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Report



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Psychotropic Substances: Statistics for 2004; 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/2005/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2005 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2005/4)

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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Report

of the International Narcotics Control Board for 2005



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Foreword

In the past, issues of international drug control have often been summarized in a model that incorporates a simplistic relationship between the supply of drugs and demand for them. Over the years, however, it has become apparent that problems of international drug control are among the most complex problems facing the world and that they cannot be solved by superficial measures.

As the International Narcotics Control Board demonstrated in its annual report for 2004, the fundamental interaction between the supply of and demand for drugs is anything but straightforward. The same applies to alternative development, which the Board has chosen to examine in the first chapter of its report for this year.

Alternative development started 30 years ago as “crop substitution”. It was based on the premise that illegal drug crops, in particular opium poppy and coca leaf, could be substituted by legal cash crops that would provide the crop growers with similar or even higher incomes. According to that simple model, the cultivation of illegal drug crops would then become undesirable, which would reduce the supply of raw materials and ultimately reduce drug abuse.

Unfortunately, experience has shown that this somewhat narrow and mechanical approach has not been very effective, although there have been isolated examples of successful alternative development. In practice, attempts at crop substitution have demonstrated that stopping the illicit cultivation of crops from which drugs are extracted and encouraging the cultivation of other crops are much more complex tasks than initially anticipated. It is now known that such programmes can only be successful if the people who grow the crops have an economically viable alternative to illicit cultivation and that the programmes must be combined with law enforcement and drug prevention activities. Furthermore, such measures will only be viable if they are conceived and implemented as long-term processes. They can never be a “quick fix”.

Today, alternative development is viewed as a continuing process in which the involvement of the target communities, the growers of illicit crops, is the key to success. The objective of preventing and, eventually, eliminating the illicit cultivation of plants from which drugs are extracted can only be achieved in the context of sustainable development efforts and within the framework of a comprehensive and permanent solution to the problem of illicit drugs. Alternative development is thus about providing holistic, legitimate alternatives for people whose only livelihood so far has come from the drug business. It is worth noting that, until now, alternative development has focused mostly on the growers of opium poppy and coca leaf, neglecting the fact that many cannabis plant growers throughout the world are in similar situations. Like opioid and cocaine abuse, the increasing abuse of cannabis cannot be resolved without also addressing the supply side of the equation and that too will require sustained alternative development programmes.

However, the concept of alternative development needs to be expanded even further, beyond the rural communities that cultivate illicit crops. Indeed, it seems likely that it is only possible to have a significant effect on the world drug problem if alternative development becomes much more inclusive, addressing the needs of the many other groups involved in drug abuse. For example, there are many communities, in particular in the larger cities of the world, that are so mired in the

drug problem that they deserve immediate attention and action. Although those communities are not in remote, mountainous areas, they are nonetheless isolated and sometimes even more marginalized than the communities where illicit crops are grown.

The links between drug abuse, deprivation, unemployment and certain types of criminal behaviour are well known. None of them, individually or collectively, cause drug abuse any more than drug abuse is the sole cause of crime, poverty and unemployment. However, the adverse conditions and behaviours often coexist and reinforce each other. In such an environment, with a readily available supply of drugs, the criminal lifestyle that accompanies drug abuse may be much easier and more attractive than legitimate activities. It is proposed therefore that the principles of alternative development, in its broadest sense, should be applied in socially marginalized urban environments, as well as in the remote rural areas where earlier efforts were focused. That will require sustained and comprehensive efforts to tackle social deprivation and to develop legitimate alternative occupations and lifestyles.

A much broader application of alternative development in both rural and urban societies will reap greater dividends than if it is practised in either of those societies alone because of the symbiotic nature of the relationship between supply and demand. Both rural farmers and socially marginalized city dwellers need and are entitled to a legitimate livelihood; renewed efforts should be made to reach both, striving to create environments less conducive to the production and abuse of drugs. These are not simple solutions; however, the truth is that there are no simple solutions in international drug control.



Hamid Ghodse
President of the International Narcotics Control Board

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Explanatory notes

The following abbreviations have been used in this report:

ACCORD	ASEAN and China Cooperative Operations in Response to Dangerous Drugs
ADD	attention deficit disorder
ADHD	attention deficit/hyperactivity disorder
ASEAN	Association of Southeast Asian Nations
CAFTA	Central American Free Trade Agreement
CAREC	Caribbean Epidemiology Centre
CICAD	Inter-American Drug Abuse Control Commission
CSTO	Collective Security Treaty Organization
DXM	dextromethorphan
ECO	Economic Cooperation Organization
ECOWAS	Economic Community of West African States
ESPAD	European School Survey Project on Alcohol and Other Drugs
GAFISUD	Financial Action Task Force of South America against Money Laundering
GBL	<i>gamma</i> -butyrolactone
GHB	<i>gamma</i> -hydroxybutyric acid
GIABA	Groupe intergouvernemental d'action contre le blanchiment d'argent en Afrique de l'Ouest
Interpol	International Criminal Police Organization
LSD	lysergic acid diethylamide
MDMA	methylenedioxymethamphetamine
MERCOSUR	Common Market of the Southern Cone
NATO	North Atlantic Treaty Organization
OCDETF	Organized Crime and Drug Enforcement Task Forces (United States of America)
PCP	phencyclidine
SACENDU	South African Community Epidemiology Network on Drug Use
SADC	Southern African Development Community
SENDU	SADC Epidemiology Network on Drug Use
THC	tetrahydrocannabinol
UNODC	United Nations Office on Drugs and Crime
UPU	Universal Postal Union
UNDP	United Nations Development Programme
WHO	World Health Organization

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

Data reported later than 1 November 2005
could not be taken into consideration in
preparing this report.

I. Alternative development and legitimate livelihoods

1. Alternative development¹ is a drug control strategy to reduce or eliminate the illicit supply of drugs derived from illicitly cultivated plants. It is a concept related to integrated development that has been applied in rural areas of developing countries where such plants, mainly opium poppy (*Papaver somniferum*) and coca bush (*Erythroxylum coca*), are grown. The decision to cultivate illicit drug crops is the product of many complex interacting factors at various levels, ranging from the household level to the international level, and encompassing both the supply of and demand for illicit drugs worldwide. The most successful approach to getting growers of illicit drug crops to discontinue that activity involves a combination of disincentives and incentives. Thus, law enforcement and the threat of penalties and/or forced eradication, combined with the prospect of legitimate alternative livelihood and broad sustainable economic assistance, including in the areas of education, health care and the development of infrastructure, may be the solution.

2. The international drug control treaties have provisions relating to the eradication of illicitly cultivated drug crops. Article 14 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988² states that parties to the Convention may cooperate to increase the effectiveness of eradication efforts and that such cooperation may include support, when appropriate, for integrated rural development leading to economically viable alternatives to illicit cultivation. Those alternatives will be bolstered if the authorities make clear that illicit drug crop cultivation will not be tolerated.

3. In the Political Declaration adopted by the General Assembly at its twentieth special session (Assembly resolution S-20/2, annex), the Assembly reaffirmed the need for a comprehensive approach to the elimination of narcotic drugs in line with the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development (Assembly resolution S-20/4 E) and stressed the special importance of cooperation in alternative development.

4. Since the adoption of the Political Declaration and the Action Plan in 1998, the importance of

alternative development has been emphasized in numerous resolutions adopted by the General Assembly (resolutions 53/115, 54/132, 55/65, 56/124, 57/174 and 58/141) and the Commission on Narcotic Drugs (resolutions 43/6, 45/14 and 48/9). In its resolution 45/14, for example, the Commission called on Member States to exploit more fully the potential of alternative development as an appropriate means of drug control. More recently, in its resolution 48/9, the Commission considered that alternative development should be regarded by the international community not only as a means of reducing illicit drug supply, but also as a means of consolidating sustainable development in those communities and territories affected by illicit crops and as a part of the strategy against poverty undertaken by States to fulfil the commitments of the United Nations Millennium Declaration (Assembly resolution 55/2). Alternative development programmes are implemented by Governments of affected countries, sometimes with funding and technical support from the United Nations Office on Drugs and Crime (UNODC) and other members of the international community. The goal of those programmes is to reduce and eventually eliminate the cultivation of illicit drug crops.

5. The present chapter contains a review of experiences in implementing alternative development programmes and highlights best practices, models for increasing the effectiveness of such programmes. At the same time, it takes into account challenges and concerns. The chapter also presents an examination of whether the concept of alternative development requires rethinking and repositioning in order to maintain or enhance its relevance as an international drug control strategy, in rural as well as urban areas.

A. Background

6. Alternative development plays an important part in efforts to achieve the global objective of reducing and eliminating the availability of narcotic drugs and psychotropic substances for illicit, non-medical purposes. In part, alternative development is based on a simple model of supply and demand in which reducing the cultivation of plants such as opium poppy and coca bush, which are used to produce narcotic drugs, should

lead to a reduction in the availability and subsequent abuse of those illicit drugs. However, the existence of such a simple interaction between the supply of and demand for illicit drugs is increasingly being questioned, including by the International Narcotics Control Board, most recently in its report for 2004.³

7. Alternative development has been implemented for over 30 years in countries in Asia, in particular in Thailand, since 1969, in Turkey since the early 1970s and in the Andean countries, in particular Peru, since 1981. The earliest alternative development efforts were initially conceived as crop substitution projects for areas where opium poppy was cultivated. In the late 1980s, the substitution approach to controlling illicit crop cultivation became broader, promoting rural development in general and providing sustainable legitimate livelihoods for those who had been growing illicit drug crops. The fulfilment of defined drug control objectives remains a priority objective, and alternative development has generally been considered in conjunction with different law enforcement measures, including eradication of illicit drug crops.

8. The main premise of crop substitution was that illicit drug crops could be substituted by legal cash crops, which would provide the crop growers with a similar or even higher income. It was only in 1994 that projects with a less narrow focus began to be planned and implemented in coca bush cultivation areas, as well as, to a very limited extent, in the cannabis plant cultivation areas of the Bekaa valley in Lebanon, where eradication efforts had previously taken place. Over the years, the previous narrow and mechanical approach proved to be less effective than expected.

9. A truly comprehensive concept of alternative development would include not only the cultivation of alternative crops, but also the development of infrastructure, the provision of a viable means of transporting legal products to markets and the provision of assistance in the areas of education and health care. In addition, alternative development programmes are only possible where adequate security and stability can be ensured. Unless Governments are able to establish their authority and provide a safe environment, alternative development has no chance of being effective. The international community should provide assistance to Governments in their efforts to maintain security in areas where alternative development is to be introduced.

10. Alternative development has been implemented in countries with very different characteristics, both in Asia (for example, in Afghanistan, the Lao People's Democratic Republic, Myanmar, Pakistan, Thailand and Viet Nam) and in Latin America (in Bolivia, Colombia and Peru). Most of those countries have experienced declines in illicit drug crop cultivation.⁴ Those declines may be attributed partly to alternative development efforts and partly to other factors. In several of the countries (Bolivia, the Lao People's Democratic Republic, Pakistan, Peru and Thailand, as well as, to a lesser extent, Colombia), growers of illicit crops have improved livelihoods with less or no illicit crop production. In 2004, the total area under opium poppy cultivation in all countries except Afghanistan amounted to only 32 per cent of the total in 1994; and only 43 per cent of the total area under coca bush cultivation in 1995 remained under such cultivation in 2003.⁵

11. Alternative development has generally been implemented in areas affected by the cultivation of opium poppy and coca bush rather than in areas affected by the cultivation of the cannabis plant:⁶ only two donor-supported alternative development projects have been implemented in areas affected by cannabis plant cultivation—one in the Rif valley in Morocco and the other in the Bekaa valley in Lebanon (where opium poppy was also being cultivated). Thus, there is limited experience with donor-supported alternative development programmes in cannabis plant cultivation areas.⁷ There is also limited experience with preventive alternative development.

12. Countries in which opium poppy and coca bush are illicitly cultivated have taken action with respect to alternative development using their own limited resources. For example, they have incorporated alternative development in national drug control master plans and tried to create a better investment climate in areas where drug crops are cultivated. Some countries have made significant investments in infrastructure to reduce the isolation of illicit drug crop cultivation areas from the mainstream of national socio-economic development. Some countries, such as Colombia, are working to create favourable market conditions for products and produce from alternative development areas. Overall, however, countries affected by illicit drug cultivation on a larger scale must consolidate general policy and structural changes in order to reduce the size and impact of the illicit drug economy. They

cannot do that without the active support of the international community. The strategy for alternative development in the Andean subregion may constitute a framework for ensuring such international support.

B. The difficult context of alternative development

13. Although occasionally there is “impatience” within the international community regarding the length of time required to achieve results through alternative development programmes, it must be stressed that such programmes are implemented under the most difficult conditions. A longer time frame is required to achieve both drug control and sustainable development objectives.⁸ Difficult conditions are present in all of the above-mentioned countries that are conducting alternative development programmes. Indeed, some of them are post-conflict societies or societies that continue to be marred by conflict. The conditions or factors that hinder the implementation of alternative development are discussed below, together with the issue of why a longer time frame is needed for alternative development to achieve both sustainable development and drug control goals.

Socio-economic conditions

14. The income derived from illicit drug crop cultivation is not always secure. In addition, narcotic crop growers are frequently marginalized in terms of their relationship to government structures, and women and children in particular are often in a vulnerable position. Some crop growers do not own the land they farm, nor do they have effective civil society organizations through which they can negotiate with organizations and institutions in the private or public sector. They have a low level of empowerment, and traditional community-based institutions may be weak; thus, the crop growers are more likely to fall under the influence of criminal networks. The fact that women in that segment of society are often socioculturally and economically disadvantaged makes it more difficult to mobilize them for alternative development. In South-East Asia, for example, it is mostly ethnic minority groups in the highland areas that have been involved in illicit drug crop cultivation. Often, the lack of socio-economic investment in these communities exacerbates their isolation from the mainstream.

Geographical and ecological factors

15. In countries in South-East Asia, many of the illicit opium poppy cultivation areas are found in remote mountainous border areas. That is partly true for Afghanistan as well. In Pakistan, areas used for opium poppy cultivation are also largely situated in remote border areas. Some of the coca bush cultivation areas in Latin America are also scattered in remote areas and lack adequate infrastructure.

16. Because of the remoteness of many opium poppy and coca bush cultivation areas in hilly or mountainous terrain, improvements in infrastructure are expensive and private investors are reluctant to make any investments in such areas. Moreover, such cultivation often takes place in the most ecologically fragile forested areas of the countries concerned and/or have major importance as watersheds. A considerable proportion of them are located in and around national parks. That is also true of areas used for the illicit cultivation of cannabis plants. Surveys conducted by UNODC show that the fragile ecosystem of the Rif valley area in Morocco, an important centre for cannabis production, is threatened by deforestation and soil erosion, caused by continued illicit cultivation of cannabis plants.

17. In the absence of secure land use rights, patterns of sustainable land use are unable to develop, thus further endangering the tropical and semi-tropical ecosystems. The severely degraded soil and the ecological fragility of those areas limit the agro-economic options available to growers of illicit crops.

Investment and marketing

18. It is difficult to secure investment and to market produce in geographical areas that are remote and difficult to access; in such areas, farmers are unable to sell their products easily, including products intended to be “substitutes” for illicit drug crops, such as coffee, cacao, rubber, vegetables, fruit, wood, flowers and handicrafts. The terms of trade may be unfavourable to them, as market prices are determined far from the alternative development areas. Market price instability (for example, the world prices for coffee and cocoa) causes uncertainty among farmers, as it means that their livelihood will continue to be vulnerable. At the same time, farmers may perceive that marketing conditions are better for illicit crops. In many countries where illicit crop cultivation takes place, the illicit

drug crop markets are better developed and more firmly entrenched than the licit crop markets. That leaves crop growers even more vulnerable to becoming economically dependent on drug traffickers.

Lack of services

19. There is often an absence of government services, especially health, education and agricultural extension services, in areas where illicit drug crop cultivation flourishes, in particular when those areas are located in remote, border and/or conflict-ridden areas of the country. Other necessary services, such as banking, communication or transport facilities, may also be absent.

Law and order

20. Some illicit crop cultivation areas are characterized by various types of conflict and/or lack of law and order. In the main coca bush cultivation areas in Colombia, for example, despite its many efforts, the Government has been unable to maintain a level of peace and security that allows people to pursue their livelihood without fear. In Africa, Asia and Latin America, money obtained from the sale of illicit drugs has been used to purchase weapons and to support war and rebellion. People living in such areas may have little direct experience with the State except for the military or law enforcement authorities. That may result in a lack of trust between the people and the local government, making it even more difficult to develop the necessary partnerships between civil society organizations and government and to provide services and/or encourage investment in such areas.

21. As a result of the above-mentioned factors, growers of illicit crops may fall under the influence of armed groups who use the proceeds of drug trafficking to support their activities against the State. Illicit crop growers may also have closer ties to armed groups, drug traffickers and other criminal organizations than to government organizations and may even perceive those ties as being beneficial. Moreover, many developing, transitional and post-conflict societies lack a well-functioning legal system, which is fundamental to drug control efforts.⁹

C. Principles of alternative development

22. Best practices in socio-economic development normally refer to practices followed in the course of a project or programme that have led to a successful outcome, to solutions to certain problems and to a positive impact that is sustainable. Best practices in alternative development are closely related to sound principles of development. They explicitly include gender and poverty considerations.¹⁰ However, the conditions required for best practices to develop and flourish are often not available in alternative development projects, particularly if the projects are being implemented under the difficult conditions outlined above. If sustainable drug control is to be successful at the community or farm level, it will need the proper conditions, including political stability, security and good governance.

23. The principles described below relate to alternative development in the context of households that would be included as target groups under national poverty reduction strategies; the proceeds from cultivation of illicit drug crops account for a significant part of the income of such households. The principles do not refer to smaller groups of “opportunistic” growers of illicit drug crops, who have not previously been dependent on such crops for their livelihood, or to “plantation” growers. Given the specificities of each area, there is no manual or definitive guidelines for alternative development. However, concrete measures for building capacity and awareness on the part of government and civil society institutions (including non-governmental organizations) are urgently required to implement the principles. The principles are as follows:

(a) Political will, funding and long-term commitment are required of all stakeholders, including national and local governments, the local population and the international community;

(b) Alternative development should be consistent with sustainable development policies, strategies and practice in the affected communities;

(c) The design of alternative development programmes must take into account both the complexity of livelihoods based on the cultivation of opium poppy, coca bush and cannabis plant and the role that those crops play in growers’ lives. Thus, the

issues of governance, the environment, human and social capital and sustainable development must be used as the basis for a comprehensive, sustainable approach to alternative development;

(d) The full participation of the crop growers, their families and the community is necessary in designing, implementing, monitoring and evaluating alternative development strategies. That participatory approach must be complemented by collective and collaborative initiatives, allowing large-scale projects to be implemented;

(e) Law enforcement must accompany alternative development programmes. Law enforcement efforts should be sensitive to the crop growers' living conditions and should involve a variety of measures, including measures that create disincentives to discourage growers from cultivating illicit crops. Trust in law enforcement must be increased, including through vigorous efforts to fight corruption;¹¹

(f) Law enforcement measures in illicit crop cultivation areas should focus on the drug trafficking and criminal organizations and their armed networks, which are often the impetus behind growers' decisions to cultivate illicit crops. Disrupting the operations of drug trafficking organizations cuts the supply chain and excludes the buyers of the illicit crops; as a result, illicit drug crops cease to be a source of income for growers and, consequently, eradication can be more easily implemented;

(g) Measures for drug abuse prevention, education and treatment should be integrated into alternative development programmes, as the higher exposure of families to drugs in illicit crop cultivation areas, combined with other factors such as vulnerability, hopelessness and disempowerment, may put them at higher risk of drug abuse and addiction;

(h) Alternative development must be integrated into all general development and investment efforts at the local, national and international levels to optimize efforts to diminish the illicit drug economy and thus becomes a cross-cutting issue.¹²

24. When implementing alternative development projects and programmes, both Governments and international donors are understandably eager to achieve the maximum possible reduction in the area under illicit drug crop cultivation within the shortest

possible time frame. Too little recognition, however, has been given to the conditions supporting alternative development, which are required for best practices to lead to "best results". If those conditions, which arise from the policy and funding, the marketing or the law and order/security contexts, are absent, alternative development programmes are bound to have limited results. When the expectations of Governments and donors are unrealistic, it can be counterproductive and lead to unintended results, such as a sudden lack of alternative sources of income for the people concerned. Parallel efforts, involving law enforcement and eradication on the one hand and the provision of legitimate alternative livelihood on the other, are necessary.

D. The alternative development balance sheet

Achievements

25. Alternative development has contributed to a reduction in areas cultivated with illicit drug crops. A development-oriented approach has improved the livelihood of crop growers while leading, in some cases, to sustained reductions in illicit drug crop cultivation. A consistent development-oriented approach, such as that which has been practised in Thailand, can achieve good results in terms of significant illicit drug crop reductions. In Thailand, the total area under opium poppy cultivation amounted to 17,900 hectares in the crop year 1965/66, whereas in 2000 it had been reduced to only 330 hectares—a reduction of 98 per cent.¹³ There is also evidence in other countries that a consistent development-oriented approach can have good results. In the Lao People's Democratic Republic, for example, the total area under opium poppy cultivation dropped by 75 per cent, from about 26,000 hectares in 1998 to only 6,600 hectares in 2004.¹⁴ In Colombia, the total area under illicit coca bush cultivation decreased by one half, from 163,000 hectares in 2000 to 80,000 in 2004; and in Peru, the total area under such cultivation declined from about 115,000 hectares in 1995 to 44,200 in 2003—a reduction of 62 per cent.¹⁵ While not all of the above-mentioned declines may be attributed to alternative development, it has made a significant contribution.

26. Experiences with alternative development also indicate that long-term commitments are required and that the conditions supporting socio-economic development must be firmly in place.

Challenges and concerns

27. Although alternative development programmes provide initial assistance to crop growers, the problem of long-term sustainability of secure livelihoods may remain. The licit crops that growers may choose to cultivate for the market (for example, coffee) are subject to the price fluctuations or other market uncertainties associated with many agricultural products. Alternative development programmes have also been faulted for promoting products that had no viable markets to begin with. Owing to changes in the structure of international tariffs and trade, markets for products from alternative development areas may not remain open or may become subject to insurmountable competition. Despite repeated calls by the international community, including by the General Assembly, for improved market access for the products of alternative development programmes, difficulties in strengthening the licit economy via legitimate marketing channels remain.¹⁶

28. One issue often overlooked is the need for providing adequate facilities for providing credit—perhaps microcredit as part of alternative development programmes—for illicit crop growers. Currently, legitimate credit facilities are often not available to illicit crop growers. As a result, growers who have given up cultivating illicit crops but whose livelihood is not secure are more likely to return to cultivating such crops.

29. One related issue is that of creating a balance between development efforts and law enforcement measures in illicit crop cultivation areas. How should that balance be achieved so that a majority of crop growers do not end up being worse off, as that would increase the possibility of them being lured back to cultivating illicit crops? Through what mechanisms can, for example, development and law enforcement officials cooperate with crop growers' representatives in peace and security? Law enforcement officers in alternative development areas require special training to ensure that they are involved with the communities in a positive manner, so that they are not seen as acting

against the well being of the people in those communities.

30. To date, alternative development has been implemented largely in the context of individual rural development projects and/or programmes in isolated areas. This predominance of project-by-project implementation does not provide adequate opportunities for alternative development to have an impact on drug control on a larger scale or on conditions related to drug control. The vast majority of illicit crop growers, particularly the large number of cannabis plant growers in developing countries, have unfortunately never received direct alternative development assistance.¹⁷ It is also unrealistic to believe that this majority could ever be reached through individual projects. The "project-by-project" approach has made it more difficult to bring alternative development into the mainstream of general development policies and programmes because the attention of both governments and donors has been focused on individual or pilot projects rather than on the need for change in overall policies and programmes. Moreover, such geographically limited projects rarely provide adequate scope for the integration of development and law enforcement measures.

31. Although the Commission on Narcotic Drugs has made numerous calls for preventive alternative development, no country has yet implemented such programmes, despite the fact that, in areas where there is a high level of poverty, there is often a high risk of illicit crop cultivation. Preventive alternative development will provide valuable lessons in understanding the mechanisms and dynamics involved in preventing an illicit drug economy from being established.

32. Another concern, one that has become virtually inseparable from illicit crop cultivation, is the environment, which is an especially serious problem in coca producing areas. It is estimated that more than 88,000 hectares of coca bush were cultivated in the Amazon in 2004, affecting important rainforest and natural ecosystems and having serious implications for the global environment. In addition, the initial processes for cocaine manufacture may also be taking place close to where the coca itself is harvested, resulting in dangerous chemical waste. It has been estimated that hundreds of thousands of tons of

chemicals are used annually for cocaine manufacture in the Andean subregion.¹⁸ Chemical residues tend to be dumped into the rivers and streams of already fragile ecosystems.

33. Regrettably, there are virtually no alternative development projects or programmes in Africa, despite the large amount of cannabis produced in that region. Likewise, cannabis production and drug abuse do not receive sufficient attention in poverty reduction strategies prepared by African countries. While most countries in Africa produce cannabis, there are some 17 countries that produce it in significant quantities. In its report for 2003, the Board noted that food shortages in sub-Saharan Africa were being exacerbated by the increasing cultivation of cannabis plant.¹⁹ In some member States of the Southern African Development Community (SADC), for example, maize cultivation has been given up in favour of cannabis plant cultivation. African women are particularly disadvantaged in that, while they are primarily responsible for food grain production, it is their fields that are being taken over by men for the cultivation of illicit crops as cash crops.

34. The gender issue must be given higher prominence in alternative development programmes—and in drug control in general—than it has been given to date. In more traditional agricultural communities throughout the world, women are responsible for many farming operations. In other words, without women's active involvement in different parts of the farming process, illicit crop cultivation in some areas might not be possible. Though women may also be against illicit crop cultivation because it increases the risk of their own family members becoming drug abusers or addicts, women are often not in a position to influence decisions concerning their families.

E. Complex and changing drug scenarios: the need to reduce illicit drug demand

35. The structure of drug problems has changed markedly over the centuries; in the past 50 years, there have been significant changes in terms of the drugs abused, the methods of abuse, the age of drug abusers, the location of the drug abuse, the size and sophistication of drug trafficking networks etc. Distinctions that were once made between developed consumer countries and developing producer countries

are no longer relevant. In addition, at the microlevel, there is a certain inelasticity of demand among established addicts, which means that the view that “reduced illicit drug production equals higher drug prices, which equal lower drug demand” may not hold true. Although addicts may be more likely to seek treatment when drug prices rise, appropriate treatment facilities may be lacking, particularly in developing countries. Therefore, pursuing alternative development to reduce illicit drug supply without introducing prevention and treatment programmes for drug abusers is counterproductive. As the Board pointed out in its report for 2004,²⁰ there must be a thorough integration of supply and demand strategies, analyses and programmes.

36. Drug demand and supply change all the time. Those changes include the pricing and marketing of plant-derived drugs such as heroin and cocaine, synthetic opioids, and synthetic drugs, including various amphetamine-type stimulants. Some of those drugs have legitimate uses as pharmaceuticals, creating complex interactions between the licit and illicit drug markets. There are many factors that interact to result in different drug abuse scenarios with different outcomes. For example, reductions in illicit drug supply have at times resulted in increases in street-level prices and the desired reduction in illicit drug demand. At other times, however, drug traffickers have been able to adjust the purity of drugs at the street level to keep prices constant and retain their “market share”. In both cases, the outcomes may not last long, which further indicates the necessity of making a long-term commitment to the provision of legitimate alternative livelihoods.

37. Although reduced drug crop production assists in weakening illicit drug availability in certain areas, the overall demand for illicit drugs remains.²¹ This demand may be met from the illicit supply of synthetic drugs. In Thailand, which has successfully reduced opium production, there has been an upsurge of amphetamine-type stimulants: people who had previously been involved in opium trafficking networks are now trafficking in amphetamine-type stimulants. More preventive alternative development efforts, in both urban and rural areas, would have made a difference.

38. The case of Thailand shows clearly that society should not reduce its commitment to drug abuse

prevention, education or treatment programmes merely because there have been reductions in the supply of certain drugs such as opium and heroin. Throughout East and South-East Asia, with the changing illicit drug market patterns, many drug abusers have switched from smoking opium to injecting heroin, thereby significantly increasing the risk of blood-borne infection. While reduction of the supply of any illicit drug is a highly desirable goal, adequate prevention, education and treatment programmes are also necessary to ensure an overall and long-lasting reduction of drug abuse.

39. The necessity of ensuring that alternative development programmes—and programmes aimed at sustainable development in general—take adequate account of HIV/AIDS issues is often overlooked. That is partially because drug abuse, which has, in some cases, contributed to the spread of HIV/AIDS, is often perceived only as an urban phenomenon. However, given the fact that there is usually an increase in drug abuse along major drug trafficking routes and near major drug-producing areas, drug demand reduction and HIV/AIDS prevention programmes should be integrated into alternative development programmes whenever possible.

F. Future direction of alternative development

40. Given the complexities of the global drug situation, the time has come to ask whether the current perception of alternative development is adequate to meet new challenges. Perhaps the first issue that needs to be addressed is the lines of distinction that continue to be drawn between drug supply and demand. In its report for 2004, the Board examined the relationship and interaction between the supply of and demand for illicit drugs and the synergistic impact of complementary efforts; it also emphasized the need to utilize balanced, combined and integrated approaches to drug control at all levels for maximum effectiveness.²² It is questionable whether alternative development should continue to be seen almost solely in terms of supply reduction, as defined in 1998 by the General Assembly at its twentieth special session (Assembly resolution S-20/4 E). If a more comprehensive definition is to be considered, it would also be important to take a closer look at rural, peri-

urban and urban communities in terms of their development-oriented drug control needs. Like the challenges facing those involved in reducing illicit drug supply and demand, the challenges facing those communities should be seen as a continuum whose different parts are strongly interlinked. Poverty, despair and lack of prospects are some of the reasons why people have become involved in drug abuse and other drug-related activity. Most importantly, the geographical scope of development-oriented drug control would be much broader than that of alternative development, which is currently limited to only part of the world's illicit crop cultivation areas.

41. The alternative development projects that have been implemented to date do not have links at the micro- or macrolevel and at the regional and global levels, which would increase their effectiveness. To rectify this, alternative development should be taken out of the confines of the “project-by-project” approach and be seen as a cross-cutting issue, involving a multitude of players at the local, national and international levels. What is needed in areas more seriously affected by drug problems and in countries dominated by the illicit drug economy are overall development approaches that take such problems more fully into account. In other words, there is a need to follow overall development approaches that fully integrate into the mainstream the principles and practices of alternative development, including coordination with law enforcement agencies, whether in a rural or an urban context.

42. Alternative development programmes are more effective as an integrated part of a comprehensive and sustained national development programme, aimed at raising the economic and social well-being of the entire population. The issue of illicit drug crops has been mentioned in the poverty reduction strategy papers for Bolivia, as well as for the Lao People's Democratic Republic (which has made efforts to address problems related to addiction to opium and amphetamine-type stimulants).²³

43. With the integration of drug supply and demand, the boundaries of alternative development need to be redefined in terms of “alternative livelihoods”. In more recently planned programmes, the focus has been on alternative livelihoods as, with the inherent understanding of the interactions from household to policy levels, this concept is broader than alternative

development and lends itself better to mainstreaming. The newly adopted drug control strategy of Afghanistan, for example, includes alternative livelihoods as one of the main areas for intervention. Bolivia, Colombia, Ecuador, Peru and Venezuela (Bolivarian Republic of), have recently adopted a plan for sustainable alternative livelihoods as part of a regional approach to combating illicit crop cultivation.

44. Legitimate alternative livelihoods should be considered not only in rural areas where illicit drug crops are cultivated, but also in areas, both rural and urban, where illicit drugs are abused. In many cases, producers and local communities no longer have the traditional structure for assisting producers and abusers of illicit drugs in coping with socio-economic problems. In particular, illicit drug users are often marginalized, living under difficult circumstances such as in the slums of large cities, and may require special development efforts to overcome their problems. Members of marginalized communities in urban areas may also be forced by violent gangs into drug dealing at the street level. The street-level dealers themselves are often addicts, requiring access to prevention, education and treatment programmes. In such situations, there may be almost no opportunities for earning legitimate income. In such cases, well-defined policies—including input from the affected groups—are needed to help reduce drug problems, including drug-related crime.

45. In today's globalized society, donor countries can no longer afford to pay attention only to drug abusers on their own territory. If demand does indeed influence supply, then local demand (in countries where illicit drugs are produced) as well as international demand, may also influence drug production. The implication for the international community is that it is not enough for alternative development or development-oriented drug control to be seen in the framework of only limited circles of supply and demand within a single country or region.

46. Bearing in mind the goals set in the Political Declaration adopted by the General Assembly at its twentieth special session, it is doubtful that alternative development can be effective if it is conceived as only being relevant mainly at the individual and community levels. As mentioned above, there are many national and international factors that play a role in local economies, including illicit drug economies. It is

necessary to look at international terms of trade, for example. Are adequate concessions made to the growers of alternative crops to ensure that their produce receives a fair price? Are international markets open enough to allow unhindered access of alternative development crops and products? The Commission on Narcotic Drugs, in its resolution 45/14, reiterated the necessity to encourage access to international markets for products and produce from alternative development areas. In its resolution 2003/37 of 22 July 2003, the Economic and Social Council called upon the international community and Member States to promote an economic environment favourable to products from alternative development and facilitating the access of such products to international markets as an effective and efficient means of eliminating the illicit economy. Are domestic markets established in a such a way as to give advantages to produce and products from alternative development areas? Given the strength of illicit market mechanisms, it is of crucial importance to ensure that licit market mechanisms are made as favourable as possible to produce and products from alternative development areas. The private sector has an important role to play in this regard, through opening markets to products made as part of the implementation of alternative development programmes.

G. Conclusion and recommendations

47. Alternative development as conceived and practised over the past 15-20 years has, in some case, played a role in achieving a reduction of illicit cultivation of opium poppy, and, to a lesser extent, coca bush, while at the same time bearing in mind humanitarian considerations vis-à-vis the crop growers.

48. In addition, there is increasing recognition that the focus of alternative development, as it has generally been practised, needs to be broadened, paying greater attention to the needs of marginalized and neglected populations in both rural and urban areas. Governments, international organizations and the other parties concerned need to ensure that the relevant communities—not just communities growing illicit drug crops but all communities affected by the illicit drug economy—are provided with legitimate livelihoods that are both viable and sustainable in the long term. This includes programmes of economic and

social policy that will generate and promote lawful, sustainable socio-economic options for the communities and populations that have engaged in illicit drug activities, as well as measures of security created by effective, community-oriented law enforcement.

49. In order to assist Governments in meeting the goals set for 2008 in the Political Declaration adopted by the General Assembly at its twentieth special session, the Board recommends the following:

(a) Governments and regional bodies should make more comprehensive analyses of the dynamics of the illicit drug economy in both individual countries and regions, in order to understand the impact it has on different aspects of the local economy and to ensure that each alternative livelihood strategy is suited to the area concerned. Governments should enhance joint strategies to strengthen alternative development programmes, including by providing training, education and technical assistance, with the aim of eliminating illicit crop cultivation and fostering economic and social development;

(b) Governments, the United Nations and other organizations of the United Nations system, including the World Bank and the International Monetary Fund, should integrate alternative development into their broader development programmes. The current "project-by-project" approach to alternative development should be changed, with commitment being made towards long-term strategies for the provision of legitimate alternative livelihoods. For example, cannabis-producing countries in sub-Saharan Africa should include the issue of cannabis plant cultivation in future revisions of their poverty reduction strategies;

(c) Governments should formulate their domestic and international trade policies, in particular policies regarding access to markets for products and services from alternative development areas, with a view to helping to reduce the illicit drug economy, wherever it exists;

(d) Governments and civic bodies should increase their alertness and anticipate changes in drug abuse and drug trafficking patterns, in order to maintain a proactive stance on strategies for providing legitimate livelihoods;

(e) Governments should ensure that law enforcement activities in illicit crop cultivation areas contribute to the building of trust between the local communities and the authorities and should promote the greater involvement of communities in the formulation of policies to deal with the various aspects of the drug problem. In order to be effective, law enforcement should be considered a supportive factor in the context of overall socio-economic development. Governments should be called upon to ensure that law enforcement officials who work with communities affected by the illicit drug economy are sufficiently trained in the principles of alternative development. Illicit crop eradication programmes and programmes for the provision of legitimate alternative livelihoods must be conducted simultaneously to ensure synergy;

(f) As part of alternative development strategies, Governments should ensure that adequate public services, such as schooling, health care and basic infrastructure, are provided to local communities. In rural areas, the farming population should be assisted and protected in the areas of land security and sustainable land development;

(g) Governments should promote the greater involvement of local women and men, as well as non-governmental organizations and other members of civil society, in developing and proposing solutions to the different aspects of the drug problem affecting their daily lives;

(h) Governments and other members of the international community should consider more supportive national and/or international policy changes to help reduce the illicit drug economy wherever it may exist. This especially includes domestic and international trade policy and openness of markets to products and services from alternative development areas;

(i) Governments and other members of the international community should consider the fact that, since illicit crop production areas generally represent marginalized areas, more efforts are required to develop them. That development may be under a programme for providing alternative livelihoods or under a programme for promoting socio-economic development and achieving the Millennium Development Goals;

(j) Governments should identify population groups that are vulnerable to drug abuse wherever they may be and determine which policy and development measures would be most beneficial to them in providing legitimate livelihoods;

(k) Governments and other relevant institutions, including intergovernmental organizations, should share and disseminate their experiences with alternative development, ensuring the involvement of both local communities and academic and research institutions in that process, with a view to expanding the knowledge base of alternative development programmes;

(l) In keeping with the Board's recommendations of 2004, Governments and other members of the international community should move away from the traditional separation of "supply and demand" in terms of defining drug problems and their solutions and ensure their integration at all levels, including in the context of alternative development.

II. Operation of the international drug control system

A. Narcotic drugs

Status of adherence to the Single Convention on Narcotic Drugs of 1961

50. On 1 November 2005, the number of States parties to the Single Convention on Narcotic Drugs of 1961,²⁴ or to that Convention as amended by the 1972 Protocol,²⁵ stood at 183; 180 of those States were parties to that Convention as amended by the 1972 Protocol.²⁴ Since the publication of the report of the Board for 2004, Angola, Bhutan and Cambodia have become parties to the 1961 Convention as amended by the 1972 Protocol and Nicaragua has become a party to the 1972 Protocol amending the 1961 Convention.²⁶ Afghanistan, Chad and the Lao People's Democratic Republic continue to be parties to the 1961 Convention in its unamended form only.

51. A total of nine States have not yet become parties to the 1961 Convention: one State in Africa (Equatorial Guinea), two in Asia (the Democratic People's Republic of Korea and Timor-Leste), one in Europe (Andorra) and five in Oceania (Kiribati, Nauru, Samoa, Tuvalu and Vanuatu).

Cooperation with Governments

Submission of annual and quarterly statistics on narcotic drugs

52. The majority of States regularly submit the mandatory annual and quarterly statistical reports. By 1 November 2005, a total of 171 States and territories had submitted to the Board annual statistics on narcotic drugs for 2004, in conformity with the provisions of article 20 of the 1961 Convention. That accounts for 81 per cent of the 210 States and territories required to furnish such statistics. A total of 188 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2004; that figure represents 90 per cent of the 210 States and territories requested to furnish those data. The rate of submission was similar to that of the previous year.

53. The Board urges all Governments to furnish in a timely manner all statistical reports required under the 1961 Convention. In 2005, the Board noted an

improvement in the furnishing of statistical data by Cameroon, Côte d'Ivoire, Ghana, Pakistan, Romania, the Russian Federation, Uruguay and Zimbabwe. In addition, after not furnishing annual statistical reports for several years, Bosnia and Herzegovina, Guinea, Micronesia (Federated States of) and Nauru resumed the submission of those reports. The Board will continue to monitor the situation closely in countries whose Governments do not regularly submit the required reports. The Board is ready to assist Governments with a view to facilitating their compliance with their obligations under the 1961 Convention.

54. Parties to the 1961 Convention are obliged to submit annual statistical reports on narcotic drugs to the Board not later than on 30 June following the year to which they relate. The Board continues to be concerned that several States, including some that are major manufacturers, importers, exporters or users of narcotic drugs, did not comply with that requirement in 2005. The late submission of reports makes it difficult for the Board to monitor the manufacture of, trade in and consumption of narcotic drugs and hampers the Board's analysis. The Board urges all States that experience difficulties in complying in a timely manner with their reporting obligations to take all measures necessary to ensure the observance of the deadline set in the 1961 Convention for the submission of annual reports.

Estimates of requirements for narcotic drugs

55. The Board wishes to remind all Governments that the universal application of the system of estimates is indispensable for the functioning of the control system for narcotic drugs. Lack of adequate national estimates is often an indication of deficiencies in the national control mechanism and/or health system of a country. Without proper monitoring and knowledge of the actual requirements for narcotic drugs, there is a risk, if estimates are too low, that narcotic drugs available for medical treatment may be insufficient. If estimates are too high, there is a risk that drugs traded in a country may be in excess of medical needs and may be diverted into illicit channels or used inappropriately. A well-functioning health and regulatory system is

necessary to assess the actual requirements of narcotic drugs in every country.

56. By 1 November 2005, a total of 168 States and territories had furnished their annual estimates of narcotic drug requirements for 2006. That number, which represents 80 per cent of the total of 210 States and territories required to furnish such estimates, is slightly lower than the number of States and territories that had provided, by 1 November 2004, estimates for 2005. The Board is concerned that several States and territories failed to provide their estimates in time for examination by it, in spite of being reminded to do so. The Board had to establish estimates for those States and territories in accordance with article 12, paragraph 3, of the 1961 Convention.

57. The estimates established by the Board are based on the estimates and statistics furnished in the past by the respective Governments. In some cases, when such statistics and estimates had not been received for several years, the estimates were lowered considerably in order to reduce the risk of diversion. As a result, the States and territories concerned may experience difficulties in importing in a timely manner the quantities of narcotic drugs required to meet their medical needs. The Board urges the Governments concerned to take all the necessary measures to establish their own estimates of narcotic drug requirements and to furnish those estimates to the Board as soon as possible. The Board is ready to assist those Governments by providing clarifications on the provisions of the 1961 Convention relating to the system of estimates.

58. The Board examines the estimates received, including supplementary estimates, with a view to limiting the use of narcotic drugs to the amount required for medical and scientific purposes and to ensuring adequate availability of those drugs for such purposes. The Board contacted several Governments prior to confirming estimates for 2006, since those estimates, according to information available, appeared to be inadequate. The Board is pleased to note that, in 2005, as in previous years, most Governments provided explanations promptly or corrected their estimates.

59. The Board notes that the number of supplementary estimates furnished by Governments in accordance with article 19, paragraph 3, of the 1961 Convention increased in 2005. A total of 432

supplementary estimates had been received by 1 November 2005, compared with fewer than 250 in 2001. The Board reiterates its request to Governments to calculate their annual medical requirements as accurately as possible so that it will be necessary to submit supplementary estimates only in cases of unforeseen circumstances.

Shortcomings in reporting estimates and statistics of narcotic drugs

60. The Board examines the statistical data and estimates submitted by Governments and contacts the competent authorities, as necessary, in order to clarify inconsistencies identified in their reports that may indicate shortcomings in national control systems and/or the diversion of drugs into illicit channels. The Board is concerned that some Governments continue to experience difficulties in providing complete statistical reports and estimates because of deficiencies in their national monitoring and reporting systems. The Board urges all Governments concerned to strengthen their domestic monitoring and reporting systems to ensure accurate reporting to the Board.

61. In order to help Governments to overcome difficulties in reporting, the Board posted on its website explanations of the reporting requirements for narcotic drugs, including a list of the most frequent problems identified in the estimates and statistical data submitted in the past. Governments are invited to use those explanations, or contact the Board for further clarification, if they experience problems in reporting on narcotic drugs.

Modifications to the Board's technical report on narcotic drugs

62. Every year, the Board publishes a technical report on narcotic drugs.²⁷ The report is used for control purposes by Governments and serves the needs of researchers, enterprises and the general public. The data in the report are based on information furnished by Governments to the Board in accordance with the relevant provisions of the 1961 Convention. In 2004 and 2005, the Board carried out a survey to assess the needs of users of its technical reports on narcotic drugs and psychotropic substances. Information from users was obtained, inter alia, by means of a questionnaire sent to the competent authorities of all States and territories, selected pharmaceutical companies and

other users, including international organizations and associations of professionals.

63. Based on the information gathered through the survey, the Board decided to make some modifications to the technical report on narcotic drugs. The notes on the use of various sections and tables were amended to provide more detailed explanations on the information contained in the publication. Three additional tables were included in the report, in view of the new developments in the manufacture and use of opiate raw materials. The table on world trade was redesigned to reflect three-year data series.

Prevention of diversion into the illicit traffic

Diversion from international trade

64. In 2005, as in recent years, no cases involving diversion of narcotic drugs from licit international trade into the illicit traffic were detected, in spite of the very large quantities of substances and the large number of transactions involved. The system of control measures laid down in the 1961 Convention provides effective protection of international trade in narcotic drugs against attempts at their diversion into illicit channels.

65. Effective prevention of the diversion of narcotic drugs from international trade requires the implementation by Governments, in cooperation with the Board, of all control measures for those drugs, as provided for in the 1961 Convention. While most Governments are fully implementing the system of estimates and the import and export authorization system, in 2004 and 2005 a few Governments authorized exports of narcotic drugs from their countries in excess of the corresponding total of the estimates of the respective importing countries. The Board reminds the Governments concerned that such exports are contrary to the provisions of article 31 of the 1961 Convention and could result in the diversion of narcotic drugs into illicit channels if falsified import authorizations are used by drug traffickers. The Board has urged the Governments in question to ensure compliance with the provisions of article 31 of the 1961 Convention when authorizing exports of narcotic drugs in the future. The Board advised the Governments concerned to consult the annual estimates of requirements for narcotic drugs for each importing country and territory, which are published by the Board

in its technical report on narcotic drugs, as well as the monthly updates of the list of estimates.

Diversion from domestic distribution channels

66. Contrary to international trade, the diversion of pharmaceutical preparations containing narcotic drugs from domestic distribution channels and the abuse of those preparations have continued in many countries. The Board included in its report for 2004 information obtained by means of a questionnaire, sent to the Governments of selected countries, on the diversion and abuse of such preparations and on action taken to counter such activities.²⁸ During 2005, a few additional Governments replied to that questionnaire; some of the information provided is summarized below.

67. The diversion and abuse of pethidine continue to pose problems in several countries, as confirmed by reports in Bangladesh, China, Uganda and Zimbabwe. In those countries, pethidine was stolen from pharmacies or hospitals or abuse of prescriptions for pethidine was facilitated by medical or related professionals. In China, stricter controls for dispensing and administering drugs in hospitals have been applied with a view to preventing such diversions.

68. In several countries, the diversion and abuse of narcotic drugs involve preparations for which certain control measures (such as a prescription requirement) are not mandatory under the 1961 Convention. In China, where cases involving the diversion and abuse of cough syrups containing codeine have been detected, a prescription requirement for those preparations has been introduced to counter such illicit activities. In India, the Government has established additional control measures for such preparations containing codeine and dextropropoxyphene; the measures include reducing the amount of the active ingredient in such preparations and introducing a quota system for their distribution.

69. The Board welcomes the action taken by Governments to prevent the diversion and abuse of narcotic drugs in the form of pharmaceutical preparations. At the same time, the Board is concerned that the Governments of some countries in which problems with the diversion of pharmaceutical preparations containing narcotic drugs were identified in the past, such as Egypt and Pakistan, have not replied to the above-mentioned questionnaire. The

Board urges the Governments concerned to establish a mechanism for collecting information on the problem, so that, if necessary, measures against such diversion and abuse can be taken promptly.

70. The diversion of pharmaceutical preparations containing narcotic drugs from domestic distribution channels and the abuse of such preparations continue to pose problems in several other countries where the availability of those products for legitimate medical purposes has increased (see paras. 102-103).

71. In Australia, a nationwide survey undertaken in 2004 by the Australian Institute of Health and Welfare indicated that the extent of abuse of opioid analgesics was similar to that of methylenedioxymethamphetamine (MDMA, commonly known as Ecstasy) and other amphetamines. Opioid analgesics are considered twice as easy to obtain as cannabis and easier to obtain for abuse than tranquillizers. About 3.1 per cent of the population aged 14 years and over reported recent abuse of such drugs. Eight per cent of the population aged 14 years and over considered the non-medical use of opioid painkillers to be acceptable. The Board trusts that, based on the survey, the Government of Australia will implement measures to prevent the diversion and abuse of pharmaceutical preparations containing opioid analgesics, including measures to educate the public on the dangers of abusing opioid analgesics.

72. In the United States of America, the abuse of pharmaceutical preparations containing opioid analgesics has been rising in recent years. According to the 2004 National Survey on Drug Use and Health, there were 4.4 million regular abusers of narcotic pain-relievers in 2004, and there was an increase in lifetime prevalence of non-medical use of narcotic pain-relievers in the age group 18-25, from 22 per cent in 2002 to 24 per cent in 2004. Among the narcotic drugs that continue to be diverted and abused in the United States are hydrocodone, oxycodone and methadone. The methods of diversion range from forged prescriptions to theft from manufacturers and wholesalers or retailers. The abuse of those drugs is also facilitated by poor practices on the part of some doctors and pharmacists. The Board notes with appreciation that the Government is taking action to prevent diversion and abuse of pharmaceutical preparations (see paras. 349-350). At the same time, the Board urges the Government to review, in

particular, the controls of preparations containing hydrocodone with a view to increasing their effectiveness, because the diversion and abuse of that narcotic drug have posed serious problems in the United States for many years.

73. The Board urges other Governments to regularly collect information on the extent of the diversion and abuse of pharmaceutical preparations containing narcotic drugs, with a view to developing countermeasures, where appropriate. Those measures might include, inter alia, raising the awareness of the public regarding the risks involved in abusing prescription drugs; launching programmes to monitor prescriptions in order to identify and prevent cases of inappropriate prescribing; collecting and analysing information on the dispensing and use of pharmaceuticals; training health-care providers; monitoring licit distribution channels more carefully to prevent and detect theft; and strengthening cooperation by law enforcement agencies, for example, by reporting on relevant seizures. Furthermore, the Board encourages all Governments to draw the attention of medical personnel to the good prescribing and dispensing practices as recommended by the World Health Organization (WHO).

74. For some narcotic drugs, the risk of diversion may be increased when they become available in larger single dosages that are more liable to abuse. That was the case with controlled-release tablets containing high doses of oxycodone that were introduced in 2000. Abusers attempt to circumvent the time-release properties of the tablets by chewing or crushing them. In Canada and the United States, increasing numbers of cases involving the diversion and abuse of fentanyl in the form of transdermal patches have been reported. Abusers were able to remove the full dose of fentanyl from the patch (see para. 373 below). The Board invites all Governments, in cooperation with the pharmaceutical industry and health professionals, to monitor carefully cases involving the diversion and abuse of narcotic drugs available in controlled-release preparations and to take action against their abuse.

75. Cases involving the diversion and abuse of opioids, in particular methadone and buprenorphine, when prescribed for substitution treatment, have been identified in many countries. The Board requests the Governments of countries where opioids are used for substitution treatment to take measures such as

supervised consumption, short dispensing intervals and central registration of all opioids prescribed for medical use, in order to prevent their diversion into illicit channels. The quantities of opioids used for substitution treatment are increasing in many countries (see paras. 103 and 138 below). The Board requests the Governments concerned to establish a mechanism for the systematic collection of information on the diversion and abuse of such drugs with a view to strengthening control measures to prevent their diversion, where appropriate.

Control measures

Export of poppy seeds from countries prohibiting opium poppy cultivation

76. In its resolution 1999/32 of 28 July 1999, the Economic and Social Council called upon Member States to take measures to fight the international trade in poppy seed from countries where no licit cultivation of opium poppy is permitted. Several States have taken measures to prevent imports of poppy seed from such countries. The Board notes with appreciation that, in January 2005, the Government of Azerbaijan, after consultation with the Board, prevented 500 tons of poppy seed originating in Afghanistan from transiting through its territory. Strict control measures for international trade in poppy seed were implemented in India. Similarly, the authorities of Myanmar and Pakistan have adopted measures against trade in poppy seed from illicit sources. In Myanmar, over 163 tons of poppy seed have been voluntarily surrendered by opium poppy growers to the authorities and destroyed since 2002. In Mexico, more than 2 tons of poppy seed were seized in 2004.

77. The Board notes with appreciation that the Government of Afghanistan agreed to the Board's request to adopt legislative measures to prohibit the exportation of poppy seed. The Board trusts that the legislation will be adopted and implemented as soon as possible.

78. Some countries that are involved in international trade in poppy seed have not yet adopted measures that would enable them to prevent imports of poppy seed from countries where no licit cultivation of opium poppy exists. The Board requests the Governments concerned to implement Economic and Social Council resolution 1999/32.

Cannabis used for medical or scientific purposes

79. Cannabis is included in Schedules I and IV of the 1961 Convention. Substances in Schedule IV are those considered particularly liable to abuse and to produce ill effects. For a few years there has been increased interest in the therapeutic usefulness of cannabis or cannabis extracts, as evidenced by the continuing scientific research in progress in several countries, including Canada, Germany, the Netherlands, Switzerland, the United Kingdom of Great Britain and Northern Ireland and the United States. The results of such research regarding the potential therapeutic usefulness of cannabis have so far been limited.

80. The Board reiterates its concern that, without having reported conclusive research results to WHO, the Governments of Canada (in 2001) and the Netherlands (in 2003) authorized the use of cannabis for medical purposes. The Board is also concerned that cannabis is used for medical purposes in some jurisdictions of the United States without having definitive proof of its efficacy. The Board notes that the Supreme Court of the United States confirmed in June 2005 the right of the Government to enforce the prohibition of the use of cannabis in a state that removed state-level criminal penalties on the use, possession and cultivation of cannabis for medical purposes (see para. 338 below). The Board confirms that it welcomes sound scientific research on the therapeutic usefulness of cannabis, as stated in previous reports,²⁹ and invites all Governments concerned to share the results of such research, when available, with the Board, WHO and the international community.

81. Articles 23 and 28 of the 1961 Convention provide for a national cannabis agency to be established in countries where the cannabis plant is cultivated licitly for the production of cannabis, even if the cannabis produced is used for research purposes only. The Board notes that since the last report of the Board was published, the Government of the United Kingdom has established a national cannabis agency.

82. The Board notes with concern that Governments of some countries where research on the use of cannabis or cannabis extracts for medical purposes is taking place or which authorized the use of cannabis for medical purposes have failed to furnish in a timely manner relevant estimates or statistical reports on their production, imports, exports, consumption and stocks

of cannabis or cannabis extracts, as required by the 1961 Convention. The Board reminds the Governments concerned that those treaty provisions must be implemented and reiterates its request to them to ensure their compliance with those treaty obligations.

Ensuring the availability of drugs for medical purposes

Demand for and supply of opiates

83. Pursuant to the 1961 Convention and relevant Economic and Social Council resolutions, the Board examines on a regular basis issues affecting the supply of and demand for opiates used for medical and scientific purposes and endeavours, in cooperation with Governments, to maintain a lasting balance between supply and demand. A detailed analysis of the current situation with regard to the supply of and demand for opiates for medical and scientific purposes worldwide is contained in the 2005 technical report of the Board on narcotic drugs.³⁰

Monitoring of the global situation of supply of opiate raw materials

84. The Board notes that in 2004 production of opiate raw materials, both those rich in morphine and those rich in thebaine, declined in relation to 2003. For opiate raw materials rich in morphine, it was the first decline since 2001, resulting in the production of 447 tons expressed in morphine equivalent. For opiate raw materials rich in thebaine, for which total production had started to decrease in 2003, the decline continued during 2004, reaching 76 tons in thebaine equivalent. The advance data submitted by the main producing countries indicate that global production of opiate raw materials rich in morphine is expected to decline further in 2005, to 353 tons in morphine equivalent, and it is anticipated that global production of opiate raw materials rich in morphine will be less than the global demand, which is about 400 tons in morphine equivalent. Production of raw materials rich in thebaine is expected to rise substantially in 2005, to an estimated 105 tons in thebaine equivalent, and is expected to exceed global demand (90 tons in thebaine equivalent).

85. The Board recommends that global stocks of opiate raw materials be maintained at a level sufficient to cover global demand for about one year, in order to ensure the availability of opiates for medical needs in

case of an unexpected shortfall of production and to reduce the risk of diversion associated with excessive stocks. Global stocks of opiate raw materials rich in morphine have increased steadily since 2000; at the end of 2004 the stocks held in producing countries could have covered global demand for two years. Since the estimated production of raw materials rich in morphine will decline in 2005 to a level below that of global demand, it is expected that stocks of those raw materials will drop; however, they will still be sufficient to cover global demand for more than one and a half years. Global stocks of opiate raw materials rich in thebaine increased sharply until 2003 and were slightly depleted in 2004; at the end of 2004, they were sufficient to cover the annual global demand for those raw materials. It is anticipated that the overproduction of opiate raw materials rich in thebaine in 2005 will result in an increase in stocks of those raw materials.

86. The Board notes that for 2006 most Governments are planning to maintain in their countries the total area to be cultivated with opium poppy so that it is well below the record figure during the expansion of 2002 or 2003. According to the data available, the levels of production of both types of opiate raw material are expected to be below global demand in 2006. However, in view of the high level of stocks of raw materials held in producer countries, the total supply of opiate raw materials (production and stocks) will be sufficient to cover the expected demand.

87. The Board requests the Governments of all producer countries to submit relevant estimates in a timely manner, to maintain cultivation within the limits of the estimates confirmed by the Board or to furnish supplementary estimates to the Board, if necessary, and to report in a timely and accurate manner the amounts of raw materials produced, as well as the alkaloids obtained from them.

88. In the past, the Board has brought to the attention of the international community the fact that the levels of consumption of opioid analgesics for the treatment of moderate to severe pain were low in several countries. The Board welcomes Economic and Social Council resolution 2005/25 of 22 July 2005, entitled "Treatment of pain using opioid analgesics", in which the Council called upon Member States to remove barriers to the medical use of such analgesics, taking fully into account the need to prevent their diversion for illicit use. The Board also appreciates that WHO is

currently developing a global cancer control strategy, which is to have as one of its priorities the promotion of pain relief and palliative care. The Board requests all Governments to promote the rational use of narcotic drugs for medical treatment, including the use of opioid analgesics, in accordance with the pertinent recommendations of WHO.

89. With regard to the production levels of opiate raw materials, the Board requests all producer countries to maintain their future production of opiate raw materials at a level that conforms to the actual requirements for such raw materials worldwide and to avoid keeping excessive stocks, since they might be a source of diversion if they are not adequately controlled. A global increase in the production of opiate raw materials should follow as the countries develop programmes for gradually increasing their demand to the level of their medical needs for narcotic analgesics.

Prevention of the proliferation of production of opiate raw materials

90. Pursuant to the relevant Economic and Social Council resolutions, the Board calls upon all Governments to contribute to the maintenance of a balance between the licit supply of and demand for opiate raw materials and to cooperate in preventing the proliferation of sources of production of opiate raw materials. Most recently, in its resolution 2005/26 of 22 July 2005, the Council urged Governments of countries where opium poppy had not been cultivated for the licit production of opiate raw materials, in the spirit of shared responsibility, to refrain from engaging in the commercial cultivation of opium poppy, in order to avoid the proliferation of supply sites.

91. The Board wishes to remind Governments that narcotic drugs and opiate raw materials are not ordinary commodities and that therefore market economy considerations should not be the factors determining whether or not to permit opium poppy cultivation. The Board appeals to all Governments to comply with Economic and Social Council resolution 2005/26.

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

92. At the request of the Governments of India and Turkey and pursuant to Economic and Social Council

resolution 2004/43 of 21 July 2004, the Board convened an informal consultation on the supply of and demand for opiates for medical and scientific purposes during the forty-eighth session of the Commission on Narcotic Drugs. All major producers and importers of opiate raw materials participated in the informal consultation. The Board has convened such informal consultations on a yearly basis since 1992 to enable the participating Governments to be informed of recent developments affecting the global production of and demand for opiate raw materials. The information obtained during such consultations allows the Governments of producing countries to adjust the production of opiate raw materials to the demand for the opiates derived from them and facilitates monitoring of the situation by the Board. The consultations therefore contribute to the continued availability of opiates for medical purposes while preventing oversupply of the raw materials.

Technical study on the relative merits of different methods of producing opiate raw materials

93. On the recommendation of the Commission on Narcotic Drugs at its forty-fifth session, the Economic and Social Council adopted resolution 2002/20 of 24 July 2002, in which it urged Governments of all countries producing opiate raw materials to adhere strictly to the provisions of the 1961 Convention, to take effective measures to prevent illicit production, or diversion of opiate raw materials to illicit channels, especially when increasing licit production, and to adopt, after due technical study by the Board of the relative merits of different methods, the best method in that respect.

94. Pursuant to that resolution, the Board studied the relative merits of different production methods, taking into account the following aspects:

- (a) Relative safety: lower risks for diversion, lower regulatory and enforcement overheads;
- (b) Flexibility: responsiveness to national and global needs;
- (c) Productivity and efficiency;
- (d) Adaptability to local conditions (agronomic, socio-economic, existing technology).

95. With respect to relative safety, the Board found that both raw material production systems (for opium

and for poppy straw) have inherent potential for diversion and abuse. However, for illicit uses, opium continues to be more attractive than poppy straw, and the relative risks in opium production tend to be higher than in poppy straw production. Opium is relatively easy to transport and to store over extended periods of time. It is an ideal raw material for the illicit manufacture of morphine and heroin, since both can be obtained under simple conditions and with unchallenging technology.

96. In general terms, the risk factors for the diversion of both products are higher: (a) at the crop production level than at the transportation or processor/industry level; (b) the longer the product is in the custody of the crop growers or at the collection area; and (c) with increased numbers of crop growers or others involved in production. In contrast, the risk factors for diversion appear to decrease with increased mechanization of production and transportation.

97. With regard to other aspects, there is no globally acceptable best method of production that can be identified. There are only options to be considered in the context of the socio-economic, commercial, cultural and historical background, as well as the infrastructure and control systems, of the countries involved.

98. The Board noted that a number of countries that had previously produced opium for licit purposes stopped such production or converted their production system from opium to poppy straw technology. The advantages of such a change are reduced potential for diversion and faster responsiveness to changes in national or global needs due to a more flexible production system.

99. The Board also concluded that there is currently a need for some opium in medicine, which is likely to continue. To meet that need, an appropriate amount of opium should continue to be available. There is also demand for opium as a raw material for the extraction of some alkaloids that are not currently extracted from poppy straw (such as noscapine), although in the future the need for such alkaloids could possibly be met by poppy straw, through the development of alternative poppy varieties.

100. With respect to (a) security measures to prevent diversion, (b) cultivation practices and (c) research, the Board found that improvements are possible in each

producing country. The Board therefore invites all producing countries to review their own production systems and to adopt the best practices to achieve improvements. In particular, the Board calls upon all producing countries, regardless of the production method used, to examine their control measures applied to the production of opiate raw materials with a view to strengthening them, in order to prevent diversion from licit cultivation of opium poppy into illicit channels, in fulfilment of their treaty obligation.

101. A summary of the findings of the Board was brought to the attention of the Commission on Narcotic Drugs at its forty-eighth session, in March 2005. The comprehensive background study was made available to the Governments of countries producing opiate raw materials for medical and scientific purposes.

Consumption of narcotic drugs

102. Governments should be aware that increased availability of narcotic drugs for legitimate medical purposes may raise the risk of diversion and abuse of those drugs. In the United States, the most frequently diverted and abused pharmaceutical preparations of narcotic drugs are those containing hydrocodone and oxycodone (see para. 72 above). In 2004, the United States accounted for 99 per cent and 85 per cent of global consumption of hydrocodone and oxycodone, respectively. The medical consumption of hydrocodone and oxycodone increased by about 60 per cent and 80 per cent, respectively, in the United States during the five-year period 2000-2004. The medical use of hydrocodone reached almost 16 defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day and that of oxycodone 4 S-DDD in 2004. The Board invites all Governments to closely monitor trends in the consumption of pharmaceutical preparations containing narcotic drugs and to adopt measures against their diversion and abuse, as necessary.

103. Global consumption of methadone has increased by almost three and one half times during the last decade. Methadone is used in several countries for the treatment of pain, but the upward trend in its medical consumption is mainly attributable to its growing use in maintenance treatment related to opioid dependency. The main countries consuming methadone include (in descending order) the United States, Spain, Germany, the United Kingdom, Italy, the Islamic Republic of

Iran, Canada and Australia. Those countries together accounted for more than 86 per cent of global consumption of methadone in 2004. The Board requests the competent authorities of all countries concerned to be vigilant with regard to diversion of, trafficking in and abuse of methadone and to take countermeasures, if necessary (see para. 75 above).

B. Psychotropic substances

Status of adherence to the Convention on Psychotropic Substances of 1971

104. On 1 November 2005, the number of States parties to the Convention on Psychotropic Substances of 1971³¹ stood at 179. Since the report of the Board for 2004 was issued, four States (Angola, Bhutan, Cambodia and Honduras) have become parties to that convention.

105. Of the 13 States that have yet to become parties to the 1971 Convention, there are 2 in Africa (Equatorial Guinea and Liberia), 1 in the Americas (Haiti), 3 in Asia (the Democratic People's Republic of Korea, Nepal and Timor-Leste), 1 in Europe (Andorra) and 6 in Oceania (Kiribati, Nauru, Samoa, Solomon Islands, Tuvalu and Vanuatu). Some of those States (namely, Andorra, Haiti and Nepal) have already become parties to the 1988 Convention.

Cooperation with Governments

Submission of annual statistics

106. By 1 November 2005, a total of 158 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2004 in conformity with the provisions of article 16 of the 1971 Convention. That accounts for 75 per cent of the States and territories required to furnish such statistics.

107. The Board continues to be concerned by the fact that some main manufacturing and exporting countries do not submit annual statistical reports on psychotropic substances on a regular basis and in a timely manner. That creates difficulties for international control. Statistical information on manufacture, imports and exports of psychotropic substances from those countries is needed to prepare a reliable analysis of global trends in manufacture and international trade of psychotropic substances. Missing or inaccurate details

on exports and imports hinder identification of discrepancies in trade statistics, thereby impeding international drug control efforts. The Board urges the authorities of the countries concerned to examine the situation and to cooperate with the Board, in particular by providing annual statistics on psychotropic substances within the deadline, as required under the 1971 Convention.

Quarterly reports for substances in Schedule II of the 1971 Convention

108. In accordance with Economic and Social Council resolution 1981/7 of 6 May 1981, Governments of countries manufacturing, exporting or importing substances in Schedule II of the 1971 Convention provide voluntarily to the Board quarterly statistics on their imports and exports of those substances. A total of 172 governments (of 156 countries and 16 territories) submitted quarterly statistical reports for the year 2004. Methylphenidate is the most commonly traded substance. Other substances that are traded are from the group of substances called amphetamines (amphetamine, dexamphetamine and methamphetamine).

Assessments of requirements for psychotropic substances

109. Assessments of annual domestic medical and scientific requirements (simplified estimates) have been submitted to the Board by Governments pursuant to Economic and Social Council resolution 1981/7 with respect to substances in Schedule II of the 1971 Convention and Council resolution 1991/44 of 21 June 1991 with respect to substances in Schedules III and IV of that Convention. The assessments are communicated to the competent authorities of all States and territories that are required to use them as guidance when approving exports of psychotropic substances. Pursuant to Council resolution 1996/30 of 24 July 1996, in 1997 the Board established assessments for 57 Governments that had failed to furnish such information by that time. Since then, those Governments have submitted their own assessments or communicated modifications to the assessments established by the Board. By 1 November 2005, the Governments of all countries except Somalia had submitted to the Board at least once their assessments of annual medical requirements for psychotropic substances.

110. The Board has recommended that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. While the majority of Governments submit modifications from time to time, many have started submitting revised assessments every year, as is the case with regard to estimates for narcotic drugs. In January 2005, all Governments were asked to review and update, if necessary, the assessments of their annual medical and scientific requirements for psychotropic substances. By 1 November 2005, 102 Governments had submitted to the Board a full revision of the assessments of their requirements for psychotropic substances and 172 had communicated modifications to previous assessments for one or more substances.

111. The Board is concerned that, for several years, a number of Governments have not updated the assessments of their requirements for psychotropic substances. Those assessments may no longer reflect their actual medical and scientific requirements for psychotropic substances in the countries and territories concerned. Assessments that are lower than the actual legitimate requirements may delay the importation of psychotropic substances urgently needed for medical or scientific purposes in the country in question, owing to the need to verify the legitimacy of import orders. Assessments that are significantly higher than the actual legitimate needs may open the door for diversion of psychotropic substances into illicit channels. The Board encourages all Governments to ensure that their assessments are regularly updated and that it is informed of any modifications.

Prevention of diversion of psychotropic substances into the illicit traffic

Diversion from international trade

112. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to a small number of transactions involving quantities of only a few grams, given the very limited use of such substances. While there have been isolated attempts over the years to divert substances in Schedule I, no diversion to illicit channels has ever taken place, mostly because of the strict international control mechanism for those substances. With regard to use of substances in Schedule I, article 7 (a) of the 1971 Convention states

that parties to the Convention shall prohibit all use of substances in Schedule I except for scientific and very limited medical purposes. No industrial use of those substances is foreseen by the Convention.

113. The above-mentioned provision of the 1971 Convention had been respected by all countries for many years. However, in November 2004, the Board was informed of the use of methcathinone, a substance in Schedule I of the 1971 Convention, for the manufacture of pseudoephedrine by a Japanese company. The company had obtained large amounts of methcathinone in 2001, without the required special import authorization, from India. The Japanese authorities have examined the matter and referred it to the prosecutor's office and have also issued a warning notice to the domestic association of pharmaceutical and chemical industries to review and reinforce compliance with the rules. The Board wishes to remind all Governments of the restrictions in place for the trade in and use of psychotropic substances in Schedule I of the 1971 Convention and calls upon them to remain vigilant and ensure that their industries, as well as authorized traders, are fully aware of all restrictions concerning trade in and use of those substances.

114. The only substances included in Schedule II of the 1971 Convention that are manufactured and traded in large quantities are amphetamine, dexamphetamine and methylphenidate, which are used mostly in the treatment of attention deficit disorder (ADD) and, in the case of the amphetamines, for the manufacture of non-controlled substances. In the past, the diversion of substances in Schedule II from licit international trade was one of the main methods used to supply illicit markets. However, implementation of control measures, coupled with additional measures recommended by the Board and endorsed by the Economic and Social Council, such as assessments and quarterly statistical reports, have virtually eliminated the diversion of those substances in Schedule II. Preparations containing hallucinogens, fenetylline and methaqualone, which are found on illicit markets in various regions of the world, are almost exclusively from clandestine manufacture, while amphetamine, dexamphetamine and methylphenidate found on illicit markets are believed to have been diverted from domestic distribution channels. Other major sources of substances in Schedule II found on the illicit market

are illegally operating Internet pharmacies (see paras. 219-236 below).

115. Licit international trade in psychotropic substances in Schedules III and IV of the 1971 Convention consists of thousands of individual transactions each year. The Board analyses data on international trade in those substances and as appropriate initiates the investigation by Governments of suspicious transactions. The Board notes with satisfaction that such investigations indicate that, in recent years, there has been a significant decrease in the number of cases involving the diversion of substances in Schedules III and IV from licit international trade into illicit channels. Until 10 years ago, such diversion had occurred frequently and involved quantities of up to several thousands of kilograms; nowadays, however, almost all attempted diversions from international trade are discovered and the very rare successful diversions only involve minor quantities. That appears to have been the result of the implementation by Governments of the treaty provisions for substances listed in those schedules and of the additional controls over international trade (the import and export authorization system, the assessment system and the detailed reporting system) recommended by the Board and endorsed by the Economic and Social Council (see paras. 109-111 above and 128-135 below).

116. However, attempts to divert substances in Schedules III and IV of the 1971 Convention still continue. The method used most frequently in attempts to divert psychotropic substances from licit international trade is the falsification of import authorizations. The Board invites all Governments to continue to be vigilant with respect to orders for psychotropic substances and, if necessary, to confirm with the Governments of importing countries the legitimacy of such orders prior to approving the export of such substances. The Board continues to be at the disposal of Governments to facilitate such confirmation. Diversion attempts relate in all cases to substances identified many years ago as target substances for specific illicit drug markets. The substances targeted most frequently by drug traffickers have included stimulants (amfepramone, fenetylline, phentermine and pemoline), benzodiazepines (diazepam, flunitrazepam and temazepam), phenobarbital and buprenorphine.

117. The Board notes with appreciation that exporting countries use the assessments of requirements for psychotropic substances published by the Board to verify the legitimacy of trade transactions. Such verification is especially important in the case of orders placed by companies in the few countries that have not yet introduced mandatory import authorizations for all psychotropic substances. Trade transactions identified as suspicious because the import orders exceed the established assessments are either verified with the Board or brought to the attention of the importing country. That process facilitates the identification of diversion attempts. For example, during the past year, two attempts at illegally importing into Afghanistan buprenorphine, an opioid analgesic in Schedule III of the 1971 Convention, were successfully prevented as a result of the vigilance of the exporting country. In both cases, the imports were ordered from companies in the Netherlands. The authorities of the Netherlands, noting that no assessment had been established for buprenorphine and that the import certificate to support the transaction was of unknown format, alerted the authorities in Kabul through the Board and were informed that the companies in question were not licensed or authorized to import buprenorphine.

118. The Board also appreciates receiving information from Governments about new and emerging trends in diversion attempts, as well as about procedures not in line with international and national control measures. For example, the Board was recently informed by the Turkish authorities about cases where the import of minor quantities of psychotropic substances had been carried out using couriers and through the mail without the required authorization documents. The Ministry of Health of Turkey subsequently took the necessary measures to warn the importing Turkish companies against such importation. The Board requests national authorities of all countries to be aware that such practices may also occur in their countries and to take measures against such importations.

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

no longer an important source for the illicit market, illegal manufacture, including counterfeiting of brand products, has become a major source of supply for illicit trade. Such counterfeits are not restricted to the traditionally illegally manufactured substances in Schedule I of the 1971 Convention, such as MDMA, or in Schedule II, such as amphetamines and fenetylline. Pharmaceutical products containing psychotropic substances in all the Schedules have become major drugs of abuse.

120. In addition to the considerable demand for such products on the illicit market, the professional expertise of operators of clandestine laboratories has increased. In some countries, this is attributed to economic problems that have resulted in the loss of jobs by specialists in the chemical or pharmaceutical industry. Raw materials for the manufacture of psychotropic substances can be obtained from countries with insufficient control, or may even be ordered over the Internet, and are then professionally processed by those working for traffickers.

121. Another source of illicit supply is clandestine operations carried out by some established chemical and pharmaceutical companies in addition to their legitimate manufacturing activities. The phenomenon of a business enterprise having both legal and illegal operations, commonly called “night shifts” or “the front and back offices”, can be found not only in manufacturing companies, but also at the retail level, that is, in pharmacies. Such dual operations, legal and illegal, conducted by the same establishment are often the source supplying illicitly operating Internet pharmacies.

122. One example of such ongoing counterfeit operations is the illicit manufacture of counterfeit Captagon, a pharmaceutical preparation that, in its licit form, contains fenetylline. Numerous diversions of licitly manufactured Captagon and/or the base substance fenetylline occurred in the late 1980s. Since the beginning of the 1990s, increased control measures have succeeded in stopping such diversions. As fenetylline can no longer be obtained from licit sources, traffickers have resorted to the use of illicitly manufactured fenetylline, in addition to substituting other stimulants for that substance. In recent years, most seized Captagon tablets have been found to contain amphetamines, in addition to stimulants not under international control.

123. Counterfeiting is not restricted to the strictly controlled substances in Schedule II of the 1971 Convention. For example, Rohypnol, a pharmaceutical preparation containing flunitrazepam, is increasingly being counterfeited for the illicit market. Flunitrazepam, a benzodiazepine used as sedative-hypnotic in Schedule III, is one of the most frequently abused benzodiazepines. After diversion from international trade had been successfully stopped in the 1990s, diversion from domestic distribution channels became the preferred method of supplying illicit markets. In response, several countries, including major manufacturers and importers of the substance, adopted strict control policies for flunitrazepam, in close cooperation with the pharmaceutical industry. In recent years, counterfeit tablets have constituted a sizeable portion of all seized Rohypnol tablets, at least in Scandinavian countries.

124. Information from the Swedish customs authorities indicates that almost all Rohypnol tablets seized are of counterfeit origin. Lithuanian authorities confirm the smuggling of significant amounts of counterfeit tablets from Lithuania into Scandinavian countries. In Norway, most of the 360,000 Rohypnol tablets seized in 2004 were counterfeit. The Board warns national authorities that reliable information on the proportion of counterfeits depends to a large extent on the priority accorded by law enforcement to the problem of Rohypnol abuse and the willingness of authorities to test seized drugs. The illicit manufacture of counterfeit tablets often uses diverted raw materials, such as those obtained from China and India over the Internet.

Diversion from domestic distribution channels

125. Diversions from domestic distribution channels continue, in some cases, involving, relatively large quantities. Reports in various countries on the abuse and seizure of psychotropic substances indicate that the diversion of pharmaceutical products containing such substances from licit domestic distribution channels is, together with illegally operating Internet pharmacies, the most important source used by illicit drug suppliers. The methods used by drug traffickers to divert those products include theft from factories and wholesalers; pretended export; falsified prescription; and the supply of substances by pharmacies without the required prescriptions. The diverted drugs are not only destined for personal use, but are also trafficked

within the country of diversion or smuggled into other countries.

126. Illicit demand for pharmaceuticals containing controlled substances is growing. In a number of countries, the abuse of such pharmaceuticals is second only to the abuse of cannabis. The two most abused groups of psychotropic substances are benzodiazepines and amphetamine-type stimulants. The Board calls on Governments to monitor consumption levels of prescription drugs containing psychotropic substances and to raise awareness about the consequences of the abuse of such drugs.

127. Recently, trafficking in *gamma*-hydroxybutyric acid (GHB), a sedative-hypnotic included in Schedule IV of the 1971 Convention in 2001, and its abuse, have increased. The illicit manufacture of GHB and trafficking in GHB kits and *gamma*-butyrolactone (GBL), a precursor of GHB, have also become serious problems in a number of countries. The Board therefore calls on the competent authorities of all countries concerned to increase their vigilance as regards diversion, the illicit manufacture and abuse of and trafficking in GHB and to inform the Board of developments in that area. The Board strongly encourages Governments to consider developing appropriate programmes for drug abuse prevention that take into account the abuse of GHB.

Control measures

Assistance to Governments in verifying the legitimacy of import transactions

128. Many exporting countries request the assistance of the Board in verifying the legitimacy of import authorizations for psychotropic substances purportedly issued by the authorities of importing countries. In order to assist Governments in the verification of the authenticity of import documents for narcotic drugs, psychotropic substances and precursor chemicals, the Board maintains a collection of sample copies of official import certificates and authorizations in current use by national administrations. By maintaining an updated collection of sample records, the Board seeks to diminish the possibility of narcotic drugs and psychotropic substances being diverted into illicit channels. The Board calls on all countries that have not yet provided such samples to the Board to do so without further delay.

129. The Board notes with concern that, in certain cases, responses to its inquiries for confirmation of legitimacy of import orders have taken months. The Board is concerned that failure to cooperate with it may hinder the investigation of diversion attempts and/or may cause delays in legitimate trade in psychotropic substances. The Board would like to draw the attention of the Governments of several countries (Bosnia and Herzegovina, Iraq, Kenya, Myanmar, Senegal, Somalia and the Syrian Arab Republic) to the importance of responding in a timely manner to the Board's requests, in order to avoid delays in imports, which may impede the availability of psychotropic substances for legitimate purposes.

National control measures regarding international trade

130. The Board is aware of recent cases in which the import of controlled substances was carried out through the post, cargo or couriers without the required import authorization documents having been issued by the authorities of the importing country. The Board draws the attention of the countries concerned to the fact that those practices are not in line with the relevant Economic and Social Council resolutions and that exporting countries must respect national legislation of the importing countries (see paras. 237-242 below, on smuggling by mail).

131. The Board notes with appreciation that in 2005 Costa Rica, Ethiopia, Maldives and Timor-Leste extended the system of import and export authorization for substances in Schedules III and IV of the 1971 Convention. At present, export and import authorizations are required by national legislation for all substances in Schedules III and IV in more than 150 countries and territories. In approximately 20 additional countries and territories, import and export authorizations are mandatory for at least some of those substances.

132. The Board requests the Governments of all countries that do not yet control the import and export of all psychotropic substances by the system of import and export authorizations to introduce such controls. As confirmed by past experience, countries that are centres of international commerce but do not have such controls are at particular risk of being targeted by traffickers. The Board urges all other countries concerned, whether they are parties to the

1971 Convention or not, such as Andorra, the Bahamas, Bhutan, Brunei Darussalam, Burkina Faso, the Congo, Equatorial Guinea, Gabon, Guinea-Bissau, Ireland, Lesotho, the Libyan Arab Jamahiriya, Myanmar, the Niger, Singapore and Zimbabwe, to also introduce such controls for all substances controlled under the 1971 Convention.

133. The Board notes that the Government of India has removed its prohibition on the importation of bromazepam, clorazepate, nimetazepam, phentermine and temazepam, for which article 13 of the 1971 Convention had been invoked.

134. In 2004, several exporting countries received import authorizations for quantities of psychotropic substances in excess of the assessments established by the authorities of the importing countries. The Board notes that the number of countries issuing such authorizations for quantities above assessments has declined in recent years. In 2004, more than 15 countries issued import authorizations for substances in Schedule IV, at least for quantities between 1 kg and 150 kg, without established assessments for the substances concerned. The Board appreciates the support received from some major exporting countries, including France, Germany, India and Switzerland, which have consistently reminded importing countries of any failure to comply with the assessment system. The Board reiterates its request to all Governments to establish a mechanism to ensure that their assessments are in line with their actual legitimate needs and that no imports exceeding the assessments are authorized.

Voluntary submission of details on trade in substances in Schedules III and IV of the 1971 Convention

135. In accordance with Economic and Social Council resolutions 1985/15 of 28 May 1985 and 1987/30 of 26 May 1987, Governments should, in their annual statistical reports, provide the Board with details of trade in substances in Schedules III and IV of the 1971 Convention. Such details should include the identification of countries of origin for imports and countries of destination for exports. Complete details concerning trade movements were submitted for 2004 by 124 Governments, or 79 per cent of all submissions of annual statistical reports for 2004. With few exceptions, all the major manufacturing and exporting

countries furnished such information. However, some 23 parties to the 1971 Convention failed to provide that information, which may indicate certain deficiencies in their national reporting systems. The Board encourages the Governments of the countries concerned to improve their data collection systems to ensure the submission of details of trade in their future reports to it.

Prohibition of advertising of controlled substances

136. The Board welcomes the decision of the Government of New Zealand in 2005 to ban direct-to-consumer advertising of prescription drugs, including medicines that contain controlled substances, in line with article 10 of the 1971 Convention. That decision was based on the advice of health professionals and consumer groups. The Board calls on countries that allow direct-to-consumer advertising to adopt similar measures.

137. In accordance with the provisions of article 10, "advertisement" refers not only to public announcements in newspapers and magazines destined for the general public, but also to broadcasts on television or radio and the Internet. The Board notes that announcements in technical journals, commercial literature published exclusively for members of the medical profession or for pharmacists or other licensed traders in psychotropic substances should be aimed at the education of health professionals. The Board also draws the attention of Governments to the fact that media used for direct-to-consumer advertising, such as magazines and, increasingly, the Internet, are available and accessible globally. Such advertisements are therefore not restricted to consumers in countries that allow advertising of controlled substances, but also target consumers in countries where such direct-to-consumer advertising is prohibited (see para. 139 on consumption of stimulants for ADD, and paras. 219-236 on misuse of the Internet).

Ensuring the availability of psychotropic substances for medical purposes

Consumption of buprenorphine

138. Buprenorphine is a potent opioid analgesic that has been included in Schedule III of the 1971 Convention since 1989. For many years, its main use has been as an analgesic. Due to its mixed

agonist/antagonist properties, buprenorphine in higher doses has lately been used for the detoxification and substitution treatment of persons dependent on opiates. Since new preparations containing high doses of buprenorphine (Subutex®) or buprenorphine with naloxone (Subuxone®) have been introduced in several countries for the treatment of drug addicts, global manufacture and consumption of buprenorphine have increased substantially in recent years. During the five-year period 2000-2004, global consumption of buprenorphine nearly tripled, from 660 million S-DDD to 1.7 billion S-DDD. The more buprenorphine is made available for the treatment of addiction as part of primary health care in many countries, the more cases of diversion are reported. In France, which has considerable experience in dispensing buprenorphine for the treatment of persons addicted to opiates, there has been significant diversion of preparations prescribed to opiate addicts registered in substitution treatment programmes. In some countries, such as Finland, buprenorphine has become the most important illicitly used substitute for opiate addicts; in some illicit markets, it has almost totally replaced heroin. The Board notes that in several countries buprenorphine continues to be diverted from licit distribution channels and that opiate addicts are used as couriers, travelling from one country to another to obtain medical prescriptions for the substance.

Use of stimulants for the treatment of attention deficit disorder

139. The Board notes the continuing increase in the medical use of stimulants in Schedule II of the 1971 Convention. The Board recognizes the usefulness of stimulants in the treatment of ADD when prescribed on the basis of careful and appropriate diagnosis and proper treatment evaluation. However, the significant increase in the use of stimulants for ADD treatment in many countries raises the question of possible overdiagnosis and overprescription. The high prescription level of stimulants used for the treatment of ADD has increased the availability of those substances on the illicit market. As a result, the non-medical use of prescription stimulants is a growing problem, particularly among young adults and college students in the United States and in other countries where the consumption level of stimulants in Schedule II is high. The Board continues to be concerned about this trend and urges Governments to

take steps to prevent overprescription, diversion and abuse of stimulants in Schedule II. The Board requests the competent authorities of the countries concerned to remind health-care professionals of the need for proper diagnosis of ADD and appropriate prescription practice, in accordance with article 9, paragraph 2, of the 1971 Convention, as well as the need for secure storage and distribution of such substances. In addition, the Board urges the Government of the United States to prohibit public advertisement of psychotropic substances, including stimulants in Schedule II used for the treatment of attention deficit disorder, in accordance with article 10 of the 1971 Convention.

Stimulants used as anorectics

140. During the 1990s, the highest level of consumption of stimulants in Schedule IV of the 1971 Convention was recorded in the Americas. The Board has regularly requested the Governments concerned to devote adequate attention to those elevated consumption levels. Consequently, Argentina and Chile, two of the countries with the highest consumer consumption levels, introduced special control measures against the inappropriate use of stimulants, which resulted in a significant decrease in the use of stimulants.

141. In the United States, there was also a significant reduction in the consumption levels of anorectics, mainly phentermine; that reduction lasted only for the short period 1997-1999. After 2000, the consumption of phentermine in that country again rose, though it was still 56 per cent less in 2004 (8.6 S-DDD per 1,000 inhabitants per day) than in the peak consumption year 1996, (19.5 S-DDD per 1,000 inhabitants per day).

142. A steady downward trend in the consumption of stimulants in Schedule IV has been noted in a number of European countries such as (in descending order) France, Ireland, Malta, Italy, Denmark and Portugal; however, in other countries, in particular in Australia, Brazil, Singapore and the Republic of Korea, per capita consumption of anorectics has risen significantly.

143. The Board is concerned that the increasing availability of stimulants in the Republic of Korea (from 9 million S-DDD in 2002 to 139 million S-DDD in 2004) may lead to conditions that are conducive to their abuse and diversion. The Board strongly recommends that the authorities in that country

monitor the situation closely to rule out any possible overprescribing of anorectics while ensuring adequate measures of control over domestic distribution channels.

C. Precursors

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

144. On 1 November 2005, a total of 177 States, as well as the European Community (extent of competence: article 12), were parties to the 1988 Convention. Seven States have become parties to the 1988 Convention since the report of the Board for 2004 was issued: Angola, Cambodia, Cook Islands, Democratic Republic of the Congo, Liberia, Samoa and Switzerland.

145. With the accession of Switzerland, all major drug and chemical manufacturing, exporting and importing countries are now parties to the 1988 Convention. Of the remaining 16 States that have not yet become parties, 4 are in Africa (Equatorial Guinea, Gabon, Namibia and Somalia), 2 are in Asia (the Democratic People's Republic of Korea and Timor-Leste), 2 are in Europe (the Holy See and Liechtenstein) and 8 are in Oceania (Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Solomon Islands, Tuvalu and Vanuatu).

Cooperation with Governments

Annual submission of information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances

146. Reporting information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances on form D is an obligation under article 12 of the 1988 Convention. By 1 November 2005, such information had been submitted for 2004 by a total of 127 States, territories and the European Community (on behalf of its 25 member States). Several States, including Morocco, New Zealand, the Republic of Moldova and Turkmenistan, have resumed their submission to the Board of information on form D.

147. The Board remains concerned that there are still five States parties that have never submitted form D: Albania, Burundi, Gambia, Serbia and Montenegro and Yemen. The Board urges those States to comply with their treaty obligations without delay. It also calls upon the non-parties that have not yet done so to furnish the required information.

Annual submission of information on the licit trade in and uses of substances in Tables I and II of the 1988 Convention

148. Since 1995, in accordance with Economic and Social Council resolution 1995/20 of 24 July 1995, the Board has been requesting Governments to provide on form D, on a voluntary basis, data on licit trade in, uses of and requirements for scheduled substances. It is crucial for all Governments to be well informed of trade in and licit requirements for substances in Tables I and II of the 1988 Convention, in order to be able to identify unusual transactions at an early stage and thus prevent the diversion of those substances. Some 79 per cent of all Governments that submitted form D for 2004 to the Board provided data on licit trade in substances in Tables I and II, while 74 per cent were able to provide information on licit uses of and requirements for those substances.

149. Most of the major importing and exporting countries now provide data on licit trade. The Board notes that the Islamic Republic of Iran has reported imports and licit requirements of some substances in Table I, including potassium permanganate and pseudoephedrine, for 2002 and 2003. However, Pakistan, a country that imports large quantities of substances in Table I, including acetic anhydride, ephedrine, potassium permanganate and pseudoephedrine, still does not provide data on its licit trade and requirements. The major exporting countries and territories continued to provide information on individual exports through pre-export notifications pursuant to article 12, paragraph 10 (a), of the 1988 Convention and in compliance with the terms of reference of the international initiatives Operation Purple, Operation Topaz and Project Prism.³²

150. The Board is pleased to note that, over the years, an increasing number of countries and territories have provided information on imports, exports and licit uses of precursors of amphetamine-type stimulants. Reporting on those substances continued to be highest

for ephedrine and pseudoephedrine. Although the information on trade in other precursors of amphetamine-type stimulants, such as safrole, 1-phenyl-2-propanone (P-2-P) and 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), remains limited, the number of countries providing relevant information is increasing. The Board encourages all countries and territories to strengthen their capacity to monitor and report on trade in precursors of amphetamine-type stimulants.

Prevention of diversion of precursors into the illicit traffic

151. The most effective way to prevent the diversion of precursors into illicit channels continues to be the rapid exchange of information on both licit trade and trafficking in precursors. The provision of pre-export notifications for the exportation of precursor chemicals has proved to be an efficient tool for that purpose. The Board has continued to play an active role as the international focal point for the exchange of such information in the international initiatives Operation Purple, Operation Topaz and Project Prism. The Board is pleased to note that many countries have already designated central national authorities for Project Prism, which will facilitate the exchange of operational information.

152. An adequate legislative basis or system of control is necessary for successful action against the diversion of precursors into illicit channels. The Board is pleased to note that, in 2005, many Governments introduced new or strengthened existing, controls over precursors. In particular, new European Union legislation³³ entered into force in August 2005, strengthening the monitoring of exports and introducing import controls over precursors.

153. Full details on the activities undertaken by Governments and by the Board in precursor control are contained in the 2005 report of the Board on the implementation of article 12 of the 1988 Convention.³⁴

Use of ephedrine and pseudoephedrine for illicit drug manufacture

154. Trends in trafficking in precursors used in the illicit manufacture of amphetamine-type stimulants have changed over the past few years. Traffickers in North America have increasingly been attempting to divert pseudoephedrine raw material through brokers

in Europe, whereas the pharmaceutical products containing the precursor are usually diverted from Asia. Furthermore, trafficking networks have appeared in Oceania that often smuggle the precursor by employing the same method usually used for smuggling the drug itself.

155. Pseudoephedrine is the key precursor used for the illicit manufacture of methamphetamine, which is abused mainly in the United States and in countries in South-East Asia. While pseudoephedrine is listed in Table I of the 1988 Convention, the control measures provided for in article 12 of that convention do not apply to pharmaceutical preparations containing the substance. As a result, and as more and more countries have strengthened their controls over the raw material, traffickers are increasingly taking advantage of that loophole in the international drug control regime.

156. In the period 2000-2001, large quantities of pharmaceutical preparations containing pseudoephedrine that had been licitly manufactured by Canadian companies were diverted by traffickers for use in illicit methamphetamine manufacture in the United States. The Government of Canada, with the assistance of the Board, was able to remedy that situation by establishing a mechanism for the comprehensive monitoring and control of precursors in Canada, applying control measures also to pharmaceutical preparations containing precursors. That route having been effectively closed, traffickers appear to be turning, once again, to a previous route, namely, via Mexico. There is some concern that pseudoephedrine, in the form of both raw material and a preparation, is again being diverted from licit trade and distribution channels in Mexico for use in the illicit manufacture of methamphetamine.

157. The Board calls upon Governments to estimate their licit requirements for precursors, which may be used in the illicit manufacture of amphetamine-type stimulants, and to submit those data to the Board. The Board reiterates its recommendation to Governments to control pharmaceutical preparations containing scheduled substances in the same way as they control the scheduled substances that those preparations contain. Furthermore, exporting countries are encouraged to provide pre-export notifications for exports of ephedrine and pseudoephedrine, including the pharmaceutical preparations containing those substances, to the authorities of importing countries. At

the same time, Governments are encouraged to take measures, as appropriate, to limit the availability of ephedrine and pseudoephedrine for medical purposes by improving measures for the monitoring and control of domestic distribution channels, where necessary.

Project Prism

158. As a series of suspicious shipments of pseudoephedrine destined for Mexico were identified and subsequently stopped,³⁵ the major exporting, importing and trans-shipment countries agreed, under Project Prism, on several voluntary measures to prevent the diversion of pseudoephedrine, including the sending, by certain key exporting countries, of pre-export notifications for pseudoephedrine preparations destined for North America and the development of a framework for a subregional assessment of licit pseudoephedrine requirements by Canada, Mexico and the United States. The Mexican authorities have also taken steps to reduce imports of the substance into Mexico on the basis of a rough estimate of the country's legitimate requirements for pseudoephedrine.

159. Several diversion attempts were uncovered under Project Prism during 2005 involving ephedra, the plant material from which ephedrine and pseudoephedrine are extracted and which is currently not under international control. The 15 shipments involved in the attempted diversions, totalling 933 tons, originated in China and were destined for companies in Germany, Mexico, the Netherlands and Sweden. As in all those cases the authorities of China had provided pre-export notifications to the authorities of the importing countries, it was possible to stop the shipments in time. The Government of Mexico has prohibited all imports of ephedra into that country. Furthermore, all authorities participating in Project Prism were alerted to the attempted diversions.

160. The Board has taken note of the efforts under Project Prism to gather information on exports of safrole-rich oils from South-East Asia. In view of the role of such oils in the illicit manufacture of MDMA, whether as a direct precursor or as a "pre-precursor" (for instance, in the illicit manufacture of 3,4-MDP-2-P), the UNODC Regional Office in Bangkok will conduct a regional survey to determine the extent of the cultivation, harvesting and marketing of the safrole-rich oils in South-East Asia. Governments of

countries in East and South-East Asia are encouraged to cooperate with that important initiative.

161. The concept of directing Project Prism through a task force, with members³⁶ from each major geographical region, appears to be a sound approach. The Board is pleased to note that the Government of Australia has joined the Project Prism Task Force as the regional representative of Oceania. The experience gained by the Australian authorities in intercepting smuggled consignments of precursors will be of value to the Task Force and will be useful in similar operations launched in other regions.

Project Cohesion (Operation Purple and Operation Topaz)

162. The Board notes that, upon its recommendation, the steering committees of Operation Purple and Operation Topaz held a meeting in Mexico City in October 2005 to examine and evaluate the activities that had been undertaken. The Board welcomes the decision of the meeting to launch a new phase of the combined operations, named Project Cohesion, which builds upon the successes achieved, for example, through the use of pre-export notifications. The new project introduces a regional approach to operational work and time-limited regional activities and provides for the exchange of real-time information, intelligence-gathering and backtracking investigations. The project also foresees the regular evaluation of activities.

163. In view of the changes in the trends in licit trade and trafficking in potassium permanganate that have taken place since Operation Purple began, it is necessary to ensure that diversions of that substance, which is a precursor of cocaine, are prevented and that the illicit manufacture of cocaine is disrupted. For example, while both the number of shipments and the volume of potassium permanganate imported into the Andean subregion have declined since Operation Purple began in 1999, the Colombian authorities effected their largest seizures ever of that substance in 2004, totalling over 170 tons.

164. During the period from 1 November 2004 to 31 October 2005, the Board was informed of 824 shipments of potassium permanganate, amounting to 27,200 tons, which had been sent to 87 importing countries or territories. In addition to those licit shipments in international trade, a further 36 shipments

of potassium permanganate, totalling over 1,500 tons, were stopped, as there was concern over the legitimacy of the orders. As one of the principal aims of Operation Purple is to identify and intercept attempted diversions of potassium permanganate and to discover front companies and suspect persons, Governments need to thoroughly investigate stopped shipments of the substance. Furthermore, steps will have to be taken to improve the exchange of information on seizures and stopped shipments of potassium permanganate and to initiate backtracking investigations to identify and dismantle the networks concerned.

165. During the period from 1 November 2004 to 31 October 2005, the authorities of 14 exporting countries provided 1,300 pre-export notifications for shipments of acetic anhydride to 48 importing countries or territories. The total amount of acetic anhydride monitored was 331,000 tons. The monitoring of international trade under Operation Topaz resulted in the identification of six suspicious shipments in 2004, with a total of 556 tons. Those shipments were stopped as there was reason to doubt the legitimacy of the orders. There is, however, some concern that not all countries have appropriate mechanisms in place to enable them to rapidly report seizures of acetic anhydride. While nine countries reported 36 individual seizures of the substance in 2004 under Operation Topaz, only four seizure reports were received in 2005.

166. In Turkey, seizures of acetic anhydride have fallen for the third year in a row, which may indicate that traffickers are using new methods or routes of diversion. The authorities of the Russian Federation reported their largest seizures ever of the substance, totalling over 53 tons in 2004. No major seizures have been reported in Afghanistan or its neighbouring countries since 2003, when 11 tons of acetic anhydride were seized in Afghanistan near that country's border with Pakistan. While acetic anhydride was seized each year in Pakistan between 1991 and 1998, no seizures of that substance have been reported in that country since 2001.

167. Governments of countries in West Asia are urged to develop counter-trafficking activities focusing on the substances used in the illicit manufacture of heroin and on acetic anhydride in particular. Furthermore, those Governments are invited to make use of the mechanism established under Project Cohesion to

enable countries in that region to receive support in investigations through advice, guidance and on-site practical assistance.

D. Special topics

Evaluation of overall treaty compliance by Governments

168. Pursuant to its mandate under the international drug control treaties, the Board regularly selects several countries and reviews these countries' overall compliance with the provisions of the international drug control conventions. 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 in combating drug abuse and illicit trafficking, and Governments' fulfilment of their reporting obligations as required under the international drug control treaties.

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

170. The Board, while reviewing the drug control situation in various countries, adopts, when necessary, positions on particular drug control issues. Those positions are conveyed to the Government concerned and, when appropriate, made public by the Board through its annual report. Showing respect for the views is an important aspect of cooperating with the Board.

171. In 2005, the Board reviewed the drug control situation in a number of countries, including Albania, Bosnia and Herzegovina, and Romania, as well as measures taken by the Governments of those countries to address their respective drug problems. The three countries are on the Balkan route, the main route used for smuggling heroin from Afghanistan into Europe, and for many years have faced serious drug trafficking problems.

Albania

172. The Government of Albania has made some progress in recent years, in particular in the area of law enforcement, and seizures of illicit drugs have increased since 1999. Drug control legislation in Albania is by and large adequate. In 2004, the Government adopted a drug control strategy covering the years 2004-2010, together with an action plan for its implementation.

173. However, resources provided for drug control efforts by the Government are insufficient. Though an interministerial committee to coordinate drug control policy exists, the committee has not been able to function adequately because of a lack of resources. In addition, resources allocated for drug control within the relevant government agencies in Albania are inadequate.

174. Cooperation with the Board has proved to be problematic in several respects. Despite several requests since 2003 for a progress report on the implementation of the Board's recommendations pursuant to its 2002 mission to Albania, the Government could not provide comprehensive information until late 2005. In addition, Albania, despite being a party to the 1988 Convention, has never provided to the Board any of the required information on precursors.

175. In November 2005, the Board invited a delegation of the Government of Albania to its session, as part of the ongoing dialogue with the Government. The delegation reported to the Board on recent measures taken in the field of drug control and assured the Board that the Government was committed to drug control and that cooperation with the Board would improve. The Board trusts that those assurances will be realized and looks forward to closer cooperation with the Government of Albania.

Bosnia and Herzegovina

176. There remains an almost complete lack of coordination in the area of drug control between the two entities comprising Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina; and Republika Srpska. There is no legislation at the national level to ensure the implementation of the provisions of the international drug control treaties and no national entity responsible for coordinating drug control efforts.

As a result, Bosnia and Herzegovina has been unable to fulfil its treaty obligations and has failed to provide the Board with the required data regarding narcotic drugs and psychotropic substances.

177. The Board sent a mission to Bosnia and Herzegovina in October 2000. The mission found that the Government had, with the assistance of UNODC, prepared a comprehensive draft bill on drug control. The draft bill would have established a national agency responsible for coordinating drug control policy. However, subsequent to the mission, the draft bill was rejected by the parliament of Bosnia and Herzegovina and remained pending for years.

178. In August 2005, the President and the Secretary of the Board met with the High Representative for the Implementation of the Peace Agreement on Bosnia and Herzegovina. All parties agreed that the adoption of comprehensive legislation on drug control should be a priority of the Government. In late 2005, a revised version of the draft bill was passed in the lower house of parliament and was scheduled for debate in the upper house. The Board expects that the draft bill will be adopted as scheduled.

179. The drug abuse situation in Bosnia and Herzegovina is worsening, especially among young persons. Again, lack of coordination in the Government has hampered efforts to gather data on the drug abuse situation in the country and to establish adequate facilities for the treatment of drug addicts.

180. The Board urges the Government of Bosnia and Herzegovina to make the adoption and implementation of comprehensive drug control legislation matters of priority and to renew its efforts to ensure adequate coordination between the Federation of Bosnia and Herzegovina and Republika Srpska in the area of drug control.

Romania

181. After years of dialogue with the Board, the Government of Romania has made significant progress in responding to the Board's concerns. For many years, legislation in the area of drug control was inadequate and administrative structures were weak. That had led to Romania being increasingly used as a drug trafficking hub along the Balkan route.

182. In recent years, the Government of Romania has taken numerous measures to strengthen drug control.

New laws were adopted with the assistance of UNODC, bringing national legislation into conformity with the provisions of the international drug control treaties. An interministerial committee was established to coordinate government efforts in drug control; and recently, a new agency, the National Anti Drug Agency, became operational. The cooperation of the Government with the Board has also improved significantly.

183. The National Anti-Drug Agency of Romania has, on a regular basis, conducted comprehensive evaluations of the implementation of the national drug control strategy. Those evaluations indicate that, while progress has been made in the reduction of illicit drug supply, activities involving demand reduction and drug abuse prevention and treatment remain underfunded.

184. The Board welcomes the progress made in Romania and trusts that the Government will continue its efforts to strengthen drug control. The Board also urges the Government to ensure that programmes in the areas of demand reduction and treatment receive adequate resources, in order to be effective in dealing with the increasing drug abuse problem in Romania.

Evaluation of implementation by Governments of recommendations made by the Board subsequent to its country missions

185. The Board conducts an average of 20 country missions a year to review the drug control situation in various countries and Governments' compliance with the international drug control treaties. The country missions generally result in a series of observations and recommendations, which are conveyed formally to the Government concerned.

186. As part of its ongoing dialogue with Governments, the Board also conducts an annual evaluation of the implementation of its recommendations pursuant to those missions. Selected countries are invited to provide information on progress made in the implementation of the Board's recommendations and to inform the Board of any achievements and difficulties in that regard.

187. In 2005, the Board selected a number of countries and one territory to which it had sent missions in 2002 and requested their governments to provide information. The selected countries included Kazakhstan, Kenya, Namibia and the former Yugoslav

Republic of Macedonia; the selected territory was the Netherlands Antilles.

188. The Board expresses its appreciation for the information provided by the Governments of Namibia and the former Yugoslav Republic of Macedonia, as well as by the government of the Netherlands Antilles. That information enabled the Board to conduct a meaningful assessment of the drug control situations in those countries or areas. The Board notes with concern, however, that no information was received from the Governments of Kazakhstan and Kenya.

189. The Board underlines the importance of the review of its country missions and requests the Governments of Kazakhstan and Kenya to ensure that the required information is provided to it without further delay. The full support and cooperation of Governments are essential to the efforts by the Board to achieve the aims of the international drug control treaties.

Namibia

190. The Government of Namibia has made progress in some of the areas of drug control, pursuant to the recommendations of the Board. In October 2004, the Government adopted a national drug control master plan.

191. There are, however, a number of issues that still need to be addressed in Namibia. In particular, no significant progress has been made with regard to the adoption of certain draft bills related to drug control. The Board urges the Government of Namibia to take the steps necessary to ensure that those bills are adopted as soon as possible, in order to bring the national legislation into full conformity with the provisions of the international drug control treaties. Measures need to be taken with regard to the control of precursor chemicals, before the relevant legislation is put in place.

192. The Board wishes to emphasize the importance of conducting a rapid assessment of the drug abuse situation in Namibia, in order to ensure that the growing problem of drug abuse is dealt with in a more effective manner.

Netherlands Antilles

193. The government of the Netherlands Antilles has adopted new legislation on psychotropic substances,

bringing under control the substances in Schedules III and IV of the 1971 Convention. The legislation in force in the territory is now in compliance with the 1971 Convention. Furthermore, cooperation and coordination in law enforcement activities have been enhanced, and the government has been successful in addressing the problem of cocaine “body packers”³⁷ departing from the territory for countries in Europe.

194. Legislation on the implementation of article 12 of the 1988 Convention, however, is still pending discussion by the Parliament of the Netherlands Antilles. Moreover, there has been little or no progress in developing a comprehensive national drug control strategy to combat the drug problem. The Board urges the government to take additional steps to ensure that progress is made in those areas.

195. The Board also urges the government of the Netherlands Antilles to implement other recommendations of the Board, in particular to take concrete measures to deal with the problems of the illicit sale of controlled substances via Internet pharmacies and the related diversion of narcotic drugs and psychotropic substances and to conduct a rapid assessment of the drug abuse situation in the territory.

The former Yugoslav Republic of Macedonia

196. Noticeable progress has been achieved in drug control in the former Yugoslav Republic of Macedonia. In particular, the Government has undertaken a comprehensive reform of the criminal codes and has adopted a new law on precursor control.

197. Coordination among government agencies, as well as the cooperation of the Government of the former Yugoslav Republic of Macedonia with the Governments of other countries in the region, has also improved. The statistical information provided by the Government indicates a considerable increase in the volume of seized drugs in recent years. Furthermore, the Ministry of Health has taken a number of measures with regard to the control of pharmacies, as well as the treatment of drug addicts, in accordance with the recommendations of the Board.

198. The Government of the former Yugoslav Republic of Macedonia has set objectives in the area of drug control, to be accomplished by the end of 2005, as part of its action plan for European partnership. The Board expects to receive from the Government

information regarding any progress that has been made and difficulties that have been encountered in achieving those objectives.

Measures to ensure the implementation of the international drug control treaties

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

199. Article 14 of the 1961 Convention and article 19 of the 1971 Convention describe measures that the Board may take to ensure the implementation of the provisions of those conventions. In 1997, the Board invoked article 14 of the 1961 Convention and article 19 of the 1971 Convention with respect to several States, in view of their persistent failure to bring national control measures in conformity with the respective conventions, to submit information to the Board as required under those conventions and to respond to enquiries of the Board, despite the various forms of communications available, the reminders sent and the technical assistance provided to them in the area of drug control. The objective of the Board has been to promote compliance with those conventions when other means failed. After having what amounted to in some cases a lengthy dialogue with the Board pursuant to article 14 of the 1961 Convention and article 19 of the 1971 Convention, most of the States took remedial measures. Consequently, the Board decided to terminate any action pursuant to those articles vis-à-vis those States.

200. The Board notes with concern, however, that one State in Africa, with respect to which the Board invoked in 1997 article 14 of the 1961 Convention and article 19 of the 1971 Convention, has made no substantial progress in drug control, despite the Board’s ongoing dialogue with that State. While acknowledging the difficulties the Government may have encountered, the Board urges it to take speedy action to remedy the situation. Measures taken pursuant to article 14 of the 1961 Convention and article 19 of the 1971 Convention consist of increasingly severe steps, and continuous failure to remedy the situation may result in the Board deciding to take further action pursuant to those articles, which could include the Board proposing to the Economic and Social Council to impose an embargo on the State concerned. The Board will continue its consultations

with the State pursuant to those articles to ensure that progress is made in its compliance with the international drug control treaties.

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

201. The Board, having determined that the situation in Afghanistan had seriously endangered the aims of the 1961 Convention as amended by the 1972 Protocol, invoked article 14 of the 1961 Convention in 2000 with respect to Afghanistan. Since then, the Board has followed closely the development of the drug control situation in Afghanistan and has maintained an ongoing dialogue with the Afghan authorities pursuant to article 14 of the 1961 Convention.

202. The Board notes that the Government of Afghanistan remains fully committed to drug control, as evidenced by the recent statements of the President of Afghanistan in which he reiterated the Government's determination to pursue the fight against drug abuse and illicit trafficking on all fronts. Despite many obstacles, the Government of Afghanistan, with the assistance of the international community, has undertaken a number of major institutional and policy changes, aimed at reaching its counter-narcotics objectives. In particular, the Government has established the Counter Narcotics Ministry, with a view to strengthening the coordination of drug-related activities at the national level, and has created the Central Poppy Eradication Force to address the problem of illicit opium poppy cultivation. The Government has also recently created a committee, headed by the President, to intensify the efforts to eradicate opium poppy. The committee, which includes cabinet ministers and representatives of donor countries, is expected to launch a number of campaigns providing farmers with an alternative livelihood, preventing opium poppy cultivation, destroying opium poppy cultivation sites, establishing a new mechanism for dealing with drug cases, rehabilitating drug addicts and promoting regional cooperation.

203. Progress continues to be made in law enforcement. Several particularly effective law enforcement operations took place in 2005, resulting in a number of significant drug seizures and the dismantling of opium bazaars and illicit drug laboratories. The increasing operations of the newly trained Afghan Special Narcotics Force on illicit drug

activities in different parts of the country displayed a more significant role in the Government's counter-narcotics efforts. Furthermore, the Counter Narcotics Criminal Justice Task Force, established in January 2005, has become operational. The Board encourages the Government to continue its efforts to ensure that the Task Force also operates in provinces in order to bring to justice quickly those engaged in drug-related crime.

204. The Board, while welcoming the above-mentioned positive developments, is seriously concerned that, despite the efforts of the Government and the international community, opium poppy cultivation and illicit drug trade continue to be among the greatest threats to establishment of the rule of law and effective governance in Afghanistan. Opium production in 2005 was estimated at about 4,100 tons, only 100 tons less than the record harvest of 2004, although there was a decline of 21 per cent in the total area under opium poppy cultivation. Afghanistan thus remains the largest source of illicit opium production, accounting for 87 per cent of the world total in 2005. Over one half of the national income continues to be generated from illicit drug-related activities; that situation poses a continuous threat to peace, security and development, not only in Afghanistan, but also in other countries.

205. The varying situation with regard to the eradication of opium poppy cultivation in Afghanistan in 2005 is a clear indication that the ban on opium production issued by the Afghan authorities in 2002 has so far not adequately been implemented. This reveals a lack of commitment towards law enforcement on the part of some officials in the provinces of the country. The Board reiterates that achieving peace, security and development in Afghanistan is closely linked with the solving of the drug control problem, and that failure to address the current drug control situation could undermine the political progress, economic growth and social development in Afghanistan. The Board urges the Government to take firm measures to ensure that the situation is remedied, thus responding to the Board's invoking of article 14 of the 1961 Convention.

206. The Board notes with concern that drug abuse continues to increase in Afghanistan. The most commonly abused substances include not only heroin, opium and cannabis, but also a wide variety of

pharmaceutical products such as analgesics, hypnotic-sedatives and tranquillizers, which can easily be obtained in pharmacies without a prescription. One matter of particular concern is opium abuse among women and the exposure of very young children to opium, as well as the rapid spread of drug-related HIV/AIDS infection.

207. There appears to be no significant progress in this area, due to the lack of institutional arrangements for the planning and coordination of demand reduction programmes. The Board urges the Government of Afghanistan to pursue its action plan on demand reduction in order to achieve the targets identified in various areas of demand reduction, including a public awareness campaign, training, treatment and rehabilitation.

208. The Board expresses its concern regarding the recent advocacy by a non governmental organization of legalization of opium poppy cultivation in Afghanistan. The idea that legalizing opium poppy cultivation would somehow enable the Government to obtain control over the drug trade and exclude the involvement of criminal organizations is simplistic and does not take into account the complex situation in the country. On the contrary, implementation of such an idea would make drug control in Afghanistan more difficult. The Board believes that at present a ban on opium poppy cultivation in Afghanistan is the most suitable and important measure to eliminate the drug problem in the country. The Board is in full agreement with the Government, which has rejected this proposal and has reiterated its determination to continue strengthening drug control, in compliance with its obligations under the international drug control treaties.

209. While recognizing the need to provide the Government with technical assistance, the Board, in cooperation with UNODC, has developed an overall training programme for Afghanistan on the control of licit activities related to narcotic drugs, psychotropic substances and precursors. The purpose of the programme is to increase the Government's capacity to implement the provisions of the international drug control treaties. The Board expects that UNODC will allocate the necessary funds to ensure that the programme is implemented as soon as possible.

210. The Board welcomes the various activities that are being implemented by UNODC to assist the Government in strengthening drug control. The Board

trusts that UNODC will continue to provide assistance to the Government and that the international community will provide adequate funds for that purpose. In particular, the Board notes that the production of opium remains high, despite a reduction in the area of illicit opium poppy cultivation, and requests UNODC to focus on measures to address that issue.

211. In its report for 2001,³⁸ the Board, under the authority granted to it under article 14, paragraph 1 (d), of the 1961 Convention, called the attention of the parties to that convention, the Economic and Social Council and the Commission on Narcotic Drugs to the drug control situation in Afghanistan. The Board notes with appreciation the continued commitment of the international community to assisting Afghanistan in implementing the ban on opium production, providing legitimate livelihoods to opium poppy growers and bringing counter-narcotics measures into the mainstream of overall development assistance.

212. The Board underlines that addressing the drug control situation in Afghanistan is a matter that requires the continuous and long-term support and cooperation of the international community. The Board urges the international community to renew its efforts to combat opium production in Afghanistan and the corruption associated with that activity, so that the goals in the national drug control strategy, as set out by the Government of Afghanistan in cooperation with the international community, may be achieved within the established time schedule.

213. The Board reiterates that the Government of Afghanistan has the ultimate responsibility of addressing the drug problem and fulfilling its treaty obligations under the international drug control treaties. The elimination of illicit drug activities, in particular the illicit cultivation of opium poppy, should be of the utmost importance to the Government of Afghanistan. The Board will continue to monitor developments in drug control in Afghanistan, as well as the Government's progress, pursuant to article 14 of the 1961 Convention. The invoking of article 14 will remain in force until such time as the Board is satisfied that Afghanistan has complied fully with the provisions of the 1961 Convention.

Provisions regarding travellers under treatment involving the use of medical prescriptions containing controlled substances

214. The Commission on Narcotic Drugs, in its resolutions 45/5 and 46/6, encouraged States parties to the 1961 Convention, that Convention as amended by the 1972 Protocol and the 1971 Convention to notify the Board of restrictions currently applicable in their territory to travellers under medical treatment with drugs containing narcotic drugs or psychotropic substances under international control. The Board has requested Governments to provide specific information on legal provisions or administrative measures adopted in their countries for travellers under medical treatment. Such information should include restrictions and conditions that need to be met by travellers entering or leaving their territory and carrying medical preparations containing controlled substances for personal use. The Board calls on all Governments that have not yet done so to submit the relevant legal provisions and administrative measures without delay. The Board will ensure the wide dissemination of the information so that Governments will be able to advise travellers on the requirements needed in the country of destination. Whenever appropriate, the Board encourages Governments, when developing or updating a regulatory framework for travellers carrying medical preparations containing controlled substances, to consult the guidelines for national regulations concerning travellers under treatment with internationally controlled drugs, which has been made available in the six official languages of the United Nations on the website of the Board (www.incb.org).

215. By 1 November 2005, the Governments of 71 countries had provided the requested information to the Board. In all of the responding countries, travellers were allowed to carry medical preparations containing narcotic drugs and/or psychotropic substances for their personal use in the amount indicated in their medical prescriptions and for the length of treatment prescribed by their doctors, provided that the travellers possessed supporting documents. The diverse laws and regulations, including administrative procedures and practical measures, provided by Governments are being consolidated in a standard format and will be made available on a yearly basis in the technical publications of the Board and on the website of the Board. That information should be considered indicative of the requirements that travellers should be

aware of prior to entering the countries in question. International travellers should be encouraged to obtain more details from the competent national authorities or through other authorized channels such as the diplomatic missions of countries of destination.

Requirement for drug reference standards

216. Reference standards of narcotic drugs, psychotropic substances and/or precursors are required for the proper and reliable identification and analysis of controlled drugs and precursors, whether simple screening tests are used or more sophisticated methods are performed for the qualitative and quantitative analysis of drugs in biological samples. The reference standards are an essential element of laboratory routines. The Board draws the attention of Governments to the value and importance of drug testing and to the fact that, without reference standards, laboratories cannot provide essential support services to national criminal justice systems and law enforcement and health authorities.

217. When reference standards of controlled substances are not available in a country and must be imported, authorized national laboratories are required to submit original import certificates issued by the national competent authority under the international drug control treaties. As some national drug testing laboratories have experienced difficulties in obtaining reference standards, the Board encourages Governments to review the adequacy of existing national legislation and regulations, where appropriate, in order to ensure that they do not hinder bona fide drug testing laboratories in their efforts to obtain reference standards or test samples containing controlled substances.

218. The Board encourages national competent authorities to consider as a matter of priority requests for import and export certificates for reference standards or test samples containing controlled substances for use by drug testing laboratories and to take all steps to ensure the timely issuance of the authorizations required under the international drug control treaties. Governments should be aware of and recognize the critical importance of the reference standards and other materials required by drug testing laboratories in providing a reliable service in support of national drug control efforts. Governments should

also bring to the attention of laboratories the requirements and obligations for licensing.

Misuse of the Internet

219. Since 1996, the Board has devoted increasing attention to the problem of internationally controlled substances, including the most strictly controlled substances, being illegally sold by Internet pharmacies. Narcotic drugs in Schedules I and II of the 1961 Convention that are illegally sold by such pharmacies include fentanyl, hydrocodone, oxycodone, methadone, codeine and dextropropoxyphene, all of which are known to be widely abused by drug addicts. Psychotropic substances that are illegally sold by such pharmacies include stimulants in Schedule II (methylphenidate, dexamphetamine, amphetamine) and Schedule IV of the 1971 Convention (amfepramone, phentermine), analgesics in Schedule III (pentazocine) and benzodiazepines in Schedule IV (alprazolam, bromazepam, chlordiazepoxide, diazepam, nitrazepam, temazepam etc.). Those substances are also frequently diverted to be sold on the illicit market and abused by drug addicts.

220. While Internet pharmacies can easily be relocated and can operate from any region in the world, some countries are more frequently used as the base for illegal Internet activities. In the Americas, the United States is not only the biggest consumer country for Internet pharmacies but also the country from where many illegal Internet pharmacies operate. Countries in the Caribbean and Mexico are often found to be source countries. In Asia, China, India, Pakistan and Thailand are most often identified as countries from where illegal Internet pharmacies operate. China has also been identified as a country from where the raw material used for counterfeiting internationally controlled substances is sold illegally via the Internet. In Europe, the Netherlands has been frequently identified as a country from where illegal Internet pharmacies are operating. While illegally operating Internet pharmacies cater to all countries, the majority of the consumers are citizens of the United States or countries in Europe.

221. The extremely volatile and flexible Internet pharmacy market makes a systematic assessment of the scope of the problem difficult. Extensive Internet searches, supported by other information such as seizure data, can provide an indication of the volume

of illegal transactions. According to seizure data, the number of transactions carried out by an illegally operating Internet pharmacy is significantly higher than that of a traditional, legally operating pharmacy. In some cases, the Internet pharmacies averaged 450 sales transactions involving prescription drugs per day; 95 per cent of the transactions involved internationally controlled substances. According to seizure data from the United States, in the case of one illegally operating Internet pharmacy, the turnover for only two substances, diazepam and hydrocodone, totalled about 6 million dosages per year. According to the United States Postal Inspection Service, 10 million shipments of prescription drugs enter the United States illegally each year—and that figure does not include domestic shipments from illegally operating Internet pharmacies based in the United States. Taking into account that each illegal shipment often contains a significant quantity of such drugs (several thousand tablets, according to reports of parcels seized by Thai and United States authorities), the profits to be gained are an incentive for organized criminal groups to engage in such activities. Based on the above-mentioned figures, the estimated value of the illegal transactions is probably in hundreds of millions of United States dollars.

222. The quantities involved, the advertisements of the illegally operating Internet pharmacies and their sales procedures indicate that customers misusing and abusing such drugs are the target group. For example, emphasis on the possibility of purchasing prescription drugs without a prescription, references to discreet shipments and to delivery by mail or to a post office box are signs that the pharmacy in question is an illegally operating Internet pharmacy.

223. Customers of illegally operating Internet pharmacies are using the services for purposes not related to the availability or price of the drugs. Prescriptions for controlled substances can easily be obtained if the substances are required for medical treatment, and at a much lower price. According to the prices listed on the websites of such pharmacies, the substances offered on the Internet are in fact much more expensive, sometimes nearly 18 times more expensive than the same substance purchased through a health or social security insurance scheme or any private health insurance scheme. Even in cases where customers are not insured, legally operating Internet pharmacies with cheaper prices, even for substances

requiring prescriptions, would be preferred over illegally operating Internet pharmacies.

224. Excluding customers with legitimate medical reasons and excluding the cost factor, the availability of prescription drugs without prescriptions remains the only reason for using an illegally operating Internet pharmacy. In the case of internationally controlled substances, this implies that the customers are only those who cannot legally obtain prescriptions for narcotic drugs and psychotropic substances, as they are solely intended for drug abuse and drug trafficking.

225. Some of those prescription drugs contain narcotic drugs and psychotropic substances with habit-forming properties similar to illicit drugs such as heroin and cocaine. Demand is high for some of those controlled pharmaceuticals, which are often abused by drug addicts as their first drug of choice. Another concern is the "discreetness" of illegal Internet pharmacies, which allow customers to remain anonymous. In the case of online consultations, personal details to be given by the customer, including information concerning his or her age, are not verified. Such anonymity poses a serious problem in terms of ensuring the protection of children and youth against drug abuse. The ease with which controlled substances can be obtained through Internet pharmacies constitutes encouragement of their abuse and a serious threat to children and adolescents.

226. Part of the supply of illegal Internet pharmacies is provided through the diversion of pharmaceutical preparations containing controlled substances from licit manufacture and trade. As mentioned in paragraph 121 above, the Board has received several reports from law enforcement authorities on companies and establishments engaged in both legal and illegal manufacture and trade. Another part is illegal manufacture of the products in question (counterfeit) by the use of either diverted raw material or illicit manufacture of raw materials. Customers of illegally operating Internet pharmacies need to be aware that their chances of receiving the authentic product is low. In the United States, for example, it is estimated that only 50 per cent of customers ordering through illegally operating Internet pharmacies receive the genuine product; in particular, pharmaceutical products containing controlled substances and known to be subject to abuse are difficult to divert in the required quantities and are therefore likely to be counterfeit.

227. In one particular case of an illegally operating Internet pharmacy, the United States authorities detected the sale of counterfeit Xanax (alprazolam), Valium (diazepam) and Ritalin (methylphenidate), all from one single counterfeiter in Belize. Similarly, Swedish authorities have reported the appearance of counterfeit Rohypnol tablets that had been manufactured by using raw material illegally obtained on a website operating from China.

228. Similarly, precursors of psychotropic substances are bought via the Internet to be used to clandestinely manufacture those substances. In one such case in the Netherlands, the vigilance of a courier service was crucial in the detection of the illegal sale of GBL on a large scale by a website owner from the Netherlands, who was selling the precursors necessary for the manufacture of GHB, providing the recipe for the illicit manufacture of GHB and actively promoting the use of GHB, all via the Internet. The Board notes with appreciation this example of teamwork involving, among others, law enforcement agencies at the national and international levels, the chemical industry and courier services, which has led to the closing down of the illegal Internet operation.

229. Websites may go up, be moved or be taken down in a short period of time, making it difficult for authorities to track, monitor or shut down sites that are operating illegally and making it easier for the site owners to avoid impending or suspected law enforcement action. Having closed down, they can immediately relocate to another site and start up the business again. It appears that illegally operating Internet pharmacies routinely relocate, without any real reason, just as a precaution. Replicating web searches show the rapid changes and replacements within the business. In a number of cases, an automatic connection from a closed down site redirects the Internet user to a new site that most likely belongs to the same owner as it has practically the same layout and wording.

230. So far, only a limited number of countries have adopted specific legal measures to prevent such misuse of the Internet. Even in countries where such legislation exists, different laws and regulations in other countries make it difficult to consistently identify, investigate and ultimately prevent misuse of the Internet. Isolated legal measures in individual

countries can therefore have only a limited impact without concerted, supportive international action.

231. Counteracting illegal Internet pharmacies requires more diverse investigative resources, at the national level and the international level. Close cooperative working relationships between the different agencies involved needs to be established at the national level. In addition to efforts at the national level, increased international cooperation and networking are required. Specialized units in various countries are already doing screening exercises. In order to avoid duplication, set complementary action and use resources responsibly, authorities should know about each other's activities. International cooperation and exchange of information with regard to operations of illegal Internet pharmacies are currently very limited.

232. The Board notes with appreciation the various initiatives undertaken by authorities in the Netherlands, Sweden and the United States that include cooperation with international organizations, authorities of other countries, Internet service providers and service industries. The Board encourages the countries and international organizations concerned to actively participate in such activities or to initiate such joint efforts if required. The Board urges international organizations, in particular the Universal Postal Union (UPU), the International Criminal Police Organization (Interpol), the Customs Cooperation Council (also called the World Customs Organization) and UNODC, to confront the problems of illicitly operating Internet pharmacies and smuggling controlled drugs by mail in their respective areas of responsibility and to share their experiences with the Board.

233. Authorities encounter difficulties in finding partners in other countries with whom to cooperate in ongoing operations. In a number of cases, there has been no response to requests for cooperation. The Board appeals to the Governments of all countries to handle such requests seriously, to provide all the necessary support to investigative efforts and to instigate immediate criminal procedures against offenders. The Board calls on Governments to undertake efforts to increase the awareness of law enforcement, regulatory and drug control authorities regarding the need to counteract the activities of illegally operating Internet pharmacies. In addition, awareness-raising campaigns should alert the public to

the potential dangers of illegally operating Internet pharmacies. Furthermore, national authorities need to ensure that legislation, as well as the application of laws and sanctioning by courts, is stricter with regard to the diversion of pharmaceuticals in general and the illegal operations of Internet pharmacies in particular. At present, in many countries the judiciary does not accord sufficient importance to such cases. With regard to support required from Internet service providers, the Board wishes to remind Governments to fully utilize existing legislation, or in cases in which such legislation is lacking, to introduce such legislation. National authorities may also seek the cooperation of service industries essential to Internet business operations, such as credit card companies, other financial services facilitating monetary transactions and courier services. They can provide important support not only during investigations, but also in identifying such illegal activities (see para. 228 above).

234. Not all illegally operating Internet pharmacies provide prescription drugs without a prescription. Some offer the possibility of online consultations; however, in most cases such consultations are only an attempt to mask the illegal nature of the transaction. In most cases, such online consultations rely on a questionnaire to be filled out by the customer. The information provided by the customer is not verified. On the basis of such bogus consultations, online prescriptions are then provided by medical doctors working for the illegally operating Internet pharmacies. The procedure does not provide a meaningful doctor-patient relationship but is used as a front for illegal transactions.

235. The authorities of the Netherlands and the United States, having recognized the above-mentioned problem, have issued or are in the process of issuing guidelines and legislation to counteract such illegal activities. In response to a request by the authorities of the Netherlands, the professional organization of physicians in that country released guidelines for online doctor-patient contact in January 2005 that cover all online contact between doctor and patient. The guidelines are similar to the amendment to United States legislation that is currently being discussed, the Ryan Haight Internet Pharmacy Consumer Protection Act of 2005. Once adopted, the Act will require Internet pharmacy websites to display information identifying the business, pharmacist and physician associated with the website; will bar the selling or

dispensing of a prescription drug solely on the basis of an online questionnaire; and will allow a state attorney-general to shut down a rogue site across the country, instead of only barring transactions involving consumers in his or her own state. The Board requests the Governments of all other countries that have adopted guidelines or legislation on prescription practices for Internet pharmacies to provide it with the relevant information.

236. The Board, in an attempt to strengthen international cooperation to counteract illegally operating Internet pharmacies, has informed all Governments of the dangers of such illicit activities, requested them to identify focal points for all activities related to such Internet pharmacies and to provide details of legislation and regulations related to Internet services and sites, as well as on the use of the mail for individual shipments of controlled drugs. The Board calls on those Governments which have not yet provided that information to do so without delay, so that requests for support can be appropriately dealt with and international collaborative efforts will not be hindered. Governments are also requested to provide to the Board all other information on illegally operating Internet pharmacies, so that other Governments can be alerted.

Smuggling drugs by mail

237. The smuggling of drugs, both illicit drugs and those licitly manufactured and subsequently diverted, by mail constitutes a major threat for law enforcement. According to the World Customs Organization, over the last five years every region of the world has experienced an increase in such illicit activity. For example, in the United States, where 200 billion pieces of mail are handled every year, authorities arrested more than 11,000 suspects during 2003, of whom more than 15 per cent were linked to the smuggling of narcotic drugs, psychotropic substances or precursors through the mail. Such cases have in turn led to a heavy burden being placed on authorities to detect suspicious shipments and to identify sources of illicit supply.

238. The Board notes that other Governments are also enhancing their efforts to intercept illicit drug shipments by mail, and those improvements have contributed to the increase in the number of interceptions of smuggled drug consignments in recent

years. In Bangkok, for example, Thai authorities seized in 2004 more than half a million (526,272) diazepam tablets and capsules in 12 different cases. The individual quantities seized ranged from 28 tablets (a package size) to 40,000 tablets, the main destinations for the consignments being the United Kingdom and the United States. Other psychotropic substances seized by the authorities included alprazolam, clonazepam, loprazolam and phenobarbital. Furthermore, in addition to diverted and/or counterfeit pharmaceutical preparations containing controlled substances, illicit drugs of abuse, such as MDMA and GHB, and precursors are also smuggled by mail.

239. While some of the seized consignments may have been destined for abuse by the recipients, the large size of some the seizures indicates that traffickers are obtaining such substances for distribution on the illicit market. Governments that have not yet done so therefore need to take into account that smuggling by mail has become an important means of supplying illicit markets and that regular and thorough searches of the mail for illicit drug consignments should become a routine law enforcement procedure in all countries.

240. At the same time, the Board recognizes that it is practically impossible to constantly screen all mail and that searches of the mail continue to rely on risk assessments and profiling. Therefore, as in all activities to counter trafficking, close national and international cooperation is required. In particular, standard procedures for conducting investigations into seizures of controlled substances smuggled by mail should be developed, including the collecting of information required for further investigation and analysis. The Africa mail project, initiated by UPU and UNODC with the support of Interpol and the World Customs Organization, provides examples of best practices in the area and demonstrates how such activities can be carried out in a coordinated manner.

241. In the absence of such an operational approach, the Board encourages Governments to provide all available information on seizures of drugs smuggled through the mail to the authorities of the countries of destination, as well as to international entities such as the Board, UPU, Interpol and the World Customs Organization, in order to contribute to the development of concerted international action.

242. In order to counteract smuggling of drugs by mail, the Board encourages every Government to

ensure that its national legislation provides for the possibility to effectively control and screen all routes of international mail leading into and out of the country, including private premises of international mail courier companies. Such control measures should include cooperative arrangements between the various national authorities responsible for the processing and screening of international mail and with privately owned companies. Experience has shown that such efforts can be greatly helped by limiting the number of entry points for parcels, thereby allowing for more efficient control of such consignments. Governments must also ensure adequate training of staff and provide the technical aid required for drug identification, such as X-ray machines, ion scan technology and sniffer dogs. Governments should encourage their law enforcement services to develop intelligence or information centres to support their front-line drug law enforcement operations.

Supply of controlled substances in emergency situations

243. The Board wishes to emphasize the importance of ensuring the availability of essential narcotic drugs, including opioid analgesics, and psychotropic substances in emergency situations, such as natural disasters, epidemics and conflicts, in which the health conditions of a group of individuals are seriously threatened. In December 2004, immediately following the tsunami in the Indian Ocean, the Board granted expeditiously requests for additional supplies of narcotic drugs to be shipped to the countries concerned. The Board contacted the Governments of major exporting countries and advised them of the simplified export-import control procedures in emergency situations, in accordance with the model guidelines for such situations, which were developed jointly by WHO and the Board. In situations of similar natural and other types of emergencies, Governments should follow the guidelines to ensure the proper provision of essential narcotic drugs and psychotropic substances to people in disaster-stricken areas.

III. Analysis of the world situation

A. Africa

Major developments

244. The main illicit drug of abuse in Africa is cannabis, which is abused by over 34 million people in the region. The cannabis plant is illicitly cultivated throughout Africa, and cannabis is smuggled within the region and beyond, mainly into Europe and North America. While cannabis herb is illicitly produced in all subregions of Africa, Morocco continues to be one of the world's largest suppliers of cannabis resin. It is, therefore, encouraging to note that, as a result of intervention by the Government, both the total area under illicit cannabis plant cultivation and the total potential production of cannabis resin in Morocco decreased by 10 per cent in 2004 over the previous year.

245. Drug traffickers are increasingly using West African countries along the Gulf of Guinea for smuggling cocaine from Latin America into Europe and, to a lesser extent, into North America, as evidenced by the record seizures that have been effected in that subregion during the past two years. Moreover, two recent seizures of cocaine in Kenya, totalling over 1 ton, may indicate that cocaine traffickers have also begun using Eastern Africa as a transit area. While cocaine continues to be abused mainly in cities and tourist centres in Southern and Western Africa, there is concern that the increased trans-shipment of illicit drugs through the area of the Gulf of Guinea might have a spillover effect, resulting in increased drug abuse in countries in those subregions.

246. Although the abuse of opiates has remained limited in Africa, the increasing abuse of such drugs, including by injection, is becoming a cause for concern, particularly in African countries along the Indian Ocean.

247. In Africa, the continued availability of illicitly manufactured and diverted pharmaceutical products containing narcotic drugs and psychotropic substances in unregulated markets has, for many years, been a major problem for national regulatory authorities in ensuring the safety and efficacy of medicine. At the

same time, controlled substances for legitimate medical purposes, in particular opiates for the treatment of pain, are often not available.

248. In Southern Africa, one recent worrying development is the rapidly emerging abuse of methamphetamine in South Africa, particularly in the Western Cape area. While the substance is mainly smuggled from China, some of it is also illicitly manufactured in laboratories in South Africa, as evidenced by the increasing number of illicit methamphetamine laboratories dismantled in that country. While the abuse of MDMA (Ecstasy) has so far been largely confined to South Africa, there is some concern that the uncovering of an MDMA laboratory in Egypt in late 2004 might indicate the emergence of illicit MDMA manufacture in Northern Africa.

249. As mechanisms for the monitoring and control of precursor chemicals are being tightened in many countries of the world, traffickers have started to take advantage of weaker mechanisms for precursor control in African countries. That development is reflected in the increased number of reported attempts to divert precursor chemicals in Africa. In 2005, a number of multi-ton shipments of controlled precursor chemicals destined for African countries, for diversion into illicit markets, were stopped.

Treaty adherence

250. In October 2005, Angola became a party to the 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention. Furthermore, the Democratic Republic of the Congo and Liberia acceded to the 1988 Convention in October 2005 and September 2005, respectively.

251. Equatorial Guinea remains the only State in Africa that is not yet a party to any of the three main international drug control treaties. In addition, Chad has not yet acceded to the 1972 Protocol amending the 1961 Convention, Liberia is not yet a party to the 1971 Convention and Gabon, Namibia and Somalia are not yet parties to the 1988 Convention.

Regional cooperation

252. The Board notes with appreciation that the African Union takes drug control issues very seriously. The African Union has assigned to the Economic, Social and Cultural Council, an advisory body of the Union established in Addis Ababa in March 2005, the responsibility of advising it on drug-related matters while promoting the economic, social and cultural development of African States. The Board notes that the second Ministerial Conference on Drug Control in Africa, the theme of which was “Mainstreaming drug control in socio-economic development into Africa”, was held in Grand Baie, Mauritius, in December 2004. The Conference was attended by African experts from 28 African Union member States and representatives of relevant international and regional organizations. Subsequently, the Sixth Ordinary Session of the Executive Council of the African Union, held in Abuja, in January 2005, adopted a decision in which it requested those African Union member States which had not yet submitted reports on the implementation of the Plan of Action on Drug Control in Africa: 2002-2006 to do so without delay.

253. A regional meeting of the International Drug Enforcement Conference was held in Abuja in February 2005. The meeting, which was hosted by the National Drug Law Enforcement Agency of Nigeria and attended by representatives of a number of countries in Europe and the Middle East, formulated a common position on money-laundering, international drug trafficking organizations and the control of precursor chemicals.

254. The Fifteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Ouagadougou in March 2005. The Meeting formulated recommendations on regional and subregional cooperation; the threat posed by illegal cannabis production in Africa; and the protection of witnesses in investigating and prosecuting crime syndicates.

255. The Government of Algeria hosted the seventeenth Summit of the League of Arab States in Algiers in March 2005. The members of the League of Arab States may use their meetings as an opportunity to, inter alia, share their experiences in fighting drug abuse and illicit trafficking, with a view to harmonizing their policies and strategies related to countering illicit drug trafficking in the region.

256. A regional youth network of non-governmental organizations focusing on drug abuse prevention was established in eight countries in Eastern Africa in 2004. Non-governmental organizations from Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Uganda and the United Republic of Tanzania participated in the first regional workshop of the youth network, on the elaboration of networking and collaboration, which was held in Mombasa, Kenya, in April 2005.

257. An operational meeting on drugs for Eastern African heads of criminal investigation departments and anti-narcotic units was held in Kigali in May 2005 with a view to strengthening collaboration in drug law enforcement between the member States (Ethiopia, Kenya, Rwanda, Uganda and the United Republic of Tanzania) in the area of drug law enforcement.

258. In June 2005, the Arab Conference for Protecting Youth from Drug Abuse was held in Cairo. Delegations from Northern Africa and the Middle East, comprising high-level government officials, heads of drug control agencies and representatives of civil society, participated in the Conference. The Conference formulated the Cairo Action Plan, containing recommendations on enhancing coordination among participating Arab countries in drug abuse prevention. On the occasion of the Conference, the Government of Egypt launched a new national strategy on protecting youth against drugs.

259. The Board notes that, for the first time in Africa, a subregional workshop on precursor control was held. Regulatory and law enforcement authorities from 11 countries in Eastern Africa, as well as representatives of trade and industry, attended the workshop, which was organized in Mombasa, Kenya, in July 2005 by UNODC, in cooperation with the Board. The workshop participants discussed the inadequate controls over precursors in Eastern Africa and developed measures to prevent the diversion of precursors into illicit channels.

260. The seventh meeting of the Eastern Africa Police Chiefs Cooperation Organization, aimed at enhancing collaboration among its member States, was held in Mombasa, Kenya, in August 2005. A model subregional train-the-trainer workshop for pharmaceutical inspectors was held in Dar es Salaam in September 2005. The participants discussed ways to

improve the monitoring and surveillance of national drug distribution channels.

261. A Round Table for Africa was hosted by the Government of Nigeria and organized by UNODC in Abuja in September 2005. The Round Table, which was attended by government representatives of African countries and development partners, adopted a programme of action for the period 2006-2010, aimed at integrating a drug control dimension into official development assistance policies and practices.

262. A number of African countries have undertaken further initiatives against money-laundering. In Northern Africa, Algeria, Egypt, Morocco and Tunisia have joined the Middle East and North Africa Financial Action Task Force, established in November 2004 to promote best practices in combating money-laundering and terrorist financing in those subregions. The Economic Community of West African States (ECOWAS) has stepped up action against money-laundering: in May 2005, its Groupe intergouvernemental d'action contre le blanchiment d'argent en Afrique de l'Ouest (GIABA)³⁹ met in Abuja to work out an integrated approach to countering money-laundering, as experience has shown that money-laundering kingpins are moving away from countries with rigorous legislation against money-laundering, such as Nigeria, to countries in Western and Central Africa where action against such criminal activity is deemed weak.

National legislation, policy and action

263. National drug control master plans have been adopted by Algeria and South Africa. The Government of Algeria has also set up a secretariat under the office of the Prime Minister to implement the plan. Furthermore, in December 2004, Algeria promulgated a new law on the prevention and repression of the use of and illicit traffic in narcotic drugs and psychotropic substances together with a law specifically on preventing and fighting money-laundering and the financing of terrorism. In Morocco, the national strategy against drugs drafted by the National Committee on Narcotics is expected to be adopted in 2005.

264. In March 2005, the Government of Lesotho prepared a comprehensive programme framework for drug abuse prevention in the country. The Government of Malawi has taken several important initiatives to

address drug control issues in the country, such as the completion of a UNODC-funded rapid situation assessment on drug abuse, the drafting of a drug abuse bill and the conducting of a survey of cannabis abuse.

265. The Board notes that the authorities of the Libyan Arab Jamahiriya have taken measures to enhance programming and implementation capacities in the area of drug demand reduction, with a view to developing a national prevention programme in schools, covering all aspects related to drug abuse, including HIV/AIDS.

266. The Board calls upon the Government of the United Republic of Tanzania to implement without delay the precursor control law enacted in 2004. In Kenya, in response to a series of attempted diversions of ephedrine (see para. 280 below), the Government appointed a precursor control steering committee within the Ministry of Health in May 2005 to address the inadequate controls over precursors and to draft appropriate precursor control legislation. The Board appreciates those efforts and encourages the Government of Kenya to put in place as soon as possible an adequate mechanism for monitoring and controlling precursors.

267. The Board notes with appreciation the measures taken by the Government of Tunisia to reduce illicit drug demand through awareness-raising programmes in schools and welcomes the steps taken to establish a national rehabilitation centre for drug addicts. The Board also notes that legal and law enforcement measures taken against corruption have helped to curb illicit drug abuse and trafficking in Tunisia.

268. A number of Governments have taken further legislative and administrative measures to combat money-laundering. In Egypt, the Anti-Narcotics General Administration has opened a special office for investigating financial crime and combating money-laundering. The Board notes that, in 2004, as a result of this and other measures taken to counter money-laundering, Egypt was removed from the list of countries and territories considered by the Financial Action Task Force on Money Laundering to be "non-cooperative" in efforts to counter money-laundering or to have critical deficiencies in their systems for countering money-laundering. The Kenyan Cabinet approved in February 2005 a bill against money-laundering that is before Parliament; once passed, the legislation will enable the identification, tracing and freezing, seizure and potential confiscation of proceeds

of crime, including drug trafficking and corruption. The Government of Morocco has prepared a draft law against money-laundering that is now before Parliament. In Nigeria, the Money Laundering Act was revised and updated in 2004 to facilitate asset recovery.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

269. Cannabis continues to be the most widely grown, trafficked and abused drug in the African region. Africa is the world's second largest producer of cannabis herb (after North America), accounting for approximately 12,000 tons, or 28 per cent of global production. In Morocco, illicit cannabis plant cultivation decreased by 10 per cent in 2004 compared with the level of the previous year. More than 40 per cent of the world's cannabis resin is produced in Morocco. In addition, Morocco is the source of 80 per cent of the cannabis resin abused in Europe, the world's largest market for cannabis resin. Illicit trafficking in cannabis resin continues to be a major problem in the Rif area. The Board notes with appreciation that the Government of Morocco launched a cannabis plant eradication campaign in the Rif area in early May 2005. Of the approximately 1,500 tons of cannabis resin seized throughout the world in 2004, 87 tons were seized in Morocco. Weak control measures at seaports and land border crossings and inadequate drug control legislation have continued to contribute to the trafficking problem in that country. The Board commends the Government of Morocco for its efforts 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 the international community to support the efforts of the Government of Morocco where possible.

270. Cannabis herb production is taking place in all subregions in Africa. In Egypt, where cannabis plants continue to be illicitly cultivated in the northern Sinai, there has been an alarming increase in the seizure of cannabis herb; seizures of cannabis herb increased in 2004 by 40 per cent over the 2003 level. The increase in cannabis production was accompanied by an upsurge in the abuse of cannabis herb. In countries in Western and Central Africa (Cameroon, Ghana, Nigeria, Togo and Senegal), seizure data suggest that cannabis plants continue to be cultivated for commercial purposes.

Cannabis plants are also cultivated in most countries in Eastern Africa, not only fuelling local demand but also constituting a significant commercial crop, especially in the Comoros, Ethiopia, Kenya, Madagascar, Uganda and the United Republic of Tanzania. The largest producers of cannabis herb in Southern Africa are (in decreasing order) South Africa, Malawi, Lesotho and Swaziland. According to data published by UNODC, cannabis herb was the most commonly seized drug in Africa in 2003, the most recent year for which such data are available. Also in that year, the bulk of all demand for drug abuse treatment in Africa (64 per cent) was linked to cannabis.

271. The African region, particularly Western and Northern Africa, continues to be used for smuggling cocaine from South America into North America and Europe. In 2004, the total amount of cocaine seized while being transported through countries in Western Africa (mainly Nigeria and other countries in the area of the Gulf of Guinea) exceeded 14 tons. In the first half of 2005, authorities in Spain seized a total of 5.5 tons of cocaine originating in South America and destined for Europe: one single seizure of 2.5 tons of cocaine was made on a vessel off the coast of Ghana that had been registered in that country. Furthermore, in September 2005, 3 tons of cocaine were seized on a vessel off the coast of Cape Verde. Since the beginning of 2004, seizures of cocaine totalling some 40 tons have been effected on the high seas on ships coming from Western Africa. Ghana, Guinea and Nigeria reported having seized cocaine bound for illicit markets in the United States of America. Investigations made in conjunction with those seizures reveal the presence in Western African countries of foreign criminal networks from Europe and Latin America, giving rise to speculation about Western Africa being used not just as a transit area but as a stockpiling logistics base for drug trafficking. Cocaine destined for Spain is also smuggled through the islands off the coast of Mauritania and Senegal, mainly Cape Verde. The shift in the traditional trafficking routes leading to Western Africa is attributed to tightened controls in the Netherlands and Spain (see also para. 599 below). Other developments in Africa relate to increased interdiction of cocaine (shipped from Brazil) in South Africa and, most recently, on the eastern coast of Africa, where Kenyan authorities seized a total of over 1 ton of cocaine in two seizures: one in the coastal town of Malindi and the other in Nairobi. The two

seizures in Kenya were made possible by operational information received from Belgium; the seized cocaine, believed to be of Colombian origin, was destined for illicit markets in Europe.

272. Despite the increase in the volume of cocaine seized in Africa, the level of abuse is still relatively low. Cocaine abuse in Africa seems to be confined mainly to Nigeria, Senegal and South Africa, where it continues to be abused in the form of crack cocaine. There is some concern, however, that, as cocaine trafficking routes evolve and new routes emerge, there will be a spillover effect and cocaine abuse will spread. As a result of the growing illicit trafficking in Nigeria and Togo, for instance, the cost of cocaine has already dropped significantly in those countries. Also, according to data provided by the South African Community Epidemiology Network on Drug Use (SACENDU), demand for cocaine abuse treatment increased in the period 2002-2004 in South Africa.

273. In Africa, heroin interdiction rates remained low. In Western Africa, according to reports on heroin seizures made in 2005, heroin continued to be sent mainly in small quantities on couriers and in mail parcels. In Eastern Africa, however, significant seizures of heroin were made at the international airports in Nairobi, Dar es Salaam, Addis Ababa and, to a lesser extent, Zanzibar City. As countermeasures are being taken in those airports, heroin traffickers appear to be shifting their operations to airports near large cities in other African countries, including Malawi (Lilongwe), Rwanda, (Kigali), Uganda (Entebbe) and Zambia (Lusaka). From there, the heroin is often smuggled back into Kenya and the United Republic of Tanzania through the inadequately controlled land borders and subsequently into countries in Europe and North America. The quality of the heroin transiting Kenya has increased markedly in recent years, from (lower-quality) "brown heroin" to "white heroin". As heroin is increasingly becoming available at affordable prices in the United Republic of Tanzania, heroin abuse is also increasing in that country.

274. The abuse of heroin continues to be at a low level in Africa. According to the available data, the annual prevalence of abuse of opiates (mostly heroin) in Africa was 0.2 per cent among persons aged 15-64 in the period 2002-2004, which is below the global average of 0.3 per cent. The abuse of opiates increased in Eastern and Southern Africa. In Eastern Africa, the

increase in heroin abuse was particularly significant in Kenya, Mauritius and the United Republic of Tanzania (countries where drug abuse by injection also increased), as well as in Rwanda, Somalia and Uganda. According to the SADC Epidemiology Network on Drug Use (SENDU), high levels of heroin abuse by injection were reported by patients in Mauritius (94 per cent), South Africa (28-55 per cent in selected sites), the United Republic of Tanzania (29 per cent) and Mozambique (23 per cent in Maputo). In Nigeria, a survey revealed that there was growing drug abuse by injection, as well as higher HIV/AIDS prevalence among persons who abuse drugs by injection, in big cities such as Kano and Port Harcourt. In Northern Africa, there is significant heroin abuse in Egypt, where the total number of heroin addicts is estimated at 20,000-30,000 and the practice of needle-sharing has been reported.

Psychotropic substances

275. In most African countries, it is possible to purchase drugs in unregulated markets. A wide range of licit narcotic drugs and psychotropic substances are sold both by licensed pharmacies without a prescription and on street markets following their diversion from licit into illicit channels. Those substances include sedatives, codeine-based syrups and phenobarbital, which are also used in combination with other products to enhance the effects of cannabis and alcohol, including locally brewed alcoholic drinks. In Northern Africa, the abuse of benzodiazepines, such as diazepam, clonazepam (Rivotril), lorazepam (Temesta), clorazepate (Tranxene), and the opioid analgesic buprenorphine (Subutex) has gained in popularity, as those preparations are relatively cheap and easily obtainable. Several countries in Western and Central Africa have reported that there is growing concern about the smuggling into their territories of fake and counterfeit medical products. In Southern Africa, the abuse of over-the-counter and prescription medicines, such as slimming tablets, analgesics and benzodiazepines (diazepam and flunitrazepam), continues to be a matter of concern.

276. The availability of controlled substances in unregulated markets and the circulation of counterfeit medicines create serious public health problems, including the abuse and misuse of drugs, and undermine public confidence in health services and in drug control and drug law enforcement regimes. The

Board calls upon all the Governments concerned to take remedial action by strengthening mechanisms for the monitoring and control of licit narcotic drugs and psychotropic substances, including licensing systems, record-keeping, the collection and reporting of statistical data, the import and export authorization regime, inspections and sanctions. The Board also urges the Governments concerned to assess their real needs for controlled drugs, as well as constraints that contribute to those drugs not being available for medical purposes in sufficient quantities. The outcome of such an assessment could be beneficial in addressing the non-availability of those drugs for medical purposes. WHO and international and bilateral donors would then be in a better position to assist African countries in implementing their strategies for the rational use of controlled drugs.

277. The illicit manufacture of amphetamine-type stimulants, mainly cathinone, methcathinone, MDMA (Ecstasy) and methamphetamine, continues to take place in South Africa. There has been a rapid increase in laboratories for the illicit manufacture of cathinone and methcathinone during the past few years: while one such laboratory was detected in 2001, that number rose to over 30 by 2003. Of particular concern is the emergence of abuse of methamphetamine (commonly called "tic") in South Africa's Cape Town area. According to SACENDU, a dramatic increase in the demand for treatment for methamphetamine abuse was noted in Cape Town: 1 out of 5 patients reported that methamphetamine had been their primary or secondary drug of abuse and 41 per cent reported having used the drug daily in 2004. Almost 60 per cent of patients seeking treatment for methamphetamine abuse during the second half of 2004 were under 20 years of age.

278. Despite vigorous law enforcement efforts by the South African police, the abuse of methaqualone (Mandrax) has continued unabated in South Africa, where most of the world's illicitly supplied methaqualone is abused. Methaqualone is also abused in other countries in Southern Africa, but to a lesser extent. Methaqualone is smuggled out of India and China and transported along the coast of Eastern Africa and, to some extent, Western Africa to countries in Southern Africa. Some methaqualone is also manufactured in South Africa. In 2004, as a result of intensified police efforts, the total volume of methaqualone seizures rose sharply in South Africa, reaching the record level of 12 tons. In the same year,

15 illicit methaqualone laboratories were dismantled in South Africa.

279. Some abuse of MDMA (Ecstasy) is taking place in South Africa. While most of the MDMA (Ecstasy) is smuggled into that country, some is illicitly manufactured locally. For the first time ever, an MDMA laboratory was uncovered and dismantled in Egypt in late 2004; four persons were arrested and the chemicals and equipment were seized. While illicit manufacture of amphetamine-type stimulants (under the brand name Maxim forte) had reportedly taken place in Egypt some years ago, the discovery of an MDMA laboratory in that country is a matter of concern, since it might indicate a shifting of the illicit manufacture of MDMA to Northern Africa.

280. African countries are increasingly being used by traffickers to divert precursor chemicals. Following an attempt in early 2004 to divert to Kenya 6 tons of ephedrine, a precursor of amphetamine-type stimulants, two further attempts to divert to that country large amounts of ephedrine (500 kg and 800 kg) were prevented in 2005. There were other attempts to divert large amounts of precursors to African countries in 2005: one involved several multi-ton consignments of potassium permanganate destined for Egypt; another attempt involved almost 7 tons of acetic anhydride destined for Nigeria; and two others involved large consignments of pseudoephedrine destined for Angola (1.2 tons) and the Democratic Republic of the Congo (26 tons). The Board calls upon the Governments of all countries in Africa to take the measures necessary to adequately control the precursor chemicals listed in Tables I and II of the 1988 Convention. The Board also calls upon UNODC to provide technical assistance, including in the form of training, to the African countries at risk.

Substances not under international control

281. The Board notes with concern that the abuse of khat, a substance currently not under international control that is cultivated in several countries in Eastern Africa, is becoming a serious threat to reconstruction efforts in Somalia. In that country, which has suffered many years of civil strife and is one of the poorest countries in the world, the abuse of khat is widespread; as a result, the family structure is deteriorating and a large portion of the family income is used to buy khat.

Missions

282. The Board sent a mission to Cape Verde in September 2005. The Board commends the Government of Cape Verde for its political will and commitment to address the drug problem in its country, as exemplified by the national drug and crime control strategy adopted in October 2004.

283. Over the past two years, Cape Verde has emerged as part of a major transit route for consignments of cocaine originating in South America en route to Europe. It is estimated that each year several tons of cocaine pass through the archipelago of Cape Verde, which is situated off the coast of Senegal. The Board expresses appreciation to the Government of Cape Verde for its determination in addressing the smugglers of cocaine through its territory and encourages the Government to continue its work on strengthening the interdiction capabilities of its national drug law enforcement agencies. The Government should continue to seek international cooperation and assistance in that matter.

284. Drug abuse appears to have increased in Cape Verde. However, the actual extent, patterns and trends of drug abuse are not known, since no nationwide survey or even a rapid assessment of the drug abuse situation has ever been conducted. The Board therefore urges the Government to carry out, as a matter of priority, an assessment of the drug abuse situation, including the collection and analysis of data on the incidence, prevalence and other characteristics of drug abuse.

285. The consumption of narcotic drugs for medical purposes is considerably lower in Cape Verde than in other small island developing countries in Africa. The Board calls on the authorities of Cape Verde to continue their efforts to improve the access of the population to essential narcotic drugs, inter alia, by providing training to health-care professionals. The WHO guidelines on achieving balance in national opioid control policy can be used as a guide for that purpose.

286. The Board sent a mission to Ghana in January 2005. The Board notes with appreciation the firm commitment of the Government to the objectives of the international drug control treaties and its efforts to further develop the existing national drug control mechanisms with a view to vigorously combating the

drug menace. The Board welcomes the multidisciplinary approach taken by the Government, as reflected in the establishment of the interministerial Narcotics Control Board of Ghana, which guides and coordinates all drug-related activities of the various authorities and bodies responsible for drug control matters and directs their efforts towards achieving the common objective of fighting drug abuse and trafficking.

287. While the drug control legislation currently in place in Ghana provides a measure of control over substances scheduled under the 1961 Convention and the 1971 Convention, that legislation still requires updating. In addition, there is still no legislation on precursor control and no designated competent authority for the implementation of the provisions of article 12 of the 1988 Convention. The Board therefore encourages the Government to give priority to updating legislation on narcotic drugs and psychotropic substances and drafting adequate legislation on the control of precursor chemicals, as well as to establish an adequate mechanism for the monitoring and control of precursor chemicals, in order to prevent the country from being used for the diversion of those substances into illicit channels.

288. The Board notes the efforts by the law enforcement authorities of Ghana to combat the smuggling of drugs through their country, as well as the measures taken by the Government to eradicate cannabis plants and realize an integrated alternative development programme. In view of the increasing number and volume of seizures of illicit drugs, in particular cocaine, in Ghana and in its neighbouring countries, Ghana appears to be at risk of being used as a transit country by illicit drug traffickers, a development that could have a spillover effect, resulting in increased drug abuse. The Board therefore encourages the Government to continue its efforts and to elaborate appropriate programmes for drug abuse prevention and demand reduction, targeting young people in particular. The Board calls upon UNODC to provide assistance to the Government to enable it to further strengthen the capacity of its law enforcement authorities to intercept illicit drug consignments.

289. In August 2005, the Board sent a mission to Lesotho for the first time to review the drug control situation and the Government's compliance with the international drug control treaties. The Board notes the

efforts made by the Government in drug control and encourages it to continue to strengthen those efforts.

290. In Lesotho, current drug control legislation contains the relevant provisions for the control of licit and illicit drug movements. Two new bills are in the process of being drafted to replace the outdated legislation. The new legislation will include provisions to control precursor chemicals and equipment used in the illicit manufacture of drugs. The Board notes the efforts of the Government to update existing drug control legislation and encourages it to establish and implement the necessary precursor control legislation as soon as possible.

291. The Board notes the efforts of the law enforcement authorities of Lesotho to eradicate cannabis plant cultivation and combat drug trafficking. The Board urges the Government of Lesotho to strengthen its efforts to eradicate cannabis plant cultivation and to introduce alternative development programmes, with the assistance of international donors.

292. The Board notes that the Government of Lesotho has established a national focal point for drug control. The Board encourages the Government to allocate adequate resources to ensure that the focal point is able to carry out its functions effectively and efficiently. Staff at all levels of government involved in drug control require adequate training.

293. A drug abuse treatment centre and resource centre are providing invaluable services to Lesotho and have the potential to provide similar services to neighbouring countries. The Board urges the Government to pursue its efforts to provide a comprehensive drug abuse prevention and treatment programme.

294. The Board sent a mission to Swaziland in August 2005 to review the progress made by the Government in implementing the Board's recommendations following its mission to that country in 1985. In Swaziland, legislation currently being used to control the licit and illicit movement of drugs dates back to the 1920s. The Board notes that a new drug bill is currently before the parliament. It encourages the Government of Swaziland to adopt the bill without delay and to take measures for its speedy implementation, incorporating the provisions required to deal with the current drug control problems facing

the country. The Board notes with concern that there is currently no relevant legislation controlling precursor chemicals in Swaziland. The Board urges the Government to establish, adopt and implement as soon as possible the measures necessary to control precursor chemicals.

295. Despite the efforts by law enforcement officials, cannabis plants continue to be illicitly cultivated throughout Swaziland. The Board notes with concern that there is an ongoing privately sponsored national campaign aimed at the legalization of cannabis plant cultivation in Swaziland. The Board wishes to remind the Government that cannabis, as it is considered particularly liable for abuse, is in Schedule IV of the 1961 Convention, which requires Governments, pursuant to article 2, paragraph 5, of that convention, to adopt special measures having regard to the dangerous properties of that drug. Therefore, the Board urges the Government to continue to take a strong stand against the legalization of cannabis plant cultivation and, at the same time, to strengthen its eradication efforts and to introduce alternative development programmes.

296. Both cocaine abuse and heroin abuse have emerged as major problems in the city of Manzini, the industrial centre of Swaziland. The Board encourages the Government to conduct a rapid assessment survey of drug abuse in that city and its surrounding areas and to put into place programmes for reducing illicit drug abuse in the country. The Board notes with concern that there are currently no facilities in Swaziland that provide specialized treatment for drug abusers. The Board encourages the Government to establish such facilities as soon as possible.

297. The Board sent a mission to Zambia in August 2005 to review the progress made by the Government in implementing the Board's recommendations following its mission to that country in 1996. The Board notes with appreciation the continued commitment and efforts of the Government in combating drug abuse and trafficking in Zambia.

298. The legislation currently in force in Zambia contains provisions on control over the licit and illicit movement of drugs. The current legislation is in the process of being amended to include provisions on the control of precursor chemicals. The Board urges the Government to establish, adopt and implement as soon

as possible the measures necessary to control precursor chemicals.

299. Cannabis plants continue to be illicitly cultivated throughout Zambia, despite efforts by law enforcement officials. The Board encourages the Government to strengthen its efforts to eradicate the illicit cultivation of cannabis plants and to introduce alternative development programmes in cooperation with other countries in the region and international donors. The Board notes with concern that there are currently no treatment facilities in Zambia for drug abusers and encourages the Government to establish such facilities as soon as possible. The Board also encourages the Government to provide the drug law enforcement and pharmaceutical regulatory bodies in Zambia with adequate resources to enable them to carry out their functions properly.

300. As there is a particularly high prevalence of HIV/AIDS and drug abuse in Lesotho, Swaziland and Zambia, the Board is concerned that the current situation could be further exacerbated by insufficient drug abuse prevention programmes and urges the Governments concerned to take appropriate preventive measures to address those problems.

B. Americas

Central America and the Caribbean

Major developments

301. The region of Central America and the Caribbean continues to be used as a major trans-shipment point for consignments of drugs, mainly cocaine, originating in South America and destined for the United States and countries in Europe. While extensive coastal areas and difficult terrain may to some extent explain the situation, persistent negative social factors, such as high unemployment and institutional weaknesses, have played a major role as well. It is estimated that a large part of the 300 tons of cocaine entering the United States each year has passed through Central America and the Caribbean.

302. Several countries in Central America and the Caribbean have signed the Central America Free Trade Agreement (CAFTA), a free trade agreement with the United States that would liberalize interregional commerce and remove barriers to trade in most goods.

The Board urges the Governments concerned not to weaken existing controls over drugs once CAFTA enters into force.

303. In its report for 2004, the Board expressed its concern over the link between drug trafficking and organized crime perpetrated by youth gangs in several Central American and Caribbean countries.⁴⁰ The Board welcomes the Meeting on Transnational Criminal Youth Gangs: Characteristics, Importance and Public Policies, organized in Tapachula, Mexico, in June 2005 by the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States. The Board urges the Governments concerned to step up their efforts to fight that problem, while maintaining respect for human rights.

Treaty adherence

304. All States in Central America and the Caribbean are parties to the 1961 Convention and the 1988 Convention and, with the exception of Haiti, to the 1971 Convention. The Board calls on Haiti to accede to the 1971 Convention without delay. The Board welcomes the ratification by Nicaragua of the 1972 Protocol amending the 1961 Convention and the ratification by Honduras of the 1971 Convention.

Regional cooperation

305. In 2004, the CICAD Group of Experts on Pharmaceutical Products developed the Model Reference Guide for Health Professionals: Prevention and Detection of Abuse of Narcotics and Controlled Substances and Their Diversion to Illicit Channels and the Model Guide for Manufacturers to Control Pharmaceutical Products. The Group also analysed different mechanisms to enhance inspections, control measures and coordination, including with regard to the sale of pharmaceutical products on the Internet.

306. In October 2004, the Caribbean Epidemiology Centre (CAREC), with the support of UNODC and CICAD, established drug information networks to guide the development of efforts to reduce illicit drug supply and demand in the Caribbean.

307. CICAD is working together with the Inter-American Development Bank to create and/or strengthen financial intelligence units throughout Central America and the Caribbean. The Caribbean Financial Action Task Force and the Financial Action

Task Force of South America against Money Laundering (GAFISUD) are also providing support in that endeavour.

308. An operation involving the cooperation of law enforcement agencies in Central America and the Caribbean and in the United States has resulted in 354 arrests and the seizure of a total of 26.5 tons of cocaine and about US\$ 86 million in currency and other assets. The operation was terminated at the end of 2004.

309. In October 2004, Operation Escandalo, conducted by United States law enforcement agencies, successfully dismantled an important cocaine smuggling network in Haiti involving several high-level officials of the previous Government.

310. The Fourteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held in Mexico City from 11 to 15 October 2004, recommended that central law enforcement databases and standardized reporting should be encouraged and that Governments should consider the posting of judicial liaison officers in their diplomatic missions to ensure proper adherence to required legal procedures and the speedy gathering of prosecution evidence (see para. 399 below).

National legislation, policy and action

311. Almost all of the countries in Central America and the Caribbean have designed national plans to deal with the drug problem; at the same time, however, almost all of those countries have experienced difficulties in implementing the plans, mainly because of lack of human and financial resources.

312. Most countries in Central America and the Caribbean have no epidemiological studies on drug abuse among the general population, which makes it difficult to estimate the prevalence of the abuse of psychoactive substances at the national level, to determine trends in drug abuse and to assess the effectiveness of policies to reduce illicit drug supply and demand.

313. Measures for the control of pharmaceutical preparations, including rules regarding the prescription, distribution and sale of such products, need to be enhanced in Central America and the Caribbean. The need for stringent control measures has increased as pharmaceuticals, including substances

such as pseudoephedrine, amphetamine-type stimulants, phentermine, hydrocodone and oxycodone, are being sold over the Internet.

314. To deal with the growing problem of youth gangs in El Salvador, the Government is implementing the Super Mano Dura plan (super heavy hand plan) and the Mano Amiga plan (friendly hand plan). The Super Mano Dura plan established punitive measures against gang members, while the second plan established rehabilitation assistance for former gang members. The Super Mano Dura plan has been criticized by civil society and has led to protests and riots in prisons in El Salvador. Prison inmates have demanded more rehabilitation programmes to replace the severe penalties provided for in current legislation.

315. In Honduras, the implementation of drug control legislation by the judicial system appears to be hampered by, among other things, corrupt practices. The National Assembly in that country has not yet adopted legislation that would remove the immunity privileges of high-level officials, thereby allowing for them to be prosecuted (the Constitution was amended in 2004 to make that possible). The National Assembly has yet to adopt legislation to reform the statute that covers illegal drugs and to make money-laundering a crime.

316. In Costa Rica, the Government has promulgated decree No. 31684, aimed at strengthening drug control in the country. Costa Rica is the depositary of the multilateral Agreement concerning cooperation in Suppressing Illicit Maritime and Air Trafficking in Narcotics Drugs and Psychotropic Substances in the Caribbean Area, which was signed in 2003. The Board urges the parties to the Agreement to ratify it without delay.

317. In Cuba, operations Coraza Popular and Aché III resulted in a reduction in smuggling of narcotic drugs in 2004. In addition, Interpol has resumed its operations in Cuba.

318. In June 2004, the Government of the Bahamas signed a comprehensive maritime agreement that would provide law enforcement officers with a comprehensive framework for their work in the area of fighting maritime drug trafficking. The Government also launched its first national drug control plan. The Board notes, however, that national legislation to

improve the control of substances in the schedules of the 1988 Convention has not yet been approved.

319. In 2004, the Government of Jamaica launched Operation Kingfish, which targets the increasing drug-related crime and violence in that country (see also para. 598 below). That has led to disruption of the cocaine traffic; at the same time, however, other crimes have increased, as drug traffickers have turned to other sources of income. The Government has drafted several new laws to deal with the situation. The Board is concerned that illegal use of Ecstasy (MDMA), which is regulated by the Food and Drugs Act of Jamaica, is subject to light penalties. The Board encourages the Government of Jamaica to pursue its efforts to include Ecstasy in the list of drugs covered in the Dangerous Drugs Act, so that applying stricter penalties would apply in cases involving the use of that drug.

320. Despite the efforts of the United Nations, the situation in Haiti remains precarious, which means that the conditions are ideal for organized criminal activities, including drug trafficking, money-laundering and gang violence. However, some improvements appear to have been made. For example, a joint information coordination centre, a Maritime Interdiction Task Force and an anti corruption unit have been established. The Board encourages the interim Government to make full use of those bodies to fight drug trafficking.

321. The Government of the Dominican Republic implemented the revised criminal procedural code in 2004 that modified the country's penal system. The new system is expected to improve the administration of justice in the country. In addition, a new guideline on the prevention and treatment of drug abuse was issued. The new guideline is based on a CICAD recommendation.

322. The Government of Barbados has not yet placed under national control all the substances listed in the 1988 Convention. There are also some weaknesses in the national control measures; for example, no special licences or permits are required to prescribe certain drugs. The Board urges the Government to completely fulfil its international obligations and to strengthen control measures in the country.

323. Drug traffickers are taking advantage of the dire unemployment situation in Nicaragua by paying

members of the local population to illegally distribute drugs. The situation appears to have led to an increase in the number of addicts among the population.

324. The government of the Netherlands Antilles enacted two ministerial decrees on 28 January 2005 classifying as controlled substances all psychotropic substances in the schedules of the 1971 Convention. With the enactment of the new legislation, the government has complied with the provisions of the 1971 Convention. The requirement of import authorizations for substances in Schedules III and IV went into effect on 1 April 2005. Legislation on the implementation of article 12 of the 1988 Convention is still waiting to be enacted by the parliament.

325. In December 2004, the Government of Belize enacted new legislation concerning the coast guard and implemented measures to strengthen drug abuse prevention programmes at all levels of the school system in order to deal with the growing drug problem and the problems associated with it, including drug-related criminal activities. The Government, however, lacks funding to implement its programmes.

326. In Costa Rica, a 2004 study on drug-related crime, showed that 33 per cent of the crimes committed in the country were linked to some violation of the Law on Psychotropic Substances; furthermore, 34 per cent of the persons interviewed in the study admitted that they had committed crimes while under the influence of drugs and 22 per cent reported that they had committed crimes in order to obtain drugs.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

327. The total amount of cocaine seized in Central America and the Caribbean each year continues to be high (about 30 tons). Panama continued to account for the largest total quantity of cocaine seized in the region (7 tons). The most significant increase in total cocaine seizures was registered in Nicaragua (6.2 tons seized in 2004, compared with 1.1 tons in the previous year). Total cocaine seizures also increased in Belize, Costa Rica and El Salvador. The total amount of cocaine seized was reported to have decreased in Guatemala and Honduras.

328. Cocaine traffickers appear to be targeting countries in Central America more than countries in the

Caribbean, as reflected in seizure data for 2004. There are indications that new routes are being used to transport consignments of drugs, mainly cocaine, to Europe, for the most part through Western Africa but also through South America.

329. The total volume of cannabis seized has increased in Central America but declined in the Caribbean. In 2004, the largest total volume of cannabis seized (1,700 tons) was reported by Trinidad and Tobago.

330. Cannabis is produced in Central America and the Caribbean but on a small scale, mainly for local consumption. Jamaica continues to be the main country in the region that is producing and exporting cannabis on a larger scale.

331. To deal with the problem of opium poppy cultivation in Guatemala, the Government implemented during 2004 a successful eradication programme, eliminating more than 5.4 million opium poppy plants. Pharmaceutical preparations containing narcotic drugs have been diverted from licit distribution channels in Guatemala for illicit use; in addition, significant quantities of pharmaceutical preparations from El Salvador, Honduras and Mexico have been smuggled into Guatemala. In El Salvador and Guatemala, the trafficking in heroin appears to be on the increase.

332. Although the rate of cocaine abuse is low in Central America and the Caribbean as a whole, the abuse of cocaine and crack is reported to have increased in Costa Rica, Honduras, Jamaica and Nicaragua. Cannabis abuse has continued to rise in the region.

Psychotropic substances

333. In 2004, cases involving Ecstasy from the Netherlands were reported in Costa Rica and the Dominican Republic; in the Dominican Republic, about 50 per cent of the Ecstasy was seized while it was on its way to the United States.

North America

Major developments

334. The abuse of, trafficking in and illicit manufacture of drugs are major problems in North America, which is comprised of Canada, Mexico and

the United States. The Governments of all three of the countries in the region remain committed to the fight against drug abuse and drug trafficking. All three countries devote substantial resources to counteracting the drug problem within and beyond their borders. The excellent regional cooperation, particularly in the area of law enforcement, has yielded significant results mostly with regard to dismantling major drug trafficking operations.

335. The abuse of prescription drugs is a major problem in all three countries in North America, in particular the United States, where the abuse of prescription drugs is increasing despite numerous initiatives by the Government and is reported to be taking place among persons in all age groups, including schoolchildren. The sale of controlled drugs from illegally operating Internet pharmacies is part of the problem.

336. Because of its geographical position, Mexico has long been used as a major transit country for illicit drug consignments destined for the United States. That has been one of the main areas of emphasis of its drug control efforts. The transit traffic has had a spillover effect: Mexico is no longer only a transit country but has also become a consumer country for illicit drugs and even a producer country for drugs such as cannabis, heroin and amphetamine-type stimulants. Should that trend continue, Mexico could become a major source country for illicit drugs. The Board acknowledges the efforts of the Government of Mexico in countering drug trafficking and illicit drug production and in fighting corruption and encourages the Government to pursue the implementation of its policies in those areas.

337. The Board is concerned that in Canada draft legislation on cannabis (Bill C-17), which would provide for the issuing of a ticket for possession of up to 30 grams of cannabis and the imposing of an administrative penalty instead of imprisonment for cannabis plant cultivation, may send the wrong message, particularly in view of the increase in cannabis abuse in the country.

338. The Board notes that the Supreme Court of the United States ruled in June 2005 that all use of cannabis, including its use for medical purposes, was illegal throughout the territory of the United States.

Treaty adherence

339. All three States in North America are parties to the three international drug control treaties.

Regional cooperation

340. The excellent cooperation between the three countries in North America has continued, resulting in a number of effective measures being implemented against drug trafficking and organized crime.

341. The Canada-United States Cross-Border Crime Forum is the principal bilateral cooperative initiative between the two countries in the area of fighting cross-border crime. The Forum announced in October 2004 the establishment of four new intelligence exchange sites to support the International Border Enforcement Team programme.

342. The Governments of Mexico and the United States have further improved cooperation in law enforcement matters. Anti-corruption initiatives and institutional reforms in Mexico have contributed to the sharing of information, the conducting of joint investigations and the extradition of fugitives to the United States.

343. A number of joint law enforcement operations have been successfully conducted by law enforcement authorities of Canada, Mexico and the United States. In January 2005, Operation Candy Box, a two-year operation involving cooperation between Canada and the United States and targeting a criminal organization illicitly manufacturing MDMA and supplying 15 per cent of the Ecstasy on the illicit market in the United States, culminated in the extradition of the organization's kingpin to the United States. In April 2005, Operation Cyber Chase, a one-year investigation targeting international Internet pharmaceutical traffickers, was successfully concluded; using more than 200 websites, the traffickers involved had, since July 2003, distributed each month approximately 2.5 million dosage units of controlled substances, including hydrocodone (a narcotic analgesic sold under the brand name Vicodin), anabolic steroids and amphetamines.

344. Operation Cold Remedy and Operation Aztec Flu, conducted in cooperation with law enforcement agencies of Mexico and the United States, as well as the Hong Kong Special Administrative Region of China, resulted in the seizure of 67.26 million

pseudoephedrine tablets between September 2003 and December 2004. Operation Money Clip, a one-year investigation ending in December 2004, resulted in the dismantling of a money-laundering and poly-drug trafficking organization based in Mexico, the arrests of 90 persons involved and the seizure of US\$ 5.2 million, in addition to significant seizures of cocaine, methamphetamine, cannabis and heroin.

345. Operation United Eagles, an ongoing effort to apprehend Consolidated Priority Organization Targets, is being carried out by a "fugitive apprehension team" comprising Mexican and United States law enforcement officers. A number of other initiatives are being carried out jointly by Mexico and the United States at the south-west border of the United States to disrupt and dismantle poly-drug trafficking organizations based in Mexico, as well as their associates based in Colombia. However, a number of obstacles have been encountered during such operations because of legal provisions in Mexico. The requirement of approval of the Attorney General of Mexico for undercover operations complicates the implementation of such operations. Moreover, the Government of Mexico has not yet established a reliable routine procedure for seeking and obtaining court authorization for undercover operations. Furthermore, controlled deliveries are not permitted by Mexican law. The Board urges the Government of Mexico to take appropriate steps to remedy the situation.

346. All three countries in North America are members of the Financial Action Task Force on Money Laundering and of CICAD.

National legislation, policy and action

347. The Government of Mexico is currently involved in efforts to introduce legal reforms relating to the smuggling of small quantities of narcotic drugs and psychotropic substances; the amendment of the federal law against organized crime; and the reform of laws related to national security and penal justice. Legal reform to strengthen measures aimed at preventing and punishing money-laundering was undertaken in 2004 and new laws have been adopted by the Government of Mexico and five states in that country. The laws are in compliance with the recommendations of the Financial Action Task Force.

348. The National Drug Control Strategy of the United States Administration includes plans for increased drug abuse prevention and treatment efforts, such as support for student drug-testing programmes, assistance to local educational agencies for drug abuse prevention and school safety programmes, support for community coalitions' civic action for preventive efforts and increased drug abuse treatment resources through the Access to Recovery voucher programme and the Screening, Brief Intervention, Referral and Treatment initiative, which emphasizes early intervention aimed at non-dependent drug users.

349. Other priorities of the National Drug Control Strategy of the United States include support for drug court programmes. The total number of drug courts in the country increased significantly during the past year to 1,621. The Strategy also addresses the abuse of prescription drugs, which ranks second only to cannabis abuse in the United States. Prescription drug monitoring programmes at the state level have taken a leading role in detecting and deterring the diversion of popular prescription drugs.

350. In the United States, the Drug Intelligence Fusion Center, under the programme of the Organized Crime and Drug Enforcement Task Forces, provides member agencies with a comprehensive data warehouse with access to investigative drug and related financial information. One highly successful investigation conducted by the Task Forces, Operation Cotton Candy, focused on the illegal distribution of pain medication containing controlled substances, including oxycodone, by 60-80 doctors, pharmacists and patients. One of the main traffickers involved, a doctor who had prescribed up to 1,600 oxycodone tablets each day that were subsequently trafficked, was sentenced in April 2005 to 25 years of imprisonment and a fine of \$1 million after having been convicted on charges of illegal drug distribution.

351. Canada is faced with a similar problem with regard to the abuse of prescription drugs. A task force in Atlantic Canada found that a small number of physicians were responsible for writing prescriptions for large quantities of OxyContin, an oxycodone-based drug, and other controlled substances such as benzodiazepines. The electronic monitoring and tracking of prescriptions are considered to be promising tools for reducing the abuse of prescription drugs. To date, five Canadian provinces have

implemented programmes for tracking multiple-copy prescriptions in an effort to reduce the diversion of drugs that are at a high risk of being diverted and abused.

352. The Board notes that Canada published in November 2004 the Canadian Addiction Survey, initiated in December 2003 to provide information about prevalence rates and trends in drug abuse. Since the renewal of its Drug Strategy in May 2004, Canada has established an accountability and evaluation framework to enable the progress made in achieving the objective of the Strategy to be monitored, documented and evaluated. In April 2005, the Drug Strategy Community Initiatives Fund was launched to provide funds for conducting activities for the reduction of illicit drug demand and the prevention of drug abuse.

353. The Government of Canada has recently initiated consultations with federal, provincial and municipal law enforcement agencies to discuss and develop a collaborative and strategic approach to enforcement of the Precursor Control Regulations. The consultations led to the identification of a collaborative action plan to improve the controls related to precursor chemicals used in the illicit manufacture of drugs.

354. In accordance with a recommendation made by the Board in 1996, the Government of Mexico has increased the resources to be set aside for control of narcotic drugs and psychotropic substances. Measures to interdict the illicit sale of controlled substances through Internet pharmacies will be carried out in cooperation with relevant agencies at the national level, such as consumer protection services, and with the Governments of the United States and other countries concerned.

355. In Mexico, a pilot project to study the use of remote sensing technology to assess the extent of illicit crop cultivation and to estimate illicit production from the identified cultivation is being planned with the help of UNODC. A satellite monitoring system is under way and preliminary results are expected to be available by December 2005. The Board welcomes that initiative of the Government of Mexico, as reliable data on the extent of illicit drug crop cultivation in Mexico are urgently needed and long overdue.

356. In addition to eradicating illicit crop cultivation, seizing illicit drugs and arresting the criminals

involved, the Government of Mexico has also been fighting corruption at all levels. Almost 30,000 persons, including high-ranking officials, have been arrested for corruption since 2003. Additional efforts will be required to further fight corruption, including in the area of law enforcement and in the correction system. Of particular concern are reports of drug gang violence and violent challenges to police efforts to deal with drug trafficking in several cities in northern Mexico.

Cultivation, production, manufacture, trafficking and abuse

357. The Board notes the declining rates of abuse of cannabis, cocaine and Ecstasy in the United States, particularly among adolescents and youth. However, that positive development is partly counteracted by an increase in the abuse of prescription drugs, in particular painkillers, among young adults and an increase in the abuse of inhalants among youth. The Board is also concerned about reports that methamphetamine manufacture, trafficking and abuse seem to be on the rise, particularly in rural areas. The Board notes the recent announcement of an anti-methamphetamine initiative by the Government of the United States in response to this trend.

358. In the United States, a little less than 8 per cent of the population aged 12 and above are current (past month) users of illicit drugs; the main drug of abuse is cannabis, followed by prescription drugs and cocaine. The prescription drugs that are abused are, to a large extent, diverted from domestic distribution channels or illegally operating Internet pharmacies. Most of the cocaine and much of the heroin, cannabis and methamphetamine available on the illicit drug markets in the United States are smuggled into the country over the Mexican border in the south-west. Despite concerted efforts by the Government of Mexico to counter illicit drug manufacture and trafficking, Mexico continues to be the primary transit country for the cocaine and one of the main manufacturers of the heroin, methamphetamine and cannabis found on illicit markets in the United States.

359. The smuggling of drugs over the border between Canada and the United States has declined considerably; however, cannabis and methamphetamine continue to be smuggled into the United States, while heroin and cocaine continue to be

smuggled into Canada. Trafficking in and use of controlled synthetic drugs have become firmly entrenched in the drug culture in Canada. While the rave phenomenon served as the primary vehicle for the proliferation of Ecstasy trafficking and use, it also led to the introduction of other drugs associated with clubs and the resurgence of the abuse of established illicit synthetic drugs, notably methamphetamine. The illicit market for synthetic drugs has evolved from a relatively small market to a huge profit-making opportunity, enticing major organized crime networks to participate in the illicit manufacture of and trafficking in such drugs.

Narcotic drugs

360. Cannabis continues to be the most abused drug in all three countries in North America. In Canada and Mexico cannabis abuse is still increasing, while in the United States the rate for cannabis use in the past year for almost all age groups, in particular for adolescents, has been declining since the late 1990s.

361. Despite this positive trend, cannabis is readily available throughout the United States, and varieties of cannabis with higher potency have become more prevalent over the last 10 years. Domestic cannabis production appears to be increasing in part because of large-scale cannabis production by criminal groups. Tentative estimates indicate that approximately 10,000 tons of cannabis are produced each year in the United States.

362. Mexican cannabis is the principal type of foreign-produced cannabis available in the United States. The illicit cultivation of cannabis plants in Mexico is concentrated in the least developed parts of the country, predominately in the west.

363. While Canada is not a primary source of cannabis in the United States, exportation of cannabis to the United States has continued: Canada is the source of approximately 2 per cent of all cannabis seized on United States borders. In Canada, cannabis plant cultivation has continued to spread throughout the country due to the significant demand for cannabis, particularly among youth. For the last five years, Canadian law enforcement agencies have seized each year an average of 1.1 million cannabis plants, a sixfold increase since 1993. Operations with thousands of cannabis plants are no longer uncommon.

364. In the United States, it is estimated that 2.3 million persons are current users of cocaine. The Board considers it to be encouraging that, among adolescents, the overall trend in cocaine abuse, like that of cannabis abuse, has been downward since 1999. In Canada, the annual prevalence of cocaine abuse increased during the period 1994-2004 from 0.7 to 1.9 per cent. Cocaine is the second most widely abused illicit drug in Canada and Mexico.

365. In the past, of the cocaine found in the United States, more than 70 per cent had entered the country through the corridor of Central America and Mexico, less than 30 per cent had entered the country through the Caribbean and about 1 per cent had been imported directly from the source country. Recently, the volume of cocaine passing through the corridor of Central America and Mexico to the United States has increased, accounting for 92 per cent of the total volume of cocaine entering the United States.

366. Most of the cocaine available on the illicit market in Canada is supplied by commercial trucks passing through the United States. There is a close relationship between the smuggling of cocaine from the United States into Canada and the smuggling of Canadian cannabis to the United States.

367. In the United States, current users of heroin represent 0.1 per cent of the population. The rate for heroin use in the past year appears to be relatively stable in the United States, but the rate for heroin use among adolescents is below the peak rates of the late 1990s. The most prevalent types of heroin in the United States continue to be Colombian and Mexican heroin, although the share of the heroin market accounted for by South-West Asian heroin may be increasing.

368. Despite the relatively small share of global opium production that it accounts for (less than 5 per cent), Mexico is currently the second largest supplier of heroin to the illicit market in the United States. About 60 per cent of the trafficked heroin is reportedly smuggled out of Colombia through Mexico, the remainder being manufactured in Mexico itself. Illicit cultivation of opium poppy in Mexico (like the illicit cultivation of cannabis plant) is concentrated in the least developed parts of the country, largely in the west. The Government of Mexico estimates that about 80 per cent of the illicit opium cultivation in the country has been eradicated.

369. While most of the heroin available on the illicit market in Canada continues to originate in South-East Asia and South-West Asia, heroin of Latin American origin is being encountered more frequently. South-East Asian, South-West Asian and other criminal organizations continue to be largely responsible for heroin importation and heroin trafficking activities in Canada.

370. All three countries in North America have experienced a significant increase in the abuse of pharmaceutical preparations containing narcotic drugs. In Mexico, the abuse of pharmaceutical preparations is nearly as frequent as cocaine abuse. In Canada, an illegal street market for many prescription drugs has been confirmed, reportedly with large profit margins in the street value of various drugs.

371. In the United States, the results of national surveys indicate that the non-medical use of all major groups of prescription drugs has been increasing over the past 10 years and now rivals the abuse of all other drugs except cannabis. Most pharmaceuticals abused in the United States are diverted through forged prescriptions, theft or "doctor shopping" (individuals obtaining considerably more prescriptions than clinically necessary in the course of a year). Law enforcement agencies report that illegal sale of prescription drugs via the Internet, often through Internet-based pharmacies, has increased sharply since the late 1990s.

372. In 2004, approximately one out of five teenagers (18 per cent) in the United States was reported to have abused Vicodin (hydrocodone) in the past year and one out of 10 teenagers was reported to have abused OxyContin (oxycodone) in the past year; that represents a significant increase compared with the figures for 2002. A task force in Atlantic Canada found that a growing number of young people were abusing OxyContin.

373. In the United States, transdermal patches containing a slow-release dose of fentanyl are increasingly being used for recreational purposes. As a result, there has been an increase in overdoses: 115 deaths by overdose were attributed to the fentanyl patch in 2004. Some of the victims had removed the entire three-day supply of the drug from the patch and then injected, ingested or smoked it; others had used several patches at once.

Psychotropic substances

374. In the United States, it is estimated that there are over 3 million persons abusing prescription drugs containing psychotropic substances, mostly tranquillizers, stimulants and, to a lesser extent, sedatives. The rate of abuse of those drugs has remained fairly stable during the past two years. The abuse of sedatives among adolescents increased for a decade before levelling for the first time in 2003, a development welcomed by the authorities. Due to the high prescription level of stimulants used for the treatment of ADD (called attention deficit/hyperactivity disorder (ADHD) in the United States), the preparations are also found on the illicit market. One out of 10 teenagers has used prescription stimulants (Ritalin® and/or Adderall®) without a doctor's prescription.

375. In Mexico, the abuse of tranquillizers is higher and is growing faster among women than among men. There continue to be cases in which flunitrazepam is diverted not to be abused but to be used to commit "date rape" (drug-facilitated sexual assault); consequently, the substance has been reclassified in order to strengthen control over it.

376. GHB has become a matter of particular concern to United States law enforcement and public health agencies because of its increasing availability, the sharp increase in the frequency with which it was mentioned in emergency room cases since the mid-1990s and its use in the commission of drug-facilitated sexual assault. In Canada, GHB has become a prominent law enforcement problem. Organized criminal groups in Quebec and Ontario engage in cross-border trafficking in GHB kits (including the precursor chemical GBL), selling the kits over the Internet and mailing them to customers in the United States and other countries throughout the world. Clandestine GHB laboratories, particularly in western Canada, provide supplies for traffickers.

377. In Mexico, the seizure of a total of 30.6 million tablets of psychotropic substances in the period 2000-2004 and the fact that the abuse of such substances is reflected in various surveys are indications that the problem is growing. In 2004 alone, over 40 tons of stolen medicaments were seized in Mexico, including some psychotropic substances, mainly in the form of medical samples, indicating that there is a sizeable illicit market for such products in that country.

378. In the United States, the availability of MDMA has decreased nationwide. Moreover, data on illicit drug demand show that the rate of use of MDMA in the past year peaked for most age groups in 2001 and has declined significantly since then. A considerable increase in the perceived risks involved in using Ecstasy no doubt accounts for most of the turnaround.

379. According to Health Canada, the demand for MDMA in Canada is increasing; the drug appears to be the preferred drug of abuse among adolescents and young adults. The total volume of MDMA seized each year at Canadian ports of entry soared from thousands of tablets in the 1990s to nearly 6 million tablets in 2003. Contributing to that increase was a shift towards the importation of large shipments of MDMA in powder form from Western Europe to be pressed into tablets in Canada. Clandestine synthetic drug laboratories have become larger and more sophisticated.

380. In the United States, the rate of use of phencyclidine (PCP), as well as lysergic acid diethylamide (LSD), in the past year has decreased to a very low level. In Canada, psilocybine, PCP and LSD continue to be available on the illicit market in small quantities.

381. While the declining abuse of methamphetamine among adolescents in the United States is an encouraging sign, the overall increase in such abuse, particularly in rural areas, remains a matter of grave concern. Moreover, the number of methamphetamine laboratories detected and dismantled in the United States increased from over 9,000 in 2002 to more than 17,000 in 2004. In Canada, the percentage of persons who have used "speed" (methamphetamine) in their lifetime increased from 2.1 per cent in 1994 to 6.4 per cent in 2004.

382. It appears that the illicit drug markets in the United States are increasingly being supplied with methamphetamine manufactured in Mexico, the largest foreign source of the methamphetamine found in the United States. The manufacture and distribution of a form of methamphetamine commonly called "ice" (it has a higher purity level and is therefore more addictive) by Mexican criminal groups have increased sharply over the past two years. Pseudoephedrine was previously diverted mainly in bulk quantities for use in the illicit manufacture of methamphetamine; however, pseudoephedrine obtained from crushed

pharmaceutical preparations (tablets) is now being used for such manufacture. The majority of the clandestine methamphetamine laboratories detected and dismantled in Mexico were in the north of the country, close to the border of the United States.

383. The illicit manufacture of and trafficking in methamphetamine have dramatically increased in Canada and the abuse of that substance is reported to have greatly increased in some parts of the country. The bulk of the methamphetamine available on the illicit market in Canada has been manufactured in that country. Seizure data indicate that illicitly manufactured methamphetamine from Canada is being smuggled into other countries, in particular the United States and, to a small extent, Japan.

384. The Government of Mexico is monitoring the movement of precursor chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances. Pseudoephedrine has been moved to a different schedule to allow stricter control over its sale. Several national training workshops on the control of precursor chemicals have been held in Mexico since 2003 to inform industry of relevant control measures and of the need to remain vigilant with regard to attempts to divert such chemicals.

Substances not under international control

385. Ketamine abuse has been reported in all three countries in North America. The rate of use of ketamine in the past year has declined among adolescents and young adults in the United States. In Canada, ketamine is among the more popular drugs that have been introduced in the “rave” and “clubbing” subcultures. Because of problems in the past involving its diversion and abuse, stricter controls over ketamine have been implemented in Mexico.

386. Inhalants abused in Mexico and the United States are easily accessible in the form of household and office products, including glue, shoe polish, gasoline (petrol), aerosols, butane, paint thinner and nail polish remover. After 1995, there was a long and substantial decline in the abuse of inhalants among adolescents in the United States that was related to a media campaign against the abuse of such substances conducted by the Partnership for a Drug-Free America; then, in 2004, inhalant abuse in that country increased again. The proportion of young people who believe it is dangerous to abuse inhalants has declined over the past three

years, which could explain the resurgence in the abuse of such substances.

387. In the United States, one out of 11 teenagers has abused over-the-counter cough medications containing the active ingredient dextromethorphan (DXM). The recently reported deaths of five teenagers in that country may be associated with the consumption of DXM in capsule form. Though DXM abuse is not a new phenomenon, there has been a disturbing new development involving the sale of pure DXM in powder form. Such pure DXM is often put into capsules by the dealer before being sold on the street.

Missions

388. The Board sent a mission to Mexico in January 2005. The Board notes the significant efforts made by the Government of Mexico in combating illicit drug production, manufacture, trafficking and abuse. However, the Board is concerned that, despite important law enforcement successes, the trafficking organizations remain powerful and continue to strongly impede drug control efforts in Mexico and beyond. The Board urges the Government to curb the influence of organized criminal organizations on the Government and to fight corruption at all levels. With regard to illicit cultivation of cannabis plant and opium poppy, the Board recommends that the Government adopt effective means to prevent the resurgence of such cultivation, for example, by providing legitimate sources of livelihood for the farmers in question, in addition to intensifying law enforcement action.

389. The Board notes the changes of the legislative basis for drug control introduced or planned to be introduced to better combat trafficking in and misuse of narcotic drugs, psychotropic substances and precursors and encourages the Government of Mexico to ensure concerted action involving the authorities at the federal level and the state level. In view of the continued diversion of psychotropic substances and precursor chemicals in Mexico, the Board requests the Government to investigate all cases of diversion and attempted diversion, with a view to identifying new trends and detecting and arresting the traffickers involved. With respect to demand reduction, the Board notes that the competent authorities ascertain regularly the extent and pattern of drug abuse and have improved the situation with regard to the prevention of drug abuse and the treatment and rehabilitation of drug

abusers. Although the extent of drug abuse in Mexico is small compared with the situation in other countries in the region, it has increased in recent years. The Board encourages the Government to continue to expand drug abuse prevention and treatment activities.

South America

Major developments

390. In South America, the level of illicit coca bush cultivation remained significantly lower in 2004 than in the peak year of 2000, although it increased in 2004 compared with 2003. The Board notes that intensified eradication and law enforcement efforts by the Government of Colombia have led to a decrease in illicit coca bush cultivation in that country; however, cultivation is increasing in other countries in the region, in particular in Bolivia and Peru. The Governments of most countries in the region have continued to be successful in their efforts to suppress trafficking in drugs, mainly cocaine, as evidenced by reports of record drug seizures, the dismantling of increased numbers of cocaine laboratories and increases in seizures of precursor chemicals.

391. In 2004, coca bush cultivation in South America increased by 3 per cent compared with 2003 and continued to spread to areas that were previously not affected by such cultivation. Authorities identified extensive areas that had been newly cultivated with coca bush, including areas with high levels of insecurity and violence and in national forests and parks. Coca bush is also illicitly cultivated on small plots of land in Ecuador and Venezuela (Bolivarian Republic of). Cocaine manufacture and drug trafficking have continued to spread in the region despite intensified interdiction efforts. The Board notes with concern that the consistently high volume of seizures of cocaine, both in the region and elsewhere, and of coca paste and the precursor chemicals needed to manufacture cocaine have not yet led to a reduction in the availability of cocaine worldwide.

392. Illicit cultivation of opium poppy and trafficking in heroin have not diminished in South America. The abuse of narcotic drugs and psychotropic substances has increased in most countries in the region. There are signs that the international syndicates involved in drug trafficking in the region are also becoming involved in

trafficking in amphetamine-type stimulants and are experimenting with the illicit manufacture of such drugs. Money-laundering and corruption seriously affect most countries in South America and may reduce the impact of drug control efforts in the region.

393. Political and social tension increased in many countries in South America, including in countries that had previously been less affected by it. In Bolivia and Peru, the Governments did not succeed in enforcing the law because of resistance on the part of coca bush growers; in both countries, the total area under coca bush cultivation has increased, although the transitional measures regarding the licit cultivation of coca bush and consumption of coca leaf under the 1961 Convention ended a long time ago and it is a known fact that coca leaf harvested in the areas concerned is used in the illicit manufacture of cocaine. In addition, studies have been undertaken or will be undertaken in Peru and Bolivia, respectively to assess the demand for coca leaf used for local consumption.

394. The Board is concerned that the Governments of some countries in South America, in view of the perceived difficulties in fighting illicit crop cultivation and drug trafficking, are considering ways to reduce their efforts in those areas, thereby sending the wrong message to the public. The Board urges all Governments to ensure that the provisions of the 1961 Convention concerning illicit crop cultivation and illicit drug production and trafficking are fully implemented.

395. At the same time, the Board believes that measures to alleviate poverty, accompanied by sustained law enforcement efforts to prevent the re-emergence of illicit crop cultivation, are essential to the achievement of a lasting reduction in the production of coca or other narcotic drugs in South America.

Treaty adherence

396. All States in South America are parties to the 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention.

Regional cooperation

397. South American countries continue to participate actively in multilateral cooperation mechanisms of CICAD for countries in the Americas. CICAD is

assisting those countries in the preparation of reports under the Multilateral Evaluation Mechanism and the development of the Inter-American Observatory on Drugs. CICAD also carries out, among other things, drug supply reduction and control activities and provides guidance in the development of the integrated drug treatment system. Together with UNODC, CICAD is establishing a drug information network to ensure common standards among countries and comparability of national drug abuse surveys (see para. 409 below). Regional cooperation related to drug control also includes Operation Andes II, a regional tracking initiative for precursors carried out in collaboration with Interpol and the World Customs Organization, and joint activities carried out by the member States (Argentina, Brazil, Paraguay and Uruguay) and associated States (Bolivia and Chile) of the Common Market of the Southern Cone (MERCOSUR).

398. In addition, multilateral and bilateral agreements on drug control between States with common geographical traits or shared borders continue to be upheld. For example, an intelligence centre coordinated by the Federal Police of Brazil was created in 2005 in the border area where the borders of Argentina, Brazil and Paraguay meet. To assist law enforcement agencies of Colombia in establishing connections with their counterparts in the Caribbean, in collaboration with the Office central de répression du trafic illicite des stupéfiants of France, two meetings were organized in Fort-de-France, the capital of Martinique, in March and May 2005.

399. The Fourteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held in Mexico City in October 2004, recommended that Governments should examine the possibility of sharing the proceeds from the forfeiture of illegally acquired assets upon the conclusion of investigations of drug trafficking activity undertaken in multiple jurisdictions, to facilitate the prosecution of persons involved in illicit activities.

400. Leaders of drug control agencies from 70 countries held a conference in Santiago in April 2005 to strengthen international cooperation in the fight against drug trafficking and money-laundering. One of the main issues discussed was the increased use of the Internet by drug traffickers.

401. The United States and countries in Europe continue to provide resources for drug control in South

America through bilateral and multilateral agreements in a variety of areas such as law enforcement, criminal and fiscal investigation and judiciary matters, alternative development assistance, and programmes for drug abuse prevention. Recent examples include the agreement between Colombia and the United States and the agreement between Bolivia and the United States to maintain in 2006 the assistance provided for alternative development, strengthening institutions and creating social infrastructure, as well as the Lima Declaration, on strengthening cooperation between regions to reduce the supply of and demand for illicit drugs, agreed on during the VII High-Level Meeting of the Coordination and Cooperation Mechanism on Drugs between the European Union and Latin America and the Caribbean, held in Lima in June 2005.

National legislation, policy and action

402. The Government of Argentina approved in January 2005 the Federal Plan for Integral Prevention of Drug Abuse and Drug Trafficking for the period 2005-2007, which provides for reduction of illicit drug demand and supply; control measures; strengthening of institutions; and evaluation programmes. In Brazil, the Chamber of Deputies of the National Congress approved in February 2004 a new law amending Act No. 6368 of 21 October 1976, on measures for the prevention and suppression of the illicit traffic in and abuse of narcotic drugs or those substances which cause physical or psychic dependence; the new law is still awaiting approval by the Senate. In the Bolivarian Republic of Venezuela, a revised law on narcotic drugs and psychotropic substances (including the control of precursor chemicals) is still awaiting approval. The Board urges the Governments of those countries to take all the steps necessary to ensure that the new laws are enacted as soon as possible.

403. In Ecuador, a new national drug strategy for the period 2004-2008 and its implementation plan came into effect in 2004. The Strategy includes provisions to strengthen the legal framework and institutional capacities to address drug trafficking. The first agreement to establish joint customs and police port control in Guayaquil, Ecuador, was achieved under a container control pilot programme aimed at reducing drug trafficking and increasing port safety without hampering legitimate container trade.

404. The Government of Guyana published in June 2005 the long-awaited five-year drug control strategy for the period 2000-2005. The strategy should lead to improvement in coordination by various agencies and a balanced approach to reducing the illicit supply of and demand for drugs; key elements are increased resources for law enforcement and greater bilateral cooperation with neighbouring countries, together with training of judges and magistrates on laws relating to drug control, improved facilities for the prosecution of drug cases and a revision of the Narcotic Drugs and Psychotropic Substances (Control) Act of Guyana, to provide for speedier forfeiture of assets related to drug trafficking.

405. A multi-year criminal justice reform project continues to be implemented in Chile. In Colombia, a new criminal prosecution system with adversarial, oral and public trial features was initiated in January 2005, to be implemented gradually until December 2008. In Peru, the new code of criminal procedure will implement a similar accusatory system commencing in early 2006. The Board invites other countries experiencing similar problems with their criminal justice system to take appropriate measures to allow proper sentencing of drug-related crimes. For example, in Ecuador, drug traffickers appeared to operate with impunity following the dismissal of the Supreme Court in December 2004. In several remote regions of Ecuador and Peru, drug-related crimes go unpunished as there is no government presence and no public prosecutors.

406. The Board notes that Colombia continued to strengthen its efforts in the area of law enforcement, in particular against the powerful drug trafficking organizations in that country. In late 2004 and early 2005, Colombia extradited several high-ranking drug traffickers to the United States.

407. New legislation against money-laundering was approved in Uruguay in September 2004. Draft legislation against money-laundering is to be approved in Ecuador and Paraguay (see also para. 432 below) by the congress of each of those countries. The Board urges the Government of Ecuador to expedite the approval and entry into force of the proposed legislation. The Board urges the Government of the Bolivarian Republic of Venezuela to approve the Organized Crime Bill, which has been ready since 2002 and which would address the problems of money-

laundering and corruption and foster judicial cooperation; the Government is reviewing its agreement on drug control cooperation with the United States.

408. In South America, activities aimed at combating the illicit use of chemicals in the manufacture of cocaine and heroin continued under Operation Seis Fronteras, a regional initiative involving Bolivia, Brazil, Colombia, Ecuador, Peru and Venezuela (Bolivarian Republic of), as well as the United States. The Parliament of Chile adopted in November 2004 a law that includes strengthened measures for the control of precursor chemicals. In Peru, where a new chemical precursor law was enacted in July 2004, a draft regulation on the implementation of the new law is before the congress. The Board invites Suriname, the only country in the region without legislation on precursor control, to enact such legislation as soon as possible. The Board urges all Governments in the region to strengthen their cooperation with a view to preventing the diversion of precursor chemicals across their borders and to identifying the attempted diversion of such chemicals.

409. The Board welcomes the fact that during 2004 and 2005 a comprehensive survey of drug abuse among school-aged persons was conducted with the assistance of CICAD and UNODC in Argentina, Bolivia, Chile, Ecuador, Peru, Suriname and Uruguay, using common methodologies and procedures to enable comparisons to be made between countries. The Board notes that programmes for the prevention and treatment of drug abuse in some countries in South America appear to be inadequate to deal with the increasing drug abuse in those countries. The Board invites Governments of countries in the region to increase their activities for reducing illicit drug demand and to strengthen their programmes for the treatment and social reintegration of drug abusers, as necessary. Governments should establish appropriate policies in this regard and provide adequate resources for such activities.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

410. Illicit cultivation of cannabis destined mainly for local or regional markets continues to be detected in most countries in South America, as evidenced by increasing seizures of cannabis. For example, cannabis

plants are cultivated in northern and north-eastern Brazil, where eradication efforts are ongoing. Paraguay continues to be the principal source of the cannabis resin found in the region. In Paraguay, the good soil and high prices for cannabis and for cannabis resin on the illicit markets are ideal conditions for the illicit cultivation of cannabis plant and trafficking in cannabis. Only 10 per cent of the cannabis cultivated in Paraguay is abused locally; most of the rest is destined for markets in Argentina, Brazil and Chile. More than 5,000 tons of cannabis were destroyed in Paraguay with the assistance of Brazilian authorities. Seizures of cannabis were reported to have increased in 2004 in Bolivia, where they rose by 250 per cent (to over 28 tons) compared with 2003, and in Colombia.

411. The illicit cultivation of cannabis plant, like the illicit cultivation of other drug crops in South America, is concentrated in areas where poverty prevails. Although a small number of countries in the region are experiencing serious problems with illicit cannabis plant cultivation, until now, sustainable legitimate livelihood programmes have been practically non-existent in areas where cannabis plant is cultivated. The Board urges those countries to carry out sustainable legitimate livelihood programmes in conjunction with eradication and other effective law enforcement measures in areas that are already affected and those likely to be affected by illicit cannabis plant cultivation.

412. Cannabis abuse is the driving force behind illicit crop cultivation and drug trafficking in South America. A comparative study of drug abuse in Bolivia between 1992 and 2005 showed that cannabis continued to be the most frequently abused narcotic drug and that the abuse of cannabis was growing faster than the abuse of other internationally controlled substances. The Board urges the countries concerned to take cannabis abuse into account when considering measures to reduce the illicit demand for drugs.

413. In 2004, the total area cultivated with coca bush in Bolivia, Colombia and Peru, after having decreased for three years, increased by 3 per cent (to 158,000 hectares) over 2003, and coca bush cultivation continued to spread to areas previously not affected by it. Whereas the total area under coca bush cultivation in Colombia continued to decrease, from 86,000 hectares in 2003 to 80,000 hectares in 2004, about 60 per cent of the coca bush fields identified in

that country were new. Significant replanting of coca bush was reported in Colombia at the end of 2004; that has not yet been included in the coca bush cultivation survey for 2004. In 2004, crop spraying reached a record level in Colombia for the fourth consecutive year, contributing to the continued decrease in coca bush cultivation. However, the vegetation cover of some of the sprayed coca bush fields had time to grow back. In addition to crop spraying, manual eradication of coca bush fields is also taking place in Colombia.

414. In Peru, which continues to be a major producer of coca leaf, the total area under coca bush cultivation was estimated in 2004 at 50,300 hectares, an increase of 14 per cent over 2003. More than 10,000 hectares of coca bush were eradicated in 2004 and a further 8,000 hectares are expected to be eradicated in 2005; however, opposition to illicit crop eradication is growing. Almost one quarter of the total area cultivated with coca bush in Peru in 2004 was in national parks and other areas where the conditions are not suitable for agriculture. In 2004, studies on coca leaf yields revealed that field management practices had improved. The many coca bush seedlings and newly prepared fields, in particular in areas with high levels of insecurity and violence, where eradication is difficult, indicate that coca bush cultivation in Peru could increase further in 2005. Moreover, in 2005, several local governments issued ordinances that, in effect, legalized the cultivation of coca bush for traditional purposes, such as chewing and making infusions. Those ordinances have been vigorously rejected by the Government of Peru, as they are deemed to be unconstitutional and in breach of Peru's international drug control commitments and responsibilities. The Board is concerned that that action could serve as a precedent if it is allowed to stand.

415. In Bolivia, political and social tension has severely limited the ability of the Government to deal with the increasing coca bush cultivation; moreover, the eradication policy has been undermined by short-term agreements with coca growers. UNODC estimates that in Bolivia a total of 27,700 hectares were under coca bush cultivation in 2004, which represents an increase of 17 per cent over the total for 2003; 41 per cent of the total area under illicit coca bush cultivation was in national parks. A total of 8,437 hectares of coca bush were eradicated in Bolivia in 2004, less than the amount eradicated in any of the three previous years.⁴¹

The increase in coca bush cultivation in Bolivia took place mainly in Chapare, where coca leaf yields were estimated to be more than twice as high as elsewhere in the country; more than 50 per cent of the increase took place at the expense of forest areas.

416. In addition, the illicit cultivation of coca bush continues to be reported in Ecuador and Venezuela (Bolivarian Republic of), near those countries' borders with Colombia, although it is very limited and sporadic compared with such cultivation in the major producing countries. In both Ecuador and Venezuela (Bolivarian Republic of) the first surveys of illicit crops were launched in mid-2005, focusing on provinces in those countries adjacent to the Colombian border; the results of those surveys are expected in December 2005. The Board hopes that the Governments of those two countries will take vigorous action against illicit coca bush cultivation so that it can be stopped before it spreads and becomes much more difficult to eliminate.

417. The Board wishes to re-emphasize that the continued success of efforts to reduce illicit crop cultivation, as well as interdiction efforts, will depend on the political will of Governments to enforce a policy of not tolerating illicit crop cultivation and drug trafficking even in times of difficult circumstances such as social and political tension. However, that policy should be accompanied by programmes offering sustainable legitimate livelihood to farmers in the producing countries.

418. Based on the estimated total area under coca bush cultivation, the potential total manufacture of cocaine in 2004 was estimated at 687 tons, an increase of 2 per cent compared with the total in 2003 (674 tons). That estimate is less reliable than the estimated total area under coca bush cultivation, in the absence of hard data on agricultural yields and also on the yields from processing coca leaf into cocaine. As noted by the Board already in its report for 2004, there are indications that coca leaf yields in some countries, as well as the assumed cocaine manufacture, might have increased considerably more than estimated, due to improved methods;⁴² moreover, better agricultural techniques, including irrigation, have been used. It is also believed that the manufacture of cocaine from coca leaf has become more effective since the late 1990s, as traffickers have become more experienced in the use of precursor chemicals. The relatively stable prices of coca base and cocaine in South America,

despite the success of efforts to reduce illicit coca bush cultivation, as well as law enforcement efforts, support the view that actual illicit manufacture of cocaine might have been substantially higher than estimated.

419. The bulk of the cocaine in the world continued to be manufactured in Colombia, but the illicit manufacture of cocaine is known to have taken place in recent years also in all other countries in South America except Paraguay (even in countries not previously affected by illicit cocaine manufacture, such as Argentina and Uruguay). For example, in the northern border area of Ecuador, a large laboratory for processing cocaine was found in February 2005. In Colombia, intensified law enforcement efforts resulted in an increase in the volume of detected and dismantled clandestine laboratories for cocaine manufacture during 2003 and 2004, as well as an increase in the total volume of seizures of coca base and cocaine hydrochloride. In May 2005, more than 15 tons of cocaine hydrochloride were seized at an illegal storage location near Tumaco, Colombia, the largest single seizure of that substance ever made in that country; during the same operation, precursor chemicals, speedboats and firearms were also seized and a centre for controlling drug trafficking activities throughout the country was destroyed.

420. Drug traffickers responded to intensified interdiction efforts in Colombia by gradually shifting the illicit manufacture of cocaine to other countries and by using new and diverse trafficking routes. International criminal groups involving Colombian and Mexican nationals are involved in drug trafficking throughout South America. Criminal organizations that previously focused their activities on trafficking only in either cannabis, cocaine or heroin are now trafficking in all of those drugs. There are some new trends in the smuggling of cocaine into Europe: the cocaine shipments involved are increasingly being transported through Southern Africa and, in particular, Western Africa; and the operations are often organized by criminal groups from Western Africa. In Ecuador, international trafficking networks with links to criminal groups in Lebanon and countries in Northern Africa have been identified as being involved in smuggling cocaine and heroin into the United States and have used corrupt airport officials for that purpose.

421. In Bolivia, the low prices of coca leaf and other illicit drugs noted in the last few months could have

led to Colombian and Mexican drug gangs being attracted to that country. According to information on law enforcement efforts in Bolivia during 2004 and the first half of 2005 and in Peru during 2004, there continues to be a large volume of seizures of cocaine base and precursor chemicals, as well as a large number of dismantled clandestine laboratories for large-scale cocaine manufacture; despite those successes, the low prices of cocaine in the streets in Peru indicate that cocaine is readily available in that country.

422. Although the abuse of cocaine is a problem in South America, the cocaine that is smuggled in the region continues to be mainly destined for the United States or, increasingly, countries in Europe. Brazil, Ecuador, Suriname and Venezuela (Bolivarian Republic of) are the countries in the region that are most affected by cocaine trafficking, although other countries, such as Argentina and Chile, have experienced growing transit traffic. In Chile, for example, in the second half of 2004, two consignments of cocaine were seized, each exceeding 1 ton. Other significant seizures of cocaine in 2004 were reported by Brazil, Peru and Venezuela (Bolivarian Republic of) (7 tons each).

423. Traffickers continue to attempt to circumvent the controls put in place within the framework of Operation Purple, the international tracking programme for the prevention of the diversion of potassium permanganate, the key chemical for the purification of cocaine. In 2004, 19 clandestine laboratories for the manufacture of potassium permanganate were detected and dismantled in Colombia (more than twice the number detected and dismantled in that country in 2003), and 3 clandestine laboratories for the manufacture of precursor chemicals were dismantled in Bolivia. In Colombia, the total volume of seizures of precursor chemicals for the manufacture of cocaine increased in 2004 compared with 2000.

424. The precursor chemicals smuggled in South America continue to be mainly from the region. For example, in Ecuador, law enforcement investigations in 2004 and 2005 confirmed a major incident involving transnational organized crime: the large-scale, systematic diversion through theft of petroleum ether for use as a precursor in Colombia. Progress is being made towards finding effective solutions to prevent

such theft in the future. Strengthened precursor control in Paraguay resulted in the seizure of 10,000 litres of toluene, a solvent used in the manufacture of cocaine, in November 2004. In the Bolivarian Republic of Venezuela, theft of precursor chemicals is reported to the Government. The Board urges each Government in the region to remain vigilant and strengthen its controls over the distribution and use of precursors on its territory.

425. The Government of Colombia estimates that almost 4,000 hectares were used for the illicit cultivation of opium poppy in 2004, similar to the total area under such cultivation in that country in 2003. It is assumed that the total area under such cultivation in that country has not changed much in recent years, despite crop spraying. Total potential heroin manufacture in Colombia in 2004 was estimated at 5 tons. The illicit cultivation of opium poppy continues to take place in Peru, where the Government has continued its eradication efforts. According to estimates by the Government of Peru, in 2004, a total of 1,400 hectares were cultivated with opium poppy; that area had the potential of yielding approximately 1 ton of heroin. In 2004, Peru reported the seizure of 450 kilograms of opium.⁴³ In the Bolivarian Republic of Venezuela, opium poppy is illicitly cultivated; there are plans to begin an eradication programme once the results of the survey of the extent of that cultivation are known.

426. Heroin manufacture continues to take place mainly in Colombia and, to a lesser degree, in Peru. Eight clandestine laboratories for heroin manufacture were dismantled in Colombia during 2004. Most of the heroin manufactured in South America is destined for the United States. The Bolivarian Republic of Venezuela, one of the main countries in South America used as a transit country for heroin shipments bound for the United States, cooperated in the dismantling of a heroin smuggling organization in 2004.

427. Cannabis and cocaine, in that order, continue to be the main narcotic drugs abused in South America; however, the extent of the abuse of those drugs varies from country to country. For example, the level of drug abuse is fairly low in Paraguay (see para. 433 below): a survey released in August 2004 revealed that only 0.7 per cent of the surveyed population had tried cocaine in their lifetime. In contrast, surveys undertaken in Peru in 2004 showed that abuse of drugs

had increased among men and women, especially among young people, that the abuse of cocaine base and cannabis had nearly doubled between 2002 and 2004, and that about 4 per cent of the surveyed population over 12 years of age had used cocaine at least once.

428. The abuse of morphine and heroin is not a major problem in South America; however, in Argentina and some Andean countries, the abuse of those drugs is reported to be increasing, especially among youth. The Board urges the Governments concerned to alert their population about the risks associated with the abuse of such drugs.

Psychotropic substances

429. According to reports, the illicit manufacture of psychotropic substances in South America remains limited. Seizures of illicitly manufactured stimulants, still smuggled mainly out of Europe, continue to be effected in countries in the region. However, in September 2005, Colombian police dismantled for the first time a clandestine laboratory used for the manufacture of methamphetamine. In Colombia, some of the Ecstasy smuggled out of Europe is pressed into tablets and there are trafficking organizations specializing in Ecstasy. The availability and abuse of Ecstasy are increasing in Colombia and Venezuela (Bolivarian Republic of). Ecstasy is also becoming more readily available in Ecuador and Peru. In Suriname, the volume of seizures of Ecstasy rose sharply in 2004.

430. The diversion and overprescription of a variety of pharmaceuticals containing psychotropic substances have continued. For example, the latest drug abuse surveys conducted in Argentina, Chile and Uruguay show that the rate of abuse of sedatives (benzodiazepines) is ranked second after cannabis abuse and that the rate of abuse of stimulants (such as femporex) is similar to or even higher than that of cocaine. The Board reiterates its appeal to Governments to strengthen their control over prescriptions for controlled pharmaceuticals and to inspect records on relevant sales (see, for example, the report of the Board for 2003).⁴⁴

Substances not under international control

431. Ketamine, a substance currently under review by WHO to determine whether it should recommend that

it be placed under the control of the 1971 Convention, is readily available in Peru on the illicit market and therefore abused extensively, despite the fact that officially its sale is restricted to hospitals. The abuse of ketamine has also been detected in Uruguay.

Missions

432. The Board sent a mission to Paraguay in April 2005. The Board notes the commitment of the Government of Paraguay in combating illicit drug production, trafficking and abuse. The mission found that in Paraguay the legislative basis for the control of drugs in general and for the control of narcotic drugs and psychotropic substances in particular was adequate. Nevertheless, the Board notes that the resources for drug control remain inadequate and coordination and cooperation between the agencies involved are still lacking. The Board recommends that the Government provide more human resources, training and equipment with a view to making more effective the agencies involved in drug control. The Board urges the Government to continue to implement its policy of zero tolerance of corruption and to increase the effectiveness and transparency of the law enforcement and judicial systems by providing appropriate human resources and training. In addition, the Board encourages the Government to take all steps necessary to ensure that changes to be introduced into the national legislation against money-laundering will be implemented as soon as possible.

433. The Board advises the Government of Paraguay to keep a balanced approach in its overall drug control policy, ensuring the reduction of both the demand for and the supply of illicit drugs. The Board notes that the Government has recently undertaken surveys to ascertain the extent and pattern of drug abuse, which have shown that there is relatively little abuse of psychotropic substances and cannabis in the country, and is planning drug abuse prevention activities. The Board notes the measures already taken in Paraguay, as well as those planned to be taken, to suppress the illicit cultivation of cannabis plant and trafficking in cannabis and other drugs and encourages the Government to maintain its efforts in those areas.

C. Asia

East and South-East Asia

Major developments

434. The total area under illicit opium poppy cultivation in the Lao People's Democratic Republic declined considerably. Although illicit opium poppy cultivation has continued to decline in Myanmar, that country remains the main source of illicit opium in East and South-East Asia.

435. The Lao People's Democratic Republic has now joined Thailand and Viet Nam as countries that are no longer significant suppliers of opiates on the world's illicit markets. However, there are indications that it may be emerging as a transit country used for smuggling amphetamine-type stimulants and heroin.

436. The illicit manufacture of, trafficking in and abuse of amphetamine-type stimulants continue to be a problem in East and South-East Asia. In countries such as Brunei Darussalam, Cambodia, the Lao People's Democratic Republic, the Philippines and Thailand, methamphetamine is reported to be the drug of choice. Large seizures of amphetamine-type stimulants continued to be reported in most countries in the region, including Cambodia, China, Indonesia, Japan, Myanmar, Thailand and Viet Nam. The illicit manufacture of methamphetamine is concentrated in China and Myanmar, but has been increasingly detected in Indonesia, Malaysia and the Philippines. Significant amounts of MDMA (Ecstasy) continued to be seized not only in countries such as Indonesia and Japan, but also in the Hong Kong Special Administrative Region (SAR) and the Macao SAR of China.

437. Opiates, followed by amphetamine-type stimulants, continued to be the main drugs of abuse in East and South-East Asia. Heroin was the most commonly abused drug in the majority of countries in the region, with the exception of Myanmar, where opium was the main drug of abuse, and Japan, the Philippines, the Republic of Korea and Thailand, where methamphetamine was the main drug of abuse. Heroin is the drug of choice in China (including the Hong Kong SAR and the Macao SAR of China), Indonesia, Malaysia and Viet Nam. HIV infection continues to be a major problem in many of the

countries where heroin is the preferred drug among persons who abuse drugs by injection.

Treaty adherence

438. The Board welcomes the accession of Cambodia to the three international drug control treaties in April 2005.

439. The Board notes that the Democratic People's Republic of Korea and Timor-Leste have not yet become a party to any of the international drug control treaties. The Board calls on those States to ratify the treaties without further delay.

440. The Board calls on the Lao People's Democratic Republic to become a party to the 1972 Protocol amending the 1961 Convention without further delay.

Regional cooperation

441. The Board notes that, in May 2005, the signatories of the 1993 memorandum of understanding on drug control between the countries in the Mekong area (Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) adopted the Siemreap Declaration. The Declaration focuses on collaboration in a wide range of areas, including the control of precursor chemicals and amphetamine-type stimulants, the treatment and prevention of drug abuse, the development of a comprehensive package of interventions related to drug abuse and HIV/AIDS, sustainable alternative development and technical and financial assistance.

442. The Eleventh United Nations Congress on Crime Prevention and Criminal Justice was held in Bangkok from 18 to 25 April 2005. The Congress adopted the Bangkok Declaration on Synergies and Responses: Strategic Alliances in Crime Prevention and Criminal Justice,⁴⁵ which calls for an integrated approach, including measures against illicit drug trafficking, money-laundering and terrorism.

443. The Seventh International Congress on AIDS in Asia and the Pacific was held in Kobe, Japan, in July 2005. The Congress noted the lack of access to prevention services for persons who abuse drugs by injection.

444. The second International Association of Southeast Asian Nations (ASEAN) and China Cooperative Operations in Response to Dangerous

Drugs (ACCORD) Congress was held in Beijing in October 2005. The main objective of the Congress was to review the ACCORD Plan of Action, endorsed by the Congress in 2000, and to update it to reflect the current drug control needs and responses of the region.

445. Within the framework of ACCORD, the Drug Abuse Information Network for Asia and the Pacific was established in 2004. The 11 ACCORD partner countries electronically submit their national drug control data in quarterly and annual reports; those data appear in a common database.

446. Thailand hosted the Seminar on Illicit Traffic by Waterways for ACCORD Partner Countries in June 2005. The United States Coast Guard, the Australian Federal Police, the Japan Coast Guard and the Royal Thai Navy also participated in the Seminar, which was held in Phuket, Thailand. Effective drug control approaches related to waterway interdiction and investigations were presented at the Seminar.

447. Cooperation in the form of joint drug control operations in East and South-East Asia continued to yield good results. In February 2005, Japanese authorities seized 80 kg of "crystal" methamphetamine and 250,000 MDMA (Ecstasy) tablets and arrested three suspects following an investigation carried out jointly by law enforcement agencies of Japan and the Hong Kong SAR of China. In March 2005, authorities in China arrested four suspects and seized 7 kg of heroin as a result of a law enforcement operation carried out in cooperation with the Hong Kong SAR of China.

National legislation, policy and action

448. China announced that it would launch a three-year nationwide "war against drugs" starting in 2005. The objective of the campaign is to reduce illicit drug supplies, drug-related harm and the number of new drug abusers.

449. China has adopted a new law on narcotic and psychotropic substances, as well as a new law on precursor chemicals, both of which went into effect on 1 November 2005. The laws are intended to further strengthen control over narcotic drugs, psychotropic substances and precursor chemicals.

450. Japan continues to place high priority on drug control in its national planning, which remains focused on the strengthening of drug control measures to

combat drug smuggling and on the prevention of drug abuse by organizing awareness-raising campaigns and providing support for the rehabilitation of drug abusers.

451. In March 2005, Viet Nam approved a national drug control master plan for the period up to 2010. The master plan is aimed at reducing the number of drug abusers by at least 20 per cent compared with the figure for 2001 and to significantly reduce the number of the communes, city wards, townships, workplaces, schools and armed force units affected by drug problems, as well as to increase treatment services for drug addicts.

452. In December 2004, Cambodia approved a drug control master plan for the period 2005-2010. The plan is focused on reducing illicit drug supply and demand, strengthening law enforcement, reducing the risk of drug abuse and strengthening international cooperation in drug control.

453. The Board notes that in February 2005, the Democratic People's Republic of Korea established an interministerial committee to ensure effective coordination of drug control activities and adequate implementation of drug control legislation. The Board expects that this positive development will enable the Government to take swift action to ratify the international drug control treaties. In order to strengthen the capacity of the Government of the Democratic People's Republic of Korea for carrying out drug control activities, the Board encourages the Government to allocate sufficient resources to such activities.

454. Viet Nam has approved a plan to combat cross-border drug trafficking in the period 2005-2010. The plan includes measures for tightening the inspection of suspected goods, means of transport and people along border areas, including along road, air and sea routes and in the postal services. The plan also includes the introduction of punishment for administrators who have allowed drug abuse and trafficking.

455. During a period of several months beginning in June 2005, nine countries in East and South-East Asia (Cambodia, China, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam) each held a national workshop focusing on building a partnership between the Government and the chemical and

pharmaceutical industries to prevent the diversion of precursor chemicals from licit trade. As a result of the workshops, it was agreed to establish partnership committees; the priority tasks to be undertaken included educating the industries, drafting a code of conduct and promoting cooperation between the industries and the Government.

456. Several countries in East and South-East Asia have implemented policies to provide employment opportunities for rehabilitated drug addicts. In the Philippines, non-governmental organizations are involved in providing jobs in the service industry to former drug addicts. More than 10,200 rehabilitated addicts in Viet Nam have been given jobs under a project on organizing and managing vocational training and job creation. Over 90 enterprises, cooperatives and individuals are participating in the initiative. The beneficiaries are involved in the garment, wood product and food processing industries, in fine arts and handicrafts, and in agricultural production and animal husbandry.

457. The Board is pleased to note that Indonesia and the Philippines have been removed from the list of countries and territories considered by the Financial Action Task Force on Money Laundering to be “non-cooperative” in efforts to counter money-laundering or to have critical deficiencies in their systems for countering money-laundering. The Board notes with concern that Myanmar remains on that list. The Board encourages Myanmar to put in place the relevant legislation and administrative structures to prevent money-laundering, which play an important role in efforts to fight drug trafficking.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

458. The illicit cultivation of cannabis plants has continued throughout East and South-East Asia. Several countries in the region have continued to seize substantial quantities of cannabis. Indonesia, Japan, Myanmar and the Republic of Korea reported for 2004 a large increase in the volume of cannabis seized. Malaysia reported having made its largest seizure of cannabis in recent years.

459. The Government of the Lao People’s Democratic Republic succeeded in further reducing illicit opium

poppy cultivation, from 6,600 hectares in 2004 to 1,800 hectares in 2005. As a result of continued eradication efforts by the Government of Myanmar, illicit opium poppy cultivation declined to 32,800 hectares in 2005, a decrease of 26 per cent compared with the figure for 2004.

460. The Lao People’s Democratic Republic has succeeded in virtually eliminating illicit opium poppy cultivation. However, it is faced with problems involving other drugs. The illicit cultivation of cannabis plant and trafficking in cannabis are matters of great concern to the Government of the Lao People’s Democratic Republic; cannabis is grown on a large scale in certain areas of the country. The Lao People’s Democratic Republic is also emerging as a transit country used for trans-shipping consignments of heroin originating in Myanmar and destined for Cambodia, China, Viet Nam and Thailand.

461. In 2004, several countries in East and South-East Asia, such as Indonesia and Malaysia, reported a significant increase in the volume of opium seized. Myanmar, which usually reports having seized a large quantity of opium every year, reported having seized a total of only 1 ton of opium in 2004.

462. In many countries in East and South-East Asia (China, Myanmar, Malaysia, Thailand and Viet Nam) the total quantity of heroin seized continued to be large. Although Singapore had seized significant amounts of heroin in the past, the quantity of such seizures had recently decreased dramatically. During a raid on the largest drug cartel in Viet Nam in August 2005, police arrested dozens of suspects and seized highly specialized equipment designed for the large-scale manufacture of heroin. On numerous occasions in 2004, the police in Viet Nam seized large amounts of heroin. In 2004, Malaysia reported having dismantled six clandestine laboratories for the manufacture of heroin.

463. Recent seizures in East and South-East Asia indicate an increase in drug trafficking using water routes. In July 2004, authorities of Myanmar seized over 592 kg of heroin in the Andaman Sea; eight months later, in March 2005, Thai authorities seized in the Gulf of Thailand 522 kg of heroin and 10,000 methamphetamine tablets destined for the Hong Kong SAR of China. Furthermore, Cambodian authorities reported having seized in September 2004 600,000 methamphetamine tablets along the Mekong

near their country's northern border with the Lao People's Democratic Republic and Thailand.

464. Authorities in East and South-East Asia continued to report the seizure of small quantities of cocaine. In the Hong Kong SAR of China, a significant amount of cocaine was seized in 2004 (compared with the figure for the previous year) and five clandestine cocaine laboratories were dismantled.

465. Some countries are making progress in preventing the abuse of opium; for example, a survey of villages in the Lao People's Democratic Republic showed that there has been a decrease of 32 per cent in the abuse of opium since 2003.

466. Although the abuse of cannabis is not widespread in East and South-East Asia, the Hong Kong SAR of China reported a new trend: the abuse of cannabis buds.

467. The transmission of HIV infection through drug abuse by injection continues to be a major problem in many of the countries in East and South-East Asia. Heroin is the drug of choice among persons who abuse drugs by injection in countries such as China (including the Hong Kong SAR and the Macao SAR of China), Indonesia, Myanmar, Thailand and Viet Nam. In China, the provinces of Sichuan and Yunnan and the autonomous region of Xinjiang have reported a high prevalence of HIV infection transmitted through drug abuse by injection. In 2004, there were 1.6 million registered drug abusers in China, the majority of whom were abusers of heroin; over 41 per cent of the 89,000 reported HIV cases involved drug abusers. The Macao SAR of China reported an increase in the percentage of females and youth among newly reported HIV cases. HIV infection among persons who abuse drugs by injection in the Macao SAR increased dramatically from 0.7 per cent in 2003 to 6.5 per cent in 2004; in order to combat the epidemic, the government announced that it would introduce substitution treatment for drug abusers in 2005. Persons who abuse drugs by injection account for approximately 30 per cent of all new cases involving HIV infection in Myanmar and 20 per cent of such cases in Thailand. Drug abuse by injection continues to be one of the main routes of HIV transmission in Viet Nam; over 56 per cent of new HIV cases involve persons who abuse drugs by injection and have adopted the practice of needle-sharing.

Psychotropic substances

468. The illicit manufacture of amphetamine-type stimulants continued to take place mainly in China and the border area between China and Myanmar and, to a lesser extent, in Indonesia, Malaysia and the Philippines. Drug dealers in Viet Nam have been known to be involved in the illicit manufacture of tablets of amphetamine-type stimulants using amphetamine powder and crystal methamphetamine from other countries. Some of those tablets also contain caffeine, paracetamol and ketamine.

469. Many countries in East and South-East Asia, including Cambodia, China, Indonesia, Japan, Myanmar and Thailand, again reported the seizure of a large volume of amphetamine-type stimulants. In April 2005, a clandestine laboratory with the capacity to produce 7.5 million MDMA (Ecstasy) tablets a month was dismantled in Indonesia; the police arrested several suspects in connection with that case and seized a considerable amount of MDMA tablets, precursor chemicals and equipment. In 2004, Malaysia reported the dismantling of three clandestine methamphetamine laboratories. The Hong Kong SAR of China dismantled in 2004 two laboratories involved in the illicit manufacture of methamphetamine. Contrary to the upward trend implied by the above-mentioned reports in the region, preliminary data for 2004 indicate a decline in global seizures of amphetamine-type stimulants. In China the total volume of seizures of amphetamine-type stimulants declined from about 6 tons in 2003 to 3 tons in 2004.

470. Some countries in East and South-East Asia reported having seized a significant quantity of sedatives and hallucinogens in 2004. Japan seized 310 kg of benzodiazepines and Indonesia seized over 1 million tablets of hallucinogens.

471. In East and South-East Asia, sizeable quantities of MDMA (Ecstasy) continued to be seized in Indonesia (251,000 tablets) and Japan (469,000 tablets), as well as in the Hong Kong SAR of China (284,000 tablets). In Viet Nam, police arrested the leaders of the country's largest MDMA trafficking ring and seized a large amount of that drug. Those arrests were the result of police interdiction following the arrest of their accomplices and the seizure of a considerable quantity of MDMA tablets and ketamine.

472. Although over half of the methamphetamine smuggled into the Republic of Korea originates in China, the Philippines is rapidly emerging as a significant source. The Lao People's Democratic Republic is emerging as a transit country for consignments of amphetamine-type stimulants originating in Myanmar and destined for Cambodia, China, Thailand and Viet Nam.

473. Pseudoephedrine and ephedrine, precursors frequently used in the illicit manufacture of methamphetamine, continued to be seized in East and South-East Asia. In August 2004, 90 kg of ephedrine were seized in Myanmar. In 2004, the authorities in the Philippines dismantled 11 clandestine laboratories and seized over 4 tons of ephedrine. In addition, those chemicals are being diverted from East and South-East Asia to other regions. In August 2005, 400 kg of ephedrine concealed in statues from Viet Nam were seized in Australia, the country of destination. That is an indication that, as controls over those precursor chemicals become increasingly stringent, traffickers are turning to methods of concealment previously used in smuggling illicit drugs. Furthermore, traffickers are increasingly attempting to divert preparations containing pseudoephedrine. In February 2005, for example, capsules containing a pseudoephedrine-based product originating in the Hong Kong SAR of China were seized in New Zealand. In November 2004, authorities in New Zealand seized over 240,000 capsules containing pseudoephedrine originating in China. In 2004, Malaysia reported the diversion of 456,000 tablets containing pseudoephedrine.

474. The second most commonly abused group of drugs in East and South-East Asia (after opiates) continues to be amphetamine-type stimulants. Most countries in the region reported increases in the abuse of methamphetamine and MDMA (Ecstasy). The abuse of amphetamine-type stimulants is increasing in the Lao People's Democratic Republic, in part because of their increased availability in the country since it has become a transit country for such stimulants.

475. In Japan, the majority of methamphetamine abusers are persons who abuse drugs by injection. Although HIV infection through drug abuse by injection remains low (0.5 per cent), the Government continues to promote nationwide awareness-raising campaigns in order to prevent an HIV epidemic. Among high-risk groups in Thailand, HIV prevalence

is highest (50 per cent) among persons who abuse drugs by injection, the majority of whom abuse heroin. In the Lao People's Democratic Republic, people who used to grow opium poppy are reportedly being recruited as traffickers of amphetamine-type stimulants and are becoming infected with HIV through drug abuse by injection.

South Asia

Major developments

476. The drug trafficking and abuse problems in South Asia continue to be both serious and multifaceted. Owing to its proximity to opium poppy cultivation areas in West Asia and in South-East Asia, where most of the world's illicit production of opiates takes place, there continue to be significant trafficking in and abuse of opiates, in particular heroin, in South Asia. Despite the strict controls that are in place, some diversion from licit opium poppy cultivation in India continues to take place. Some of the diverted opium is abused, either as opium or in the form of heroin, in India and some is smuggled into other countries. Cannabis plants are illicitly cultivated (and widely abused) in the region as well.

477. In South Asian countries, in particular Bangladesh, India and Nepal, lapses in the control of pharmaceutical preparations containing narcotic drugs and psychotropic substances have led to widespread abuse of such preparations among all segments of the population. Those pharmaceuticals are generally diverted from domestic distribution channels and are sold without prescription in pharmacies and other retail outlets in the region.

478. Drug abuse by injection is becoming one of the driving forces of the increase in the HIV/AIDS infection rate in countries in South Asia, in particular in India and Nepal.

479. The Board welcomes the resumption of talks between India and Pakistan, which has given impetus to efforts to combat drug trafficking, particularly along the border between the two countries.

Treaty adherence

480. All six States in South Asia are parties to the 1988 Convention. In August 2005, Bhutan acceded to

the 1961 Convention and the 1971 Convention, thereby becoming a party to all three international drug control conventions. As Nepal is not yet a party to the 1971 Convention, the Board urges it to take speedy action to become a party to that convention.

Regional cooperation

481. In June 2005, the Drug Advisory Programme of the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific published a guidebook on minimum standards of treatment and rehabilitation programmes for drug abusers in Asia. The guidebook provides practitioners with informative and practical information on strengthening capacity for the treatment and rehabilitation of drug abusers.

482. In Maldives, the Drug Advisory Programme of the Colombo Plan also organized the Second South Asian Law Enforcement Training Course on Counter Narcotics in Male in November and December 2004. Law enforcement officials from seven South Asian countries attended training courses on a large number of subjects, ranging from drug identification and testing to controlled deliveries.

483. The South Asian Association for Regional Cooperation organized the second meeting of the Coordination Group on Drug Law Enforcement Agencies in South Asia in Male in August 2004. The participants discussed joint efforts against drug trafficking and ways to ensure effective cooperation between law enforcement agencies in the region.

484. In August 2005, the Governments of India and Pakistan agreed that their drug control agencies should enter into a memorandum of understanding to intensify mutual cooperation and liaison on drug control issues. Other efforts at strengthening cooperation between the two countries have been made. For example, the Governments of India and Pakistan agreed in May 2005 to establish a formal channel of communication between the coast guard of each of the two countries for the exchange of information on various issues, including drug trafficking. Moreover, border officials of India and Pakistan held a meeting in April 2005 to discuss a proposal on joint border patrols and ways to combat drug trafficking on both sides of the border between the two countries.

485. At a meeting held in June 2005, the foreign ministers of China, India and the Russian Federation

agreed to strengthen coordination in efforts to counter drug trafficking, terrorism and other cross-border crimes. The foreign ministers issued a statement in which they emphasized that their Governments would continue to cooperate in combating new threats and meeting challenges.

486. In April 2005, a major international trafficking organization involved in illegally distributing pharmaceuticals via the Internet was dismantled in a joint operation conducted by Indian law enforcement authorities in cooperation with the authorities of Canada, Costa Rica and the United States. According to the United States authorities, the organization had used more than 200 websites to illegally distribute pharmaceuticals worldwide and had been repackaging controlled substances from India and other countries that had been smuggled into the United States.

National legislation, policy and action

487. It continues to be easy to obtain many pharmaceuticals without a prescription in South Asia. In 2005, the Government of India imposed strict measures to control the sale of medicines in retail and wholesale establishments. Arguing that the stricter control measures constituted harassment, retail and wholesale pharmacists subsequently threatened to stop stockpiling drugs, including many drugs commonly used for medical treatment. While the Government has since amended the relevant rules by simplifying documentation to facilitate the transport of medical preparations containing psychotropic substances, the Board hopes that that step will not lead to a weakening of control measures or an increase in drug abuse.

488. With the assistance of UNODC, the Government of India plans to integrate drug abuse prevention elements into school curricula and textbooks in several parts of the country.

489. Legislation adopted in 2002 to prevent money-laundering entered into force in India in July 2005. The legislation defines a number of acts as offences and establishes a multidisciplinary unit for gathering intelligence on suspicious financial transactions and connections with criminal activities.

490. Drug control legislation in Nepal needs strengthening in a number of areas. Nepal is the only country in South Asia with no legislation to regulate precursors. That is a cause for particular concern,

especially considering that the country is situated between China and India, two large manufacturers of precursors. In addition, current national legislation in Nepal does not criminalize money-laundering and is not adequate to deal with complicated financial crimes. The Board urges the Government of Nepal to adopt and implement legislation in both of those areas.

491. In June 2005, the Government of Sri Lanka announced that the capabilities of its coast guard would be extended to include patrolling coastal areas where there was a high incidence of drug trafficking. The lack of maritime interdiction capacity has long hindered the efforts of Sri Lanka to counter drug trafficking, as large amounts of heroin from India are smuggled into Sri Lanka by sea, mainly in small boats. The Government of Sri Lanka also announced that controls would be strengthened at the international airport in that country through measures such as the introduction of sniffer dogs.

492. In Bangladesh, work continued to expand significantly the capacity of the main centre for the treatment of drug abuse, operated by the Government. The Board notes, however, that drug abuse treatment facilities in the region in general continue to be inadequate. The Board urges the Governments concerned to take remedial measures in that area. The Board notes that treatment programmes for female addicts are lacking in some countries in the region, such as Bangladesh, and urges the Governments concerned to take female addicts into account when formulating measures in the area of drug abuse treatment.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

493. In South Asia, illicit cannabis plant cultivation and cannabis abuse continue. Cannabis plants also grow wild in several countries in the region, including India and Sri Lanka. Illicit cannabis plant cultivation takes place on a large scale in India and in some provinces in Sri Lanka.

494. The cannabis plant also grows wild in Nepal, mainly in areas where the terrain makes its eradication difficult. Cannabis resin is produced in large quantities in the country. Cannabis resin, in addition to being abused locally, is smuggled into other countries,

primarily India. According to Nepalese law enforcement authorities, the production of cannabis resin in Nepal has risen in recent years.

495. The total volume of cannabis seized in Sri Lanka decreased in 2004 (for the second time in recent years) to the level for the entire period since 1998; the current cannabis seizure level in Sri Lanka is one of the highest levels among the countries in South Asia. In Bangladesh, the decrease in the volume of cannabis seizures in 2004 was offset by a significant increase in trafficking in heroin and buprenorphine.

496. According to a national household survey conducted in India, there are approximately 8.7 million cannabis abusers in the country.

497. Most of the illicit heroin laboratories dismantled in India were near opium poppy cultivation areas. The Government of India continues to take stringent measures against the diversion of licitly cultivated opium poppy. Measures currently under consideration by the Government include the issuing of cards with microchips to opium poppy growers so that relevant information can be easily retrieved, with a view to ensuring the effective control and monitoring of opium poppy crops. In addition, the use of satellite imagery to estimate the area under opium poppy cultivation is to be expanded further. The total area under licit opium poppy cultivation in India decreased in 2004 as a result of self-imposed restrictions by the Government.

498. Large quantities of heroin of West Asian origin are increasingly being seized in India. Significant quantities of heroin manufactured in India also continue to be seized in that country. Heroin consignments seized in India had been destined for illicit markets not only in that country but also in Sri Lanka and countries in other regions, including Europe. The number of heroin manufacturing facilities dismantled by the Government of India in recent years has been small. The Board urges the Government to strengthen its law enforcement efforts in that area.

499. Low-quality heroin base known as "brown sugar" continues to be abused widely in India. It is also abused in Bangladesh, Maldives, Nepal and Sri Lanka. After declining for several years, the volume of heroin seized along the border between India and Pakistan appears to be increasing again.

500. There appears to have been a shift in drug abuse patterns in India in recent years, from inhaling to

injecting drugs (mainly heroin and buprenorphine). Though the national household survey of India indicated a lifetime prevalence of drug abuse by injection among adult males of 0.1 per cent, the Board notes that household surveys generally have had difficulty assessing the situation in marginalized communities, where drug abuse by injection is more likely to occur. The Board calls on the Government to include such communities in future household surveys.

501. The Government of Maldives is concerned about growing social disorder caused by young drug abusers in some areas of the country. Drug-related offences have increased significantly in Maldives in recent years and have become the most frequent problem faced by the criminal courts in that country. This is a matter of particular concern, especially considering that the majority of drug abusers in Maldives are between 16 and 30 years of age and that over one half of the national population is under 16 years of age. In response to that situation, the Government, with the assistance of UNODC, is formulating a national drug control master plan.

502. Data regarding seizures of heroin in Sri Lanka and in neighbouring countries indicates that Sri Lanka continues to be used as an important trans-shipment point for heroin consignments from Afghanistan and India destined for countries in other regions, in particular Europe. The Board urges the Government of Sri Lanka to continue strengthening its efforts against drug trafficking.

503. In South Asia, drug abuse by injection has been an important contributing factor in the spread of HIV/AIDS infection. Though HIV prevalence among adults is not high in India (0.8 per cent), the HIV/AIDS prevalence rate in the different parts of the country varies widely. In some north-eastern states in India, drug abuse by injection is the predominant mode of transmission of HIV/AIDS infection and the HIV infection rate among persons who abused drugs by injection was as high as 56 per cent in 2003, the last year for which data are available. In many urban areas with a large number of persons who abuse drugs by injection, the HIV/AIDS prevalence rate among the general population is around the critical level of 5 per cent.

504. In Nepal, HIV/AIDS infection among persons who abuse drugs by injection has increased dramatically in recent years. In 2002, the last year for

which data on the subject are available, HIV prevalence among males who inject drugs by injection in Nepal ranged from 22 to 68 per cent. Many of those drug abusers were under 25 years old.

505. The HIV prevalence rate among persons who abuse drugs by injection in Bangladesh continues to be relatively low (estimated at 4.4 per cent) and the rate has not changed in recent years. According to a recent study, however, the HIV prevalence rate among persons who abuse drugs by injection in central Dhaka is 8.9 per cent.

506. Approximately 8-10 per cent of the over 12,000 inmates in the largest prison in India are addicted to drugs, mainly heroin. Many of the inmates had been addicted to heroin before they were incarcerated.

507. The abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances diverted from licit channels continues to be one of the main drug control issues in South Asia. India is a major manufacturer of pharmaceuticals, accounting for approximately 10 per cent of global pharmaceutical manufacture. Despite strict controls exercised by the authorities, pharmaceuticals continue to be diverted in India and subsequently smuggled into countries in South Asia and other regions. Trafficking in such substances, in particular codeine-based cough syrups, dextropropoxyphene and buprenorphine, in India is a major concern for its neighbouring countries, such as Bangladesh, Nepal and Sri Lanka. There is also evidence of pharmaceuticals from India being smuggled into Myanmar, Pakistan (via Dubai), and States members of the Commonwealth of Independent States. Diazepam and nitrazepam are also being diverted, to be abused in India or smuggled into other countries.

508. There are indications that drug abuse is increasing in Bhutan, particularly in Thimphu, the capital. The main drugs of abuse include cannabis and pharmaceutical preparations containing narcotic drugs (in particular dextropropoxyphene and codeine phosphate) and psychotropic substances (in particular nitrazepam).

Psychotropic substances

509. India remains the main illicit manufacturer of methaqualone. Most of the methaqualone illicitly

manufactured in India is not abused in that country but is smuggled into other countries, primarily South Africa, the main consumer of methaqualone. In 2004, authorities in India dismantled a laboratory in the southern part of the country that had been manufacturing methaqualone on a large scale. Drug trafficking organizations in India may be using acetyl chloride for the illicit manufacture of methaqualone. Using acetyl chloride, which is currently not under international control, as a substitute chemical makes it more difficult for the authorities to identify illicit methaqualone manufacturers.

510. The Board notes the growing illicit trade in the substance commonly called “synthetic heroin” in India. “Synthetic heroin” is a drug prepared by crushing tablets of phenobarbital, a psychotropic substance in Schedule IV of the 1971 Convention. While “synthetic heroin” is much cheaper to manufacture than organically derived heroin, it is sold by drug traffickers in India at approximately the same price as heroin. It is believed that “synthetic heroin” is manufactured mainly in cities in the north of the country. The Board urges the Government of India to take measures to combat this development.

Missions of the Board

511. A mission of the Board visited Bangladesh in April 2005. The Board notes that, in spite of the dedication of its individual officers, the Department of Narcotics Control of Bangladesh, within the Ministry of the Interior, did not appear to be receiving sufficient resources from the Government. The Board also notes that cooperation between government agencies involved in drug control in Bangladesh is not adequate and that, as a result, the Department has been unable to perform its coordinating function. The Board urges the Government of Bangladesh to take immediate steps to address those issues and to ensure that the Department has the necessary resources to play a lead role in drug control in Bangladesh.

512. The Board notes that, despite efforts by the Government of Bangladesh to expand the main drug abuse treatment centre, near Dhaka, treatment facilities for drug addicts in the country continue to be inadequate. The Board encourages the Government to take measures to continue strengthening its capacity in the area of drug abuse treatment and to conduct at the

earliest opportunity a survey to assess the scope of the drug addiction problem in the country.

513. The Board also urges UNODC to provide assistance to the Government of Bangladesh to enable it to strengthen drug control in that country and to fulfil its obligations under the international drug control treaties.

West Asia

Major developments

514. Figures released in September 2005 show that, though progress is being made in the eradication of illicit opium poppy cultivation in Afghanistan, much work remains to be done. Afghanistan continues to be the main producer of illicit opium poppy, accounting for 87 per cent of global production in 2005. Moreover, Afghanistan’s share of the illicit manufacture of opiates, mainly heroin, has been increasing since the 1990s, indicating that Afghanistan continues to be a supplier of illicit morphine and heroin, as well as illicit opiate raw materials.

515. In Afghanistan, the abuse of drugs, not only opiates but also prescription drugs smuggled into the country in the absence of proper licit control mechanisms, continues to be on the increase, creating a further obstacle on that country’s path to stability.

516. The Islamic Republic of Iran, Pakistan and countries in Central Asia continue to be the main countries used as transit points for consignments of Afghan heroin, destined for illicit markets primarily in Europe but also in North America. Despite the best efforts of the Governments of the Islamic Republic of Iran and Turkey to halt that trade, an estimated 60 per cent of Afghan opiates pass first through the Islamic Republic of Iran and then Turkey before reaching illicit markets in Europe. Approximately 20 per cent of Afghan opiates pass through countries in Central Asia, in particular Tajikistan, with 20 per cent being smuggled through Pakistan. The increased availability of heroin and opium continue to fuel the abuse of narcotic drugs in West Asia and beyond.

517. In Central Asia, drug abuse has contributed to the spread of HIV/AIDS infection. In the Islamic Republic of Iran, the incessant flow of Afghan opiates has increased the level of drug abuse many times over.

518. Illicit opium poppy cultivation has continued in Pakistan, although not on the same scale as in Afghanistan. The persistence of illicit opium poppy cultivation in Pakistan is believed to be associated with the displacement of trafficking organizations from Afghanistan to Pakistan.

519. On the Arabian peninsula, the drug problem has generally consisted of the transit traffic in illicit drugs such as cannabis destined for European markets. The Board is concerned about the apparent increase in drug trafficking, notably along the border of Iraq with Jordan and Kuwait, as evidenced by the fact that seizures of cannabis and psychotropic substances in West Asia have recently increased to unprecedented levels.

520. The southern Caucasus is emerging as an important transit area for drug trafficking. The Board is concerned that the continuing lack of funding, technical equipment and human resources may hinder the effectiveness of border control. Recent epidemiological surveys conducted in Azerbaijan and Georgia have revealed a significant increase in drug abuse in those countries.

Treaty adherence

521. All States in West Asia are parties to all three international drug control treaties. However, Afghanistan has not yet acceded to the 1972 Protocol amending the 1961 Convention. The Board encourages the Government of Afghanistan to take immediate steps to accede to the 1972 Protocol.

Regional cooperation

522. The fight against trafficking of Afghan opiates has remained central to cooperation between countries in West Asia and other countries. For example, at the third annual Afghanistan Development Forum, the annual meeting of the Government of Afghanistan and donors to review the country's development priorities, held in Kabul in April 2005, particular emphasis was placed on the development of legitimate alternative livelihoods in rural areas in Afghanistan.

523. At the sixth annual meeting of the parties to the Memorandum of Understanding on Subregional Drug Control Cooperation, held in Moscow in December 2004, the Governments of Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan,

Turkmenistan and Uzbekistan reiterated their commitment to make further efforts to strengthen drug control security belts around Afghanistan and to suppress the supply of precursors used for the illicit manufacture of heroin.

524. Under the auspices of the Paris Pact,⁴⁶ a consultative mechanism for countries affected by trafficking in opiates from Afghanistan, three round-table meetings of experts were held in 2005: in Islamabad, in Istanbul and in Tehran. The meetings brought together representatives of donor countries and assistance agencies and government representatives to review the current patterns of smuggling drugs into and across West Asia and to discuss priorities in border control, as well as drug and precursor control.

525. The Economic Cooperation Organization (ECO) organized several activities to assist its member States in strengthening drug control. ECO organized two workshops in 2005 on the reduction of illicit drug demand: one in Baku and the other in Ankara. A meeting of national focal points and liaison officers of the Drug Control Coordination Unit, established in 1999 as part of the ECO secretariat, was held in Almaty, Kazakhstan, in June 2005.

526. The Financial Action Task Force on Money Laundering has established the Middle East and North Africa Financial Action Task Force as a mechanism for coordinating efforts to fight money-laundering and other forms of financial crime.

527. The Board is concerned that the regional cooperation among the countries in the southern Caucasus continues to be inadequate, as there is no comprehensive framework that includes all countries in the area. The Board stresses the need for concerted regional and international cooperation against drug trafficking.

528. In 2005, Governments of countries in West Asia entered into a number of bilateral agreements to combat drug trafficking. In 2005, the Government of Turkey entered into agreements with the Governments of Bosnia and Herzegovina, Kazakhstan and Kuwait to strengthen efforts against drug trafficking, terrorism and organized crime. In May 2005, the Governments of the Islamic Republic of Iran and the United Arab Emirates signed a memorandum of understanding to combat drug trafficking. Jordan and the Syrian Arab Republic concluded a security agreement that provided

for the redrawing of their common border and resulted in the seizure of large quantities of illicit drugs along that border.

529. The States of Central Asia plan to establish the Central Asian Regional Information and Coordination Centre, which is to promote the sharing of border intelligence, training and effective coordination of supply reduction measures in Central Asia in the forthcoming months. The heads of States members of the Collective Security Treaty Organization (CSTO), including some Central Asian States, decided, during a meeting held in Moscow in June 2005, to establish a centre for coordinating mechanisms for combating organized criminal groups engaged in drug trafficking in CSTO member States.

530. In 2005, Turkmenistan participated in various regional cooperation mechanisms and activities. Of particular interest was its participation in a UNODC-funded precursor control project for Central Asia, as well as the exchange of drug seizure statistics. The competent national authorities of Turkmenistan attended several regional meetings and conferences on the problems of drug addiction, HIV/AIDS and drug abuse by injection. Turkmenistan continued to be involved in bilateral and multilateral project activities in the areas of reducing illicit drug supply and sharing information (setting up databases and mechanisms for the exchange of information).

National legislation, policy and action

531. Upon his inauguration in December 2004, the President of Afghanistan declared a “holy war” against the growing influence of Afghan drug lords. The President described the illicit cultivation of opium poppy as a dishonour to the country and urged the people of Afghanistan to recover their dignity by ridding the country of the illicit drug trade.

532. The Board notes that there have been proposals for legalizing opium poppy cultivation in Afghanistan as a solution to the current drug trafficking situation in that country. As noted in paragraph 208 above, the Board is encouraged by the Government’s strong stance against those proposals. The Board trusts that the Government will continue to stand by its policies and swiftly implement the existing programmes.

533. The Government of Afghanistan has continued to strengthen its administrative structures in the area of

drug control. Following the establishment of the new Ministry of Counter-Narcotics in late 2004, the Cabinet Sub-Committee on Counter-Narcotics was formed. One of the key tasks of the Sub-Committee in 2005 was the preparation of the alternative livelihood development plan, in which key areas requiring urgent assistance were identified.

534. The Board notes that the Government of Afghanistan has also created the Counter-Narcotics Trust Fund, administered by the United Nations Development Programme (UNDP). The Fund will give priority to support for legitimate alternative livelihoods for opium poppy growers, in accordance with priorities identified in the Alternative Livelihood Development plan.

535. The Government has also strengthened its efforts in supply reduction, as evidenced by the effective operation of the newly established Counter-Narcotics Police of Afghanistan. The Government created the Counter-Narcotics Criminal Justice Task Force, composed of specialized investigators, prosecutors and judges, so that criminal cases involving narcotic drugs can be dealt with quickly within the criminal justice system.

536. The Government of Afghanistan is in the process of revising its legislative framework to strengthen drug control in the country, with the assistance of UNODC. The Board trusts that the revision will take place with the involvement of all relevant players within the Government and that any revision will take due account of the international drug control treaties.

537. In March 2005, the North Atlantic Treaty Organization (NATO) began a comprehensive expansion of its peacekeeping forces in western Afghanistan. NATO reportedly plans to create provincial reconstruction teams, aimed at extending the authority of the Government and helping with reconstruction efforts in the country. The United States more than tripled its funding for drug control efforts in Afghanistan in 2005, to US\$ 780 million. The Board reiterates its call to the international community to provide assistance to the Government of Afghanistan so that the provisions of the international drug control treaties will be adhered to fully.

538. The Board welcomes the commitment of the Government of Iraq to fight illicit drug trafficking and other criminal activities. The Iraqi authorities have

established a national drug control committee, chaired by the Ministry of Health, and are working to develop a national drug control plan. The Board also notes with concern numerous media reports of increasing abuse of drugs, including heroin, in the country, and urges the Government to ensure that adequate measures in the area of demand reduction are implemented. The Board calls upon UNODC and the international community to provide assistance to the Government in that area.

539. In Kyrgyzstan, the parliament is reviewing a draft law that would amend the national law on narcotic drugs, psychotropic substances and precursors. Once adopted, the amended law will enhance drug control, the prevention of drug abuse and the treatment of drug abusers.

540. The Board notes that Turkmenistan has not yet implemented the provisions of the new drug control law that came into force in November 2004. The Board urges the competent national authorities of Turkmenistan to adopt national regulations to ensure the implementation of all provisions of the international drug control treaties without delay.

541. In Israel, the Money Laundering Prohibition Authority, a unit specialized in investigating cases involving money-laundering, was established in the Ministry of Justice, and a unit for countering money-laundering was established within the intelligence branch of the Israeli Police. In Uzbekistan, the national law against money-laundering, which had been enacted at the end of 2004, entered into force on 1 January 2005. The Board notes that current legislation in Armenia, Georgia and Turkmenistan is insufficient to deal with the problem of money-laundering; the Board urges the Governments of those countries to remedy the situation without delay. In September 2005, the Government of Kyrgyzstan established a financial intelligence unit to combat crime involving money-laundering.

542. The Board welcomes the assistance being given to the Palestinian authorities by UNODC in strengthening the interdiction capabilities of the Palestinian Anti-Narcotics General Administration and the legal framework for drug control. UNODC is also exploring ways to establish a working framework for cooperation between the Palestinian and Israeli drug control authorities.

543. The Government of Jordan maintains an extensive drug abuse prevention programme, targeting children and young adults throughout the education system and modernizing treatment centres and hospitals, with the aim of strengthening the country's capacity to deal with drug abuse. In April 2005, the Government of Tajikistan endorsed the national programme for the prevention of drug abuse and the related HIV/AIDS epidemic among persons who abuse drugs by injection, enhancing the drug abuse treatment system for the period 2005-2010.

544. In the United Arab Emirates, police in Dubai have started an awareness campaign called "Bravery" where specially trained officers regularly visit schools in order to raise awareness among youth about the consequences of drug abuse. Drug demand reduction campaigns are also taking place in Lebanon, and the Government is developing a national action plan on drug demand reduction.

545. The Board notes that some countries in West Asia, including Bahrain, Israel and the United Arab Emirates, have adopted legislative and/or administrative measures to allow travellers carrying prescribed medical preparations containing narcotic drugs or psychotropic substances to enter their territory. The measures are in compliance with the guidelines for national regulations concerning travellers under treatment with internationally controlled drugs, which, as noted in paragraph 214 above, were developed jointly by the Board, UNODC and WHO in 2002. The Board urges the Governments of countries in the region that have not yet done so to take appropriate measures to adopt such control measures for travellers entering their territory.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

546. According to a UNODC survey released in September 2005, the total area under illicit opium poppy cultivation in Afghanistan decreased by 21 per cent, from 131,000 hectares in 2004 to 104,000 hectares in 2005. Nevertheless, increased crop yields meant that the actual production of opium remained at almost the same level. Afghanistan continued to supply the overwhelming majority of the world's illicit opium, accounting for 87 per cent of the world's supplies in 2004.

547. Together, the central and provincial governments of Afghanistan were able to eradicate 5 per cent of illicit poppy crops in 2005. There were varying levels of decline in the area under opium poppy cultivation in the 34 provinces of Afghanistan, indicating that not all provincial governments were committed to the eradication efforts. According to the Government of Afghanistan, the failure to provide alternative livelihoods for opium poppy growers, the security situation in the country and the involvement of several provincial officials in drug trafficking are the main reasons for the continuation of illicit opium poppy cultivation in the country.

548. Illicit opium poppy cultivation in Pakistan, while not on the same scale as in Afghanistan, has also increased in recent years. In Pakistan, the total area under illicit opium poppy cultivation was reduced dramatically in 1996, to under 1,000 hectares, and was further reduced in the years that followed. In 2003, however, the total area under such cultivation rose sharply, to 2,500 hectares. Illicit opium poppy cultivation remained at that level in 2004, and there are indications that it could increase again in 2005. The Board urges the Government of Pakistan to intensify its eradication efforts before the country becomes a major source of supply.

549. The illicit cultivation of cannabis plant and, on a much smaller scale, opium poppy takes place in Lebanon, despite the Government's eradication efforts and public information campaigns. In 2004, more than 6.7 hectares of opium poppy and more than 13.0 hectares of cannabis plant were eradicated.

550. In several countries in Central Asia, opium poppy continues to be cultivated on a small scale, and ephedra and cannabis plants continue to grow wild. The Board welcomes the fact that, in the last decade, government eradication campaigns have virtually eliminated the risk of such cultivation gaining importance in those countries.

551. In West Asia, the United Arab Emirates has become a trans-shipment point for heroin consignments coming from South Asia and South-West Asia and destined for Europe. Some of the heroin consignments are smuggled through Africa before being transported further to Europe. Cannabis, heroin and opium shipments originating in Afghanistan pass through the Islamic Republic of Iran and Pakistan and are then sent

overland through Oman and the United Arab Emirates to countries in Europe.

552. Turkmenistan, whose extensive borders with Afghanistan, the Islamic Republic of Iran, Kazakhstan and Uzbekistan are inadequately controlled, continues to be used as a transit country by traffickers of Afghan opiates. The Afghan opiates are smuggled not only by land (in trucks and cars), but also by sea (on vessels from neighbouring countries passing through the Caspian Sea) and by air (on cargo planes passing through Azerbaijan and Turkey). In 2004, the total quantity of drugs seized in Turkmenistan reached 1.3 tons, almost tripling the figure for the year before. The seizures of heroin (266 kg) and opium (656 kg) each represented a fourfold increase over the figures for 2003.

553. Uzbekistan continues to be an important transit country for consignments of Afghan opiates destined for Europe; the consignments are smuggled mainly by road and rail through Kyrgyzstan and Tajikistan, as well as directly from Afghanistan. The total quantity of heroin seized in Uzbekistan almost doubled, from 336 kg in 2003 to 670 kg in 2004.

554. Analysis of the seizure data for countries neighbouring Afghanistan shows that there has been an increase in the illicit manufacture of heroin and morphine in Afghanistan since the 1990s. In 2003, 77 per cent of all opiates seized in South-West Asia and Central Asia was in the form of either morphine or heroin (compared with 40 per cent in 1995). In 2004, that proportion decreased to 64 per cent. Equipment used for the illicit manufacture of heroin and morphine is brought from China, Pakistan and Uzbekistan.

555. In Afghanistan, illicit heroin manufacture is taking place on such a large scale that it requires a large amount of the precursor acetic anhydride. However, as noted in paragraph 166 above, investigating the routes used for smuggling that substance into the country continues to be extremely difficult. Afghanistan has no licit requirements for acetic anhydride and no licit imports of the substance, indicating that the precursor is trafficked into the country and not diverted from licit sources in that country. Nevertheless, no seizures of acetic anhydride have been reported in the countries neighbouring Afghanistan since 2001.

556. Pakistan remains the country with the largest seizures of opiates (which include opium and all of its derivatives); in 2003, seizures of opiates in Pakistan amounted to 34.7 tons, or 31 per cent of global seizures. However, seizures of heroin in Pakistan decreased significantly in 2004, from 6.4 tons in 2003 to 3.5 tons. Seizures of opiates in Turkey almost tripled, from 5.7 tons in 2003 to 14.7 tons in 2004.

557. In 2004, seizures of opium in the Islamic Republic of Iran increased to 174 tons, nearly twice the high figure recorded in 2003 (98 tons). The Islamic Republic of Iran is the country with by far the largest volume of seized opium. In 2003, the last year for which data on global seizures of opiates are available, the Islamic Republic of Iran accounted for 73 per cent of global seizures of opium.

558. The drug abuse situation in the Islamic Republic of Iran appears to be worsening. The official estimate is that, out of a total population of 68 million, 2 million persons abuse drugs regularly; and of the 2 million drug abusers, 1.2 million are classified as addicts. However, those figures are based on a survey conducted in 1999, and the Board is concerned regarding the lack of more recent information. Some officials estimate that the number of drug abusers in the country is now at least 3 million. Though opiates are the main drug of abuse, reports indicate that the abuse of crystalline methamphetamine and MDMA (Ecstasy) also appears to be increasing. The Board urges the Government to take measures to accurately assess the current state of drug abuse in the country.

559. In countries in Central Asia, the drug abuse problem continues to worsen. The main drug of abuse has shifted from cannabis and opium to heroin. Needle-sharing remains one of the main modes of transmission of HIV in Central Asian countries, Kazakhstan being the worst hit of those countries. In 2004, over 70 per cent of new HIV/AIDS cases in Kazakhstan were persons who abused drugs by injection.

560. In Turkmenistan, the total number of officially registered HIV/AIDS cases is reported to be unchanged: two cases. The Board is concerned that that low official figure brings into question the accuracy of that information, especially in view of the persistent reports about the spread of HIV/AIDS in the country. The Board urges the Government of Turkmenistan to take immediate steps to make an assessment of the

extent of drug abuse and HIV/AIDS infection in the country.

561. Cannabis remains the main drug of abuse in countries on the Arabian peninsula, many of which continue to be used as transit countries for consignments of cannabis, as well as opiates, destined for Europe.

562. Although the volume of drug seizures remains low in the countries in the southern Caucasus, drug abuse is increasingly becoming a problem. In 2003, there were over 17,000 registered drug abusers in Azerbaijan, opiates being the main drugs of abuse. About one half of the persons infected with HIV/AIDS in Azerbaijan are persons who abuse drugs by injection. In Georgia, official estimates indicate that there are 275,000 drug abusers in the country, an increase of 80 per cent compared with the figure for 2003; that increase is mainly attributed to the import and illegal sale of buprenorphine tablets.

563. The abuse of cocaine is not a major issue in West Asia. The Board has no information regarding the illicit manufacture of that drug in the region. However, the Board has noted in recent years that a disproportionately large amount of potassium permanganate continues to be imported into the Islamic Republic of Iran. A large number of firms appear to be involved in that activity, making control and monitoring of the industry difficult and increasing the possibility of that substance being diverted. The Board requests the Government of the Islamic Republic of Iran to conduct a thorough assessment of the licit requirements for potassium permanganate and to remain vigilant regarding possible attempts to divert the substance to certain countries in Latin America, where it could be used to manufacture cocaine.

Psychotropic substances

564. The abuse of pharmaceuticals, in particular pharmaceuticals containing benzodiazepines, continues to be of concern in West Asia. Controlled substances are often easily available without prescription in pharmacies in many countries in the region. That is particularly the case in Afghanistan, where the licit control framework has yet to recover from decades of civil war and a wide range of pharmaceuticals are available without prescription in pharmacies, other retail outlets and even roadside stalls. Many of those drugs are adulterated or outdated and were illicitly

manufactured in India or Pakistan before being smuggled into Afghanistan. One survey has indicated that, in the eastern part of Afghanistan, pharmaceutical drugs are abused regularly by 10 per cent of the adult population.

565. In Israel, a recent survey indicated that 6.1 per cent of students in secondary schools abuse pharmaceuticals, a figure higher than the figure for cannabis or heroin. Since the results of the survey were made available, the Government of Israel has shortened the period of validity of prescriptions for pharmaceuticals. According to the Israeli authorities, there are 20,000-30,000 drug addicts in the country, and they are in every segment of society.

566. Fenetylline (Captagon) continues to be widely abused in countries on the Arabian peninsula. As the licit manufacture of Captagon has ceased, the substance is manufactured clandestinely, primarily in the southern part of Europe, and trafficked into the Arabian peninsula through the Syrian Arab Republic and Jordan. Large seizures of Captagon tablets took place in 2005 at the borders of Jordan with Iraq and the Syrian Arab Republic, as well as in the United Arab Emirates.

Missions

567. In September 2005, the Board sent a mission to Saudi Arabia to assess the drug control situation and the progress made by the Government in implementing the recommendations of the Board pursuant to its 1992 mission to that country. The Board notes the commitment of the Government to drug control, reflected in its adoption of a new national drug control strategy in 2005. The Board was informed that the Government is reviewing the text of draft legislation on drug control that would introduce comprehensive controls over the licit movement of narcotic drugs, psychotropic substances and precursor chemicals, in line with the provisions of the international drug control treaties.

568. The Board notes that in Saudi Arabia mechanisms for the collection and sharing of data, in particular those relating to statistics on drug seizures and abuse, as well as the Government's performance with regard to the provision of data to the Board, as required under the international drug control treaties are in need of improvement. The Board urges the Government to take immediate measures in those areas, in order to ensure

that Saudi Arabia fully meets its obligations under the international drug control treaties.

D. Europe

Major developments

569. Cannabis remains the most commonly abused drug in Europe. About 30 million people in the member States of the European Union and in Iceland, Liechtenstein, Norway and Switzerland have used cannabis during the past year. About 15 per cent of 15-year-old students in the European Union member States use cannabis more than 40 times a year. The European countries with high prevalence for cannabis abuse include the Czech Republic, France, Ireland, Switzerland and the United Kingdom.

570. The total amount of cocaine seized in Europe continues to increase, indicating that there may be widespread abuse of the substance. Increased demand for treatment of cocaine abuse in Western Europe also indicates that the abuse of that substance may be widespread; however, it is difficult to say with certainty if that is the case because, unfortunately, trends in the abuse of cocaine have not been monitored consistently—there have been few national surveys on the abuse of that drug and, in some cases, the sample sizes have been small.

571. Almost all of the heroin encountered on the illicit market in Europe is from Afghanistan. The smuggling of Afghan heroin into the Russian Federation increased significantly. The total volume of heroin seized in that country reached a record level of 3.8 tons in 2004. Despite the increased availability of heroin in Europe as a whole, the abuse of that substance is reported to be stable or declining in most countries in Western Europe.

572. The Board notes the commitment of the Government of the Russian Federation to addressing the problems of drug abuse and trafficking. While the number of registered drug abusers is about 500,000, the total number of drug abusers in the Russian Federation is estimated to be as high as 6 million, or 4 per cent of the total population. About 2 million of the drug abusers are adolescents and people under the age of 24. However, as no systematic nationwide survey on drug abuse has been conducted in the Russian Federation, the reliability of those estimates is

uncertain. Persons who abuse drugs by injection continue to account for most cases involving HIV infection although the percentage of such persons among new cases of HIV infection is declining.

573. A number of countries in Europe continue to supply the world with MDMA. It is estimated that up to 80 per cent of the MDMA abused worldwide is illicitly manufactured in laboratories in European countries. MDMA from Europe is smuggled into Australia, Canada, Japan and South Africa. After a temporary decline, seizures of MDMA have been increasing again. The illicit manufacture of amphetamine also appears to be expanding, the main source of that substance being the Netherlands, followed by Poland and Belgium. The illicit manufacture and abuse of methamphetamine, on the other hand, continue to be limited throughout Europe.

574. The Board welcomes the adoption of Council of the European Union regulation No. 111/2005, laying down rules for the monitoring of trade between the European Community and third countries in drug precursors. The regulation, which entered into force in August 2005, strengthens control procedures for precursors.

Treaty adherence

575. Switzerland, which signed the 1988 Convention in November 1989, ratified that convention in September 2005. The Board urges the Holy See and Liechtenstein to become parties to the 1988 Convention.

576. Andorra remains the only State in Europe that is not a party to the 1961 Convention or the 1971 Convention. In September 2005, the Government of Andorra informed the Board that both conventions would be submitted to the forthcoming session of the parliament for approval.

Regional cooperation

577. In December 2004, the Council of the European Union endorsed the European Union Drugs Strategy for the period 2005-2012. The new strategy builds on the final evaluation of the European Union Drugs Strategy and Action Plan on Drugs for the period 2000-2004 and is complementary to national drug control strategies in the European Union. Confirming the European Union's integrated, multidisciplinary and

balanced approach to drugs, the strategy focuses on the reduction of illicit drug supply and demand, as well as on international cooperation and research, information and evaluation. It also emphasizes the importance of making optimal use of existing legal instruments and the need to ensure adequate consultation with a broad group of partners, including scientific centres and professionals, non-governmental organizations, local communities and other members of civil society. The eight-year strategy will provide the umbrella for two consecutive four-year European Union action plans on drugs. The strategy foresees annual progress reviews by the European Commission on the status of implementation of activities set out in the action plans, an impact assessment in 2008 (with a view to proposing a second plan of action for the period 2009-2012) and a final overall evaluation of the European Union Drugs Strategy and Action Plan on Drugs in 2012.

578. In June 2005, the Council of the European Union endorsed the European Union Action Plan on Drugs for the period 2005-2008. The Action Plan covers the four priority areas of the new strategy: demand reduction, supply reduction, international cooperation and research, information and evaluation. It lists specific measures to be implemented by the European Union and its member States by the end of 2008. Assessment tools and indicators, responsibility for implementation and deadlines are clearly indicated for each action.

579. The Board notes that the eighth European Conference on Drugs and Infections Prevention in Prison was held in Budapest from 7 to 9 July 2005. At the Conference, representatives of 41 countries, as well as WHO and the European Monitoring Centre for Drugs and Drug Addiction, exchanged practical and scientific knowledge and expertise on the prevention and treatment of drug dependence and infectious diseases in prisons. All participants agreed to continue to work together to respond to that challenge.

580. In July 2005, the Netherlands and the United States signed an agreement outlining areas for future collaboration in drug demand reduction. The agreement includes provisions on the exchange of information on drug abuse prevention programmes and the coordination of research, particularly on the health risks of cannabis with a high tetrahydrocannabinol (THC) content.

581. In May 2005, the Council of the European Union adopted a decision on the exchange of information, the assessment of risks and the control of new psychoactive substances, which allows the European Union to take steps regarding psychoactive substances that appear in States members of the European Union and that may pose health or social risks similar to those posed by substances already controlled under the international drug control treaties. In order to ensure that substances that could constitute public health and social problems are placed under international control, the Board calls on States members of the European Union, pursuant to their obligations under the 1961 Convention and the 1971 Convention, to notify the Secretary-General of the substances scheduled under the new procedure so that they may be placed under international control as soon as possible.

National legislation, policy and action

582. In November 2004, the Parliament of Romania adopted legislation to reduce the penalty for possessing or cultivating drugs for personal use, from a maximum of five years to 6-24 months in prison. Under the new law, persons arrested for possession of illicit drugs may be released if they agree to undergo treatment.

583. In April 2005, the Drugs Act 2005 entered into force in the United Kingdom. The Act gives new powers to drug law enforcement agencies to test arrested persons for cocaine and heroin and to make drug trafficking near schools or involving children as drug couriers an aggravating factor in sentencing. The Act also facilitates action against suspected "drug swallows"⁴⁷ by remanding them in custody for up to eight days.

584. In Ukraine, the Cabinet of Ministers has proposed amending the list of scheduled drugs to reclassify methadone as a prohibited substance, thus barring its use for therapeutic purposes. Pursuant to article 39 of the 1961 Convention, a Government may adopt stricter measures than those provided for in the Convention. Nevertheless, the Board notes that WHO included methadone in its Model List of Essential Medicines in June 2005.

585. The Board calls on the Parliament of Bosnia and Herzegovina to urgently adopt draft drug control legislation in order to facilitate action to address the situation with regard to drug and precursor trafficking in that country. The geographical location of Bosnia

and Herzegovina and the lack of adequate national legislation, a central control structure and trained personnel make that country an easy target for international criminal organizations.

586. In the Netherlands, a new regulation introduced in 2005 requires air passengers and aircraft arriving from South America and the Caribbean to be subject to thorough controls. As a result, more than 1 ton of cocaine has been seized, which underlines the importance of those routes to traffickers sending cocaine to Europe. The Board welcomes effective action taken in the Netherlands on that matter.

587. In September 2005, the Government of the Russian Federation adopted a national programme for the prevention of drug abuse and drug trafficking for the period 2005-2009, which is aimed at, inter alia, reducing significantly the extent and consequences of drug abuse by 2010. The Board urges the Government to ensure that sufficient funds are available to carry out the programme.

588. Several Governments of European countries are in the process of reviewing or evaluating their drug control strategies. In 2005, the Mid-term Review of the National Drugs Strategy 2001-2008 of Ireland was published. Portugal has been undertaking a comprehensive review of its drug control strategy for 1999 and action plan on drugs for the period 2001-2004, evaluating their consistency, efficiency and effectiveness. According to the European Monitoring Centre for Drugs and Drug Addiction, the Governments of the majority of European Union member States now evaluate implementation of their actions, and the Governments of some of those States (France, Ireland, Portugal and Spain) even evaluate the effectiveness of their policy regarding the drug problem. The Board calls on all Governments of all countries in Europe to make it a priority to evaluate national drug control strategies, programmes and action plans.

589. The Government of Spain has launched an action plan for the period 2005-2008 as part of the implementation of its national drug control strategy for the period 2000-2008. The action plan encompasses a number of measures to be completed in a set time frame. The measures incorporated in the action plan cover various areas of drug control such as international cooperation, the prevention of drug abuse,

the social reintegration of drug abusers and the provision of measures to control illicit drug supply.

590. The Board reiterates its position that drug injection rooms or other facilities, where persons may abuse drugs acquired illicitly, facilitate the illicit use of internationally controlled substances and violate the provisions of the international drug control treaties. Drug injection rooms contravene the major principle of the treaties, namely that the use of drugs should be limited to medical and scientific purposes. The Board therefore deeply regrets the opening of a drug injection room in Norway in January 2005 and urges the Government to take immediate and necessary steps to ensure full compliance with the international drug control treaties.

591. In the United Kingdom, the National Treatment Agency for Substance Misuse in England launched in June 2005 a new strategy to improve the effectiveness of drug abuse treatment for adults for the period 2005-2008. One of the objectives of the strategy is to ensure that, for persons voluntarily seeking drug abuse treatment, the waiting time for such treatment does not exceed three weeks; another objective is to ensure faster access for priority groups.

592. In the United Kingdom, Operation Crackdown, a three-month campaign by 33 police forces in England and Wales aimed at addressing the problem of drug trafficking, has led to the closure of 170 crack houses, as well as the seizure of 123 kg of cocaine, 3.4 kg of crack cocaine, 119.8 kg of heroin and 86,059 MDMA tablets.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

593. The cannabis plant continues to be cultivated in several European countries, in particular Albania and the Netherlands. In the Netherlands, the number of shops where cannabis seeds can be purchased increased to over 300 in 2004. The Government of the Netherlands estimates that the cannabis industry in that country consists of 1,200 retail businesses, employing about 4,600 people. While the total revenue of the cannabis industry in the Netherlands is not known, the annual turnover of outlets where cannabis is sold and used (so-called "coffee shops") is estimated by the Government to be between €211 million and

€283 million. The number of so-called "coffee shops" continued to decline, from 1,179 in 1997 to 737 in 2004. The Board encourages the Government of the Netherlands to pursue its policy towards the elimination of those outlets.

594. Morocco continues to be a major source of cannabis resin abused in Western and Central Europe; other major sources of that drug are Afghanistan and Pakistan, as well as countries in Central Asia. Cannabis resin from Albania can be found on the illicit markets of Greece and various countries in the Balkans. Large amounts of cannabis resin are smuggled through Portugal, as indicated by a single seizure in France of 4.7 tons of that drug arriving from Portugal.

595. The European School Survey Project on Alcohol and Other Drugs (ESPAD) found that the lifetime prevalence of cannabis among secondary school students 15-16 years old rose by an annual average of almost 25 per cent between 1999 and 2003. In the Czech Republic, for example, 44 per cent of students have abused cannabis or cannabis resin. A high prevalence rate for cannabis abuse has also been reported in France, Ireland, Switzerland and the United Kingdom. Other European countries in which more than one fourth of the school population has abused cannabis include Belgium, Germany, Italy, the Netherlands, Slovakia and Slovenia. The lowest level of cannabis abuse has been reported in Cyprus, Greece, Romania and Sweden. The countries with the highest prevalence rate for cannabis abuse in the previous month include the Czech Republic, France, Switzerland and the United Kingdom. A report on the health of Irish students,⁴⁸ containing the results of the College Lifestyle and Attitudinal National Survey, was published in April 2005. The Survey revealed that cannabis was the illicit drug most commonly used by students: 37 per cent of the students participating in the Survey stated that they had abused cannabis in the previous 12 months.

596. The Board encourages the Government of the Netherlands to develop and implement an action plan to discourage cannabis abuse, an initiative that the Government announced in an inter-ministerial policy paper on cannabis in 2004.⁴⁹ This is particularly important as research has shown that the concentration of THC in cannabis products from the Netherlands has increased significantly over the years, from an average of about 8 per cent in 1999 to 20.4 per cent in 2004.

597. The volume of cocaine seizures has increased, particularly in Western Europe. That is partly attributable to strengthened law enforcement measures in the Netherlands: the introduction of routine checks on flights from Latin America to the Netherlands resulted in the seizure of a total of 1,675 kg of cocaine and the arrest of 565 couriers. In addition, a total of 1,545 kg of cocaine that had been concealed in air freight was seized in the Netherlands. The total volume of cocaine seized in the Netherlands increased from 17.6 tons in 2003 to 21.4 tons in 2004.

598. Most of the cocaine that is smuggled into Europe enters the region through Spain or the Netherlands, though the use of other countries (notably countries with airports that are not so well controlled) as entry points has also increased in recent years. Exceptionally large individual seizures of cocaine were made in Portugal and Spain in 2005. The largest single seizure of cocaine in 2005, 5.4 tons, was made in Spain in cooperation with the Greek authorities. Another seizure of almost 5 tons was made south-east of the Canary Islands. In the United Kingdom, seizures of cocaine totalling 12 tons were made as a result of Operation Kingfish, a joint operation involving law enforcement agencies in Jamaica and the United Kingdom. In Switzerland, the total volume of cocaine seized almost doubled, from 188.6 kg in 2003 to 361.4 kg in 2004.

599. New trends in cocaine trafficking include the increasing importance of a trafficking route leading from the Andean subregion through Western Africa to Europe. That variation of the traditional trafficking route seems to be linked to better controls in the Netherlands and along the northern coast of Spain. Colombian trafficking groups are now shipping cocaine to Spain through the islands and countries off the coast of Mauritania and Senegal.

600. Increased seizures of cocaine in Europe reflect increased abuse of that drug, which is evident from the fact that more Europeans are seeking treatment for cocaine-related problems. In the Netherlands and Spain, cocaine is now the second most commonly reported drug in specialist treatment centres after heroin. Surveys show that the annual prevalence rate for cocaine abuse has risen among young persons in Denmark, Germany, Spain and the United Kingdom, as well as in some areas in Austria, Greece, Ireland and Italy.

601. In Europe, the illicit demand for heroin is estimated to be about 170 tons, about half of which is abused in Western and Central Europe. The bulk of the heroin entering Western Europe continues to be transported via the Balkan route to the Netherlands and from there, in smaller consignments, back to Germany and other Western European countries. Data analysed in 2004 indicate that there was an increase in the smuggling of heroin along the Balkan route, as well as through Italy. Most of the heroin continues to be smuggled in trucks. Analysis of seizures shows that the southern Balkan route (leading to Italy, via Greece, Albania or the former Yugoslav Republic of Macedonia) appears to be used as frequently as the northern Balkan route (via Turkey, Bulgaria, Romania, Hungary and Austria, in that order).

602. Most of the heroin is seized in the United Kingdom, Italy, Germany, the Netherlands, France and the Russian Federation (in that order). In the Russian Federation, 240 kg of heroin were seized in a single operation in July 2005. Russian officials have termed the flow of heroin entering their country a threat to national security. Most of the heroin seized in the Russian Federation originates in Afghanistan.

603. According to UNODC, in Europe the annual prevalence for the abuse of opiates is 0.8 per cent. In individual countries in Eastern Europe, the annual prevalence rate for the abuse of opiates is higher than the average for Europe as a whole; for example, in Estonia the rate is 1.2 per cent and in Latvia, 1.7 per cent. In the Russian Federation, the number is estimated to be about 1 million. The number of heroin abusers in Western and Central Europe is estimated at 1.5 million, or 0.5 per cent of the population aged 15-64. Italy and the United Kingdom continue to report a high level of heroin abuse.

604. In January 2005, there were 308,000 officially registered HIV/AIDS cases in the Russian Federation, an increase of 10 per cent over the figure of the previous year. (In 1999, only 10,000 cases of HIV infection were reported.) Drug abusers account for about 56 per cent of new HIV cases registered in 2004.

605. The number of drug-related deaths appears to be declining in many European countries. According to the European Monitoring Centre for Drugs and Drug Addiction, drug-related deaths in Europe decreased from 8,838 in 2000 to 8,306 in 2001, representing a small but significant decline (6 per cent). According to

an annual report of the Ministry of Health of Germany, in 2004, the number of drug-related deaths in that country was at the lowest level since 1989. Similarly, in 2004, there were 1,372 drug-related deaths in the United Kingdom, the lowest level since 1997.

Psychotropic substances

606. Europe remains the main source of MDMA abused in that region, as well as in the Americas and Asia. Most of the MDMA consignments seized by European drug law enforcement agencies is believed to originate in the Netherlands. German law enforcement authorities have reported that an increasing number of MDMA consignments are being intercepted on their way to countries in Southern and South-Eastern Europe.

607. European countries account for a third of global MDMA abuse. The recently published results of ESPAD indicate that MDMA is the second most commonly abused drug in Europe after cannabis. A report on the health of Irish students,⁵⁰ containing the results of the College Lifestyle and Attitudinal National Survey, revealed that MDMA was the second most commonly abused illicit drug among students in that country; it was followed by cocaine, "magic mushrooms" (psilocybin) and amphetamines.

608. The main sources of the amphetamine found on the illicit markets in Europe are located in the region itself (Belgium, the Netherlands and Poland). In addition Bulgaria, Estonia and Lithuania also play an important role in the illicit manufacture of amphetamine. Although there is significant illicit manufacture of amphetamine in Bulgaria, it is not mentioned as a source country for the amphetamine seized in Western Europe, which indicates that the finished product is smuggled into countries outside of Europe. The precursor P-2-P, which is used for the manufacture of amphetamine, is being clandestinely manufactured in the Russian Federation and Ukraine; there are also some indications of the illicit manufacture of amphetamine in Lithuania and Poland.

609. According to ESPAD, the countries in Europe with the highest percentage of students that have abused amphetamines (5-7 per cent each) are Estonia, Germany, Iceland, Lithuania and Poland. In 13 other countries, no more than 1 per cent of students reported that they had abused amphetamines.

610. The illicit manufacture of methamphetamine in Europe continues to be limited to the Czech Republic and some of the Baltic States. In Germany, about 8 kg of crystal methamphetamine were seized in the area along that country's border with the Czech Republic.

611. While there has always been illicit demand for buprenorphine in those countries where there is licit demand for the substance (which is primarily used in drug substitution treatment), it appears that buprenorphine is being smuggled across borders in Europe. Preparations containing buprenorphine are being smuggled into Finland, mainly out of France. In 2005, Estonia emerged as a significant source of the buprenorphine preparations found on illicit markets in Finland. In Estonia, such preparations can be easily obtained in pharmacies with prescriptions. Finnish drug law enforcement authorities seize more than 30,000 tablets containing buprenorphine every year.

612. In Europe, the country in which tranquilizers or sedatives are most commonly abused is Poland (17 per cent), followed by Lithuania, France and the Czech Republic. The lowest prevalence rate for the abuse of such substances is in Austria, Bulgaria, Germany, Ireland, Ukraine and the United Kingdom (2 per cent each).

Missions

613. A meeting of the President of the Board, with the Secretary of the Board and the High Representative for the Implementation of the Peace Agreement on Bosnia and Herzegovina was held in August 2005. The High Representative expressed concern over current national drug control legislation and administrative mechanisms, which have turned the country into a safe haven for traffickers of illicit drugs and precursors. Outdated and fragmented legislation that is not applicable throughout the entire territory of Bosnia and Herzegovina and outdated lists of internationally controlled substances, as well as the lack of central administrative and control bodies, are some of the factors that have prevented effective action by the authorities. As a result, most of the narcotic drugs produced in or smuggled out of Bosnia and Herzegovina are able to make their way into Western Europe. Moreover, drug abuse is becoming a serious problem in Bosnia and Herzegovina itself. The Board welcomes the fact that the draft Law on the Prevention and Suppression of Narcotics Drugs, which will bring

national drug control legislation up to date and close gaps between the drug control laws of the entities of Republika Srpska and the Federation of Bosnia and Herzegovina, was approved by the constitutional committees of both houses of Parliament in September 2005. The Board urges the Parliament to adopt the draft law as soon as possible. The Board commends the High Representative for his commitment to achieving the aims of the international drug control treaties, to which Bosnia and Herzegovina is a party.

614. In June 2005, a mission of the Board visited Bulgaria. The Board notes that the Government of Bulgaria has the political commitment and the will to deal with drug abuse, drug trafficking and organized crime. Drug control policies, national drug control legislation and the institutional framework to carry out those policies and implement that legislation are well developed. The National Anti-Drug Strategy of the Republic of Bulgaria 2003-2008 is implemented on the basis of an action plan that links the Strategy to other key national reforms and strategies relevant to measures to reduce illicit drug supply and demand. Cooperation between drug regulatory authorities, police and customs is well established. However, the institutional framework is compromised by corruption. The Government of Bulgaria will therefore need to intensify its efforts to detect and counteract corruption among government officials at all levels.

615. In Bulgaria, the annual prevalence rate for drug abuse is still lower than in most other European countries. Nevertheless, the high percentage of persons who abuse drugs by injection among both heroin abusers and amphetamine abusers is a cause for serious concern. The Board advises the Government of Bulgaria to focus its drug abuse prevention activities on both of those worrying trends and to devote increasing attention to the growing abuse of synthetic drugs by injection.

616. In order to address the problem of large-scale smuggling of counterfeit Captagon tablets from illicit laboratories in Bulgaria into countries on the Arabian peninsula, the Board urges the Government of Bulgaria to initiate, together with other countries concerned and with the support of Interpol, a multilateral operation to investigate trafficking in counterfeit Captagon tablets, with a view to dismantling the international criminal groups involved.

617. The Board sent a mission to the Russian Federation in May 2005 to review the drug control situation and the progress made by the Government following its mission to that country in 2000. The Board welcomes the fact that the Government continues to be strongly committed to addressing all aspects of the drug problem. The Board encourages the Government to provide additional resources for drug control and to constantly evaluate the effectiveness of the use of those resources. The Board notes with satisfaction that the creation of the Federal Drug Control Service has led to the strengthening of the institutional network for drug control in the Russian Federation. The Board encourages the Government to further improve coordination and cooperation among the drug control bodies and urges the Government to ensure the effective flow of information between them.

618. The Board notes with concern the large extent of drug abuse in the Russian Federation. The Board requests the Government to facilitate the systematic collection and analysis of epidemiological data on drug abuse and to ensure the availability and quality of drug dependence treatment. The Board encourages the Government to ensure adequate coordination and cooperation between the services providing treatment for drug addicts and HIV/AIDS services. The Board urges the Government to provide adequate human resources and equipment to customs authorities and border guards to prevent drug smuggling. The Government should adopt effective measures to facilitate the confiscation of proceeds from drug-related crime.

619. The Board welcomes the continuous attention given by the Russian authorities to the control of precursors and encourages the Government to examine the present mechanism for their control with a view to further increasing its effectiveness. The Board urges the Government to strengthen cooperation among the various departments involved in the preparation of statistical reports for submission to the Board. The Government should promote the rational use of narcotic drugs and psychotropic substances for medical treatment, including the use of opioids for the treatment of pain.

E. Oceania

Major developments

620. The illicit cultivation and abuse of cannabis continue to be serious problems in most countries in Oceania, including Australia, Fiji, Micronesia (Federated States of), New Zealand, Papua New Guinea and Samoa.

621. The illicit manufacture of amphetamine-type stimulants also continues to be a problem in Oceania. Australia and New Zealand have continued to detect and dismantle large numbers of clandestine laboratories. There is some evidence that clandestine laboratories are increasingly being used for the illicit manufacture of both methamphetamine and MDMA (Ecstasy), especially in Australia.

622. There are indications that Oceania may be emerging as a transit area for consignments of "crystal" methamphetamine (commonly called "ice"); the abuse of that drug may also be increased in the region. Both Australia and New Zealand have reported a substantial increase in seizures of crystalline methamphetamine, mainly from China.

623. Trafficking in and abuse of MDMA (Ecstasy) are becoming significant problems in countries in Oceania, in particular in Australia and New Zealand. In Australia, information gathered in an investigation of an attempt to smuggle a large amount of MDMA from Europe to Oceania indicates that the free flow of goods within the expanded European Union may present traffickers with new opportunities.

Treaty adherence

624. The Board continues to be concerned that the rate of accession to the international drug control treaties is lower in Oceania than in all the other regions of the world. Of the 15 States in Oceania, only Australia, Fiji, Micronesia (Federated States of), New Zealand and Tonga are parties to all three of the treaties.

625. The Board welcomes the accession of Samoa to the 1988 Convention and encourages it to accede to the 1961 Convention and the 1971 Convention without delay. The Board also welcomes the accession of the Federated States of Micronesia to the 1988 Convention; that State is now a party to each of the three international drug control treaties.

626. The Cook Islands, Kiribati, Nauru, Niue, Tuvalu and Vanuatu are not parties to any of the international drug control treaties. The Solomon Islands is a party only to the 1961 Convention, while the Marshall Islands, Palau and Papua New Guinea are parties to both the 1961 Convention and the 1971 Convention.

Regional cooperation

627. The Pacific Islands Forum continued to play a central role in promoting regional cooperation. At its annual meeting held in Auckland, New Zealand, in June 2005 the Regional Security Committee of the Pacific Islands Forum discussed various security issues, including the need to strengthen legislation to prevent illicit drug manufacture and trafficking. In Suva and Nadi, Fiji, in January 2005, the Forum hosted a seminar on terrorism, transnational crime and border security threats for frontline operational staff from customs, immigration and police officers from countries in Oceania.

628. Police, customs and other law enforcement officials from 15 countries and organizations in Oceania attended the South Pacific Defence and Security Seminar in Trentham, New Zealand, in March 2005. The officials discussed various regional issues, including drug-related transnational crime.

629. Oceania continued to benefit from the support of key regional agencies such as the Oceania Customs Organization and South Pacific Chiefs of Police Conference.

630. In 2004, the Australian and New Zealand police assisted the police and customs of Fiji in an operation that resulted in the dismantling of a clandestine laboratory used for the illicit manufacture of crystalline methamphetamine. The raid resulted in the seizure of large amounts of drugs and precursor chemicals, as well as the arrest of six suspects associated with an organized criminal group operating throughout South-East Asia.

National legislation, policy and action

631. New Zealand strengthened its precursor control legislation by passing the Misuse of Drugs Amendment Bill in June 2005. Under the new Bill, sanctions for existing offences related to the possession and supply of precursors were increased. Moreover, a new offence was added, making persons who import precursor chemicals "without reasonable excuse" liable for a

maximum penalty of one year in prison. An additional amendment of the new Bill enables law enforcement officers to carry out controlled deliveries in cases involving precursors. In addition, New Zealand has spent US\$ 19 million on non-invasive inspection equipment, including mobile container inspection trucks, fixed site cargo inspection units and a “backscatter van”, which can scan moving vehicles.

632. In 2005, New Zealand launched its Illicit Drug Monitoring System, a database containing information on drug abuse, illicit drug manufacture and drug trafficking that is to act as an early warning system for policymakers. Information collected during 2005 will be compared with data for 2006 and 2007. In addition, New Zealand announced that, in 2005, it would be testing a pilot version of its Arrestee Drug Abuse Monitoring programme, an international monitoring programme, the objective of which is to measure drug abuse among individuals who have recently been arrested.

633. The Board is pleased to note that the Cook Islands and Nauru have been removed from the list of countries and territories considered by the Financial Action Task Force on Money Laundering to be “non-cooperative” in efforts to counter money-laundering. The United States provided financial assistance to the Pacific Islands Forum secretariat to support activities to combat money-laundering in Oceania.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

634. The illicit cultivation and abuse of cannabis continue to be prevalent in most countries in Oceania, including Australia, Fiji, Micronesia (Federated States of), New Zealand, Papua New Guinea and Samoa. Cannabis originating in Papua New Guinea has been seized in Australia and New Zealand. New Zealand has reported a new form of cannabis resin commonly called “ice hash”, which is manufactured from cannabis buds and smoked in pipes. Cannabis is often abused in combination with other drugs. In New Zealand, the majority of cannabis abusers are between 15 and 24 years old. Cannabis continues to be the drug of choice among drug abusers throughout the region, due to its availability and low price.

635. Both Australia and New Zealand reported increased seizures of cocaine. Australia reported having seized a larger volume of cocaine along its borders in 2004 than in 2003; the bulk of that increase was attributed to a single seizure of 100 kg of cocaine in August 2004. It appears that New Zealand is increasingly being used as a major transit area for illicit drugs destined for Australia and the United States. In New Zealand, over 18 kg of cocaine were seized in 2004, compared with only 7 kg in the previous year. Follow-up investigations indicate that most of the cocaine seized in New Zealand originated in Brazil or Chile and was destined for Australia.

636. In Australia, authorities continued to seize heroin in small quantities. In 2004, the number of heroin detections increased, while there was a decline in the total amount of heroin seized. In April 2004, the Board was informed of the seizure by Australian law enforcement officials of an ocean freighter registered in the Democratic People’s Republic of Korea. The Australian Federal Police arrested eight suspects on charges of aiding and abetting the importation of 150 kg of heroin into Australia.

Psychotropic substances

637. Amphetamine-type stimulants continue to be illicitly manufactured in Oceania. In Australia, the authorities dismantled 358 clandestine laboratories during the period 2003-2004; the majority of those laboratories (221) had been used for the illicit manufacture of methamphetamine. In 2004, authorities in New Zealand dismantled 182 clandestine laboratories used for the illicit manufacture of methamphetamine; although that figure is slightly less than the figure for 2003 (202), it is still high compared with the figure for previous years.

638. Australia made one of its largest seizures of crystalline methamphetamine in October 2004, when a consignment of 125 kg of that substance originating in China was seized. In New Zealand, while less than 1 kg of crystalline methamphetamine was seized in 2003, over 17 kg were seized in 2004 and 9.5 kg were seized already in the first half of 2005. Most of the seized crystalline methamphetamine originated either in China or Malaysia. In June 2004, six suspects were arrested and 5 kg of crystalline methamphetamine and 700 litres of liquid methamphetamine and a large amount of precursor chemicals were seized.

639. In New Zealand, seizures of ephedrine and pseudoephedrine, precursor chemicals frequently used in the illicit manufacture of methamphetamine, continued to increase. Over 1.8 million capsules of ephedrine and pseudoephedrine were seized in 2004. Due to tightened controls over ephedrine and pseudoephedrine, there are indications that traffickers are finding it more difficult to procure those substances locally and are attempting to smuggle them instead. Furthermore, during November 2004, a large number of pseudoephedrine tablets were seized in a post office in New Zealand, which may signify that traffickers have turned to using the postal system to smuggle such precursors.

640. Australia and New Zealand continued to seize substantial quantities of MDMA (Ecstasy), in line with a worldwide increase in seizures of MDMA and other hallucinogens in 2004. In April 2005, Australia arrested four suspects in connection with the attempted smuggling of over 1 ton of MDMA tablets (worth an estimated US\$ 191 million) hidden in a shipping container of tiles from Italy. Australia reported a significant increase in seizures of MDMA in 2004. It seized over 800 kg of MDMA, which purportedly originated in Poland, in air cargo from Germany. Over 45,000 tablets of MDMA were seized in New Zealand in 2004. The majority of the seized MDMA originated in China, in particular in the Hong Kong SAR of China. The amount of MDMA seized in New Zealand in 2004 fell compared with the figure for the previous year; authorities attribute the decline to several factors, including the use of more elaborate trafficking and concealment methods. Australia reported the lifetime prevalence rate for the abuse of MDMA was higher than the rate for all other drugs except cannabis and methamphetamine.

641. Seizures of ketamine, GHB and GBL are also increasing in New Zealand. For example, while small amounts of GBL were seized in previous years, 43 litres of GBL were seized in 2004.

Substances not under international control

642. Increased seizures of khat (*Catha edulis*) were reported in New Zealand. Over 27 kg of khat was seized in 2004. The majority of the khat originated in Ethiopia and was sent through the international mail centre.

IV. Recommendations to Governments, the United Nations and other relevant international and regional organizations

643. The Board examines, on an ongoing basis, the functioning of the international drug control regime, identifies shortcomings in the implementation, by Governments, of the three main international drug control treaties, and formulates recommendations for further action addressed to national drug control agencies and relevant international and regional organizations. Those recommendations, which are aimed at assisting Governments in fully complying with their treaty obligations and at further developing the international drug control regime, are included every year in the annual report of the Board, for dissemination to all Governments.

644. For its report for 2005, the Board has decided to select some of the key recommendations and proposals for further action and to highlight them in the present new chapter. The Board believes that this will assist Governments, relevant United Nations organizations and other international and regional organizations responsible for drug control issues in focusing their attention on the main recommendations and, at the same time, facilitating the implementation of the recommendations by all those concerned.

A. Recommendations to Governments

645. The recommendations to Governments are grouped according to the following subject areas: treaty adherence; treaty implementation and control measures; prevention of diversion and abuse; availability and rational use of narcotic drugs and psychotropic substances for medical treatment; and the Internet and smuggling by mail.

Treaty adherence

646. The 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention form the basis of the international drug control system. The accession of all States to those treaties is a fundamental prerequisite for effective drug control worldwide.

Recommendation 1: The Board urges States that are not yet parties to any of the international drug control treaties to take prompt action to accede to them without further delay.

Treaty implementation and control measures

647. Universal treaty adherence will, however, not be sufficient without effective and universal implementation of all the provisions of the three main international drug control treaties and the application of the necessary control measures by all Governments.

Recommendation 2: Provision of mandatory information to the Board is one of the key elements of the international drug control mechanism. The Board urges all Governments to furnish in a timely manner all statistical reports required under the three international drug control treaties.

Recommendation 3: The system of control measures laid down in the 1961 Convention provides effective protection against attempts at the diversion of narcotic drugs from international trade into illicit channels. The Board requests all Governments to implement fully the system of estimates and export authorizations and to ensure that no exports of narcotic drugs are authorized from their countries in excess of the corresponding total of the estimates of the respective importing country.

Recommendation 4: Strict restrictions are in place for the trade in and use of psychotropic substances in Schedule I of the 1971 Convention. The Board reminds all Governments of those restrictions and requests them to remain vigilant and ensure that those restrictions are observed by industry and authorized traders.

Recommendation 5: The Board wishes to emphasize the importance of ensuring the availability of essential narcotic drugs, including opioid analgesics, and psychotropic substances in emergency situations, such as natural disasters and other types of emergencies. The Board

requests Governments to apply, if appropriate, the simplified export-import control procedures to ensure the proper provision of essential narcotic drugs and psychotropic substances in disaster-stricken areas, in accordance with the model guidelines for the international provision of controlled medicines for emergency medical care, developed jointly by WHO and the Board for such emergency situations.

Recommendation 6: As an increasing number of countries and territories are already in a position to provide information on imports, exports and licit uses of precursors of amphetamine-type stimulants, in particular ephedrine and pseudoephedrine, the Board encourages Governments to monitor and report on trade in precursors of amphetamine-type stimulants.

Prevention of diversion and abuse

648. One of the fundamental objectives of the international drug control treaties is to limit the use of controlled substances to legitimate purposes and to prevent their diversion into illicit channels and abuse.

Recommendation 7: As attempts to divert, by using falsified import authorizations, substances in Schedules III and IV of the 1971 Convention from international trade have continued, the Board requests all Governments to be vigilant with respect to orders for psychotropic substances and, if necessary, to confirm with the Governments of importing countries the legitimacy of such orders prior to approving the export of such substances.

Recommendation 8: The diversion of pharmaceutical preparations containing narcotic drugs and psychotropic substances from domestic distribution channels and their abuse represent problems in many countries. The Board urges Governments to collect on a regular basis information on the extent of the diversion and abuse of pharmaceutical preparations containing controlled substances, with a view to developing countermeasures, where appropriate.

Recommendation 9: For some narcotic drugs and psychotropic substances, the risk of diversion may be increased when they become

available in large single dosages, for example, in controlled-release preparations. The Board recommends that Governments, in cooperation with the pharmaceutical industry and health professionals, should monitor carefully cases involving the diversion and abuse of controlled substances available in controlled-release preparations and to take action against such diversion and abuse.

Recommendation 10: Cases involving the diversion and abuse of opioids, such as methadone and buprenorphine, when prescribed for substitution treatment, have been identified in many countries. The Board requests the Governments of countries where opioids are used for substitution treatment to take measures to prevent their diversion into illicit channels, such as supervised consumption, short dispensing intervals and central registration of all opioids prescribed for medical use.

Recommendation 11: Noting information from some countries on the increasing trafficking in and abuse of GHB, a sedative-hypnotic added to Schedule IV of the 1971 Convention in 2001, the Board calls upon the Governments of all countries concerned to increase their vigilance as regards the diversion, illicit manufacture and abuse of and trafficking in GHB and to inform the Board of developments in that area. The Board strongly encourages Governments to consider developing appropriate drug abuse prevention programmes that provide information on the consequences of GHB abuse.

Recommendation 12: To prevent traffickers from obtaining the precursor chemicals required for the illicit manufacture of amphetamine-type stimulants, the Board encourages Governments to estimate their licit requirements for the relevant precursors and to submit those data to the Board.

Recommendation 13: Furthermore, to prevent the diversion of precursors required for the illicit manufacture of amphetamine-type stimulants, the Board reiterates its recommendation to Governments:

(a) To control pharmaceutical preparations containing scheduled substances in

the same way as the scheduled substances they contain;

(b) To provide pre-export notifications for exports of ephedrine and pseudoephedrine, including the pharmaceutical preparations containing those substances, to the authorities of importing countries;

(c) To take measures, as appropriate, to regulate the availability of ephedrine and pseudoephedrine for medical purposes by improving the monitoring and control of domestic distribution channels, where necessary.

Recommendation 14: The system of assessment of annual requirements for psychotropic substances is essential for the identification of diversion attempts. The Board reiterates its request to all Governments that have not yet done so to establish a mechanism to ensure that their assessments are in line with their actual legitimate needs and that no imports exceeding the assessments are authorized.

Recommendation 15: The introduction by the majority of countries of the system of import and export authorizations for substances in Schedules III and IV of the 1971 Convention has significantly reduced the diversion of those substances from international trade. The Board requests the Governments of all countries that do not yet control the import and export of all psychotropic substances by the system of import and export authorizations to introduce such controls.

Availability and rational use of narcotic drugs and psychotropic substances for medical treatment

649. Another objective of the international drug control treaties is to ensure the availability of narcotic drugs and psychotropic substances for medical treatment and to promote the rational use of controlled drugs.

Recommendation 16: To ensure appropriate medical use and availability of controlled substances, the Board requests all Governments to promote the rational use of narcotic drugs and psychotropic substances for medical treatment, including the use of opioids for the treatment of

pain, in accordance with the pertinent recommendations of WHO. The Governments should include the topic of rational use of narcotic drugs and psychotropic substances, including substance misuse and abuse, in the curricula of the relevant faculties of health-care professions, such as doctors, pharmacists and nurses, and, as appropriate, in the curricula of the faculties of law and social and behavioural sciences.

Recommendation 17: Illicit demand for pharmaceuticals containing psychotropic substances, particularly amphetamine-type stimulants and benzodiazepines, is growing. The Board calls on Governments to monitor consumption levels of prescription drugs containing psychotropic substances and to raise awareness about the consequences of the abuse of such drugs.

Recommendation 18: The Board calls to the attention of Governments the problem of inappropriate promotion of medicines containing controlled substances, in particular through Internet pharmacies, and requests Governments to ensure that these medicines are prescribed and dispensed in accordance with sound medical practice.

Recommendation 19: The availability of controlled substances in unregulated markets, particularly in Africa, and the circulation of counterfeit medicines in many countries create a number of problems, including the abuse and inappropriate use of drugs, and undermine public confidence in health services and in drug control and law enforcement regimes. The Board calls upon all the Governments concerned to take remedial action by strengthening mechanisms for the monitoring and control of licit narcotic drugs and psychotropic substances, including licensing systems, record-keeping, inspections and sanctions.

Recommendation 20: The Board also urges the Governments concerned to assess their real needs for controlled drugs, as well as constraints that contribute to those drugs not being available in sufficient quantities for medical purposes. WHO and international and bilateral donors would then be in a better position to assist the

countries concerned in implementing their strategies for the rational use of controlled substances.

The Internet and smuggling by mail

650. The Board notes that internationally controlled substances, including the most strictly controlled substances, are increasingly being illegally sold by Internet pharmacies. Furthermore, the smuggling of drugs by mail has become a major problem for drug law enforcement agencies. Appropriate action is therefore required to counteract such activities.

Recommendation 21: Smuggling of drugs by mail has become an important means of supplying illicit markets. The Board requests all Governments that have not yet done so to take the necessary measures to ensure that regular and thorough searches of the mail for illicit drug consignments become a routine law enforcement procedure on their territory.

Recommendation 22: The Board encourages Governments to enact legislation that allows the control and screening of all routes of international mail into and out of the country, including the private premises of international mail courier companies. Such control measures could include:

- (a) Cooperative arrangements between the various national authorities responsible for the processing and screening of international mail and privately owned companies;
- (b) Limiting the number of entry points for parcels;
- (c) Provision of adequate training for staff;
- (d) Provision of the required technical aids for drug identification;
- (e) Development of intelligence or information centres by the law enforcement services to support their front-line drug law enforcement operations.

Recommendation 23: The Board notes the initiatives undertaken by the authorities of several countries against the illicit sale of internationally controlled substances by illegally

operating Internet pharmacies, such as cooperation with international organizations, authorities of other countries, Internet service providers and service industries. The Board encourages the countries and relevant international organizations concerned to actively participate in such activities or to initiate such joint efforts, if required.

Recommendation 24: Noting that the authorities of some countries have issued or are in the process of issuing guidelines and legislation on prescription practices of Internet pharmacies, the Board requests the Governments of countries that have adopted such guidelines and/or legislation to provide the Board with the relevant information.

Recommendation 25: As authorities often encounter difficulties in finding partners in other countries with whom to cooperate in ongoing investigations of illegally operating Internet pharmacies, the Board appeals to the Governments of all countries to provide all necessary cooperation and support to investigative efforts and to initiate criminal procedures against offenders.

Recommendation 26: In an attempt to strengthen international cooperation to counteract illegally operating Internet pharmacies, the Board requested all Governments to identify focal points for all activities related to such Internet pharmacies and to provide to it details of legislation and regulations related to Internet services and sites. The Board calls on those Governments which have not yet provided that information to do so without delay, so that requests for support can be appropriately dealt with and international collaborative efforts will not be hindered.

Recommendation 27: The Board calls on Governments to introduce further measures to counteract illegally operating Internet pharmacies including:

- (a) To undertake efforts to increase the awareness of law enforcement, regulatory and drug control authorities regarding the need to counteract the activities of illegally operating Internet pharmacies;

(b) To undertake awareness-raising campaigns to alert the public to the potential dangers of such pharmacies;

(c) To ensure that legislation, as well as the application of laws and sanctioning by courts, deals adequately with the diversion of pharmaceuticals in general and the illegal operations of Internet pharmacies in particular.

Recommendation 28: In view of recent cases of importation of narcotic drugs and psychotropic substances by using couriers and through the mail without the required authorization documents, the Board requests Governments to be aware that such practices may also occur on their territory and to take measures against such importations.

B. Recommendations to the United Nations Office on Drugs and Crime

651. In the implementation of their treaty-based obligations, States may require operational support from the United Nations and other relevant organizations. Therefore, as UNODC is the primary United Nations entity responsible for the provision of technical assistance in drug control issues, as well as coordination of such assistance provided by Governments and other organizations, the recommendations below are addressed to UNODC for appropriate action.

Recommendation 29: In view of the low level of accession to the international drug control treaties by States in Oceania and the problems those States have in reporting to the Board and UNODC, the Board reiterates its requests to UNODC to stimulate the accession of those States to the international drug control treaties and to assist them in establishing the necessary capacity to fulfil their reporting obligations, as required by the treaties.

Recommendation 30: Noting the persistent need for training of national drug control administrators in the administration of narcotic drugs, psychotropic substances and precursor chemicals in many countries, the Board wishes to draw the attention of UNODC to these needs and requests it to look into ways to facilitate such

training activities on an ongoing basis, for instance, by establishing a specific training unit within UNODC.

Recommendation 31: Noting in Afghanistan the increasing problem of the abuse of drugs including not only opiates but also prescription drugs smuggled into the country in the absence of adequate control mechanisms, the Board urges UNODC to continue providing assistance to the Government in that area, in order to ensure the full compliance of Afghanistan with the international drug control treaties.

Recommendation 32: The Board urges UNODC to allocate the necessary funds to ensure speedy implementation of the overall training programme for Afghanistan on licit activities related to narcotic drugs, psychotropic substances and precursors, which was developed by the Board in cooperation with UNODC, to increase the Government's capacity to implement the provisions of the international drug control treaties.

Recommendation 33: Welcoming the commitment of the Government of Iraq to fight illicit drug trafficking and other criminal activities and noting the efforts of the Iraqi authorities to develop a national drug control plan, the Board requests UNODC to provide assistance to the Government in that area.

Recommendation 34: Concerned about the continuing diversion of pharmaceutical preparations containing internationally controlled substances, the Board encourages UNODC to assist the Governments concerned in monitoring trends and preventing the diversion and abuse of such preparations.

Recommendation 35: In order to allow proper identification of trends in the diversion and abuse of psychotropic substances, the Board recommends that UNODC should use a more specific classification system for collecting reports on seizures of psychotropic substances. The Board is ready to provide support in the identification of an appropriate classification system.

Recommendation 36: Noting information on the increasing trafficking in and abuse of

GHB, a sedative-hypnotic added to Schedule IV of the 1971 Convention in 2001, the Board requests UNODC to include, in its drug abuse prevention programmes, the prevention of GHB abuse. (The same request is addressed to WHO in recommendation 50 below.)

Recommendation 37: The Board believes that measures to alleviate poverty, accompanied by sustained law enforcement efforts to prevent the re-emergence of illicit crop cultivation, are essential to the achievement of a lasting reduction in the production of narcotic drugs and recommends that UNODC should guide Governments on adopting a balanced approach in this regard.

Recommendation 38: In several countries, the levels of consumption of opioid analgesics are low. The Board requests UNODC to facilitate the preparation by WHO of a technical study to assess the medical needs of populations for opioids.

Recommendation 39: The Board believes that the UNODC African project to counter the smuggling of drugs by mail has been a good initiative. The Board recommends that UNODC should resume the project targeting African countries and extend the project to other regions and share its experiences with interested parties.

Recommendation 40: Noting that the southern Caucasus is emerging as an important transit area for drug trafficking and in view of a significant increase in drug abuse in that subregion, the Board wishes to draw the attention of UNODC to those negative developments and urges it to take active measures to assist the Governments of countries in that subregion in improving their national drug control systems, subregional cooperation and border control.

Recommendation 41: Misuse of the mail or illegal use of the Internet have become important means of obtaining drugs to supply illicit markets. The Board calls on UNODC to address the problems of illegally operating Internet pharmacies and the smuggling of controlled drugs by mail and to share its experiences with the Board.

Recommendation 42: In many countries in Africa, there is a lack of adequate precursor control legislation and monitoring, and mechanisms for the control of precursor chemicals are insufficient. As a consequence, drug traffickers are increasingly targeting countries in Africa in an attempt to divert the chemicals they require for illicit drug manufacture. The Board calls upon UNODC to offer technical assistance, including training, to the African countries at risk of such diversion.

C. Recommendations to the World Health Organization

652. The treaty-based function of WHO in the international drug control system is to provide recommendations, based on scientific assessments, regarding changes in the scope of control of narcotic drugs under the 1961 Convention and the scope of control of psychotropic substances under the 1971 Convention. Furthermore, WHO plays a key role in supporting the rational use of narcotic drugs and psychotropic substances worldwide and in giving guidance on the provision of adequate treatment for drug addicts.

Recommendation 43: Buprenorphine, a potent opioid included in Schedule III of the 1971 Convention, continues to be diverted from domestic distribution channels in several countries. The Board reiterates its request to WHO to examine information on the misuse and diversion of buprenorphine when reviewing the control status of the substance and to consider reviewing the control status of other mixed agonist-antagonist opioid analgesics.

Recommendation 44: Noting the widespread abuse of ketamine in many countries, the Board urges WHO to expedite the review of this substance to determine whether it should be recommended to be placed under international control.

Recommendation 45: The Board notes with concern the abuse of khat (*Catha edulis*), which is currently not under international control, in countries in Eastern Africa and elsewhere. The Board calls upon WHO to expedite the review of this substance to determine whether it should be

recommended to be placed under international control.

Recommendation 46: In view of difficulties experienced by several Governments in assessing their medical needs of populations for opioids, the Board calls upon WHO to prepare a technical study on the medical needs for opioids in order to facilitate the identification by Governments of appropriate quantities of opioids required for medical purposes.

Recommendation 47: With respect to the availability and use of narcotic drugs for the treatment of pain, the Board recommends that WHO systematically collect and analyse information on the different treatment methods used in countries worldwide.

Recommendation 48: Pursuant to Economic and Social Council resolution 2005/25 and the World Health Assembly resolution WHA 58.22, the Board calls upon WHO to examine the feasibility of a possible assistance mechanism that would facilitate the adequate treatment of pain using opioid analgesics. The Board stands ready to support WHO in responding to this request.

Recommendation 49: The Board requests WHO to continue to draw the attention of Governments to the risks of abuse or misuse of particular groups of psychotropic substances, such as benzodiazepines and stimulants used as anorectics, and to provide practical guidelines to States on the rational use of those substances.

Recommendation 50: Noting information on the increasing trafficking in and abuse of GHB, a sedative-hypnotic added to Schedule IV of the 1971 Convention in 2001, the Board requests WHO to include, in its drug abuse prevention programmes, the prevention of GHB abuse. (The same request is addressed to UNODC in recommendation 36 above.)

D. Recommendations to other relevant international and regional organizations

653. 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, UNDP, UPU, the World Customs Organization and the European Commission.

Recommendation 51: The Board welcomes the participation of Interpol, the World Customs Organization and the European Commission as members of the task force of the newly established Project Cohesion (Operation Purple and Operation Topaz combined) and recommends that those organizations continue to actively support activities under that important initiative.

Recommendation 52: Noting operational activities undertaken by Interpol and the World Customs Organization, such as Project Novak and Operation Tamerlane, respectively, which target heroin trafficking from South-West Asia and Central Asia, the Board recommends that those organizations, in their function as task force members of Project Cohesion and Project Prism, consider including activities against precursor trafficking in those and similar projects.

Recommendation 53: In view of the increasing use of the mail for smuggling controlled substances, the Board recommends that Interpol and the World Customs Organization develop standard procedures for conducting investigations into seizures of controlled substances smuggled by mail, including the collection of information required for further investigation and analysis. The African mail project, initiated by the UPU and UNODC with the support of Interpol and the World Customs

Organization, provides examples of best practices in the area and demonstrates how such activities can be carried out in a coordinated manner. The Board encourages the international organizations concerned to continue developing and participating in similar projects in the future.

Recommendation 54: In order to obtain a more comprehensive picture of the situation regarding seizures of psychotropic substances, the World Customs Organization, in its annual report entitled *Customs and Drugs*, should specify in a more detailed manner what kind of psychotropic substances are reported as seized. The Board is ready to provide its support in identifying the appropriate classification for reporting.

Recommendation 55: The Board urges inter-national organizations, in particular UPU, Interpol and the World Customs Organization, to address the problems of illegally operating Internet pharmacies and the smuggling of controlled drugs by mail in their respective fields of responsibility and to share their experiences with the Board. (The same request is addressed to UNODC in recommendation 41 above.)

Recommendation 56: The Board notes with appreciation the cooperation and support it has regularly received from UNDP and recommends that that organization continue to actively cooperate with and support the Board in the following areas:

(a) Provision of support and assistance in arranging country missions of the Board, including the provision of substantive briefing to members of the mission;

(b) Provision of assistance in the launching of annual reports of the Board;

(c) Provision of assistance in the dissemination of findings of the Board;

(d) Inclusion of issues dealt with by the Board (for example, the relation between illicit drugs and economic development; the complex relationship between drug abuse, crime and violence at the community level; and the availability and rational use of controlled substances for medical purposes) in the future development programmes of UNDP.

(Signed)

Hamid Ghodse
President

(Signed)

Robert Jean Joseph Chrétien Lousberg
Rapporteur

(Signed)

Koli Kouame
Secretary

Vienna, 18 November 2005

Notes

- ¹ In the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development contained in General Assembly resolution S-20/4 E of 10 June 1998, the Assembly defined alternative development as a process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and psychotropic substances through specifically designed rural development measures in the context of sustained national economic growth and sustainable development efforts in countries taking action against drugs, recognizing the particular sociocultural characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs.
- ² United Nations, *Treaty Series*, vol. 1582, No. 27627.
- ³ *Report of the International Narcotics Control Board for 2004* (United Nations publication, Sales No. E.05.XI.1), chap. I.
- ⁴ In 2001, Afghanistan experienced a temporary but drastic decline in opium poppy cultivation in areas under the control of the Taliban; however, that decline was attributable not to alternative development efforts but to a strictly enforced ban on such cultivation, accompanied by credible threats of violence against any persons who violated the ban.
- ⁵ “Third biennial report of the Executive Director on the world drug problem: Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development” (E/CN.7/2005/2/Add.2), paras. 2 and 3.
- ⁶ D. Mansfield, “Alternative development: the modern thrust of supply-side policy”, *Bulletin on Narcotics*, vol. LI, Nos. 1 and 2 (1999) (United Nations publication), pp. 19-43.
- ⁷ This does not mean that Governments have not made any alternative development efforts of their own in areas affected by cannabis plant cultivation. The Government of Ghana, for example, has been carrying out a project in support of alternative livelihoods for cannabis plant growers in a small area of the country.
- ⁸ In Commission on Narcotic Drugs resolution 45/14, it is stated that alternative development constitutes a medium- and long-term process.
- ⁹ “Report of the Secretary-General on the implementation of the outcome of the twentieth special session of the General Assembly devoted to countering the world drug problem together” (A/56/157), para. 37.
- ¹⁰ In its resolution 45/14, the Commission on Narcotic Drugs urged Member States to facilitate a rigorous and comprehensive thematic evaluation for determining best practices in alternative development by assessing the impact of alternative development on both human development indicators and drug control objectives and by addressing the key development issues of poverty reduction, gender, environmental sustainability and conflict resolution.
- ¹¹ In its resolution 45/14, the Commission on Narcotic Drugs recognized that, in cases where illicit crop growers had low incomes, alternative development was more sustainable and socially and economically more appropriate than forced eradication of illicit crops.
- ¹² Pursuant to Commission on Narcotic Drugs resolution 48/9, para. 1.
- ¹³ Ronald D. Renard, *Opium Reduction in Thailand, 1970-2000: a Thirty-year Journey* (Chiang Mai, Thailand, Silkorm Books, 2001), p. 36.
- ¹⁴ *Report of the International Narcotics Control Board for 2004 ...*, para. 368.
- ¹⁵ *Ibid.*, para. 339.
- ¹⁶ See, for example, General Assembly resolution 57/174, section II, paragraph 12; see also Assembly resolution 58/141, section II, paragraph 11 (d), in which the Assembly calls upon States to provide, in accordance with the principle of shared responsibility, greater access to their markets for products of alternative development programmes, which are necessary for the creation of employment and the eradication of poverty.
- ¹⁷ According to UNODC, only 5 per cent of families in the Lao People’s Democratic Republic, Myanmar and Viet Nam and 23 per cent of families in Bolivia, Colombia and Peru have had access to alternative livelihood schemes.
- ¹⁸ L. Armstead, “Illicit narcotics cultivation and processing: the ignored environmental drama”, *Bulletin on Narcotics*, vol. XLIV, No. 2 (1992) (United Nations publication), pp. 9 ff.
- ¹⁹ *Report of the International Narcotics Control Board for 2003* (United Nations publication, Sales No. E.04.XI.1), para. 238.
- ²⁰ *Report of the International Narcotics Control Board for 2004 ...*, chap. I.
- ²¹ In its resolution 45/14, the Commission on Narcotic Drugs recognized that the world supply of and demand for illicit drugs had remained at almost the same levels.
- ²² *Report of the International Narcotics Control Board for 2004 ...*, chap. I.

- ²³ Other countries affected by illicit drug cultivation either do not have poverty reduction strategy papers (for example, Afghanistan, Colombia, Myanmar and Peru) or do not consider the problem of illicit drug cultivation in connection with poverty (for example, Pakistan and Viet Nam).
- ²⁴ United Nations, *Treaty Series*, vol. 520, No. 7515.
- ²⁵ *Ibid.*, vol. 976, No. 14152.
- ²⁶ *Ibid.*, vol. 976, No. 14151.
- ²⁷ For the 2005 technical report on narcotic drugs, see *Narcotic Drugs: Estimated Requirements for 2006; Statistics for 2004* (United Nations publication, Sales No. E.06.XI.3).
- ²⁸ *Report of the International Narcotics Control Board for 2004 ...*, paras. 86-90.
- ²⁹ See, for example, *Report of the International Narcotics Control Board for 2004 ...*, para. 166.
- ³⁰ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2005 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.06.XI.5).
- ³¹ United Nations, *Treaty Series*, vol. 1019, No. 14956.
- ³² Operation Purple and Operation Topaz are voluntary international tracking programmes for potassium permanganate and acetic anhydride, respectively, whereas Project Prism is an international initiative focusing on precursors of amphetamine-type stimulants.
- ³³ Regulation (EC) No. 273/2004 of the European Parliament and of the Council of the European Union, on drug precursors; Council regulation (EC) No. 111/2005, laying down rules for the monitoring of trade between the Community and third countries in drug precursors; Commission of the European Communities regulation (EC) No. 1277/2005, laying down implementing rules for regulation (EC) No. 273/2004 of the European Parliament and of the Council on drug precursors and for Council regulation (EC) No. 111/2005, laying down rules for the monitoring of trade between the Community and third countries in drug precursors.
- ³⁴ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2005 ...*
- ³⁵ *Ibid.*
- ³⁶ The Project Prism Task Force is composed of members representing the major geographical regions, namely Australia, China, the Netherlands, South Africa and the United States, as well as the European Commission, Interpol and the World Customs Organization as competent international bodies. The Board, through its secretariat, guides the task force within the scope of its treaty mandates.
- ³⁷ A “body packer” is a person who takes into his or her body, orally or otherwise, small packets of illicit drugs in order to smuggle them across international borders.
- ³⁸ *Report of the International Narcotics Control Board for 2001* (United Nations publication, Sales No. E.02.XI.1), paras. 231-234.
- ³⁹ The GIABA secretariat was formally established in Dakar in 2005 and is fully operational. GIABA member States have approved its budget and plan of action. GIABA currently has a pool of 49 trained evaluators to conduct evaluations of money-laundering situations among ECOWAS member States.
- ⁴⁰ *Report of the International Narcotics Control Board for 2004 ...*, para. 268.
- ⁴¹ United Nations Office on Drugs and Crime, *World Drug Report 2005* (United Nations publication, Sales No. E.05.XI.10), volume 1, “Analysis”, p. 62.
- ⁴² *Report of the International Narcotics Control Board for 2004 ...*, para. 342.
- ⁴³ In South America opium is not abused; it is produced illicitly for use in the illicit manufacture of heroin in the region.
- ⁴⁴ *Report of the International Narcotics Control Board for 2003 ...*, para. 357.
- ⁴⁵ “Report of the Eleventh United Nations Congress on Crime Prevention and Criminal Justice, Bangkok, 18-25 April 2005” (A/CONF.203/18), chap. I, resolution 1.
- ⁴⁶ The Paris Pact initiative emerged from the Paris Statement (S/2003/641, annex), which had been issued at the end of the Conference on Drug Routes from Central Asia to Europe, held in Paris on 21 and 22 May 2003.
- ⁴⁷ A “drug swallower” (also called a “body packer”) is a person who ingests packets of illicit drugs in order to smuggle them across international borders.
- ⁴⁸ Ireland, Department of Health and Children, *The Health of Irish Students* (Dublin, 2005).
- ⁴⁹ *Report of the International Narcotics Control Board for 2004 ...*, pp. 216-221.
- ⁵⁰ Ireland, Department of Health and Children, *The Health of Irish Students* (Dublin, 2005).

Annex I

Regional groupings used in the report of the International Narcotics Control Board for 2005

The regional groupings used in the report of the International Narcotics Control Board for 2005, 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	El Salvador
Bahamas	Grenada
Barbados	Guatemala
Belize	Haiti
Costa Rica	Honduras
Cuba	Jamaica
Dominica	Nicaragua
Dominican Republic	Panama

Antigua and Barbuda	El Salvador
Bahamas	Grenada
Barbados	Guatemala
Belize	Haiti
Costa Rica	Honduras
Cuba	Jamaica
Dominica	Nicaragua
Dominican Republic	Panama
Saint Kitts and Nevis	Saint Vincent and the Grenadines
Saint Lucia	Trinidad and Tobago

North America

Canada	United States of America
Mexico	

South America

Argentina	Guyana
Bolivia	Paraguay
Brazil	Peru
Chile	Suriname
Colombia	Uruguay
Ecuador	Venezuela (Bolivarian Republic of)

East and South-East Asia

Brunei Darussalam	Malaysia
Cambodia	Mongolia
China	Myanmar
Democratic People's Republic of Korea	Philippines
Indonesia	Republic of Korea
Japan	Singapore
Lao People's Democratic Republic	Thailand
	Timor-Leste
	Viet Nam

South Asia

Bangladesh	Maldives
Bhutan	Nepal
India	Sri Lanka

West Asia

Afghanistan	Lebanon
Armenia	Oman
Azerbaijan	Pakistan
Bahrain	Qatar
Georgia	Saudi Arabia
Iran (Islamic Republic of)	Syrian Arab Republic
Iraq	Tajikistan

Israel
Jordan
Kazakhstan
Kuwait
Kyrgyzstan

Turkey
Turkmenistan
United Arab Emirates
Uzbekistan
Yemen

Europe

Albania
Andorra
Austria
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Holy See
Hungary
Iceland
Ireland
Italy
Latvia
Liechtenstein

Lithuania
Luxembourg
Malta
Monaco
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia and Montenegro
Slovakia
Slovenia
Spain
Sweden
Switzerland
The former Yugoslav Republic of
Macedonia
Ukraine
United Kingdom of Great Britain
and Northern Ireland

Oceania

Australia
Cook Islands
Fiji
Kiribati
Marshall Islands
Micronesia (Federated States of)
Nauru
New Zealand

Niue
Palau
Papua New Guinea
Samoa
Solomon Islands
Tonga
Tuvalu
Vanuatu

Annex II

Current membership of the International Narcotics Control Board

Joseph Bediako Asare

Born in 1942. National of Ghana. Private Consultant and Psychiatrist.

Medical Academy of Krakow, Poland (1965-1971); postgraduate training at Graylands and Swanbourne Psychiatric Hospitals, Perth, Australia (1976-1977); Leicestershire Area Health Authority (1977-1980). Chief Psychiatrist, Ghana Health Service; and specialist in charge at Accra Psychiatric Hospital; Chairman, Ghana Chapter, West African College of Physicians; Vice-President, West African College of Physicians; Adviser to the Ministry of Health of Ghana (since 1984); Member of the Narcotics Control Board of Ghana (since 1990); Chairman, Subcommittee on Demand Reduction, Narcotics Control Board of Ghana (since 1991). Part-time lecturer in psychiatry, University of Ghana medical school (since 1984). Senior Registrar in Psychiatry, West Berkshire and South Oxford Area Health Authority (1981-1982); Faculty Fellow of the International Council on Alcohol and Addictions training programme on alcohol and drug abuse in Benin City, Nigeria (1986 and 1987); President, Psychiatric Association of Ghana (1999-2002). Member, Royal College of Psychiatrists (1980); Fellow, West African College of Psychiatrists; Fellow, Ghana College of Physicians and Surgeons. Author of numerous works, including: *Substance Abuse in Ghana; The Problem of Drug Abuse in Ghana: a Guide to Parents and Youth* (1989); *Alcohol Use, Sale and Production in Ghana: a Health Perspective* (1999); *Alcohol and Tobacco Abuse in Deheer* (1997); "Psychiatric co-morbidity of drug abuse", *Assessing Standards of Drug Abuse* (1993); "Baseline survey of the relationship between HIV and substance abuse in Ghana" (2004). Recipient of the Grand Medal (Civil Division) of Ghana (1997). Participant in numerous meetings, including: consultative group that developed the manual on assessment standards of care in drug abuse treatment (1990-1992); NGO World Forum on Drug Demand Reduction, Bangkok (1994); drug programme expert meeting, Cleveland, United States

of America (1995); Drug Expert Forum for Western and Central Africa, Cameroon (1995); local expert meeting for West Africa, Dakar (2003).

Member of the International Narcotics Control Board (2005).

Sevil Atasoy

Born in 1949. National of Turkey. Director and Professor of Forensic Science, Institute of Forensic Science, Istanbul University (since 1988); Professor of Biochemistry, Cerrahpasa School of Medicine, Istanbul University (since 1988); Educational Counselor, Turkish International Academy against Drugs and Organized Crime (TADOC) (since 2000).

Bachelor of Science in Chemistry (1972), Master of Science in Biochemistry (1976) and Doctor of Philosophy (Ph.D.) in Biochemistry (1979), Istanbul University. Hubert H. Humphrey Fellow, United States Information Agency (1995-1996); also recipient of various other fellowships, including: German Academic Exchange Program (1976, 1978 and 1994), Istanbul University Research Foundation (1997 and 1998), Ministry of Justice of Turkey (1982, 1985 and 1986), North Atlantic Treaty Organization (1978) and European Molecular Biology Organization (1985). Recipient of numerous awards, including: Best Woman Scientist of the Year, Kadinca Journal (1993); Motherland (Anavatan) Party (2002); Rotary International (1993 and 2001), for the improvement of investigative techniques in Turkey. Guest scientist, University of California, Berkeley, School of Public Health, and Los Angeles, Drug Abuse Research Center; Department of Genetics, Stanford University; Department of Genetics, Emory University; California Criminalistics Institute; Federal Bureau of Investigation, Virginia; Crime Laboratories, Los Angeles Sheriff's Department; Federal Criminal Police (BKA), Wiesbaden, Germany; United Nations Drug Laboratory, Vienna; Ludwig-Maximilian University; Munich Institute for Physical Biochemistry and

Institute of Legal Medicine; Center of Human Genetics, Bremen University; Institute of Legal Medicine, Muenster University. Expert witness in civil and criminal courts (since 1980). Director, Department of Narcotics and Toxicology, Ministry of Justice of Turkey (1980-1993); Chairman, Department of Forensic Basic Sciences, Istanbul University (1983-1987); Chairman, first Regional Symposium on Criminalistics (2000); and Chairman, third European Academy of Forensic Science Meeting (2003). Member of the Istanbul University Senate (1987-2005) and Research Foundation (1987-2002); Member of the Experts Group on Technical Challenges to the Drug Community, United Nations Office on Drugs and Crime (UNODC) and Office of National Drug Control Policy of the United States (2003 and 2004); Member of the expert group on risk reduction linked to substance use other than by injection, Pompidou Group of the Council of Europe (2002); Member of the Mediterranean Network of the Pompidou Group (since 2001). Member of the Turkish delegation to the Commission of Narcotic Drugs (2001 and 2002); the special commissions on the improvement of judiciary and security affairs, Prime Ministry, VIII. Development Plan for the Years 2001-2005, the Republic of Turkey Higher Commission on Human Rights (1997-1998). Adviser on improving investigations and protecting child victims, General Command of Gendarmerie Internal Security Units (2001-2003); adviser on prevention of violence, suicide and drug abuse, Land Forces Command (2000-2004); adviser on driving under influence of controlled substances, Traffic Accidents Prevention Commission, Turkish Grand National Assembly (2000); adviser on preventing drug abuse and violence in schools, Ministry of National Education (since 1999); adviser on drug testing and the improvement of treatment of offenders, General Directorate of Correctional Facilities, Ministry of Justice (since 1999). Founding editor, *Turkish Journal of Legal Medicine* (1982-1993). Member of the scientific board of national and international journals, including the *International Criminal Justice Review*, the *Turkish Journal on Addiction*, the *Turkish Journal of Forensic Sciences* and the *Croatian Journal of Legal Medicine*. Founding President, Turkish Society of Forensic Sciences (since 1998); Honorary Member of the Mediterranean Academy of Forensic Sciences (since 2003); Member of the Standing Committee, European Academy of Forensic Sciences (1999-2003). Member of the

International Society of Forensic Toxicology; the Indo-Pacific Association of Law, Medicine and Science; the European Network of Forensic Science Institutes; the International Association of Forensic Toxicologists; the American Academy of Forensic Sciences; the American Society of Crime Laboratory Directors; the Forensic Science Society, United Kingdom of Great Britain and Northern Ireland; the American Society of Criminology; the Interagency Council on Child Abuse and Neglect; and the United Nations Academic Council. Participant in projects on illicit drug issues, including: Crime Mapping of Drug Offences for the Ministry of Home Affairs (1998-2000); Global Study of Illicit Drug Markets: Istanbul, Turkey for the United Nations Interregional Crime and Justice Research Institute (2000-2001); National Assessment of Nature and Extent of Drug Problems in Turkey, for UNODC (2002-2003); European School Survey on Alcohol and Other Drugs (2002-2003); Modeling the World Heroin Market, for the RAND Drug Policy Research Center and the Max Planck Institute (2003). Author of over 130 scientific papers, including papers on drug testing, drug chemistry, drug markets, drug-related and drug-induced crime, drug abuse prevention, clinical and forensic toxicology, neuropharmacology, crime scene investigation and deoxyribonucleic acid (DNA) analysis, including "Excavating Y-chromosome haplotype strata in Anatolia", *Human Genetics* (2004) "DNA fingerprinting of cannabis sativa, accessions using RAPD and AFLP markers", *Forensic Science International* (2003); "H. gamma-vinyl-GABA potentiates the severity of naloxone-precipitated abstinence signs in morphine-dependent rats", *Pharmacological Research* (1998).

Member of the International Narcotics Control Board (2005). Member of the Standing Committee on Estimates (2005).

Madan Mohan Bhatnagar

Born in 1934. National of India. Various senior positions in narcotics control and administration in the Government of India (since 1972). Member of the Delhi High Court Bar Association (since 1993).

Bachelor of Law (1956) and Master of Arts in Political Science (1955), Patna University, India. Deputy Narcotics Commissioner (1972-1974). Officer on Special Duty (Narcotics) (1976-1979). Narcotics

Commissioner of India (1979-1985). Director-General, Narcotics Control Bureau, Government of India (1988-1990). Member (Anti-Smuggling and Narcotics) of the Central Board of Excise and Customs and Additional Secretary to the Government of India (1990-1992). Author of numerous publications, including: "Current national laws and policies on narcotics control in India", *Current Research on Drug Abuse in India*, All India Institute of Medical Sciences Research Book; "Drug trafficking: Indian perspective", *Narcontrol*, Journal of Narcotics Control Bureau of India. Drafter of the provisions of the Narcotic Drugs and Psychotropic Substances Act of India (1985). Drafter of the licit opium production and export policy for India and the national strategy for combating the illicit traffic in drugs for India. Member of the expert group to study the modification of the Single Convention on Narcotic Drugs of 1961, Vienna (1982). Chairman of several international conferences on drug control, inter alia, the Tenth Meeting of Heads of National Drug Law Enforcement Agencies (HONLEA), Asia and the Pacific (1983), the Indo-Pakistan Committee meeting against drug trafficking (1989) and the South Asian Association for Regional Cooperation meeting on harmonization of drug laws (1989). First Vice-Chairman, Second Interregional Meeting of Heads of National Drug Law Enforcement Agencies, Vienna (1989). Participant in the Indo-United States bilateral talks on narcotics, Washington, D.C. (1989). Participant in the seventeenth special session of the General Assembly (1990). Member of the intergovernmental expert group on the economic and social consequences of drug abuse and illicit trafficking, Vienna (1990). Expert and Vice-Chairman, Economic and Social Commission for Asia and the Pacific (ESCAP) regional seminar on drug abuse, Manila (1990). Head of the Indian delegation to the Commission on Narcotic Drugs (1990 and 1992), several meetings of HONLEA and the Subcommittee on Illicit Drug Traffic and Related Matters in the Near and Middle East. Vice-Chairman, Commission on Narcotic Drugs (1992).

Member of the International Narcotics Control Board (since 2002). Chairman of the Committee on Finance and Administration (2002). Member of the Standing Committee on Estimates (since 2002). Rapporteur of the Board (2003). First Vice-President of the Board (2004). Member of the Committee on Finance and Administration (since 2004). Vice-

Chairman of the Standing Committee on Estimates (2005).

Elisaldo Luiz de Araújo Carlini

Born in 1930. National of Brazil. Full Professor of Psychopharmacology, Federal University of São Paulo (since 1978); Director, Brazilian Centre for Information on Psychotropic Drugs (since 1988).

Master of Science, Yale University, United States (1962). Founder and President of the Latin American Society of Psychobiology (1971-1973). Member and Founder of the Academy of Sciences of the State of São Paulo (1976). President, Brazilian Society of Medication Vigilance (1991-1993). National Secretary, Sanitary Surveillance, Ministry of Health of Brazil (1995-1997). Member of the World Health Organization (WHO) Expert Advisory Panel on Drug Dependence and Alcohol Problems, Geneva (1997-1998 and since 2002). Member of the Brazilian Academy of Sciences (2003). Recipient of numerous honours and awards, including: Councillor Emeritus, Federal Council of Narcotics of Brazil (1987); Honorary President, XI Symposium on Brazilian Medicinal Plants, João Pessoa, Brazil (1990); Member emeritus, Department of Biological Psychiatry, Brazilian Association of Psychiatry (1993). "Doctor of the Year", Brazilian Chapter of the Medical Society of Israel (1993). "Personality of the Year", Brazilian Association of Pharmaceutical Industries (1996); Medal of "Grand Officer" of the Order of Rio Branco, Presidency of the Republic of Brazil (1996); Grand Cross Class of the Order of Scientific Merit, Presidency of the Republic of Brazil (2000); Doctor honoris causa, Federal University of Rio Grande do Norte, Brazil (2002). Author of more than 300 publications, including: "Use of anorectic amphetamine-like drugs by Brazilian women", *Eating Behaviors* (2002); "Plants and the central nervous system" (2003).

Member of the International Narcotics Control Board (since 2002).

Tatyana Borisovna Dmitrieva

Born in 1951. National of the Russian Federation. Director, V. P. Serbsky State Research Centre for Social and Forensic Psychiatry (since 1998). Chief

Expert Psychiatrist, Ministry of Health and Social Development of the Russian Federation (2005).

Graduate of the Ivanovskii State Medical Institute (1975). Master of Science (1981) and Doctor of Philosophy (Ph.D.) (1990) in medical sciences. Professor of Medicine (since 1993). Head of the Department of Psychiatry (1986-1989), Deputy Director of Research (1989-1990) and Director (1990-1996), V. P. Serbsky State Research Centre for Social and Forensic Psychiatry. Minister of Health of the Russian Federation (1996-1998). Chairman, Russian Security Council Commission on Health Protection (1996-2000).

Member of the Presidium of the Russian Academy of Medical Sciences (since 2001); Vice-Chairman, Russian Society of Psychiatrists (since 1995); Vice-President, World Association for Social Psychiatry Academician; Member of the Russian Academy of Medical Sciences (since 1999); Corresponding Member of the Russian Academy of Medical Sciences (since 1997). Author of over 300 scientific works, recipient of five authors' certificates for inventions and author of two books on drug abuse therapy: *Abuse of Psychoactive Substances (General and Forensic Psychiatric Practice)* (2000); and *Abuse of Psychoactive Substances: Clinical and Legal Aspects* (2003). Editor-in-Chief, *Russian Psychiatric Journal*. Editor-in-Chief, *Clinical Research on Medication in Russia*. Member of the editorial boards of several Russian and foreign medical journals, including the journal *Narcology*. Member of the editorial council, *International Medical Journal*; and member of the editorial council, *Siberian Journal of Psychiatry and Narcology*. Recipient of the Order for Services to the Country, fourth class (2001) and the Order of Honour (1995). Participant and speaker on psychiatry and drug abuse therapy at national and international congresses and conferences, including those organized by WHO, the European Union, the Council of Europe, the World Psychiatric Congress and the World Psychiatric Association.

Member of the International Narcotics Control Board (2005).

Philip Onagwele Emafo

Born in 1936. National of Nigeria.

Lecturer, Biochemistry, University of Ibadan (1969-1971). Lecturer and Senior Lecturer, Pharmaceutical Microbiology and Biochemistry, University of Benin, Nigeria (1971-1977). Chief Pharmacist and Director, Pharmaceutical Services, Federal Ministry of Health of Nigeria (1977-1988). Chairman, Pharmacists Board of Nigeria (1977-1988). Member of the WHO Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations (1979-2003). Rapporteur-General, International Conference on Drug Abuse and Illicit Trafficking, Vienna (1987). Chairman, Commission on Narcotic Drugs at its tenth special session (1988). Member of the Secretary-General's Group of Experts on the United Nations Structure for Drug Abuse Control (1990). Member of the WHO Expert Committee on Drug Dependence (1992, 1994 and 1998). Consultant to the United Nations International Drug Control Programme (1993-1995). Member of the ad hoc intergovernmental advisory group established by the Commission on Narcotic Drugs to assess strengths and weaknesses of global drug control efforts (1994). Member of the expert group convened by the Secretary-General pursuant to Economic and Social Council resolution 1997/37 to review the United Nations machinery for drug control (1997-1998). Member of the Advisory Group of the International Narcotics Control Board to review substances for control under article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1998-1999). Consultant to the Organization of African Unity, Addis Ababa (1998-1999).

Member of the International Narcotics Control Board (since 2000). Member of the Standing Committee on Estimates (2000-2004). Rapporteur of the Board (2001). President of the Board (2002-2003). First Vice-President of the Board (2005).

Gilberto Gerra

Born in 1956. National of Italy. Coordinator of the Centre for Studies on Drug Addiction, Drug Addiction Service, Health Department of Parma, Italy. University lecturer (master's degree in neurology) on

psychopharmacology, University of Parma. Recipient of a university degree in medicine (1981), a master's degree in internal medicine (1986) and a master's degree in endocrinology (1989).

Medical doctor at outpatient Drug Addiction Service, Health Department, Parma (1987-1994); head of Drug Addiction Service, Health Department, Parma (1995-2001). University lecturer (master's degree in internal medicine and physical therapy), University of Parma (1990-1996). Researcher of drug-related issues at the University of Parma and other universities in Italy and the United States (New York State Psychiatric Institute, Columbia University) (1994, 1996 and 2001); participant in a research project supported by the National Institute on Drug Abuse Invest Programme (1996); coordinator of the Regional Committee for Addiction Research of the Emilia Romagna region (1995-2001); research collaboration with the Istituto Superiore de Sanità, Rome (1998-2000); consultant to the Ministry of the Interior for research on substance abuse (1996-1997); consultant to the United Nations International Drug Control Programme on amphetamine derivatives (1996-1999); consultant to the Department of Social Affairs on pharmacological and clinical aspects of substance abuse (1998-2000); expert for the National Plan of Information for Drug Prevention (Presidency of Ministries Consilium) (1999); lecturer at several universities in Italy on neurobiology of substance abuse (1998-2005). Consultant to the National Department on Drug Policy in the field of neurobiology of addiction, pharmacology and prevention (2003-2005). Member of the National Scientific Committee for Health Education and Prevention of Substance Abuse of the Ministry of Education of Italy (1997-2001); member of the expert group of the Ministry of the Interior (European Information on Drugs and Drug Addiction (Reitox) focal point) to prepare the national report on substance abuse for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (1998); member of the International Society of Psychoneuroendocrinology; member of the College on Problems of Drug Dependence (2002-2005); member of the Scientific Committee of the Italian Society on Drug Addiction (2000-2004); member of the Scientific Board of the international journal *Heroin Addiction and Related Clinical Problems*; member of the Scientific Board of the *Bollettino per le Farmacodipendenze e l'Alcoolismo* (Italian Journal on

drug addiction and alcoholism), published by the Ministry of Health of Italy, in collaboration with the United Nations Interregional Crime and Justice Research Institute. Co-author of the Italian Ministry of Interior of the national report on drug abuse for EMCDDA; referee of five international journals on substance abuse and psychiatry; contributed to over 42 publications in scientific medical journals (1994-2005), including "Aggressive responding in abstinent heroin addicts: neuroendocrine and personality correlates," *Progress in Psycho-Neuropharmacology and Biology* (2004); "Substance use among high-school students: relationship with temperament, personality traits and parental care perception", *Substance Use and Misuse* (2004); "Long-term methadone maintenance effectiveness: psychosocial and pharmacological variables", *Journal of Substance Abuse Treatment* (2003); "Effects of ecstasy on dopamine system function in humans", *Behavioural Brain Research* (2002); "Intravenous flumazemil versus oxazepam tapering in the treatment of benzodiazepine withdrawal: a randomized placebo-controlled study", *Addiction Biology* (2002). Speaker at the United Nations International Drug Control Programme expert meeting on amphetamine-type stimulants, Vienna (1996); speaker at the North Atlantic Treaty Organization Advanced Study Institute conference on the biosocial bases of violence, Rhodes, Greece (1996); participant at the National Institute on Drug Abuse consensus conference concerning detoxification with alpha-2-agonists, clonidine and lofexidine, Bethesda, Maryland, United States (1998); participant at the annual meeting of the International Society of Psychoneuroendocrinology, Pisa, Italy (2003); speaker at the United Nations Office on Drugs and Crime meeting on young people and drug abuse: prevention and treatment, Stockholm (2003); expert at the EMCDDA meeting on targeted prevention, family prevention and community prevention, Lisbon (2003); speaker at an Andean Parliament meeting on anti-drug policies, Guayaquil, Ecuador (2003); speaker at a meeting organized by EMCDDA and the European Parliament on drug use among young people, Malaga, Spain (2003).

Member of the International Narcotics Control Board (since 2004). Member of the Standing Committee on Estimates (2004). Member of the Committee on Finance and Administration (2004).

Chairman of the Committee on Finance and Administration (2005).

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); Member of the Executive Committee of the Federation of Clinical Professors, United Kingdom (since 1994); Member of the Scientific Committee on Tobacco and Health, United Kingdom (since 2000); Director of the Board of International Affairs and Member of the Council, Royal College of Psychiatrists (since 2000); Non-Executive Director, National Clinical Assessment Authority of England and subsequently patients safety agency (since 2001); Chairman, Higher Degrees in Psychiatry, University of London (since 2003); Member of the Medical Studies Committee, University of London (since 2003).

Recipient of the following degrees: Doctor of Medicine (M.D.), Islamic Republic of Iran (1965); Diploma Psychological Medicine, United Kingdom (1974); Doctor of Philosophy (Ph.D.), University of London (1976); and Doctor of Science, University of London (2002). Fellow of the Royal College of Psychiatrists, United Kingdom (1985); Fellow of the Royal College of Physicians, London (1992); Fellow of the Royal College of Physicians of Edinburgh, Edinburgh (1997); Fellow of the Faculty of Public Health Medicine, United Kingdom (1997). Member of the WHO Expert Advisory Panel on Alcohol and Drug Dependence (since 1979); Adviser, Joint Formulary Committee, British National Formulary (since 1984); Honorary Consultant Psychiatrist, St. George's and Springfield University Hospitals, London (since 1978); Honorary Consultant Public Health, Wandsworth Primary Care Trust (since 1997); Director, Regional Drug Dependence Treatment Training and Research Unit, London (1987-1993); Director of the Education and Training Unit and of the Research, Evaluation and Monitoring Unit and Chairman of the Department of Addictive Behaviour and Psychological Medicine, St. George's Hospital Medical School, University of London, and Joint Faculty of Health Sciences, Kingston University (1987-2003). Consultant

Psychiatrist, St. Thomas's Teaching Hospital and Medical School, London (1978-1987); member, rapporteur, chairman and convener of various WHO and European Community expert committees, review groups and other working groups on drug and alcohol dependence; M. S. McLeod Visiting Professor, Southern Australia (1990); Honorary Professor, Peking University (since 1997). Visiting Professor, Keele University, United Kingdom (since 2002). Author or editor of over 300 scientific books and papers on drug-related issues and addictions, including the following books: *The Misuse of Psychotropic Drugs*, London (1981); *Psychoactive Drugs and Health Problems*, Helsinki (1987); *Psychoactive Drugs: Improving Prescribing Practices*, Geneva (1988); *Substance Abuse and Dependence*, Guildford (1990); *Drug Misuse and Dependence: the British and Dutch Response*, Lancashire, United Kingdom (1990); *Misuse of Drugs* (3rd ed.) London (1997); *Drugs and Addictive Behaviour: a Guide to Treatment* (3rd ed.), Cambridge (2002); *Young People and Substance Misuse*, London (2004). *Addiction at Workplace*, Aldershot (2005). Editor-in-Chief, *International Psychiatry* (since 2002); Editor, *Substance Misuse Bulletin*; Member of the Editorial Board, *International Journal of Social Psychiatry*. Convener of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. Member of the British Medical Association (since 1995); Member of the Executive Board, Medical Council on Alcoholism (since 1997); Honorary Secretary/Chairman, Association of Professors of Psychiatry of the British Isles (since 1991); Chairman, Association of European Professors of Psychiatry; Director, National Programme on Substance Abuse Deaths (since 1997); Member of the International Association of Epidemiology (since 1998); Member of the Institute for Learning and Training in Higher Education (since 2001).

Member of the International Narcotics Control Board (since 1992). Member of the Standing Committee on Estimates (1992). President of the Board (1993, 1994, 1997, 1998, 2000, 2001, 2004 and 2005).

Melvyn Levitsky

Born in 1938. National of the United States. Retired Ambassador in the United States Foreign

Service; Professor of International Relations and Public Administration, Maxwell School of Citizenship and Public Affairs, Syracuse University; Distinguished Fellow, Daniel Patrick Moynihan Institute of Global Affairs, Maxwell School of Citizenship and Public Affairs, Syracuse University.

United States diplomat for 35 years, serving as, inter alia, Deputy Assistant Secretary of State for Human Rights and Humanitarian Affairs, United States Department of State (1982-1983); Deputy Director, Voice of America (1983-1984); Ambassador of the United States to Bulgaria (1984-1987); Executive Secretary and Special Assistant to the Secretary of the United States Department of State (1987-1989); Assistant Secretary of State for International Narcotics Matters (1989-1993); and Ambassador of the United States to Brazil (1994-1998). Consul, United States consulates in Frankfurt, Germany (1963-1965) and Belem, Brazil (1965-1967). Political officer, United States Embassy in Moscow (1973-1975). Officer-in-charge for bilateral relations, Office of Soviet Union Affairs (1975-1978), and Director, Office of United Nations Political Affairs (1980-1982), United States Department of State. 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, 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, Public-Private Working Group on Sale of Controlled Substances via the Internet (Harvard University Law School).

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).

Robert Jean Joseph Chrétien Lousberg

Born in 1941. National of the Netherlands. Former Head of the Netherlands regulatory office for narcotic drugs and psychotropic substances. Former associate and senior scientist, National Institute of Health, Bethesda, Maryland, United States. Senior

scientist and lecturer, University of Utrecht, Netherlands.

Recipient of a doctoral degree, University of Utrecht (1969). Author of numerous articles published in international journals on pharmacologically active principles of opiate and cannabinoid origin. Co-coordinator for the regulation of methadone programmes for the treatment of heroin addicts. National coordinator of the investigation of leucoencephalopathy among heroin addicts. Member of the delegation of the Netherlands at numerous sessions of the Commission on Narcotic Drugs. Member of International Narcotics Control Board expert groups on the preparation of article 12 of the 1988 Convention. Member of the delegation of the Netherlands at the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). Representative for European Union directives and regulations on article 12 of the 1988 Convention. Appointments by the Minister of Health of the Netherlands: member of the supervisory board of the national drug information and monitoring system and the board investigating the medical prescription of heroin for the treatment of heroin addicts; member of the supervisory board for the assessment and monitoring of drugs in the Netherlands; and member of the supervisory board of the national agency for national hemp production for scientific and medicinal purposes. Expert, assessment missions to Albania and the former Yugoslav Republic of Macedonia carried out within the scope of the European Union-Phare licit drug control project. Representative at meetings for the assessment of new synthetic drugs by the Extended Scientific Committee of the European Monitoring Centre for Drugs and Drug Addiction, Lisbon. Chairman, Pompidou Group/International Narcotics Control Board Conference on the Control of Psychotropic Substances in Europe. Chairman, WHO Working Group on Revised Guidelines for the WHO Review of Dependence-Producing Psychoactive Substances for International Control.

Member of the International Narcotics Control Board (since 2002). Vice-Chairman of the Committee on Finance and Administration (2003). Second Vice-President of the Board (2004). Vice-Chairman (2003) and Chairman (2004) of the Standing Committee on Estimates. Rapporteur of the Board (2005).

Rainer Wolfgang Schmid

Born in 1949. National of Austria. Associate Professor, Department of Medical and Chemical Laboratory Diagnostics, University Hospital of Vienna, Medical University of Vienna. Head of the Section on Biomedical and Toxicological Analysis.

Recipient of a doctoral degree in Chemistry, University of Vienna (1977). Postgraduate training in neurochemistry and neuropharmacology, Laboratory of Preclinical Pharmacology, National Institute of Mental Health, Washington, D.C. (1978-1980). Recipient of a Master's degree in Toxicology, University of Vienna (1998). Author of 85 articles published in the fields of drug addiction, neuropharmacology, clinical pharmacology and analytical chemistry. Co-Chairman, 4th International Congress of Therapeutic Drug Monitoring and Clinical Toxicology, Vienna (1995). Member of the expert panel on designer drugs of the Ministry of Health of Austria and of the Drug Expert Forum of the City of Vienna (since 1997). Project leader of several scientific projects of the city of Vienna: monitoring designer drugs at large youth events (since 1997). Member of the scientific committee of international scientific congresses on drug addiction, clinical toxicology and toxicological analysis. Member of numerous national and international scientific toxicological associations. Participant at drug-related meetings of the European Union (Pompidou Group and European Union-Parliament). Member of the Austrian delegation to the Commission on Narcotic Drugs (1999-2001).

Member of the International Narcotics Control Board (since 2002). Member of the Standing Committee on Estimates (since 2002). Vice-Chairman of the Standing Committee on Estimates and member of the Committee on Finance and Administration (2004). Chairman of the Standing Committee on Estimates (2005).

Camilo Uribe Granja

Born in 1963. National of Colombia. Medical Director, Hospital of San Martín (Meta); toxicologist, Marly and Palermo clinics; General Director, New Clinic Fray Bartolomé de las Casas; consultant, National Drug Council. Numerous university teaching posts in forensics and clinical toxicology.

Medical doctor, School of Medicine, University of Our Lady of the Rosary (1989); specialization in toxicology, School of Medicine, University of Buenos Aires (1990); specialization in occupational toxicology (1997), University Teacher's Certificate (1998), diplomas in hospital management (1998) and social security administration (1999), University of Our Lady of the Rosary; diploma in toxicological emergencies, FUNDASALUD (1998); master in social services management, Alcala de Enares University (2002). Former forensic medical doctor, toxicologist, technical coordinator and manager in several hospitals and institutions. Scientific Director, Toxicology Clinic, Uribe Cualla; Toxicological Assessment Centre; Director, Clinical Toxicology, Fray Bartolomé de Las Casas Clinic (until 1991); Vice-President, Tropical Medicine Institute Corporation "Luis Patiño Camargo" (until 1992); Medical Coordinator and Director, Emergency National Plan (1993); Director, Health Services Management Programme, School of Public Administration, College of Public Administration (until 2000); General Director, National Institute of Drugs and Food Administration (2001-2002). Vice-President (1988-1990 and 1995-1998) and President (2000-2003), Latin American Toxicology Association; Vice-President (2002-2003), International Toxicology Federation. Member of the Colombian Association of Internal Medicine. Member of the Spanish Association of Toxicology. Executive Director, non-governmental organizations association (until 1998); member of the Directive Group of the Cundinamarca's Medical School; member of the Colombian Medical Academy. Author of numerous works, including: the chapter on benzodiazepines in *Therapeutic Compendium of the Colombian Internal Medicine Association* (1992); *Criminal intoxication with scopolamine-like substances*; *Handbook on Toxicological Emergency Management*; *Manual on the Treatment of Intoxication by Plaguicides* (1995); Investigation Protocol "Trauma and Alcohol", Hospital of Kennedy (1993); numerous research protocols. Recipient of numerous honours, including: honourable mention for services to Colombian society in the field of toxicology, First International Congress of Toxicology, University of Antioquia; distinction by the Latin American Association of Toxicology for contributions to the field of toxicology (1998). Participant in numerous professional conferences and seminars, including several meetings of the Latin American Congress of Toxicology; National Congress of Toxicology and

Environmental Protection, Medellín (1999); Seventh Colombian Congress of Pharmacology and Therapeutics and the first international symposium on the theme “Biodiversity as source of new drugs” (2001); Congress of Aerial Security in the Colombian Caribbean Area (2001); Second National Congress, Investigation and Health (2002).

Member of the International Narcotics Control Board (2005).

Brian Watters

Born in 1935. National of Australia. Chairman, Australian National Council on Drugs (since 1998).

Arts degree, majoring in medical sociology, University of Newcastle, Australia; trained in addiction counselling at University of Newcastle; qualified psychiatric chaplain. Major in the Salvation Army (1975-2000), including work as Commander of the Salvation Army’s addiction treatment programme in eastern Australia; consultant and media spokesman on addiction issues; adviser to the Salvation Army’s HIV/AIDS services in eastern Australia; President of the Network of Alcohol and Drug Agencies in New South Wales; member of New South Wales’ Health Minister’s Drug Advisory Council. Member of the Board, “Drug Arm, Australia”; patron, “Drug Free Australia”; member of the Leadership Council,

International Substance Abuse and Addiction Coalition. Member of several Australian government committees, including: the expert advisory group on sustained release naltrexone; the state and national reference groups on the Council of Australian Governments “Diversion of Offenders” scheme; and the national “Tough on Drugs” reference group for non-governmental organization treatment grants. Frequent contributor to Australian newspapers, magazines and journals, including the journal of the National Drug and Alcohol Research Centre; several publications, including *Drug Dilemma: a Way Forward*, and contributor to “Prevention, demand reduction and treatment: a way forward for Australia”, *Heroin Crisis* (1999). Officer of the Order of Australia (2003), for outstanding services in anti-drug policy development and drug treatment. Keynote speaker at national and international conferences, including: International Council on Alcohol and Addictions, Vienna; European Cities against Drugs, Stockholm; Australian Conference on Drugs Strategy, Adelaide; International Substance Abuse and Addiction Coalition, Madrid. Participant, Commission on Narcotic Drugs (2003). Speaker of the National Chemical Diversion Conference, Darwin, Australia (2005).

Member of the International Narcotics Control Board (2005).

The role of the International Narcotics Control Board

The International Narcotics Control Board (INCB) is an independent and quasi-judicial control organ, established by treaty, for monitoring the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Composition

INCB consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives (see annex II of the present publication for the current membership). Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (WHO) and 10 members are elected from a list of persons nominated by Governments. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with INCB, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. INCB has a secretariat that assists it in the exercise of its treaty-related functions. The INCB secretariat is an administrative entity of the United Nations Office on Drugs and Crime, but it reports solely to the Board on matters of substance. INCB closely collaborates with the Office in the framework of arrangements approved by the Council in its resolution 1991/48. INCB also cooperates with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially the International Criminal Police Organization (Interpol) and the Customs Co-operation Council (also called the World Customs Organization).

Functions

The functions of INCB are laid down in the following treaties: the Single Convention on Narcotic Drugs of 1961 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

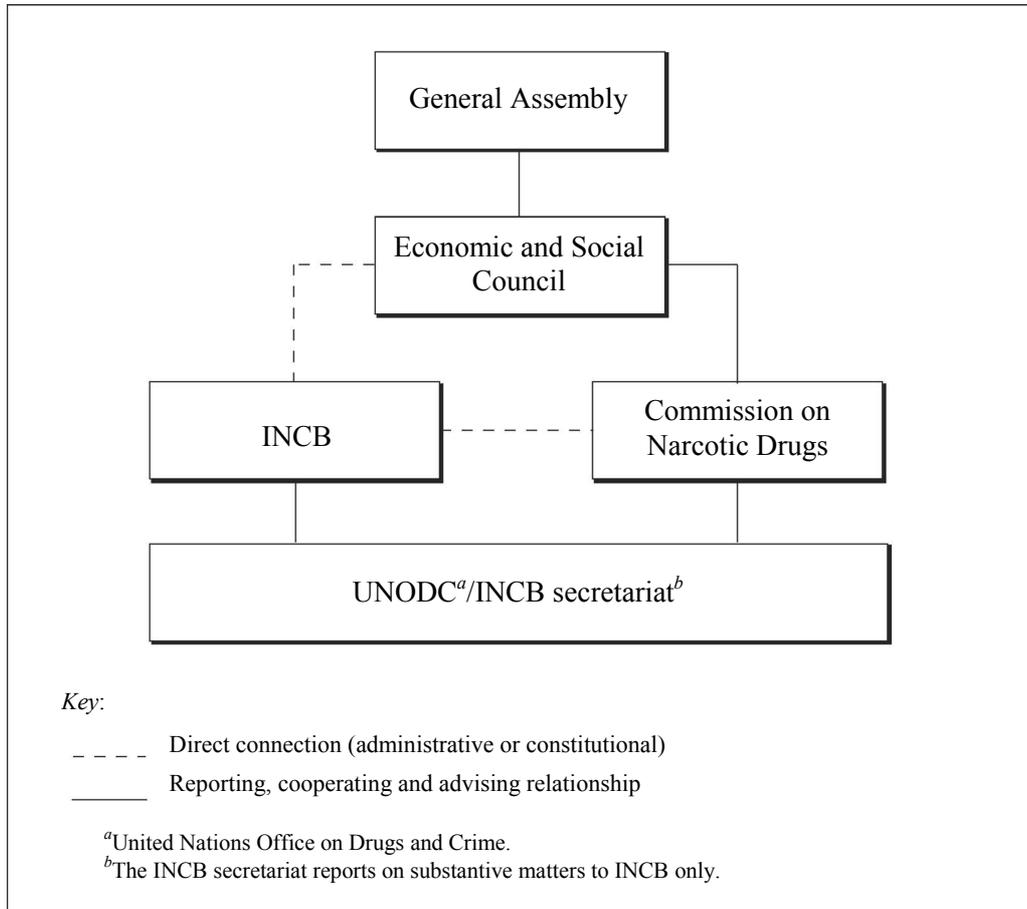
Chapter I of the report of the International Narcotics Control Board for 2005 is entitled “Alternative development and legitimate livelihoods”.

Chapter II presents an analysis of the operation of the international drug control system based primarily on information that Governments are required to submit directly to INCB in accordance with the international drug control treaties. Its focus is on the worldwide control of all licit activities related to narcotic drugs and psychotropic substances, as well as chemicals used in the illicit manufacture of such drugs.

Chapter III presents some of the major developments in drug abuse and trafficking and measures by Governments to implement the international drug control treaties by addressing those problems. Specific comments are made on the drug control situation in each of the countries in which an INCB mission or technical visit took place.

Chapter IV presents the main recommendations addressed by INCB to Governments, the United Nations Office on Drugs and Crime, WHO and other relevant international and regional organizations.

United Nations system and drug control organs and their secretariat



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