INTERNATIONAL NARCOTICS CONTROL BOARD 2012

Report

REFERENCES TO BRAZIL

FOREWORD

Each year, the International Narcotics Control Board (INCB) reports on the functioning of the international drug control system and developments in international drug control. Based on its findings, the Board makes recommendations to Governments and regional and international organizations to improve various aspects of drug control. Often, a cross-cutting aspect of the Board's recommendations is international or regional cooperation.

International cooperation to address the global drug problem is founded upon the principle of shared responsibility, a mutual commitment to common goals and a commitment to complementary policy and joint action. The overwhelming majority of States have developed and acceded to the three international drug control conventions that make up the international drug control system, which in turn is built upon the principle of shared responsibility. Those conventions are the best available tools for addressing the global drug problem and for protecting humanity from drug abuse and the impact of trafficking in and illicit cultivation and production of drugs. The conventions are based upon the fact that drugs can flow across borders and between continents, from producer to trafficker, from one society to another, and from trafficking to abuse. In signing the conventions, Governments agreed that this global problem requires a global solution and committed themselves to meeting their individual obligations under those conventions.

Given the importance of shared responsibility in drug control efforts, INCB has decided to highlight that principle in chapter I of the present report. That chapter describes the evolution and achievements of shared responsibility in drug control and presents examples of good practice in applying the principle of shared responsibility to drug control efforts in areas such as demand reduction, supply reduction, judicial cooperation and the control of licit trade in drugs. In the context of shared responsibility, all levels of government, civil society, local communities and the private sector must work together to ensure that the health and well-being of citizens are not undermined by drug abuse or by the impact of trafficking in or illicit

cultivation and production of drugs, such as drug-related crime and violence. The Board's recommendations in this regard include, inter alia, the need to maintain the delicate balance between supply and demand reduction efforts; the necessity of establishing comprehensive programmes for the prevention and treatment of drug abuse, as well as for reintegration; and the importance of coordination between the authorities responsible for health, education, justice, economic development and law enforcement, together with civil society and the private sector.

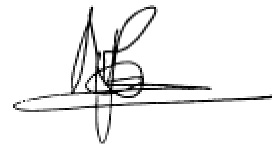
The principle of shared responsibility for the global drug problem is also reflected in the global debate on drug policy that is under way between Governments at the regional level and also within Governments. INCB welcomes and supports initiatives of Governments aimed at further strengthening international drug control within the framework of the international drug control conventions. We note with concern, however, that in this debate, some declarations and initiatives have included proposals for the legalization of the possession of drugs for non-medical and non-scientific use, that is, for "recreational" use, that would allow the cultivation and consumption of cannabis for non-medical purposes. Any such initiatives, if implemented, would violate the international drug control conventions and could undermine the noble objectives of the entire drug control system, which are to ensure the availability of drugs for medical purposes while preventing their abuse. Proponents of such initiatives ignore the commitment that all Governments have made to promote the health and well-being of their communities, and such initiatives run counter to the growing body of scientific evidence documenting the harm associated with drug abuse, including occasional use, particularly among young people during their formative years. Furthermore, such initiatives would create a false sense of security and would send a false message to the public, in particular children, regarding the health impact of abuse of drugs. Some have argued that these proposals would eliminate the illicit markets and organized crime associated with drugs of abuse. Yet, even if such initiatives were implemented, organized criminal groups would get even more deeply involved, for instance by creating a black market for the illicit supply of newly legalized drugs to young people. To target the organized crime and violence associated with the illicit trade in drugs, the most effective tool is primary prevention of drug abuse, coupled with treatment and rehabilitation, and complemented by supply reduction measures, as provided for in the conventions.

Primary prevention is also the key means of preventing the abuse of new psychoactive substances, which the Board addresses as a special topic in chapter II of the report. Controls are being circumvented by the manufacture and sale of substances that have been designed to be chemically different from controlled substances but have similar psychoactive effects. National controls, including generic controls, of such substances can help to address this growing phenomenon, as can monitoring and the exchange of information on trends of abuse. But ultimately, demand reduction is the most effective approach. A similar challenge is seen in the control of precursor chemicals, with the increasing use of non-scheduled chemicals as "pre-precursors" in the illicit manufacture of drugs. Illegal sales of controlled substances, as well as non-controlled substances of abuse, through Internet pharmacies is another growing problem. The present report outlines how this issue can be remedied through proper registration, licensing and supervision of such pharmacies at the national level, as well as international cooperation between Internet registrars and national regulatory authorities.

Strengthening the capacity of the competent authorities is essential to achieve the key objective of the international drug control conventions: ensure the availability of controlled medicines for the treatment of pain and suffering associated with illness, including mental disorders, and prevent their abuse. While the medical use of cannabis is permitted by the treaties under specific conditions, it poses a major challenge in some countries. If not adequately regulated, such “medical cannabis” schemes can contribute to increasing levels of abuse of the substance. That issue is elaborated on in this report.

While shared responsibility in international drug control is essential to addressing the global drug problem, so too is the responsibility of States to fulfil their obligations at the national level, as set out in the conventions. A prerequisite to effectively fulfilling these obligations at the national level is the adequate capacity of national drug regulatory authorities. Governments must ensure that their competent authorities have the appropriate resources and staff, and INCB calls on Governments and the international community, as appropriate, to provide technical assistance in this area so as to promote effective and sustainable national regulatory control of drugs for licit purposes.

Ultimately, we all have a shared responsibility to address the global drug problem, whether it be at the individual, community, governmental or international level. We must continue to strive to prevent and minimize the suffering and loss of potential caused by drug abuse and drug-related crime and violence.



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I. SHARED RESPNSABILITY IN INTERNATIONAL DRUG CONTROL

1. Common and shared responsibility is a principle of international law and is applied in many fields of cooperation. It is thus not specific to drug control. Whereas international treaties establish a set of rules creating individual obligations for States parties, the principle of common and shared responsibility goes much further. It provides the framework for a cooperative partnership among a community of parties, based on a common understanding of a shared problem, a common goal and the necessity of reaching that goal through common and coordinated action. Thus, the principle of shared responsibility can be seen as a joint undertaking involving government institutions, the private sector, civil society, local communities and individuals who have agreed to work together as partners and who have a shared mutual obligation for concerted action at different levels in response to the drug challenge. Consequently, the principle of common and shared responsibility commits parties to strengthening their cooperation not only to pursue their own interests but also to take into account the interests of others and to assist those parties that need help. However, shared responsibility in drug control at the international level will be effective when States fully meet their obligations at the national level.

2. This principle has evolved over the years from the concept of collective responsibility in drug control in the 1980s, shared responsibility in the 1990s and common and shared responsibility since the turn of the century. Addressing the elements of shared responsibility calls for the recognition of key criteria and principles, including how to apportion responsibility between multiple actors, the notion of mutual accountability and liability, the dimensions of capability and capacity, and role and resources of each partner.

3. The effective implementation of this principle today is all the more important since almost every country suffers from drug abuse and illicit production, trafficking or drug-related corruption and violence.

II. FUNCTIONING OF THE INTERNATIONAL DRUG CONTROL SYSTEM

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

3. Country missions

84. 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 Governments with relevant recommendations and to promote treaty compliance. **(p. 12)**

85. Since the previous report of the Board, the Board has sent missions to the following countries: Bangladesh, Bolivia (Plurinational State of), Brazil, Cuba, Dominican Republic, Ecuador, Nigeria, Pakistan, Peru, Portugal, Republic of Korea, Saudi Arabia and Turkey. **(p. 12)**

c) Brazil

95. In August 2012, a mission of the Board visited Brazil. The Board's last mission to Brazil was carried out in 2006. Brazil is a party to all three international drug control treaties, and the Government is committed to the implementation of the treaties. Brazil's geographic location bordering all but two countries in South America, long land borders and coastline constitute major challenges to law enforcement efforts against drug trafficking. Although Brazil continues to be a major transit country for cocaine produced in neighbouring countries, INCB notes that the Government of Brazil has taken important measures to bolster its law enforcement capacity, in particular through the deployment of surveillance drones, container scanners and body scanners and through the establishment of a drug laboratory. **(p. 13)**

96. The Board also notes that substantial resources have been invested in drug prevention programmes, as well as in the establishment of an extensive community-based treatment and rehabilitation network. The mission of the Board encouraged the competent authorities of Brazil to consider extending treatment and rehabilitation programmes to prison populations. The mission also discussed the growing problem of "crack" cocaine abuse with the Brazilian authorities, as well as the work being done in the country to identify treatment strategies for "crack" addiction. Among the issues discussed were the availability of analgesics for medical use, which remains low; and the need to adopt measures to address that important issue. **(p. 13)**

C. Governments' cooperation with the Board

2. Submission of statistical reports

159. Governments are obliged to furnish to the Board each year, in a timely manner, statistical reports containing information required under the international drug control conventions. **(p. 22)**

161. In 2012, several Governments either did not submit their annual statistical reports on narcotic drugs to the Board on time or submitted incomplete reports, including countries that are major manufacturers, exporters, importers and users of narcotic drugs, such as Brazil, Israel, Pakistan, Romania and the United Kingdom of Great Britain and Northern Ireland. This delays the Board's analysis of global trends and makes it difficult for the Board to prepare its annual report and the technical publication on narcotic drugs. The Board has contacted the Governments concerned and have requested them to improve their reporting. **(p. 22)**

164. Among the countries that did not submit the required information for 2011 or were not able to submit the annual statistical report on psychotropic substances before the deadline of 30 June 2012 were major manufacturing, importing and exporting countries, such as Argentina, Brazil, India, Israel, Pakistan and the United Kingdom. The Board understands that

those shortcomings were mainly due to changes in the Government structure responsible for reporting to the Board or to changes of staff within the competent authorities. However, some Governments continued to experience difficulties in collecting the required information from their national stakeholders due to legislative or administrative shortcomings. **(p. 22)**

III. ANALYSIS OF THE WORLD SITUATION

A. Africa

2. Regional cooperation

350. UNODC assists authorities in West African countries to address problems related to drug trafficking and abuse and organized crime through national integrated programmes. In 2012, national integrated programmes against illicit drugs and crime were launched in Burkina Faso and Ghana. Cape Verde updated its national drug control programme in 2012, and Cameroon officially requested assistance for the development of a national drug and crime strategy. In line with Security Council resolution 2039 (2012), the Government of Benin considered measures such as developing a national integrated programme to fight drug trafficking and organized crime, including piracy and armed robbery at sea. However, the implementation of such programmes in Guinea-Bissau and Mali had to be suspended following the coups d'état in those countries in early 2012. **(p. 49)**

351. The UNODC Airport Communication Project, conducted in cooperation with INTERPOL and the World Customs Organization, is aimed at building drug interdiction capacity at international airports and establishing direct, secure communication lines connecting authorities at airports in West Africa and Central Africa with those at airports in Latin America and the Caribbean along the transatlantic routes used to traffic cocaine. The two-week operation "Operation Cocair 3", led by the World Customs Organization and supported by INTERPOL, the European Commission and UNODC and involving 25 airports across West and Central Africa and in Brazil, conducted in December 2011, resulted in the seizure of more than 500 kilograms (kg) of drugs, including cocaine, heroin, cannabis, methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy"), methamphetamine and amphetamine, as well as cash of a value of 2.5 million euros. **(p. 49)**

4. Cultivation, production, manufacture and trafficking

a) Narcotic drugs

369. In the past decade, West Africa emerged as a new hub for the smuggling of cocaine from South America to Europe. However, cocaine trafficking routes leading to West Africa seem to have lost some of their attraction in the past several years. Since 2007, drug traffickers seem to have turned to using containerized shipping to smuggle cocaine into West Africa. Nine of the 14 large seizures effected in 2011 were made in Benin, Cameroon, Ghana, Nigeria, Sierra Leone and Togo. Almost half of all maritime seizures of cocaine concealed in containers had departed from Brazil. The Plurinational State of Bolivia was the second most important country

of departure for cocaine destined for West Africa. The main destinations of cocaine consignments coming through Ecuador were Benin and Côte d'Ivoire. In November 2011, 530 kg of cocaine were seized from a sea freight container in Brazil destined for Europe via Benin. In October 2011, a record seizure of 1.5 tons of cocaine was made in Cape Verde. Furthermore, 480 kg of cocaine destined for Nigeria were seized in Brazil in October 2011, and 145 kg were intercepted in Cameroon on a ship coming from Brazil. In July 2012, Argentine customs officials at the Buenos Aires international airport seized more than half a ton of cocaine destined for Nigeria. **(p. 51)**

370. In addition, traffickers use commercial aircraft and carriers to transport cocaine shipments to West Africa. In 2011, Lagos airport was the main hub of cocaine smuggled to Europe by air. That year, over half of the air couriers coming from West and Central Africa that were arrested in European airports had departed from Nigeria; 26 per cent had departed from Cameroon, and 18 per cent had departed from Benin. Cocaine is also smuggled in air freight. In 2011, a consignment of 113 kg of cocaine was intercepted at the airport of Miami, United States; it had been sent from the Plurinational State of Bolivia and was destined for Benin. **(p. 51)**

371. Significant amounts of cocaine are smuggled directly from South America to the illicit markets of South Africa. Some cocaine is trafficked from West Africa to South Africa, either directly or via Angola and Namibia. Cocaine is regularly intercepted in Ethiopia, Kenya, Uganda and the United Republic of Tanzania. In 2011, Tanzanian customs authorities intercepted 86 kg of cocaine coming mostly from Brazil, and authorities in Mozambique intercepted at Maputo international airport 12 cocaine shipments, totalling 65 kg, on a route from India through Ethiopia to Mozambique. **(p. 51)**

372. Reports indicate that cocaine traffickers are increasingly attempting to smuggle cocaine to Europe through Morocco, with cocaine being shipped from South America to sub-Saharan Africa and the Sahel region and on to Morocco. **(p. 52)**

B. Americas

South America

1. Major developments

510. The region of South America suffers from the illicit cultivation of coca bush, opium poppy and cannabis plant, as well as the manufacture and production of and trafficking in the illicit drugs stemming from that cultivation. There is significant and growing abuse of these plant-based drugs among the region's population, as well as growing use of synthetic drugs of abuse, both those manufactured illicitly and those diverted from licit channels. In 2011, the total area of illicit coca bush cultivation significantly decreased in Bolivia (Plurinational State of) (27,200 ha) and slightly increased in Colombia (64,000 ha) and Peru (62,500 ha). The total area under illicit coca bush cultivation in South America in 2011 was estimated at 153,700 ha, indicating a minor decrease from the 154,200 ha reported in 2010. **(p. 71)**

511. As research is ongoing to determine the ratios for the conversion of coca leaf to cocaine in South America, UNODC did not provide any estimate of the global potential manufacture of cocaine in 2011. In 2010, UNODC estimated that the total global potential manufacture of cocaine ranged from 788 to 1,060 tons, indicating a decline in cocaine manufacture since the period 2005-2007. **(p. 71)**

512. Following the rejection of a proposal to amend article 49 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, concerning the abolishment of coca-leaf chewing by the parties to the Convention, the Government of the Plurinational State of Bolivia formally deposited with the Secretary-General an instrument of denunciation of the 1961 Convention as amended by the 1972 Protocol. The denunciation of the Convention took effect on 1 January 2012. In 2012, the Government launched an international campaign to solicit the support of States parties to the 1961 Convention for its strategy to re-accede to that Convention with a reservation. The Board expressed its concern in its annual report for 2011 that if the international community were to adopt an approach whereby States parties would use the mechanism of denunciation and re-accession with reservations to overcome problems in the implementation of certain treaty provisions, the integrity of the international drug control system would be undermined. **(p. 71)**

513. The Board noted with concern that in August 2012, the Government of Uruguay presented to its national congress a proposed law to legalize the production and sale of cannabis in the country. According to the proposed law, the Government would assume control and regulation over the activities of importing, producing, acquiring title to, storing, selling and distributing cannabis herb and its derivatives. If adopted, the law could be in contravention of the international drug control conventions to which Uruguay is a party. The Board, in line with its mandate, has sought a dialogue with the Government of Uruguay to promote the country's compliance with the provisions of the international drug control treaties, in particular the 1961 Convention. **(p. 71)**

514. The Heads of State and Government of the Americas attending the Sixth Summit of the Americas held in Cartagena de Indias, Colombia, in April 2012 released a final communiqué in which they expressed concern that criminal organizations involved in drug trafficking continue their attempts to infiltrate societies and undermine democratic institutions. The Heads of State and Government also mandated OAS to prepare a report on the drug problem in the Americas. **(p. 72)**

515. The abuse of cocaine in the Americas is no longer confined to North America and a few countries in the Southern Cone, but has spread across Latin America and the Caribbean. According to a CICAD report entitled *Report on Drug Use in the Americas: 2011*, in the period 2002-2009 about 27 per cent of cocaine abusers in the hemisphere were found in South America. The report, released in March 2012, also warns about the adverse health effects of the abuse of a variety of smokeable substances that are produced during the processing of cocaine hydrochloride. **(p. 72)**

2. Regional cooperation

519. The issue of combating microtrafficking of illicit drugs received increased attention from experts from Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay and Venezuela (Bolivarian Republic of) who attended the meeting of the Union of South American Nations South American Council on the World Drug Problem, held in Asunción, on 22 and 23 March 2012. The participants in the meeting called for a major commitment at the international level to address the problem. **(p. 72)**

3. National legislation, policy and action

524. In 2011, the Brazilian authorities increased control of the psychoactive substances lisdexamfetamine and atomoxetine (which are not currently under international control) by placing those substances under national control and including them on the national list of substances under special control. The Government also included the psychoactive substance mephedrone on the list of substances of prohibited use in Brazil. **(p. 73)**

4. Cultivation, production, manufacture and trafficking

a) Narcotic drugs

533. In recent years, most countries in South America have registered increases in cannabis herb seizures. **(p. 74)**

534. In Brazil, seizures of cannabis herb increased by 12 per cent, from 155 tons in 2010 to 174 tons seized in 2011. Most of the seized cannabis originated in Paraguay. **(p. 74)**

538. The large seizures of cannabis in South America are a source of concern, as they might be a sign of a significant increase in the magnitude of cannabis production in the region. The Board calls upon the Governments of the countries in South America to determine, to the extent possible and in cooperation with UNODC, the magnitude of and current trends in the illicit cultivation and use of cannabis plants in their territories and to further strengthen their efforts to combat such cultivation. **(p. 74)**

547. In 2011, cocaine seizures decreased in several countries, including Brazil, Colombia, Peru and Uruguay. In Colombia, seizures of cocaine (salts) decreased from 164.8 tons in 2010 to 146.1 tons in 2011, and in Peru seizures of cocaine (base and salts) decreased from 31.1 tons in 2010 to 24.7 tons in 2011. **(p. 75)**

548. In Brazil, seizures of cocaine (base and salts) decreased from 27.1 tons in 2010 to 24.5 tons in 2011. More than 50 per cent of cocaine seized in Brazil originated in Bolivia (Plurinational State of), about 40 per cent in Peru and less than 10 per cent in Colombia. **(p. 75)**

b) Psychotropic substances

556. Although the issue of the non-medical use of pharmaceutical drugs and the use of prescription drugs without a medical prescription, whether as self-medication or for recreational use, has gained greater attention in the Americas, specific information on such

non-medical use in the region is still limited. For example, standardized surveys on drug abuse among high school students in the Americas enquire about the use of pharmaceuticals in the broad categories of tranquillizers and stimulants. **(p. 75)**

558. Justifiable concerns over the spreading abuse of synthetic drugs in South America can be corroborated by seizures of sizeable amounts of amphetamine-type stimulants in the region, including in Argentina, Brazil, Chile, Colombia, Ecuador and Uruguay in 2011. For example, in Brazil alone, 170,000 units of amphetamine, 48,000 units of methamphetamine and 259,000 units of MDMA ("ecstasy") were seized in 2011. **(p. 76)**

5. Abuse and treatment

563. According to the preliminary results of a drug abuse survey released in 2012 by the National Institute of Public Policy for Alcohol and Other Drugs and the Federal University of São Paulo in Brazil, 7 per cent of the adult population in the country aged 19 to 59 have consumed cannabis at least once in their lives; over 60 per cent of those had done so before the age of 18. Even though cannabis consumption rates in Brazil are relatively low, the dependence rates are high; 37 per cent of cannabis users are dependent on the substance. The survey also found that three quarters of the Brazilian population was against the legalization of cannabis. **(p. 76)**

565. UNODC estimated that the overall average of the annual prevalence of cocaine abuse in South America in 2010 remained essentially stable, estimated at 0.7 per cent. The recent Brazilian drug abuse survey indicates that the last-year prevalence of cocaine abuse (any form of cocaine) among the adult population was 2 per cent. Despite a reported decline in cocaine abuse in some countries in the region, including Argentina and Chile, the demand for treatment for cocaine abuse exceeds demand for treatment for abuse of any other illicit drug. **(p. 76)**

567. The latest estimates of annual prevalence of the abuse of opioids for most of the countries in South America are at least five years old; therefore, a reliable comparison of opioid abuse within the region is not possible. According to the available data, the lowest rate of abuse of opioids in South America, 0.02 per cent, was reported in Colombia in 2008 and Venezuela (Bolivarian Republic of) in 2011, respectively. The highest rates of abuse of opioids were reported in Bolivia (Plurinational State of) in 2007 (0.6 per cent) and Brazil, in 2005 (0.5 per cent). In Brazil, non-medical use of prescription opioids accounted for most of the opioids abused. **(p. 77)**

569. According to the CICAD *Report on Drug Use in the Americas: 2011*, inhalant abuse may be a growing problem in the Americas, as youth seek out licit and easily available substances. Once considered to be a drug used almost exclusively by street children, the report indicates that inhalant abuse is firmly established among high school students in Latin America and the Caribbean. In most countries in both Latin America and the Caribbean, inhalants are the most common substance of abuse after cannabis and, in some countries, the past-year prevalence of abuse of inhalants exceeds the prevalence of cannabis abuse. **(p. 77)**

C. Asia

West Asia

4. Cultivation, production, manufacture and trafficking

a) Narcotic drugs

705. Cocaine seizures in West Asia are reported to be occurring with increasing frequency and to be of increasingly large amounts, with cocaine seizures increasing more than 20 times between 2001 and 2010. In 2011, Turkey seized a record 589 kg of cocaine — nearly double the amount in 2010 — and reported that the number of cocaine seizures had increased dramatically, as well as the average amount per seizure. Qatar, which has reported no cocaine seizures, was frequently identified as a transit area for cocaine trafficked from Brazil in 2011, often destined for countries in East Asia. **(p. 94)**

D. Europe

4. Cultivation, production, manufacture and trafficking

a) Narcotic drugs

771. Ships are still the main mode of transportation for cocaine trafficked to Western Europe, representing almost 80 per cent of the quantity seized by customs authorities in 2011; however, seizures by customs authorities at airports accounted for 15 per cent of the quantity seized in Western Europe. Cocaine is increasingly trafficked to Slovenia via container from Latin America, with shipments also arriving at ports on the Adriatic Sea and then entering Slovenia via the western Balkans. Of the cocaine seized by customs authorities in 2011 in Western Europe, 80 per cent was identified as having originated in Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Panama, Peru and Venezuela (Bolivarian Republic of). In 2010, cocaine deliveries to the Russian Federation arrived mainly from Ecuador. This trend continued in 2011, with two seizures carried out at the Saint Petersburg seaport, of 20.6 kg and 4.5 kg of cocaine arriving from Ecuador. Since 2009, the Caribbean region has become increasingly important in the trafficking of cocaine shipments destined for Europe. For example, the Dominican Republic was identified as the origin of 273 shipments, amounting to 3.5 tons, of cocaine seized by customs authorities in Western Europe in 2011. The significant increase, of about 50 per cent, in French seizures of cocaine in 2011 (almost 11 tons) compared with 2009 and 2010 was the result of seizures in the Caribbean. In January 2012, 1.2 tons of cocaine destined for the European market were seized on two vessels off the coast of Martinique. **(p. 102)**