports on narcotic drugs, psychotropic substances and precursors, in accordance with the relevant provisions of those treaties. Some Governments are, however, not regularly complying with that obligation. **The Board requests Governments to furnish, in a timely manner, accurate information in all statistical reports on narcotic drugs, psychotropic substances and precursors, as required under the conventions. Governments are encouraged to seek from the Board any information that will assist them in complying with their reporting obligations.**

Recommendation 3: In some countries, the deficiencies in the submission of statistical reports to the Board are the result of the Governments providing insufficient resources to the authorities responsible for the control of licit activities involving narcotic drugs, psychotropic substances or precursors. **The Board calls upon the Governments concerned to provide adequate resources to ensure the compliance of those authorities with all reporting obligations under the international drug control treaties.**

Narcotic drugs and psychotropic substances

Recommendation 4: Some Governments did not submit their estimates of requirements for narcotic drugs for 2011; therefore the estimates for those countries and their territories were established by the Board and will remain in force until the estimates established by the Governments concerned are received and confirmed by the Board. **The Board calls upon the Governments concerned to examine their national requirements for narcotic drugs for 2011 and provide their own estimates to the Board for confirmation as soon as possible, in order to prevent any possible difficulties**

in importing the quantities of narcotic drugs required for medical and scientific purposes.

Recommendation 5: Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of their annual domestic medical and scientific requirements for psychotropic substances in Schedules II, III and IV of the 1971 Convention. Some Governments have not submitted an update of their legitimate requirements for psychotropic substances in over three years. **The Board calls upon all Governments to ensure adequacy of assessments of their annual medical and scientific requirements for psychotropic substances and when necessary inform the Board of modifications to their assessments. The Board recommends that Governments review and update the assessments at least every three years.**

Recommendation 6: The 1971 Convention allows Governments to exempt from some control measures foreseen under that Convention certain preparations that contain psychotropic substances and that present a negligible risk of abuse. Some Governments exempted preparations containing psychotropic substances from certain control measures but failed to notify the Secretary-General of those exemptions, as required by article 3 of the 1971 Convention. Such notifications are necessary to inform other Governments of those exemptions with a view to ensuring that reducing controls in one country does not result in diversion and abuse of those preparations in other countries. **The Board requests all Governments that are exempting certain preparations at the national level from some control measures foreseen in the 1971 Convention and that have not yet notified the Secretary-General of those exemptions, to do so without delay.**

Recommendation 7: Most Governments have introduced the import and export authorization system for all psychotropic substances in Schedules III and IV of the 1971 Convention. That system has proved particularly effective in preventing diversion of those substances from international trade. Traffickers may target countries in which controls are less strict than in other countries. **The Board urges the Governments of countries in which national legislation does not yet require import and export authorizations for all psychotropic substances in Schedules III and IV of the 1971 Convention to extend such controls to all**

substances in those schedules as soon as possible and to inform the Board accordingly.

Precursors

Recommendation 8: In seeking to implement key provisions of article 12 of the 1988 Convention, States have increasingly adopted legal and regulatory control measures aimed at stemming the diversion of substances in Tables I and II. Those measures have limited the diversion of internationally controlled precursors into illicit channels and have forced traffickers to resort to new means of circumventing control measures. The trends noted include the illicit manufacture of controlled precursors, in particular precursors of amphetamine-type stimulants, using substances not under international control. **The Board calls upon Governments to use form D to report to the Board incidents involving the diversion or seizure of non-controlled substances used in the illicit manufacture of precursors, in order to facilitate the evaluation of those substances by the Board, with a view to possibly including them on the limited international special surveillance list of non-scheduled substances or recommending their inclusion in Table I or II of the 1988 Convention.**

Recommendation 9: Approximately 40 per cent of Governments have not yet provided estimates of their annual requirements for certain precursors of amphetamine-type stimulants. Moreover, many Governments that provided estimates in the past have not ensured that the information on record is up to date, despite the fact that their legitimate requirements for certain precursors may have changed. **The Board calls upon Governments to comply with the request contained in Commission on Narcotic Drugs resolution 49/3 and ensure the timely submission and continued accuracy of their estimates for certain precursors. That is necessary to ensure that the estimates can continue to be used to identify suspicious transactions involving those particular precursors.**

Recommendation 10: PEN Online, the automated online system for the exchange of pre-export notifications, has continued to be a key tool in global efforts to prevent the diversion of precursors from international trade. Governments of countries in Africa account for half of the Governments that have not yet registered for the system. **The Board requests all**

Governments that have not yet done so to register for the PEN Online system. The Board calls upon all Governments registered for PEN Online to use the system on a regular basis to enable them to respond in a timely manner to requests from exporting countries regarding the legitimacy of shipments of precursors.

3. Prevention of illicit drug production, manufacture, trafficking and abuse

810. Parties to the international drug control treaties have an obligation to limit to legitimate purposes the production, manufacture, export, import and distribution of, trade in and use of internationally controlled substances and to prevent their diversion and abuse.

Recommendation 11: Prevention of the illicit cultivation, production, manufacture and abuse of narcotic drugs in Afghanistan continues to be of the utmost importance to the Government of Afghanistan and the international community. The Government of Afghanistan is in the process of updating its National Drug Control Strategy. **The Board urges the Government of Afghanistan to vigorously pursue its drug control efforts and to ensure that the updated National Drug Control Strategy includes effective measures to eliminate the cultivation of opium poppy and cannabis plant and the manufacture of heroin. The Board calls upon the international community to continue to assist, in a coordinated manner, the Government of Afghanistan in those areas.**

Recommendation 12: The Board notes with concern an upswing in illicit opium poppy cultivation in countries in South-East Asia, in particular in the Lao People's Democratic Republic and Myanmar, during the 2009 growing season. **The Board urges the Governments concerned to strengthen their efforts to prevent a resurgence of illicit opium poppy cultivation.**

Recommendation 13: The region of Central America and the Caribbean continues to be used as a major transit area for illicit drug shipments. Given the lack of institutional capacity and the limited resources available, countries in that region continue to experience difficulties in strengthening and enforcing drug control measures. Weak law enforcement in the region has led to a marked increase in violent crime and corruption and, in many countries, has severely

undermined economic and political stability. **The Board calls upon Governments of countries in Central America and the Caribbean to ensure the enforcement of their drug control measures and to coordinate their efforts through initiatives for regional cooperation.**

Recommendation 14: The surveys conducted by Governments and UNODC indicate that the total area under illicit coca bush cultivation in South America decreased in 2009. That decrease can, in particular, be attributed to a significant reduction in the area under illicit coca bush cultivation in Colombia, which counterbalanced increases in the area under such cultivation in Bolivia (Plurinational State of) and Peru. **The Board encourages the Government of Colombia to continue its efforts to eliminate illicit coca bush cultivation on its territory and to ensure the sustainability of the positive results achieved so far.**

Recommendation 15: In 2009, the total area under illicit coca bush cultivation in the Plurinational State of Bolivia increased for the fourth consecutive year — an increase of 22 per cent over the figure for 2005. **The Board calls upon the Government of the Plurinational State of Bolivia to adopt effective policies and strengthen its efforts to eliminate illicit coca bush cultivation on its territory, as well as to address in a decisive manner the illicit manufacture of and trafficking in cocaine.**

Recommendation 16: The key objectives of the Peruvian national drug control plan for the period 2007-2011 include significantly reducing the total area under illicit coca bush cultivation in the country and preventing illicit coca bush cultivation from being introduced in areas of the country not affected by such cultivation so far. The Board notes with concern that despite the Government's efforts to eliminate the illicit cultivation of coca bush, the objectives of the current national drug control plan are not being met, as evidenced by the fact that the total area under illicit coca bush cultivation in the country has been increasing since 2005. **The Board urges the Government of Peru to strengthen its illicit crop eradication efforts in order to eliminate illicit coca bush cultivation in the country. Furthermore, the Board encourages the Government of Peru to adopt further measures to strengthen the interdiction capacity of its national drug control agencies.**

Recommendation 17: In spite of the general acceptance of the principle that all Governments share responsibility for tackling drug-related problems, some countries in which drugs are illicitly produced, in particular low-income countries, lack adequate financial resources to address illicit drug production in a decisive manner. **The Board calls upon the international community, including the Governments of developed countries, to provide further financial support and technical assistance to assist the Governments concerned in intensifying their efforts to counter illicit drug production.**

Recommendation 18: The system of estimates of annual legitimate requirements is an important control measure to prevent diversion of narcotic drugs and psychotropic substances from international trade. **The Board calls upon Governments to respect the system of estimates and assessments pursuant to the 1961 Convention and relevant Economic and Social Council resolutions by ensuring that their estimates and assessments are in line with their actual legitimate requirements and that no imports of narcotic drugs and psychotropic substances exceeding those requirements are authorized. The Board also calls upon the Governments of exporting countries to regularly check the estimates and assessments of importing countries and not to authorize exports of narcotic drugs and psychotropic substances that are not in line with legitimate requirements.**

Recommendation 19: Investigations in South Africa revealed that large amounts of cathine, a stimulant in Schedule III of the 1971 Convention, were licitly imported into that country and then purchased by criminal organizations for use in clandestine laboratories illicitly manufacturing amphetamine-type stimulants. **The Board calls upon all Governments to monitor shipments of cathine, in particular when they are destined for Africa, in order to prevent the illicit use of that substance in countries in the region where national control measures may not be adequate and to consult the Board in cases where there are doubts about the legitimacy of those transactions.**

Recommendation 20: The diversion of pharmaceutical preparations containing narcotic drugs or psychotropic substances from domestic distribution channels and their abuse continue to pose problems in many

countries. Such diversions often indicate loopholes in national drug control legislation or insufficient monitoring of compliance with existing legislation or regulations. **The Board requests Governments that are faced with problems involving the diversion of, trafficking in or abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances to identify the source of the diverted preparations and take measures to prevent such activity.**

Recommendation 21: Cases involving the diversion of pharmaceutical preparations containing substances used in substitution treatment, such as buprenorphine, methadone and morphine, continue to be reported. **The Board requests the Governments of all countries that have substitution treatment programmes and that are faced with problems involving the diversion and abuse of preparations used in such treatment to examine the control measures applied with a view to closing any loopholes and prevent their diversion and abuse while making them available for use in medical treatment.**

Recommendation 22: The Board publishes on a secure area of its website, which is accessible to specifically authorized Government officials only, a summary of the national requirements in place in individual countries for authorizing the import and export of ketamine, in compliance with Commission on Narcotic Drugs resolution 49/6, entitled “Listing of ketamine as a controlled substance”. **The Board calls upon Governments to review that information on the website of the Board in order to inform themselves about any restrictions to international trade in ketamine that may be in place in other countries and to respect those restrictions.**

Recommendation 23: The abuse of 4-methylmethcathinone (a “designer drug” also known as “mephedrone” or 4-MMC) and other “designer drugs” used as stimulants, has been reported in a growing number of countries and regions. **The Board recommends that all Governments should closely monitor trends in substance abuse on their territory, with a view to identifying new substances of abuse, such as “designer drug” stimulants. Governments are urged to share with the Board and WHO any new trends in substance abuse. If necessary, Governments that have not yet done so should take immediate action to place mephedrone**

and other “designer drug” stimulants under national control. To that end, Governments might consider generic scheduling, where it is allowed by national legislation. Governments might also consider notifying the Secretary-General of problems involving the abuse of mephedrone on their territory, with a view to adding the substance to Schedules I, II, III or IV of the 1971 Convention.

Recommendation 24: The Governments of some countries, in particular in South America, have experienced problems with regard to the abuse by inhalation of volatile organic compounds containing various alkyl nitrites, which are commonly referred to as “poppers”. **The Board recommends that Governments share with WHO information on health issues related to the abuse of “poppers”.**

Recommendation 25: Synthetic cannabinoid receptor agonists have emerged as a new class of substances of abuse. These substances are added to herbal mixtures, marketed under brand names such as Spice, which are sold through the Internet and in specialized shops. **The Board recommends to Governments to continue monitoring the abuse of synthetic cannabinoid receptor agonists and to adopt measures to prevent their trafficking and abuse. All Governments are encouraged to continue to provide the Board with information regarding the extent of abuse of and trafficking in products containing those substances and measures that have been adopted to counter such abuse.**

Recommendation 26: Many Governments have, pursuant to Commission on Narcotic Drugs resolution 53/7, introduced measures to tackle the problem of covert administration of psychoactive substances to facilitate the commission of sexual assault or other criminal acts. The Board welcomes initiatives launched by some Governments, in cooperation with industry, to prevent the diversion and use of medicines for the commission of drug-facilitated crime. **The Board calls upon all Governments that have not yet done so and that are affected by such problems, to consider taking appropriate measures to prevent the covert administration of psychoactive substances to commit sexual assault or other types of crime.**

Recommendation 27: The wide availability of cannabis seeds, which are not controlled under the international drug control treaties, contributes to the illicit cultivation of cannabis plants. The Board is

particularly concerned about the widespread sale over the Internet of cannabis seeds that are used for illicit purposes. **The Board encourages all Governments to continue identifying good practices in addressing the use of cannabis seeds for illicit purposes and to consider appropriate measures at the national level to effectively prevent that activity. Those measures may include, for instance, trade restrictions on cannabis seeds capable of germination or on seeds of cannabis plant varieties with a THC content exceeding a certain threshold. The Board calls upon Governments to increasingly monitor cases involving the use of the Internet to sell cannabis seeds to be used for illicit purposes and to strengthen efforts to stop such activity. In that connection, the Board also calls upon Governments to apply article 3, paragraph 1 (c) (iii), of the 1988 Convention, which requires States parties to establish as a criminal offence public incitement or inducement of others to engage in, inter alia, the illicit cultivation of cannabis plants and the illicit use of cannabis.**

Recommendation 28: The *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*⁴³ were launched by the Board in March 2009. The Board sent out a questionnaire in 2010 to all Governments to assess the progress achieved in implementing the Guidelines. **The Board calls upon Governments that have not yet done so to furnish to the Board their responses to the questionnaire on the implementation of the Guidelines. The Board requests all Governments to implement the Guidelines.**

4. Prevention of diversion of precursors into the illicit traffic

811. Parties to the 1988 Convention have an obligation to prevent the diversion of precursors for subsequent use in the illicit manufacture of narcotic drugs or psychotropic substances.

Recommendation 29: The Board prepares each year a report on the implementation of article 12 of the 1988 Convention and that report contains recommendations to Governments on the control of precursors. **The Board calls upon Governments to**

implement the additional recommendations contained in the 2010 report of the Board on the implementation of article 12 of the 1988 Convention.⁴⁴

Recommendation 30: As access to ephedrine and pseudoephedrine has become subject to a growing array of control measures, traffickers have sought to adapt their manufacturing techniques by using as a source for those precursors pharmaceutical preparations and natural products containing the precursors, which may be beyond the scope of existing national drug control measures. **The Board calls upon all Governments to enact effective measures to control ephedrine and pseudoephedrine in the form of pharmaceutical preparations and natural products in the same manner as they control the substances themselves.**

Recommendation 31: The Board has noted that there continue to be cases involving the diversion of acetic anhydride from domestic distribution channels (especially in Europe and East Asia) and its subsequent smuggling into regions in which heroin is illicitly manufactured. **The Board calls upon all Governments to evaluate the efficiency of their control measures applied to domestic trade in acetic anhydride and to adopt further measures as deemed necessary to prevent such diversions.**

Recommendation 32: The Board is concerned about the legitimacy of large shipments of P-2-P to countries in West Asia, in particular Jordan and the Syrian Arab Republic; Iraq has been the final destination of some of those shipments. P-2-P, a precursor of amphetamine, might have been used in the illicit manufacture of amphetamine-type stimulants in the region. **The Board requests the Governments of all countries in West Asia to ensure that adequate controls over P-2-P are in place and to revise their annual requirements for that substance.**

⁴³ United Nations publication, Sales No. E.09.XI.6.

⁴⁴ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2010 ...*

5. Availability and rational use of narcotic drugs and psychotropic substances for medical purposes

812. One of the key 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 access to and rational use of narcotic drugs and psychotropic substances.

Recommendation 33: In Commission on Narcotic Drugs resolution 53/4, entitled “Promoting adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse”, the Commission invited the Board to include in its report for 2010 information on the consumption of narcotic drugs and psychotropic substances used for medical and scientific purposes worldwide, including an analysis of impediments to their adequate availability and actions to be taken to overcome those impediments and, when available, specific information about the status of progress made by countries. In response to that request, the Board decided to issue, as a supplement to the present report, a report on the availability of internationally controlled drugs. **The Board calls upon Governments to implement recommendations contained in its report on the availability of internationally controlled drugs.**⁴⁵

Recommendation 34: Under the 1971 Convention, Governments have no obligation to furnish to the Board information on the consumption of psychotropic substances. However, reliable data on the consumption of psychotropic substances are necessary to enable the Board to analyse current consumption and promote the adequate availability of psychotropic substances for medical and scientific purposes while preventing their diversion and abuse, as required under Commission on Narcotic Drugs resolution 53/4. **The Board encourages Governments to consider providing the Board with information on the consumption of psychotropic substances in the same manner as for narcotic drugs.**

Recommendation 35: Large parts of the world remain seriously undersupplied with medications that are necessary to alleviate patients’ pain and suffering. **The**

Board urges the Governments of the countries concerned, in particular the Governments of countries with consumption of opioids below 100 defined daily doses for statistical purposes (S-DDD)⁴⁶ per million inhabitants per day, to take appropriate action to ensure that their populations have adequate access to opioid-based medications, in line with the international drug control conventions.

Recommendation 36: In a number of countries, high prescription levels for certain narcotic drugs and psychotropic substances have led to the diversion and abuse of those substances. **The Board encourages Governments to remain vigilant and identify consumption levels that are inappropriate and/or not required for sound medical practice.**

Recommendation 37: The accurate estimation of requirements for internationally controlled substances is an essential step in ensuring their adequate supply for medical and scientific purposes. While poor estimation of requirements can contribute to problems in the use of controlled substances, notably shortages or irrational prescribing, it can also lead to surpluses, wastage and an increased risk of diversion. **The Board urges Governments to properly apply the systems of estimates for narcotic drugs and assessments for psychotropic substances as an important tool in ensuring adequate availability of internationally controlled substances for legitimate purposes.**

Recommendation 38: Emergency situations in the wake of natural and man-made disasters may create a sudden and acute need for medicines containing controlled substances. To address that issue, WHO, in consultation with the Board, prepared the Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care.⁴⁷ **The Board calls upon Governments to ensure that competent authorities are aware of and prepared for the simplified procedures contained in the Guidelines so as to expedite the supply of controlled**

⁴⁵ United Nations publication, Sales No. E.11.XI.7.

⁴⁶ The concept of defined daily doses for statistical purposes is explained in the *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*.

⁴⁷ World Health Organization, Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care, document WHO/PSA/96.17.

medicines as soon as the need arises. Governments and humanitarian relief agencies are encouraged to bring to the attention of the Board any problems encountered in the working of emergency deliveries of controlled medicines. Governments may also wish to include in their special stocks of narcotic drugs and psychotropic substances quantities that are necessary to meet the need for such substances in the event of an emergency situation.

B. Recommendations to the United Nations Office on Drugs and Crime and to the World Health Organization

813. UNODC is the primary United Nations entity 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. WHO plays also a key role in supporting the access to and the rational use of substances under international control.

Recommendation 39: A large proportion of Governments have not been submitting to the Board on a regular basis their mandatory statistical reports on narcotic drugs, psychotropic substances or precursors. That is particularly the case for Governments of countries in Africa, the Caribbean and Oceania. The difficulties encountered by the Governments of several countries in those regions in submitting statistical reports indicate major deficiencies in their national regulatory mechanisms for controlled substances. **The Board requests UNODC to support the secretariat of the Board in assisting the Governments of the countries concerned in Africa, the Caribbean and Oceania in strengthening their capacity to ensure adequate oversight and regulatory control with regard to licit activities involving narcotic drugs and psychotropic substances and to prevent the diversion of precursors.**

Recommendation 40: The region of Central America and the Caribbean continues to be used as a major transit area for illicit drug shipments. Given the lack of institutional capacity and the limited resources

available, States in Central America and the Caribbean continue to experience difficulties in strengthening and enforcing drug control measures. Weak law enforcement in the region has led to a marked increase in violent crime and corruption and in many States severely undermined economic and political stability. The Board appreciates the recent opening in Panama City of the UNODC Regional Programme Office for Central America, Cuba and the Dominican Republic, as well as the establishment of four centres of excellence in the region. **The Board encourages UNODC to continue to assist Governments in the region through capacity-building initiatives.**

Recommendation 41: The Board appreciates the various initiatives implemented by UNODC to provide technical assistance to countries in Africa in fighting the illicit drug traffic, particularly in West Africa, such as the West Africa Coast Initiative, AIRCOP and the Container Control Programme, which are implemented by UNODC in cooperation with other agencies such as the Department of Peacekeeping Operations of the Secretariat, INTERPOL and the World Customs Organization. **The Board calls upon UNODC as well as other bilateral and multilateral partners to continue to assist Governments in the region through capacity-building measures for law enforcement as well as judicial capacity-building.**

Recommendation 42: The abuse of “designer drug” stimulants, such as mephedrone, which has been a problem in many countries and regions, cannot be tackled by national countermeasures alone, as trends in drug abuse spread quickly within and among regions. **The Board encourages UNODC, through its Laboratory and Scientific Section, and WHO to develop effective measures to deal with the problem of “designer drugs”.**

Recommendation 43: WHO has, for some time, not been able to convene its Expert Committee on Drug Dependence to assess substances for possible scheduling under the 1961 Convention and the 1971 Convention, a situation that has serious repercussions for the international drug control system. **The Board calls upon WHO to resume, as soon as possible, its activities regarding review of psychoactive substances for international control, in accordance with the responsibilities by WHO under the 1961 Convention and the 1971 Convention.**

Recommendation 44: The Commission on Narcotic Drugs, in its resolution 53/7, urged WHO, UNODC and the Board to counter the covert administration of psychoactive substances related to sexual assault and other criminal acts. **The Board calls upon WHO to cooperate with UNODC and the Board to implement resolution 53/7 as soon as possible.**

C. Recommendations to other relevant international organizations

814. International organizations such as INTERPOL 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 and the World Customs Organization.

Recommendation 45: A large proportion of Governments have not been submitting to the Board on a regular basis their mandatory statistical reports on narcotic drugs, psychotropic substances or precursors. That is particularly the case for Governments of countries in Africa, the Caribbean and Oceania. The difficulties encountered by the Governments of several countries in those regions in submitting statistical reports indicate major deficiencies in their national regulatory mechanisms for controlled substances. **The Board requests relevant regional organizations to provide support to the Governments of the countries concerned in Africa, the Caribbean and Oceania in strengthening their capacity to control licit activities involving narcotic drugs and psychotropic substances and to prevent the diversion of precursors.**

Recommendation 46: The region of Central America and the Caribbean continues to be used as a major transit area for illicit drug shipments. Given the lack of institutional capacity and the limited resources available, States in Central America and the Caribbean continue to experience difficulties in strengthening and enforcing drug control measures. Weak law enforcement in the region has led to a marked increase in violent crime and corruption and in many States severely undermined economic and political stability.

The Board invites CICAD to assist Governments in the region through capacity-building programmes.

Recommendation 47: In many countries, law enforcement officers' awareness of the diversion of and trafficking in precursors continues to be insufficient. **The Board calls upon INTERPOL and the World Customs Organization to support training for law enforcement officers in preventing trafficking in precursors.**

(Signed)
Hamid Ghodse
President

(Signed)
Raymond Yans
Rapporteur

(Signed)
Jonathan Lucas
Secretary

Vienna, 12 November 2010

Annex I

Regional groupings used in the report of the International Narcotics Control Board for 2010

The regional groupings used in the report of the International Narcotics Control Board for 2010, together with the States in each of those groupings, are listed below.

Africa

Algeria	Libyan Arab Jamahiriya
Angola	Madagascar
Benin	Malawi
Botswana	Mali
Burkina Faso	Mauritania
Burundi	Mauritius
Cameroon	Morocco
Cape Verde	Mozambique
Central African Republic	Namibia
Chad	Niger
Comoros	Nigeria
Congo	Rwanda
Côte d'Ivoire	Sao Tome and Principe
Democratic Republic of the Congo	Senegal
Djibouti	Seychelles
Egypt	Sierra Leone
Equatorial Guinea	Somalia
Eritrea	South Africa
Ethiopia	Sudan
Gabon	Swaziland
Gambia	Togo
Ghana	Tunisia
Guinea	Uganda
Guinea-Bissau	United Republic of Tanzania
Kenya	Zambia
Lesotho	Zimbabwe
Liberia	

Central America and the Caribbean

Antigua and Barbuda	Guatemala
Bahamas	Haiti
Barbados	Honduras
Belize	Jamaica
Costa Rica	Nicaragua
Cuba	Panama
Dominica	Saint Kitts and Nevis
Dominican Republic	Saint Lucia
El Salvador	Saint Vincent and the Grenadines
Grenada	Trinidad and Tobago

North America

Canada	United States of America
Mexico	

South America

Argentina	Guyana
Bolivia (Plurinational State of)	Paraguay
Brazil	Peru
Chile	Suriname
Colombia	Uruguay
Ecuador	Venezuela (Bolivarian Republic of)

East and South-East Asia

Brunei Darussalam	Mongolia
Cambodia	Myanmar
China	Philippines
Democratic People's Republic of Korea	Republic of Korea
Indonesia	Singapore
Japan	Thailand
Lao People's Democratic Republic	Timor-Leste
Malaysia	Viet Nam

South Asia

Bangladesh	Maldives
Bhutan	Nepal
India	Sri Lanka

West Asia

Afghanistan	Lebanon
Armenia	Oman
Azerbaijan	Pakistan
Bahrain	Qatar
Georgia	Saudi Arabia
Iran (Islamic Republic of)	Syrian Arab Republic
Iraq	Tajikistan
Israel	Turkey
Jordan	Turkmenistan
Kazakhstan	United Arab Emirates
Kuwait	Uzbekistan
Kyrgyzstan	Yemen

Europe

Albania	Lithuania
Andorra	Luxembourg
Austria	Malta
Belarus	Monaco
Belgium	Montenegro
Bosnia and Herzegovina	Netherlands
Bulgaria	Norway
Croatia	Poland
Cyprus	Portugal
Czech Republic	Republic of Moldova
Denmark	Romania
Estonia	Russian Federation
Finland	San Marino
France	Serbia
Germany	Slovakia
Greece	Slovenia
Holy See	Spain
Hungary	Sweden
Iceland	Switzerland
Ireland	The former Yugoslav Republic of Macedonia
Italy	Ukraine
Latvia	United Kingdom of Great Britain and Northern Ireland
Liechtenstein	

Oceania

Australia	Niue
Cook Islands	Palau
Fiji	Papua New Guinea
Kiribati	Samoa
Marshall Islands	Solomon Islands
Micronesia (Federated States of)	Tonga
Nauru	Tuvalu
New Zealand	Vanuatu

Annex II

Current membership of the International Narcotics Control Board

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); 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); Chairman, Honours Committee, Royal College of Psychiatrists, United Kingdom (since 2006).

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); International Fellow, American Psychiatric Association (APA) (2009). Honorary Fellow, Royal College of Psychiatrists (R.C.Psych.) (2006); Honorary Fellow, World Psychiatric Association (2008). Member of the World Health Organization (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); *Young People and Substance Misuse*, London (2004); *Addiction at Workplace*, Aldershot (2005); *International Drug Control into the 21st Century*, Aldershot (2008). *Ghodse's Drugs and Addictive Behaviour: A Guide to Treatment* (4th ed.), Cambridge (2010); 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, 2008 and 2010).

Galina Korchagina

Born in 1953. National of the Russian Federation. Deputy Director of Research at the National Centre for Research on Drug Addiction, Ministry of Health and Social Development, Russian Federation (since 2010).

Leningrad Paediatrics Institute, Russian Federation (1976); doctor of medicine (2001). Doctor, boarding school, Gatchina, Leningrad region (1976-1979). Head of the Organizational and Policy Division, Leningrad Regional Drug Clinic (1981-1989); Lecturer, Leningrad Regional Medical Academy (1981-1989); Head Doctor, City Drug Clinic, St. Petersburg (1989-1994); Assistant Lecturer (1991-1996) and Professor (2000-2001), Department of Social Technologies, State Institute for Services and Economics; Assistant Lecturer (1994-2000), Associate Professor (2001-2002) and Professor (2002-2008), Department for Research on Drug Addiction, St. Petersburg Medical Academy of Postgraduate Studies; Chief Professor and Head of the Department for Medical Research and Healthy Lifestyles, Herzen State Pedagogical University of Russia (2000-2008); Professor, Department for Conflict Studies, Faculty of Philosophy, St. Petersburg State University (2004-2008); Member of numerous associations and societies, including: Association of Psychiatrists and Drug Addiction Specialists of Russia and St. Petersburg; Kettil Bruun Society for Social and Epidemiological Research on Alcohol; International Council on Alcohol and Addictions; International Society of Addiction Medicine: head of the sociology of science aspects of medical and biological research section of the Research Council on the Sociology of Science and the Organization of Scientific Research, St. Petersburg Scientific Centre of the Russian Academy of Sciences (2002-2008). Author of more than 100 publications, including more than 70 works published in the Russian Federation, chapters in monographs and several practical guides. Award for excellence in health protection, awarded by the Ministry of Health of the Union of Soviet Socialist Republics (1987). Consultant, Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (since 2006); co-trainer, WHO programme "Skills for change" (since 1995); participant in meetings of the Commission on Narcotic Drugs (2002-2008); expert on the epidemiology of drug addiction, Pompidou Group of the Council of

Europe (1994-2003); temporary representative, WHO (1992-2008).

Member of the International Narcotics Control Board (2010).

Carola Lander

Born in 1941. National of Germany.

Pharmacist, doctoral degree in natural science; Certified Specialist in Public Health (Chamber of Pharmacists). 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). 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). 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 (2007), Vice-Chairperson (2008) and Chairperson (2009) of the Standing Committee on Estimates. Second Vice-President of the Board (2009). First Vice-President of the Board (2010).

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. Member of the Operating Committee, Substance Abuse Research Center, 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); Director, Office of United Nations Political Affairs, Bureau of International Relations (1980-1982); 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).

Marc Moinard

Born in 1942. National of France. Retired law officer. School of Political Sciences, Paris; Paris Law Faculty; Faculty of Arts, Poitiers. Public Prosecutor, Beuvais (1982-1983); Public Prosecutor, Pontoise (1990); Public Prosecutor, Lyon (1990-1991); Public Prosecutor, Bobigny (1992-1995); Public Prosecutor in the Court of Appeal, Bordeaux (1999-2005), introducing major reforms into the legal system involving: the creation of centres for legal advice and mediation; the provision of legal advice in deprived areas; the establishment of a new system of cooperation between the courts and the police services allowing for the immediate handling of criminal offences; and the creation of a new category of judicial personnel — assistant prosecutors.

Senior administrative posts in the Ministry of Justice: Director of Record Offices (1983-1986); President of the teaching board, National School of Clerks to the Court; Director of Legal Services; member of the Board of Directors, French National School for the Judiciary; Representative of the Minister of Justice in the Supreme Council of Justice (1995-1996); Director, Criminal Matters and Pardons (1996-1998); President, French Monitoring Centre for Drugs and Drug Addiction; Secretary-General, Ministry of Justice (2005-2008); President, Law and Justice Mission, responsible for the reform of the judicial map; President, Commission on Information Technology and Communication; Head of the International Affairs Service, Ministry of Justice. Lecturer, Paris Institute of Criminology (1995-2005); President, Fondation d'Aguesseau, a welfare body. Recipient of the following awards: Commander of the National Order of Merit; Commander of the Legion of Honour.

Member of the International Narcotics Control Board (2010).

Jorge Montaña

Born in 1948. National of Mexico. Professor of International Organizations and Mexican Foreign Policy, Instituto Tecnológico Autónomo de México, private consultant on the enforcement of the North American Free Trade Agreement (NAFTA).

Law and Political Science, Universidad Nacional Autónoma de México; Master of Arts and Doctor of Philosophy in International Affairs, London School of Economics. Director General de Educación Superior — Secretaría de Educación Pública (1976-1979); Member of the Mexican Foreign Service (1979-2008); Director of International Agencies (1979-1982); Assistant Secretary of Multilateral Affairs (1982-1988); Permanent Representative of Mexico to the United Nations organizations (1989-1992); Chairman of the Group of Experts to enhance the efficiency of the United Nations structure for drug abuse control (1990); Ambassador of Mexico to the United States (1993-1995); member of the Multilateral Evaluation Mechanism on drugs (2001-2003) of the Inter-American Drug Abuse Control Commission (CICAD). Author of the following publications: *Partidos y política en América Latina*; *Implicaciones legales de la presencia de Estados Unidos en Viet Nam*; *Análisis del Sistema de Naciones Unidas*; *ACNUR en América Latina*; *Negociaciones del Tratado de Libre Comercio de América del Norte*; *Cooperación México-Estados Unidos en materia de narcotráfico*; *Debilidades de la certificación del Congreso de Estados Unidos*; *Retos de la frontera norte de México*; *Tráfico de armas en las fronteras mexicanas*. Author of 50 articles published in specialized journals. Weekly contributor to the editorial pages of *La Jornada*, *Reforma* and *El Universal*. President and founding member of *Foreign Affairs Latinoamérica* (formerly *Foreign Affairs en Español*). Founding President, Asesoría y Análisis, S.C., Mexican Council on Foreign Relations (COMEXI). Recipient of awards from the Governments of Chile, El Salvador, Greece and Guatemala. Participant in many meetings of organizations in the United Nations system, the Organization of American States and the Movement of Non-Aligned Countries.

Member of the International Narcotics Control Board (2009). Member of the Committee on Finance and Administration (2010).

Lochan Naidoo

Born in 1961. National of South Africa. Family Practitioner, Durban, South Africa (since 1985).

Bachelor of Medicine and Bachelor of Surgery (MBChB), University of Natal, South Africa (1983). Professional in Residence Programme: Hanley

Hazelden (1995); Member of the South African Medical Association (since 1995); Member and Vice-Chairman of the Bayport Independent Practitioners Association (1995-2000). Certified Chemical Dependency Counsellor, National Board of Addiction Examiners (NBAE) (1996); Member of the American Society of Addiction Medicine (1996-1999). Diploma in Business Management, South African Institute of Management (1997). Founding member, International Society of Addiction Medicine (1999); Programme Designer and Principal Addictions Therapist of the Jullo Programme, a multi-disciplinary treatment model for primary, secondary and tertiary prevention of addiction disorders and dual diagnoses (since 1994); Clinical Director, Serenity Addiction Treatment Unit, Merebank, Durban, South Africa (since 1995). Member of the KwaZulu-Natal Managed Care Coalition (since 1995); Member of the Durban South Doctors' Guild (since 2000); Honorary Lecturer, Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, South Africa (since 2005). Curriculum Committee undergraduate Lifestyle Medicine, University of KwaZulu-Natal (since 2005). Drafter of the National Detoxification Policy and Procedure for the Department of Health of South Africa (2006); designer of the *Roots connect* software program, an Internet-driven emotional and addiction psychoeducation delivery system (2007); Member of the Opiate Advisory Board of South Africa (2006-2008); Member of the Board, Central Drug Authority of South Africa (2006-2010); Member of the Governance Committee, Central Drug Authority of South Africa (2006-2010). Member of the Expert Committee on Opiate Treatment (2007-2008); Central Drug Authority representative to the Western Cape Province, South Africa (2007-2010); established "Roots HelpPoints" for early intervention and primary prevention among high-risk individuals (2008). Co-author of "Guidelines for opiate treatment in South Africa", *South African Medical Journal* (2008). Member of the Suboxone Advisory Board (2009). Co-author of "Suboxone update", *South African Medical Journal* (2010); Designer of "RehabFlow" cloud computing software for addiction and co-morbidity management (2010); Management Committee Member of eThekweni District Mental Health and Substance Abuse Forum (2010). Rehabilitation and addictions trainer for health-care practitioners. Medical educator for undergraduate and postgraduate medical practitioners (since 1995); Patron

of Andra Maha Sabha of South Africa; founder, Merebank West Community Coalition (1995). Trustee, Merebank Community Trust (2000-2005).

Member of the International Narcotics Control Board (since 2010).

Rajat Ray

Born in 1948. National of India. Professor and Head of the Department of Psychiatry and Chief, National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi.

Graduate of Medicine (MBBS), Medical College in Calcutta (1971). M.D. (Psychiatry), AIIMS (1977). Member of the faculty, Department of Psychiatry, National Institute of Mental Health and Neuro Sciences in Bangalore (1979-1988). Author of several technical reports and articles in peer reviewed national and international journals. Assistant Editor, *Addiction Biology*. Member of the International Advisory Board, *Mental Health and Substance Use: Dual Diagnosis*. Recipient of research support from various bodies at the national level (such as the Ministry of Health and Family Welfare and the Indian Council of Medical Research) and the international level (such as the United Nations Office on Drugs and Crime (UNODC) and WHO). Member of a study on HIV/AIDS, a collaborative project of NDDTC, AIIMS and the Center for Interdisciplinary Research in Immunology and Disease, University of California, Los Angeles (UCLA), United States of America. Member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems. Member of the expert group to discuss mental health and substance use disorder at the primary care level, an activity of the WHO Regional Office for South-East Asia. Member of the WHO expert group on regional technical consultation to reduce harmful use of alcohol. Coordinator of various activities in India on substance use disorder, sponsored by WHO (since 2004). Member of the National Drug Abuse Control Programme, India, and the Technical Guidelines Development Group on Pharmacotherapy of Opioid Dependence, a joint project of UNODC and WHO. Member and Chairperson of the Technical Resource Group on Injecting Drug Use, a project of the National AIDS Control Organization. Member of the project advisory committee on the prevention of

transmission of HIV among drug users in South Asian Association for Regional Cooperation (SAARC) member States, a project of the UNODC Regional Office for South Asia. Member of the Subcommittee on Postgraduate Medical Education, Medical Council of India.

Member of the International Narcotics Control Board (2010). Member of the Standing Committee on Estimates (2010).

Viroj Sumyai

Born in 1953. National of Thailand. Retired Assistant Secretary-General of the Food and Drug Administration, Ministry of Public Health of Thailand, and clinical pharmacologist specializing in drug epidemiology. Professor, Mahidol University (since 2001).

Bachelor of Science degree in Chemistry (1976), Chiang Mai University. Bachelor's degree in Pharmacy (1979), Manila Central University. Master's degree in Clinical Pharmacology (1983), Chulalongkorn University. He then took apprenticeship in narcotic drugs epidemiology at St. George's University of London in England in 1989. Doctor of Philosophy, Health Policy and Administration (2009), National Institute of Administration. Member of the Pharmaceutical Association of Thailand. Member of the Pharmacological and Therapeutic Society of Thailand. Member of the Thai Society of Toxicology. Author of nine books in the field of drug prevention and control, including *Drugging Drinks: Handbook for Predatory Drugs Prevention* and *Déjà vu: A Complete Handbook for Clandestine Chemistry, Pharmacology and Epidemiology of LSD*. Columnist, *Food and Drug Administration Journal*. Recipient of the Prime Minister Award for Drug Education and Prevention (2005).

Member of the International Narcotics Control Board (2010). Member of the Standing Committee on Estimates (2010).

Sri Suryawati

Born in 1955. National of Indonesia. Coordinator, Master Degree Program for Medicine Policy and Management, Gadjah Mada University. Senior Lecturer

in Pharmacology/Clinical Pharmacology (since 1980); supervisor for more than 120 master's and doctoral theses on medicine policy, the rational use of medicines, clinical pharmacokinetics pharmacoeconomics, and pharmaceutical management.

Pharmacist (1979). Specialist in pharmacology (1985); doctoral degree in clinical pharmacokinetics (1994). Former Director of the Centre for Clinical Pharmacology and Medicine Policy Studies, Gadjah Mada University (2002-2010). Former Head of Clinical Pharmacology, Faculty of Medicine, Gadjah Mada University, Indonesia (1999-2006 and 2008-2009). 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), Fiji (2009), 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 (2008), Vice-Chair (2009) and Chair (2010) of the Standing Committee on Estimates. Second Vice-President of the Board (2010).

Camilo Uribe Granja

Born in 1963. National of Colombia. Medical Director, Maldonado Editorial Foundation, ILADIBA,

Bogota; Director Toxicology Unit, Clínica de Marly, Bogota (since 1990); Toxicologist, Clínica Palermo, Bogota (since 1994); Scientific Director, Unidad de Toxicología Integral (UNITOX), Hospital Infantil Universitario de San José (since 2008); Chief Coordinator, Clinic Toxicology, Hospital Infantil Universitario de San José, Bogota.

Medical doctor, Surgery, Faculty of Medicine, University of Our Lady of the Rosary (1989); specialization in clinical toxicology, Faculty of Medicine, University of Buenos Aires (1990); specialization in occupational toxicology (1997), University Teacher's Certificate (1998), diplomas in hospital management (1998) and high-level social security administration (1999), High-Level Public Administration School (ESAP). Diploma in toxicological emergencies, University of Our Lady of the Rosary, FUNDASALUD (1998); diploma in higher education tuition, University of Our Lady of the Rosary. Forensic medical doctor, toxicologist, technical coordinator and manager in several hospitals and institutions. Medical Director, Hospital of San Martín, Meta, Colombia (1988); Head of Medical Attention, Caja de Previsión Social de Comunicaciones (CAPRECOM), Meta and national territories (until 1990); Regional Director, CAPRECOM, Bogota (until Dec. 1992); Scientific Director, Toxicology Clinic, toxicology advisory centre, "Guillermo Uribe Cualla" (1991-2005); Director, Clinical Toxicology, Clínica Fray Bartolomé de las Casas (until Jan. 1991); Toxicology Doctor, Clínica San Pedro Claver (1990-1991); President, Tropical Medicine Institute Corporation "Luis Patiño Camargo" (until 1992); Medical Coordinator and (since 1993) Director, National Emergency Network; Director, Toxicology Department, Hospital de Occidente Kennedy, Bogota (1993-1998); Director, Toxicology, Health Department, District of Bogota (1993-1999); Director, Health Services Management Programme, ESAP (until 2001); Member of the Steering Committee of Drugs and Food Control Administration, National Institute of Food and Drug Monitoring (INVIMA) (1994-2001); Director-General, INVIMA (2001-2002); Secretary, Colombian Medical Association, Cundinamarca and Bogota sections (until 2002); Director-General, Nueva Clínica Fray Bartolomé de las Casas, Bogota (2002-2003); Adviser to the toxicology office, United States Department of State (until 2005); Adviser in Toxicology, National Narcotics Directorate (DNE) of

Colombia (until 2005). President, Colombian Association of Toxicology and Drug Abuse (ACOTOFA) (since 1992); Vice-President (1988-1990 and 1995-1998) and President (2003-2009), Latin American Toxicology Association (ALATOX); Vice-President, International Union of Toxicology (IUTOX) (2005-2007 and 2007-2009). Author of numerous works, including: the chapter on benzodiazepines in *Therapeutic Compendium of the Colombian Internal Medicine Association* (1992); *Criminal Intoxication with Scopolamine-Like Substances*; *Handbook on Toxicological Emergency Management*; and *Manual on the Treatment of Intoxication by Plaguicides* (1995). Recipient of numerous awards, including: award for academic records and qualifications, Iberoamerican Congress of Toxicology (Bicongretox), Spanish Association of Toxicology (AETOX) (1993); and honourable mention for services to Colombian society in the field of toxicology, First International Congress of Toxicology, University of Antioquia (1996). Participant in numerous professional conferences and seminars, including: XVIII International Congress of Internal Medicine, Bogota (1986); 35th Annual Meeting, Society of Toxicology, Anaheim, California (1996); Pan-American Congress of Neuropsychopharmacology and International Seminar on Addictive Diseases, Bogota (1998). National Congress on Heroin: A Challenge for Mental and Public Health, Medellin (2008); and International Congress on Synthetic Drugs (2009). Head of the Law Faculty, Pontificia Universidad Javeriana (1990-2006); Industrial Toxicology Professor, Colombian Security Council (until 1993); Postgraduate Professor, Fundación Universitaria Luis Amigó; and Instructor of Toxicology, Faculty of Medicine, National University of Colombia.

Member of the International Narcotics Control Board (since 2005). Member (since 2009), Vice-Chairman (2006 and 2007) and Chairman (2008) of the Standing Committee on Estimates; Member (since 2007) and Chair (2010) of the Committee on Finance and Administration.

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 and speeches 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; 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); United Nations Office on Drugs and Crime/Paris Pact round tables, Brussels (2003), Tehran and Istanbul (2005); meetings of the High-level Dialogue on Drugs between the Andean Community and the European Union, Lima (2005) and Vienna (2006).

Member of the International Narcotics Control Board (since 2007). Member of the Standing Committee on Estimates (2007 and 2010). Member of the Committee on Finance and Administration (since 2007). Rapporteur (2010).

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). Founding President, Chinese Psychiatrist Association (2005-2008); Chairperson, Credential Committee for Psychiatrists, Ministry of Health of China; President-elect, Chinese Society of Psychiatry (since 2006); Vice-President, Management Association for Psychiatric Hospitals (2009); 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. Chief Psychiatrist, National Community Mental Health Service Programme. Senior consultant, Chinese Association on Tobacco Control. Senior consultant, Chronic Pain Treatment Programme.

Member of the International Narcotics Control Board (since 2007). Chairman of the Committee on Finance and Administration (2009). Member (since 2007) and Vice-Chair (2010) of the Standing Committee on Estimates.

Annex III

Other international instruments used in efforts to fight drug-related crime

The main mechanisms supporting international cooperation among criminal justice agencies are mutual legal assistance, extradition, transfer of proceedings in criminal matters, freezing and confiscation of the proceeds of crime and a number of less formal measures. Those mechanisms are based on bilateral or multilateral agreements or arrangements, as well as on national laws. All of them are evolving rapidly to keep pace with new technologies. Their strengthening over the past 10 years or so reflects the determination of Member States to work more closely with each other to face the growing threats of organized crime and corruption.

In addition to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,^a two other conventions are crucial to promoting international cooperation in the fight against organized crime and corruption: the United Nations Convention against Transnational Organized Crime^b and the Protocols thereto;^c and the United Nations Convention against Corruption.^d Having national legislation in place to fully implement those legal instruments is therefore of paramount importance, as is the adoption of the administrative measures necessary to support the various modalities of international cooperation.

United Nations Convention against Transnational Organized Crime and the Protocols thereto

The Organized Crime Convention and its Protocols apply to serious offences committed by criminal organizations, including participation in the activities of those organizations. Drug trafficking and corruption offences are also included. The Convention is an important legal instrument for establishing the legislative framework needed to address the illicit drug trade and for building mechanisms for international cooperation. In the absence of bilateral arrangements, the Organized Crime Convention can act as a treaty on mutual legal assistance or an extradition treaty between States parties to the Convention. The Convention strengthens most existing international cooperation mechanisms, such as extradition, mutual legal assistance, law enforcement cooperation, and protection of victims, informants and witnesses.

Making full use of mechanisms for international cooperation

Some significant progress has already been made towards the universal implementation of the Organized Crime Convention, but much remains to be done. There is unfortunately still a gap between the rapid ratification of the Convention and its implementation. The full potential of the Convention in the area of ensuring effective action against the illicit drug trade and other forms of organized crime has not yet been realized. That is being progressively addressed by the Conference of

^a United Nations, *Treaty Series*, vol. 1582, No. 27627.

^b *Ibid.*, vol. 2225, No. 39574.

^c *Ibid.*, vols. 2237, 2241 and 2326, No. 39574.

^d *Ibid.*, vol. 2349, No. 42146.

the Parties to the United Nations Convention against Transnational Organized Crime, by supporting and monitoring the implementation of the Convention.

United Nations Convention against Corruption

The main purposes of the Convention against Corruption are:^c to promote and strengthen measures to prevent and combat corruption more efficiently and effectively; to promote, facilitate and support international cooperation and technical assistance in the prevention of and fight against corruption, including in asset recovery; and to promote integrity, accountability and proper management of public affairs and public property.

States parties to the Convention against Corruption are required to introduce effective policies aimed at the prevention of corruption. An entire chapter of the Convention is devoted to that issue. A variety of measures concerning both the public and the private sector are covered. The measures range from institutional arrangements, such as the establishment of a specific anti-corruption body, to codes of conduct and policies promoting good governance, the rule of law, transparency and accountability.^f

States parties to the Convention against Corruption are obliged to criminalize a wide range of acts of corruption and to fully engage the criminal law and criminal justice system in the fight against corruption. Most importantly, the Convention is aimed at providing a strong framework for international cooperation in fighting corruption, particularly with respect to the tracing, freezing and seizure of assets, as well as asset recovery and measures to counter money-laundering.

The Convention against Corruption opens the door for a much greater level of cooperation between national anti-corruption agencies and other law enforcement agencies involved in the fight against organized crime, drug trafficking and corruption. That cooperation includes efforts to build the capacity of national law enforcement and criminal justice institutions to fight organized crime and corruption. Fighting corruption is a particularly important part of effective international cooperation. The provision of technical and other assistance in support of capacity-building initiatives is one of the aims of the Convention against Corruption, as well as the Organized Crime Convention and the 1988 Convention.^g

^c See article 1 of the Convention against Corruption.

^f *Legislative Guide for the Implementation of the United Nations Convention against Corruption* (United Nations publication, Sales No. E.06.IV.16), para. 5.

^g See article 10 of the 1988 Convention.

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. 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
- 2008: The international drug control conventions: history, achievements and challenges
- 2009: Primary prevention of drug abuse

Chapter I of the report of the International Narcotics Control Board for 2010 is entitled “Drugs and corruption”.

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.

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

