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The Report of the *International Narcotics Control Board for 2009* (E/INCB/2009/1) is supplemented by the following reports:

Narcotic Drugs: Estimated World Requirements for 2010; Statistics for 2008 (E/INCB/2009/2)

Psychotropic Substances: Statistics for 2008; 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/2009/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2009 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2009/4)

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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INTERNATIONAL NARCOTICS CONTROL BOARD

Report

of the International Narcotics Control Board for 2009

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Foreword

International drug control efforts cannot be successful in the long term without continuous efforts to reduce illicit drug demand. That is why the drafters of the international drug control conventions made demand reduction an obligation for Governments. Another important step forward was the adoption in 1998 of the Declaration on the Guiding Principles of Drug Demand Reduction, a globally accepted set of standards, at the twentieth special session of the General Assembly.

The first chapter of the present report of the International Narcotics Control Board focuses on preventing drug abuse, a crucial area of demand reduction. Primary prevention encompasses measures taken to prevent and reduce drug abuse in populations that are either not abusing or not seriously involved with drugs. There is good reason for society to take concerted action to prevent drug abuse. Even a single early experience with drug abuse can have serious consequences, such as unintentional injury, overdose or arrest.

Primary prevention strategies need to address both the general population and groups that are particularly vulnerable to drug abuse. While large-scale efforts can go a long way towards raising awareness and can reduce illicit drug demand, they may lack the focus or intensity to address effectively the needs of vulnerable population groups. An effective drug abuse prevention strategy should include both types of measures: measures targeting the general population and measures targeting the more vulnerable population groups.

For primary prevention strategies to be effective, it must be possible to put them into action. All too often, priority is given to highly visible but short-lived responses such as a stand-alone media campaign. To result in significant social and economic benefits, prevention measures need to be complemented by other measures.

As drug abuse is a continuous challenge, it requires constant attention and action. Drug abuse prevention is a fundamental health issue. Drug abuse prevention activities should be integrated into public health, health promotion and child and youth development programmes. Policymakers need to commit resources to such activities.

Primary prevention efforts that involve the Government alone cannot be effective. Partnerships with civil society need to be forged at the local, national and international levels to ensure the most efficient use of scarce resources and to increase effectiveness in reducing the prevalence of drug abuse. Credible non-governmental organizations promoting children and youth and accustomed to working alongside community representatives can lead prevention efforts at the local level that are evidence-based and culturally appropriate. Because of their extensive direct involvement in that area, such organizations have an important perspective that needs to be heard at the policymaking level.

One disturbing trend highlighted in the present report is the increasing abuse of pharmaceutical preparations containing substances under international control. In the United States of America, where the problem is well documented, the abuse of prescription medicines is more prevalent than the abuse of cocaine, heroin or methamphetamine. One matter of particular concern is that people often do not associate any particular risk with the non-medical use of pain medication. The

extent of such abuse is underreported and not adequately studied. The Board recommends that Governments launch prevention programmes to make youth and families more aware of the dangers of abusing controlled medicines.

Drugs containing substances such as oxycodone, methadone and hydrocodone are subject to strict international control. States that are parties to the international drug control conventions are obliged to regulate access to those drugs and prevent their abuse. Illegal Internet pharmacies violate those regulations by making prescription drugs available to persons without the necessary prescription, which puts consumers of those substances at an inordinate risk. To assist Governments in addressing that problem, the Board issued, in 2009, the Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet, together with a framework of action to help Governments to prevent the illegal online sale of prescription drugs. Governments should make use of the Guidelines and take further action to control the illegal sale of prescription drugs. The Board is ready to support Governments in their efforts to combat the abuse of prescription medicines.

The Board has been the leading advocate of increasing the licit use of opioid-based medications. The consumption of those substances for medical purposes is regularly reviewed in the reports of the Board. The Board has worked with the World Health Organization (WHO) in preparing guidelines for the assessment of national laws and policies with a view to identifying ways to improve the availability of medications. The Board has developed with WHO the Access to Controlled Medications Programme. In addition, the Board has convened a joint working group with WHO to assist Governments in establishing more realistic estimates of requirements for medications containing internationally controlled substances. Overly restrictive policies are contrary to one of the principles enshrined in the international drug control conventions: that the medical use of narcotic drugs is indispensable for the relief of pain and suffering and that adequate provisions must be made to ensure their availability for such purposes.

Sevil **Atasoy**
President
International Narcotics Control Board

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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 2009 could not be taken into consideration in preparing this report.

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
AIDS	acquired immunodeficiency syndrome
ANVISA	National Health Surveillance Agency (Brazil)
ASEAN	Association of Southeast Asian Nations
BIMSTEC	Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation
BKA	Federal Criminal Police Office (Germany)
BZP	*N*-benzylpiperazine
CARICC	Central Asian Regional Information and Coordination Centre
CARICOM	Caribbean Community
CEPOL	European Police College
CICAD	Inter-American Drug Abuse Control Commission (Organization of American States)
CIS	Commonwealth of Independent States
CSTO	Collective Security Treaty Organization
DEA	Drug Enforcement Administration (United States of America)
DNE	National Narcotics Directorate (Colombia)
ECAD	European Cities against Drugs
ECOWAS	Economic Community of West African States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESAAMLG	Eastern and Southern Africa Anti-Money Laundering Group
ESPAD	European School Survey Project on Alcohol and Other Drugs
FUNDASALVA	Anti-Drugs Foundation of El Salvador
GABAC	Action Group against Money Laundering in Central Africa
GBL	*gamma*-butyrolactone
GHB	*gamma*-hydroxybutyric acid
GIABA	Intergovernmental Action Group against Money Laundering in West Africa
ha	hectare
HAARP	HIV/AIDS Asian Regional Program

HIV	human immunodeficiency virus
IMPACT	International Medical Products Anti-Counterfeiting Taskforce (World Health Organization)
INTERPOL	International Criminal Police Organization
ISAF	International Security Assistance Force
LSD	lysergic acid diethylamide
MDMA	methylenedioxymethamphetamine
3,4-MDP-2-P	3,4-methylenedioxyphenyl-2-propanone
NATO	North Atlantic Treaty Organization
OAS	Organization of American States
OASIS Africa	Providing Operational Assistance, Services and Infrastructure Support to African Police Forces (International Criminal Police Organization (INTERPOL))
OSCE	Organization for Security and Cooperation in Europe
P-2-P	1-phenyl-2-propanone
PEN Online	Pre-Export Notification Online
PEPFAR	President's Emergency Plan for AIDS Relief (United States of America)
SAARC	South Asian Association for Regional Cooperation
SAVIA	Health and Life in the Americas
SENAD	National Anti-Drug Secretariat (Paraguay)
SICA	Central American Integration System
TARCET	Targeted Anti-trafficking Regional Communication, Expertise and Training
THC	tetrahydrocannabinol
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

I. Primary prevention of drug abuse

1. As the global community renews its commitment to tackling the world drug problem over the next 10 years, policymakers are increasingly looking to demand reduction to make a key contribution.[1] The term "demand reduction" refers to all activities aimed at reducing demand for drugs and includes primary, secondary and tertiary prevention. The present chapter focuses on primary prevention, that is, measures to prevent and reduce drug use in populations that are either not using or not seriously involved with drugs. The chapter includes a brief review of the extent of drug use and factors associated with such use, a description of primary prevention measures supported by scientific evidence, a discussion on the positioning of a focal point for prevention at the national level and recommendations for action to enable societies to build their capacity for prevention.

2. In the present chapter, the term "drugs" refers to narcotic drugs and psychotropic substances covered by the international drug control conventions: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol;[2] the Convention on Psychotropic Substances of 1971;[3] and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.[4] The distribution of those narcotic drugs and psychotropic substances are permitted by law only if they are distributed through medical and pharmaceutical channels for medical and scientific purposes. In this chapter, the term "drug use" should be understood to mean illicit use of those drugs.

3. International drug policy is led by the international drug control conventions. The supervision of the conventions and the monitoring of their implementation by States rest with the Commission on Narcotic Drugs and the International Narcotics Control Board, respectively. The conventions are concerned with the public health and social problems resulting from drug use. The conventions stress the need for demand reduction and prevention, along with measures to control the supply of narcotic drugs and psychotropic substances. For example, article 38 of the 1961 Convention as amended by the 1972 Protocol states:

> "The Parties shall … take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved, and shall coordinate their efforts to these ends."

4. In the Declaration on the Guiding Principles of Drug Demand Reduction,[5] adopted by the General Assembly at its twentieth special session, in 1998, it is stated that demand reduction efforts should be integrated into broader social welfare and health promotion policies and preventive education programmes. Health promotion and primary, secondary and tertiary prevention together contribute to the overall aim of reducing problems associated with drug use. Treatment activities are aimed at individuals diagnosed with drug dependence. Secondary prevention measures are aimed at reaching early those individuals who are seriously involved with drugs but are not dependent on drugs. Primary prevention, the third critical and complementary element in a demand reduction framework, is directed at populations not currently using or not seriously involved with drugs. Such populations are much larger than those targeted by secondary and tertiary prevention; hence their potential for reducing rates of drug use in a jurisdiction is significant.

5. Primary prevention promotes the non-use of drugs and is aimed at preventing or delaying the first use of drugs and the transition to more serious use of drugs among occasional users. Most drug use begins during adolescence and early adulthood, when young people are developing cognitively and socially. For that reason, primary prevention is mainly directed at those life stages and those before them. Primary prevention activities may be directed at whole populations (also referred to as universal prevention) or at particular groups of people who may be vulnerable because of

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[1] See, for example, the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (A/64/92–E/2009/98, sect. II.A); and *World Drug Report 2008* (United Nations publication, Sales No. E.08.XI.11).

[2] United Nations, *Treaty Series*, vol. 976, No. 14152.

[3] Ibid., vol. 1019, No. 14956.

[4] Ibid., vol. 1582, No. 27627.

[5] General Assembly resolution S-20/3, annex.

risk conditions in their lives (i.e. selective prevention).[6] Drug use may be prevented, directly through activities aimed at preventing drug use or indirectly through activities that prevent drug use by promoting the overall health of a population.[7]

6. There is good reason for society to give considerable attention to preventing drug use. There is no doubt that a single drug-using experience can have unpredictable and serious consequences (such as injury or overdose), particularly for naive users. Immediate problems are more likely to occur if large amounts of drugs are used and if particularly hazardous modes and contexts of drug use are involved (e.g. use of drugs by injection, use of multiple drugs, use of drugs in association with work or sexual activity or use of drugs while pregnant). Frequent use of drugs over a long period can have a number of consequences for the individual, the community and society. Personal consequences can include structural damage to the brain (e.g. due to chronic cocaine or methamphetamine use) or other organs, deteriorating family relations, poorer performance in school or work, unwanted and/or unprotected sexual activity, violence and trouble with the authorities. Of particular concern is the greatly increased risk for blood-borne infection (HIV, hepatitis B and C) associated with the use of drugs by injection. Widespread use of drugs by injection and other forms of chronic drug use in a community can result in reduced community safety and cohesion and elevated criminal activity. Drug use exacts a significant economic toll on communities and societies due to increased law enforcement, social welfare and health care and lost productivity. According to the World Health Organization (WHO), close to 1 per cent of ill health in the world can be attributed to drug use; for developed countries, the figure is 2.3 per cent.[8]

[6] Individuals who are more seriously involved with drugs but are not drug-dependent are also addressed through targeted services referred to as "indicated prevention". Those services are not part of primary prevention.

[7] For the remainder of this chapter, it should be assumed that primary prevention includes health promotion measures and principles.

[8] World Health Organization, *World Health Report 2002: Reducing Risks, Promoting Healthy Life* (Geneva, 2002).

A. Extent and nature of drug use

7. Societal efforts to prevent drug use need to be based on the best possible available data. It is challenging to generate reliable information on the nature and extent of the drug use situation; without a good understanding of the situation, it is impossible to plan properly or know whether strategies are having a positive effect. School and household surveys on the prevalence of drug use provide a broad view of the situation regarding drugs of concern and age and gender differences. Other sources of useful data on drug use vary from region to region but may include hospital emergency units, drug treatment centres, medical networks, police departments, government health and social service offices and university research institutes. In some jurisdictions, networks with representation from these groups have been established to monitor trends in drug use at the municipal, district or national level. However it is gathered, relevant information for primary prevention aimed at preventing or delaying the onset of drug use includes information on the prevalence of drug use, the age of first drug use, gender differences, factors linked to the use and non-use of drugs and the socio-cultural context of drug use. A primary prevention strategy aimed at preventing in a population the transition of occasional drug use into serious involvement with drugs should include the collection of information on the frequency of drug use, the amount of drugs used and the factors linked to making the transition to more serious drug use.

8. It is estimated that between 172 million and 250 million persons in the world used a drug in the past year.[9] What that estimate does not reveal is that rates of drug use vary greatly depending on the drug type, region, age group and gender:

- Cannabis is by far the most commonly used drug among young and older adults: in 2007, 3.3-4.4 per cent of the world's population aged 15-64 years reported having used that drug in the past year. The next most commonly used drugs among person aged 15-64 years are amphetamine-type stimulants (including methamphetamine (0.4-1.2 per cent) and methylenedioxymethamphetamine (MDMA,

[9] *World Drug Report 2009* (United Nations publication, Sales No. E.09.XI.12).

commonly known as "ecstasy") (0.3-0.5 per cent)), followed by cocaine (0.4-0.5 per cent) and opiates (0.3-0.5 per cent).[10]

- Rates and patterns of drug use in different regions are constantly in flux, affected by socio-economic forces and the availability of various drugs. Generally, the highest rates of drug use are found in North America, Oceania and Western Europe, although countries in those regions and subregions have reported drug use to be stable or declining in recent years. While cannabis is the most commonly used drug in most regions, the use of amphetamine-type stimulants is more common in East and South-East Asia. The highest rates of opiate use in the world are reported in countries along the main drug trafficking routes leading from Afghanistan. Increases in the use of drugs by injection and the HIV infection rate in Central Asian countries are among the steepest in the world, partly because those countries are used as transit areas for Afghan heroin bound for the Russian Federation and other countries in Europe. While rates of drug use are currently stable or declining in regions and subregions with high drug use rates, countries with economies in transition (e.g. countries in Eastern Europe and South America) and countries used as illicit drug production or transit areas (e.g. Central Asian countries) are at risk for and, in some cases, show signs of increasing drug use. This shift may be part of a larger phenomenon of "risk transition" resulting from marked changes in living patterns in many parts of the world.[11]

- The abuse of prescription drugs is common in most regions, although comprehensive data on prevalence rates are difficult to obtain because data on the abuse of prescription drugs are not systematically collected in most countries. Where the abuse of prescription drugs is monitored, the prevalence of abuse of such drugs has been found to be high. In North America, for example, the abuse of prescription drugs is second only to the prevalence of cannabis abuse. In the United States, 6.2 million persons aged 12 or older, or 2.5 per cent of the population, abused prescription drugs in the past month, and 15.2 million persons in that age group, or 6.1 per cent of the population, abused prescription drugs in the past year.

- Rates of drug use tend to be higher during the teenage and early adult years. First use of drugs most often occurs in adolescence. In the past, it could generally be said that if young persons had not begun using drugs by the end of their adolescent years, they were unlikely to begin; however, an increase in the number of persons first using drugs in their early adult years has been reported in numerous countries, perhaps partly because of marriage being delayed: getting married (and beginning a family) generally has the effect of reducing drug use. In the past, young males were more likely to use drugs; while that is generally still the case, the gap between drug use among females and drug use among males has narrowed for certain drugs in various countries throughout the world.[12]

9. The question of why some young people begin to use drugs and others do not is complex. It is understood to hinge on the interplay of a number of factors, including genetic and environmental factors. The terms "risk factor" and "protective factor" refer to those attributes or conditions that serve to either increase or decrease the likelihood of drug use. Everyone possesses or experiences a combination of those factors, in their personal, family, social, school, community and societal environments. Drug use or any other problematic behaviour (such as violence, criminal activity or poor school performance) or less socially disruptive internalized problems (such as extreme shyness, depression or anxiety) share many of the same risk and protective factors.

10. Risk and protective factors can affect an individual's development at any point, from conception through childhood to adolescence and adulthood. Some children become vulnerable because of risk factors accumulating early in life. For example, weak

[10] Ibid.

[11] World Health Organization, *World Health Report 2002* … .

[12] *World Drug Report 2009* … .

child-parent attachment at infancy may contribute to early behavioural problems, which can affect school performance and engagement with peers. In other cases, young people who are faring well can become vulnerable as a result of the onset of risk factors at a particular life stage (such as feeling abandoned by one or both parents due to their parents' separation, life in a new community or lack of school attachment). Protective factors help set a healthy pathway and provide a buffer against risk factors, particularly through challenging periods in life. Some children have certain innate traits and abilities that confer protection (see paragraph 11 below), but all children benefit from the protective effects of healthy family, social, school and community environments.

1. Personal factors

11. A number of personal factors, including genetics, biology, personality, mental health and life skills, help to determine whether a young person engages in drug use or other problematic behaviour. A person's genetic make-up may lead to vulnerability to drug use problems that may or may not be expressed, depending on the person's environment (e.g. parent and community attitudes towards drug use) and specific individual experiences. Exposure to substances such as drugs, alcohol or tobacco during pregnancy can either subtly or dramatically affect a child's future development and vulnerability, depending on the substance and the timing and extent of the exposure. Childhood mental health problems, especially conduct disorder and attention deficit disorder (ADD), are associated with later drug use. Use of tobacco and alcohol in late childhood or early adolescence may stem from earlier challenges and is a risk factor for later drug use. Mental health issues tend to become more prevalent during adolescence and are often associated with increased risk for drug use. Drug use by some youth may be an attempt to relieve mental health problems. In adolescence, a sensation-seeking personality is a risk factor for drug use, but so are internalized problems (such as anxiety). In early childhood, an easy-going temperament is a protective factor that buffers the influence of risk factors, reducing the likelihood of later drug use and other problematic behaviour. Important protective traits or abilities throughout childhood include being able to trust, having confidence in oneself and in one's ability to meet life's demands, being able to take initiative, having a well-formed sense of identity and being able to experience and express intimacy. In terms of drug use, as a child proceeds into adolescence, a cautious temperament is a protective factor.

2. Family factors

12. The quality of family life is a large factor affecting health and behaviour throughout childhood and adolescence. Early deprivation (e.g. lack of affection from caregivers, neglect or abuse) often has a profound affect on a child's pathway through life. Children of drug- or alcohol-dependent parents are at particular risk for later drug use. In adolescence, discipline and family rules are factors, and extreme approaches (i.e. being either too permissive or too punitive) are associated with problems. Transitions or significant changes in family life (such as parental separation, loss of a close family member or moving to a new neighbourhood or school) can place any young person at risk. Parents who are good listeners, set reasonable expectations, monitor their child's activities and model healthy attitudes and behaviour (e.g. in relation to use of medication) have a protective effect.

3. Social factors

13. Social influences play an increasingly prominent role as children approach adolescence. In some societies, the media have contributed to a normalization of drug use. That is important because young people tend to be influenced by their perception of how common or "normative" drug use is in their networks. If a young person's friends or peers smoke, drink or use drugs or it is believed that they do, the young person is more likely to do those things, too. However, the phenomenon of peer influence as a risk factor is complex; peer influence rarely takes the form of overt coercion to try drugs, as is sometimes assumed. Decisions on the use of a particular drug are also linked to perceptions of the risk associated with the use of that drug. An emerging drug may go through a phase in which there is little information available about the risks or consequences of its use. Inaccurate information often fills that void, leading to an image of the drug being safe or of its users being somehow different from other drug users. As the perceived risk associated with the use of the drug increases, the rate of its use tends to decline. However, the concept of drug-related risk is best considered in relation to the benefits perceived by the young person. Some young

people may perceive unhealthy behaviour such as drug use as having important social benefits (for example, supporting a desired identity or making friends). Consequently, knowledge about drug risks does not serve as a protective factor in itself, but belief that the relative risks of drug use outweigh the benefits does. Spiritual engagement, active involvement in healthy recreational activities and service to a community are all important social factors that provide protection during adolescence.

4. Gender factors

14. It is important to consider gender differences for protective and risk factors in relation to drug use. Certain protective and risk factors may hold equal importance for boys and girls (e.g. social support, academic achievement, poverty) but may be expressed in different ways. Boys have a higher prevalence of conduct disorder and ADD[13] during childhood, which can lead to them having earlier association with deviant peers and earlier initiation into drug use than girls. Other risk factors tend to be more important for girls; such risk factors include negative self-image or self-esteem, weight concerns, early onset of puberty, or a higher level of anxiety or depression. During adolescence, girls tend to give greater priority to social relationships than do boys; girls also appear to be more vulnerable to the influence of drug-using friends. Certain protective factors, such as parental support and consistent discipline, tend to be more important for girls than for boys.

5. School factors

15. The opportunity to attend school is an important protective factor; for children who are able to attend school, the quality of the school experience has an impact on their health and on their likelihood of engaging in risky behaviour, including drug use. Young people who are not engaged in learning and who have poor relationships with their peers and teachers (e.g. young people who are bullied or who experience a feeling of not belonging or who are not engaged in their schoolwork or other activities) are more likely to experience mental health problems and to be involved in various types of health-risk behaviour, including drug use. Students with positive teacher, learning and social connectedness fare best in terms of mental health and resistance to health-risk behaviour and are more likely to have a good educational outcome. Schools that give systematic attention to promoting bonds among teachers, parents and students provide an important protective effect in terms of both learning and well-being. Students in secondary school are less likely to use drugs when the norms in school reflect a clear disapproval of drug use.

6. Community and societal factors

16. Many of the above-mentioned factors affecting young people arise from community conditions and other broad social factors (e.g. adequacy of income, employment and housing and the quality of social support networks). Internal migration, in particular migrating from a rural setting to an urban one, may be a risk factor when it causes a sense of uprooting, loss of traditional family values and relationships, loss of social structure with respect to the community of origin, difficult cultural adaptation or a feeling of alienation. Not having a reasonable income is a risk factor, as are having jobs with boring tasks, having no supervision and having no opportunity for promotion. Insufficient financial resources are deepened by poor community conditions such as badly maintained schools and lack of access to community services. Weak communities are more likely to experience crime, public drug use and social disorder, which, in turn, can further weaken those communities. Social capital (a community's cohesiveness and ability to solve common problems) is an indicator of community health that may have a bearing on a number of issues, including drug use.

7. Vulnerable populations

17. Young people around the world live in a vast range of circumstances. Many young people are exposed to ordinary levels of risk in the various areas of their lives, and most choose not to use drugs. However, some young people at least try drugs, particularly cannabis and amphetamine-type stimulants (along with alcohol, tobacco and, increasingly, without a doctor's supervision, psychoactive medicines), and some experience problems as a result. In every region,

[13] See World Health Organization, *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (Geneva, 1992); and American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR*, 4th ed. (Washington, D.C., 2000).

however, there is a population of children and young people exposed to more than an average level of risk. That risk may be manifested in various ways; if drugs are available to young people during adolescence and adulthood (e.g. as a result of drug use in the family or a high level of drug trafficking in the neighbourhood), they are more likely to use drugs. The challenge (and opportunity) for society is to systematically offer protective conditions and experiences to all children and youth, particularly those who are more vulnerable.

B. Strategies for preventing drug use

18. Primary prevention strategies need to ensure that attention is given to both whole (or universal) populations as well as targeted (selective) populations. Well-based whole population initiatives can both reduce demand and help identify gaps or population groups that are not being sufficiently addressed. To effectively address their needs, particular groups or vulnerable populations may benefit from initiatives with greater focus or intensity. Consequently, a prevention plan needs to include both types of measures: measures targeting the general population and measures targeting the more vulnerable population groups. Research provides good direction on the most fruitful whole population and targeted approaches for the various life stages.

1. Early childhood

19. Initiatives to promote the health and social development of children in their preschool years (children up to 6 years of age) can have the effect of averting a range of problems, including drug use, during adolescence and later. Prevention needs to begin with prospective parents, raising their awareness of the harm caused by using drugs, alcohol or tobacco during pregnancy. Home visit initiatives directed at young families experiencing problems (parental mental health problems or drug abuse, lack of partner support etc.) are a very effective intervention for preschool children. Such programmes typically involve a longer-term intensive relationship with the mother and family, beginning prior to or just after delivery. The aim of visit programmes is to support the mother with her own health needs, with child development issues and with help in accessing services. Higher-quality early childhood education programmes have been shown to improve academic performance and social skills among vulnerable children, yielding long-term dividends, including reduced drug use, in a range of life areas. Programmes directed at families of preschool children can identify and reduce behavioural problems in early childhood (such as non-compliance and conduct disorder), improve parenting practices and help parents to create an environment promoting positive child development.

2. Later childhood

20. Primary prevention resources for the later childhood years are best devoted to family-based initiatives. Most parents benefit from support, and the extended family can play a crucial supportive role, particularly in societies without established welfare systems. Circumstances and needs vary considerably, however. Brief advice may suffice in some cases; in others, parenting training involving the whole family or therapeutic support may be most beneficial. A tiered arrangement offering services for a variety of needs or levels of risk is ideal. It has the effect of exposing all families in the community to programming support while allowing families with particular challenges to access services without being stigmatized.

21. In some regions, family skills training programmes are becoming increasingly common, bringing groups of families together for approximately eight sessions. They have been found effective for groups of families assembled on the basis of shared risk factors (e.g. families with a drug-dependent parent), as well as those assembled without regard to their risk level. In both cases, the programmes typically help parents to improve their ability to listen and communicate effectively, solve problems, provide appropriate discipline and monitor their children's activities during adolescence. The sessions need to be interactive (instead of in a lecture format) and to include opportunities for parents and children to test new ideas and skills together. The sessions are often organized in concert with the local school, emphasizing mutual support between parents and teachers. Providing incentives such as paid transportation, arrangement for childcare, free communal meals and vouchers for consumer goods at the end of the programme can greatly enhance the participation of parents and families. On the whole, family skills training programmes are among the most effective drug use prevention options; they have also

been shown to decrease other types of problem behaviour (aggressiveness, truancy) and increase attachment to school.[14]

3. Early and middle adolescence

22. For children in early adolescence who are able to attend school, education aimed at raising awareness of the risks of drug use is an important prevention component. The ability of classroom instruction to prevent drug use is much strengthened when such instruction is delivered in the context of a "health-promoting school" approach integrating attention to the environment in and around schools, good access to services and strong parent and community involvement. The most promising classroom models for such education ensure that accurate, balanced information on the risks and consequences of drug use is provided in the context of exploring social influences and teaching key life skills (such as coping, decision-making, critical thinking and assertiveness).[15] But in order to be manageable for schools, such education needs to be woven with other issues (e.g. mental health problems) that share the same risk and protective factors. Interactive teaching approaches are essential to effective education about the risks of drug use, as simply providing information has been found to be ineffective. Because relevance is critical, culturally appropriate education programming is likely to increase the potential of programmes for educating students of differing ethnicity about the risks of drug use.[16] The effectiveness of even the best programmes is limited given that many of the risk factors lie beyond the school grounds. However, such programmes are viewed as cost-effective because they are relatively inexpensive to deliver and have been shown to have an impact on other types of behaviour and because delaying the onset of drug use by even a year or two for a few students helps avoid significant social costs in the future.

23. Having school policies on substance use is important as it enables the school to address drug use issues and to influence the norms and culture within the school. The content of school policies on substance use is important, but so is the process by which such policies are developed, communicated and enforced. While a participatory approach to that process is time-consuming, it has a positive effect in that it gives students and staff a sense of ownership over that part of their lives. It will lead to greater support for policies and decisions. School policies on substance use should cover the use of drugs, alcohol and tobacco among students and staff. A balanced policy on substance use is one that seeks instructive and health-promoting solutions to issues, including logical consequences for infractions, and minimizes punitive action such as suspension. Suspension often leads to increased antisocial behaviour, so policies on substance use should foster creative ways to help youth who are at higher risk to maintain their links with school.

24. All students may potentially benefit from universal prevention measures aimed at imparting knowledge or life skills or improving the overall environment in school. However, some students (e.g. those who are not succeeding in school, those who have behavioural issues or learning disabilities or those who are not involved in extra-curricular activities) are at risk for a variety of problems, including drug use, and may benefit from targeted prevention measures. Initiatives that help students at higher risk by supporting them academically, teaching them life skills or engaging them in sports and recreation programmes can be effective. Some initiatives that have brought together higher-risk students in targeted programmes have had negative effects because they resulted in the students having relationships with deviant peers and spending less time in a regular class with more conventional peers; hence caution is advised. Brief interventions using motivational approaches have shown particular promise for students who use alcohol and may have a similar effect on students who use drugs.

25. Agencies serving youth, sports clubs and other entities providing out-of-school activities offer good opportunities to promote youth development and health. By simply providing alternative activities for

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[14] *Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention* (United Nations publication, Sales No. E.09.XI.8).

[15] World Health Organization, *Skills for Health: Skills-Based Health Education Including Life Skills – An Important Component of a Child-Friendly/Health-Promoting School*, Information Series on School Health, No. 9 (Geneva, 2003).

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

children and youth, they play an important role in promoting healthy use of leisure time. However, such entities can strengthen that role by building programmes in which: all youth feel physically and psychologically safe; rules and expectations are clear and age-appropriate; and there are plentiful opportunities to assume increasing responsibilities. Much of the potential of those entities depends on the quality of the young people's relationships with the adult leaders and coaches. If they are characterized by respect, warmth and good communication, child health is promoted. The challenge for adult leaders is to make every effort to ensure that all children and youth feel included, particularly those who might otherwise feel excluded due to their gender, sexual orientation, disability, ethnicity or religion. Community programmes for vulnerable adolescents and young adults should be evidence-based, work hard to engage participants (e.g. through sports and the arts), be of sufficient duration to cultivate trusting, supportive relationships between staff and all participants and pay more attention to learning and skill development than results.

26. Mass media campaigns are used by societies around the world to support primary prevention. Campaigns may have a variety of aims such as promoting healthy lifestyles, shifting community norms in relation to drug use and supporting parents in their preventive role. Keys to an effective campaign are having a good understanding of the targeted youth or parents and having sufficient resources to reach the target group. Evidence suggests that the following are also important:

- When presenting drug-specific information, campaigns need to ensure that the information is accurate and balanced.
- While noting longer-term consequences, it is important to emphasize immediate personal and social consequences (e.g. looking unattractive, being embarrassed by intoxication and antisocial behaviour the next day, growing apathy, inability to concentrate, getting arrested).
- Because youth are a very diverse population, it is important to be clear about the target group and the image or social representation that the group applies to a drug; for example, a media message developed for adventurous youth should differ from a message directed at youth who may find drug use appealing because of their anxiety issues.
- It is extremely difficult for most adults to keep abreast of youth trends and age-specific considerations; hence, it is important to involve members of the target group in designing media initiatives.

27. It is challenging for drug prevention media campaigns to be noticed in the midst of unprecedented media traffic. Partnerships in which the public sector and the private sector pool their resources are effective in extending the reach of prevention campaigns. Used creatively, both traditional (e.g. street interviews) and newer media approaches (e.g. social networking on the Internet) can provide access to target groups among youth without being prohibitive in cost.

4. Late adolescence and early adulthood

28. Given their dominant role in the lives of many older adolescents and young adults, the workplace, nightlife settings (such as clubs, discotheques, bars, parties and music festivals) and post-secondary institutions (e.g. colleges and universities) are important for primary prevention.[17] A "healthy-setting" approach that recognizes their potential to either promote or hinder health can be effective in all cases:

- Working conditions and organizational practices can either alleviate or aggravate stress on workers, which has a large influence on workers' health and drug use. Giving employees input into the way their work is organized can help reduce stress, as can measures such as providing regular feedback on performance and having work schedules that are reasonable and flexible. Companies, large and small, can also reduce drug use by raising the awareness of employees and supervisors about drug issues, implementing an effective approach to identifying drug users

[17] In all societies, there is a population of older adolescents and young adults who have less access to resources. Young people who are unemployed and living in poor housing or on the street (for example, due to an abusive or unstable upbringing, or mental illness) are more likely to benefit from intensive targeted services than primary prevention activities.

and achieving a balance between disciplinary measures and access to assistance.[18]

- Prevention of drug use in nightlife settings is best addressed through comprehensive interventions aimed at promoting the health and safety of both staff and customers. Health and safety issues within those settings are wide-ranging; such issues may include ventilation, fire, sound levels, sexually transmitted infections and unwanted pregnancies, unintentional injuries due to falls or violence, and impaired driving upon leaving the workplace. Such issues are best addressed by a combination of basic venue policies, training serving staff and door supervisors and helping with access to treatment for staff if necessary.
- Post-secondary institutions are also advised to take a comprehensive approach that ideally combines awareness and education, as well as the training of peer leaders, with policy that is consistently applied. Initiatives in such institutions should be based on understanding that drug use interferes with academic performance.

5. All life stages

29. Societies clearly have a wide range of opportunities (e.g. in terms of population targets, life stages and settings) to promote the health of young people and to prevent drug use. While adolescence is often the focus of primary prevention, the early and middle childhood years also offer good opportunities. Primary prevention opportunities are more limited as young people make the transition into adulthood, but attention at that life stage is also important. During all life stages, prevention needs to be infused into the way all members of the community (i.e. families, schools, media, youth agencies, religious groups and nightlife establishments) view their responsibilities. For prevention policymakers and programmers, the challenge is to show how incorporating prevention-oriented policies and approaches can support the core mission of those members of the community, so that, for example, nightclub owners come to see that a healthy setting can make good business sense and school authorities understand that prevention contributes directly to educational objectives. Ideally, everyone in a community should see the prevention of drug use and the promotion of health as their business and regard them not as projects but as the best way to do their work.

30. Every single initiative, when based on evidence and carefully designed and delivered, makes an important contribution to prevention; however, positive outcomes are much more likely when individual initiatives are brought together into comprehensive, long-term community action. Nurturing healthy young people who do not use drugs means engaging all members of the community in helping children and youth develop strong personal and social capabilities. Skill-building opportunities are most powerful when presented in the context of day-to-day living (e.g. coping with relationships, drugs or bullying). These skills are best groomed by families (including extended families), schools, recreational associations and others in the community working together to support healthy development.

31. Well-coordinated, long-term community programmes for preventing drug use are complex undertakings that require commitment, partnership-building, leadership development and public participation. The challenges are not small but the rewards can be significant. Even in weak communities caught in a downward spiral, collective efforts can bring about small but important changes (e.g. a reduction in the amount of drugs sold or in the extent of drug use in public places) that strengthen cohesion and a sense of common purpose. Because poor social conditions can contribute to drug use, prevention professionals need to work with others to monitor conditions and advocate creative policies and initiatives to reduce social inequality and alleviate poverty (e.g. promoting access to adequate housing and food, quality jobs and early childhood education and care). Governments have a definite role to play in supporting local action but they need to exercise care. With their access to data and research, professionals can unintentionally intimidate citizens into thinking that they do not have the competence to address their own local issues. The residents (including the youth) of a community need to define their concerns and arrive

[18] International Labour Office, *Management of Alcohol- and Drug-Related Issues in the Workplace*, ILO Code of Practice (Geneva, 1996). Available from http://www.ilo.org/public/libdoc/ilo/1996/96B09_297_engl.pdf.

at a sustainable plan, and prevention professionals need to support that role and help build the capacity of the community to do that work.

C. Building capacity for primary prevention at the national level: challenges and opportunities

32. Primary prevention strategies based on evidence have considerable potential to reduce drug demand; to realize that potential, however, Governments need to bring primary prevention out of the shadows of other strategic measures and be committed to that work. Drug control strategies aim to achieve a balance between various components, yet primary prevention continues to suffer from lack of attention relative to other components. Supply reduction is a vitally important part of the mixture of components needed to effectively address drug problems. Although evaluation and cost-benefit analyses of drug supply reduction measures are scarce, it is assumed that those activities have the effect of raising drug prices and making drugs less accessible in communities. To the extent that that is the case, supply reduction activities have the effect of reducing demand. The reverse is also likely to be true: effective drug demand reduction, including primary prevention, has the effect of reducing drug supply in communities. Primary prevention also needs to re-establish its place alongside secondary prevention, which has dominated the discussion in recent years. While the needs of those seriously involved with drugs must be addressed, promoting the non-use of drugs has obvious public health benefits as well. Finally, it is important for primary prevention to come out of the shadow of treatment for drug abuse. Historically, much of the work in the area of prevention of drug use has been done by treatment and medical practitioners. Their close knowledge of drug use problems has provided important insight into prevention work; however, clinicians tend to deal with problems using an individual, case-by-case approach rather than a "system" approach. It is vital to adopt a "system" approach that takes into account the various contexts or environmental factors that influence drug use.

33. In fact, the greatest challenge of primary prevention may be to clearly organize and account for the range of linkages that need to be a part of an effective primary prevention plan. The Board calls for policymakers to establish a clear focal point for primary prevention and to develop both vertical and horizontal linkages in Government:

- *Vertical linkages*: drug use issues are fundamentally health issues, and prevention is most closely connected to public health, health promotion and child and youth development; consequently, health authorities at all levels of government need to be an integral part of primary prevention efforts. Vertical linkages are necessary because a focal point for drug use prevention should have input into social policy decision-making at the highest levels of government. Risk for drug use most often originates in broad socio-economic factors, and prevention policy needs to advocate social policy at the government level that promotes more equitable access to protective factors for children and families (e.g. anti-poverty and social inclusion initiatives).
- *Horizontal linkages*: early factors can render a child at risk for drug use later in life. Thus, strategies for drug use prevention need to be linked with and support child development initiatives. Ministries of education have a large role to play in primary prevention but often experience severe constraints, so it is critical for authorities responsible for prevention and those responsible for education to arrive at plans for drug use prevention in school that are both feasible and effective. The factors that contribute to drug use also contribute to other behavioural and social problems such as poor school performance, mental health problems, violence and criminal activity; therefore, it is important for a focal point for drug use prevention to link with strategies directed at those other types of behaviours that represent a health risk. A priority topic of inter-strategy discussions is the need for other strategies to include drug use prevention among their objectives and in their evaluations and for strategies for drug use prevention to reciprocate. Because early use of legally available substances is linked to later drug use, a plan for drug use prevention needs to include or be linked to efforts to address the abuse of such substances. Finally, primary prevention

services need to be linked with secondary prevention and treatment components of a demand reduction continuum to ensure seamless coordination between service levels.

34. The critical importance of collaborative work between Government offices means that system capacity should be strengthened in that direction. Governments need to establish formal and informal mechanisms for coordination and cooperation, to assign staff to support interdepartmental and interdisciplinary cooperation at all levels and to promote the active exchange of knowledge within and between sectors.

35. Government action alone cannot be effective in primary prevention; it is essential that focal points for primary prevention and non-governmental organizations collaborate with one another. Partnerships between government and civil society need to be forged at the local, national and international levels to ensure that scarce resources are used as efficiently as possible and to increase the effectiveness of efforts to reduce the prevalence of drug use. Credible non-governmental organizations that help children and youth and that are accustomed to working alongside community representatives are best able to deliver evidence-based, culturally appropriate prevention at the local level. In some regions, the work of non-governmental organizations is increasingly being evaluated, and that development should be encouraged. The large and direct involvement of non-governmental organizations in that area lends them an important perspective that should be taken into account by government representatives at the policymaking level.

36. It is important for a strategy for drug use prevention to present clear targets and aims:

- In any population of young people, there is a large group of people who are not using drugs or use them occasionally; those people would benefit from measures and messages that promote not using drugs. Some of those young people have advantages or protective factors and would benefit from broad universal prevention measures; others are more vulnerable because they have one or more risk factors. Governments may be tempted to allocate their limited resources to either one population group or the other, but they are advised to set aside resources for both. Universal prevention interventions tend to have a limited effect (that is, they prevent only a small percentage of the population from starting drug use than would otherwise be the case); however, because they are serving whole populations, that percentage of the population may represent a significant number of people and provide an important public health benefit. Targeting vulnerable population groups allows for interventions to be more closely tailored to the needs of particular population groups.
- Key words in statements of long-term outcomes include “prevent use”, “delay use”, “promote non-use among occasional users” and “prevent occasional use from shifting to serious use”. More immediate outcomes that can contribute to those long-term aims include “developing health-related life skills”, “building protective factors”, “promoting resiliency” and “promoting individual or organizational capacity”. All elements of a strategy (e.g. targets, aims and activities) need to be logically linked in an accountability framework.

37. Governments and other stakeholders (e.g. schools, youth agencies, the media, religious groups, police, community coalitions and the private sector) need to emphasize an evidence-based approach to primary prevention work. Most prevention research and evaluation continue to be carried out in a handful of countries. That is a matter of concern because prevention activity is inevitably affected by its social and cultural context. To move beyond that situation, Governments and funding bodies throughout the world need to take greater responsibility, for example, by undertaking studies on interventions that have been shown to be promising or effective elsewhere. That means making more resources (e.g. funding, technical assistance) available for the design, implementation and evaluation of programmes for drug use prevention.

38. At the local level, persons responsible for programmes for drug use prevention should strive for quality in their work. That means that they should be able to show that they addressed the identified needs, that activities were implemented as planned (e.g. the intended number and types of individuals were reached), that activities resulted in the desired changes

or outcomes (e.g. fewer students using cannabis) and achieved the changes at a reasonable cost and so on. If local organizers adopt a programme that has been found to be effective elsewhere, they will need to retain core elements of the programme when adapting it to the local culture and circumstances. As programmers around the world increasingly evaluate and share their work, the understanding of what works in different populations and cultures will improve considerably.[19]

39. A number of Governments and research institutes have published summaries of scientific evidence to guide prevention strategies and activities. Those guidelines on good practice are helpful. They could serve as the basis for standards in prevention, providing benchmarks for quality prevention. When augmented by resources to support continuous improvement, such standards could raise the overall quality of prevention work. Efforts to improve the quality of programming and practice have the effect of professionalizing the prevention workforce. That not only brings better service to society, it provides important support for prevention workers, giving them a clearer identity and career path. In an environment emphasizing quality standards, it will be easier to retain prevention workers and to build organizational capacity. Relevant international authorities can encourage this development by preparing, in consultation with national authorities, experts, service providers and young people, international principles of effective primary prevention. Such guiding principles could lead to broad standards and quality criteria that Governments could use in monitoring and reporting their performance in primary prevention.

40. To fulfil the potential of primary prevention, society needs to move from rhetoric to action. Prevention is too often lauded and poorly supported. In response to a perceived drug-related "crisis", Governments often give priority to strong but short-lived responses such as a stand-alone media campaign or heightened law enforcement. Governments need to work against the cycles of panic and indifference that have often characterized reactions to drug issues. In order to maintain support for prevention strategies over the long term, societies need to understand that drug problems are not a one-time crisis but an ongoing challenge. While it is unrealistic to expect drug use and the resulting problems to be eliminated, the prevalence of drug use can be reduced and significant social and economic benefits can be realized. Increasingly rigorous research and practice are showing the way. Factors contributing to drug use are better understood, realistic aims are being defined and evidence of the cost-effectiveness of various primary prevention activities is mounting. Policymakers now need to commit resources to implement this important work.

D. Recommendations for building capacity for primary prevention at the national level

41. To ensure the implementation of effective primary prevention, the Board has made the following recommendations:

- Governments should establish a clear focal point and accountability for primary prevention. That will enable primary prevention to assume its proper place alongside secondary and tertiary prevention.
- Governments should integrate primary prevention into the national drug control strategy and use a public health framework. A public health framework provides a scientific basis for prevention and ensures that the full range of factors that contribute to drug use are addressed.
- Governments should build capacity for and ensure collaboration and linkage among all government sectors pursuing similar prevention aims. Because a wide variety of factors contribute to drug use and many of those factors also contribute to other kinds of health issues or risk behaviour (e.g. mental health problems, violence, criminality), linkages with other government offices having similar aims will lead to synergies at the government level.
- Governments should encourage various groups with a stake in prevention (e.g. families, schools, youth agencies and non-governmental

[19] For a useful resource to guide the evaluation of prevention at the local level, see *Monitoring and Evaluating Youth Substance Abuse Prevention Programmes* (United Nations publication, Sales No. E.06.XI.7).

organizations, the media, religious groups, police, community coalitions and the private sector) to work together towards the achievement of prevention aims. Limited resources are most effectively and efficiently utilized when relationships are characterized by open communication and commitment to collaboration.

- Governments should establish mechanisms to improve the understanding of drug use and the factors that influence drug use. It is important that prevention be data-based to the extent possible. Only with a clear understanding of the current extent and nature of drug use is it possible to determine whether prevention initiatives are having the desired effect.
- Governments should seek to build and disseminate knowledge of best practices within their jurisdictions. Governments must take the lead in preparing and testing innovative local models and adapting approaches that have been shown to work elsewhere, with a view to determining which best practices are locally relevant.
- Governments should increase their commitment to the evaluation of primary prevention. It is important to have not only the financial resources but also the technical assistance to guide programmers in undertaking evaluation that is both manageable and useful.
- Governments should develop the primary prevention workforce. That means establishing prevention as a defined field of practice, ensuring adequate initial and ongoing training and promoting practice-based networks.
- The United Nations Office on Drugs and Crime (UNODC) should collaborate with others to develop standards against which Governments may measure their efforts in primary prevention. Collaboratively prepared standards can be used as a benchmark for parties intent on continuously improving their primary prevention efforts.
- UNODC should collaborate with the United Nations Children's Fund (UNICEF), the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization, WHO, relevant non-governmental organizations and the private sector to develop, promote and disseminate resources to help Governments strengthen the quality of their primary prevention work.

II. Operation of the international drug control system

A. Narcotic drugs

1. Cooperation with Governments

Submission of annual and quarterly statistical reports on narcotic drugs

42. Parties to the Single Convention on Narcotic Drugs of 1961[20] and that Convention as amended by the 1972 Protocol have an obligation to furnish to the Board statistical information on narcotic drugs pursuant to article 20 of the Convention. The Board uses the statistical data and other information received from Governments to monitor licit activities involving narcotic drugs throughout the world. The analysis of statistical data allows the Board to determine whether Governments have enforced treaty provisions requiring them to limit to medical and scientific purposes the licit manufacture of, trade in and use of narcotic drugs while, at the same time, ensuring the availability of narcotic drugs for legitimate purposes. Details of the statistical data received, including the status of compliance of parties with their reporting obligations, are contained in the 2009 technical report of the Board on narcotic drugs.[21]

43. Parties to the 1961 Convention are required to submit to the Board annual statistical reports on production, manufacture, consumption, stocks and seizures of narcotic drugs. They have also an obligation to furnish to the Board quarterly statistics on imports and exports of narcotic drugs. As at 1 November 2009, a total of 169 States and territories had submitted annual statistics on narcotic drugs for 2008; that figure represents 80 per cent of the 211 States and territories required to furnish those statistics. A total of 192 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2008; that figure represents 91 per cent of the 211 States and territories requested to furnish such statistics.

44. Some States, including India, Japan, Singapore, the United Kingdom of Great Britain and Northern Ireland and the United States of America, did not provide in 2009 the requested annual statistical reports in a timely manner. The late submission of reports makes it difficult for the Board to monitor licit activities related to narcotic drugs and delays the analysis by the Board of the worldwide availability of narcotic drugs for legitimate purposes, as well as its analysis of the global balance between the supply of opiate raw materials and the demand for those materials. The Board requests all States to comply in a timely manner with their reporting obligations pursuant to the 1961 Convention.

45. The Board provides assistance to Governments in complying with their reporting obligations under the 1961 Convention. In 2009, the Board provided to several Governments, at their request, explanations regarding reporting requirements for narcotic drugs. Training material on the control of narcotic drugs and guidelines on reporting on those drugs for use by national competent authorities are available on the website of the Board (www.incb.org). Reporting requirements were discussed during an informal consultation on reporting, organized for selected Governments by the Board during the fifty-second session of the Commission on Narcotic Drugs, in March 2009. All Governments are encouraged to seek from the Board any information that they may consider useful regarding the control of narcotic drugs pursuant to the 1961 Convention, including reporting requirements.

Submission of estimates of requirements for narcotic drugs

46. The universal application of the system of estimates for narcotic drugs is a prerequisite for the functioning of the international control system for narcotic drugs. Governments should establish estimates at the levels that are adequate to ensure access to narcotic drugs for medical treatment and to prevent diversion into illicit channels.

47. As at 1 November 2009, a total of 164 States and territories had submitted their estimates of requirements for narcotic drugs for 2010; that figure represents 78 per cent of the 211 States and territories required to furnish the annual estimates for confirmation to the Board. For those States and

[20] United Nations, *Treaty Series*, vol. 520, No. 7515.

[21] *Narcotics Drugs: Estimated World Requirements for 2010; Statistics for 2008* (United Nations publication, Sales No. T.10.XI.2).

territories that did not submit their estimates in time for examination and confirmation, the Board had to establish estimates in accordance with article 12, paragraph 3, of the 1961 Convention. The estimates established by the Board are based on estimates and statistics reported in the past by the Governments concerned. If Governments have not furnished estimates and statistics for several years, the estimates established by the Board may be set lower than the estimates submitted in the past by the respective Governments, as a precaution against diversion. Therefore, the Governments for which estimates were established by the Board are urged to examine closely their requirements for narcotic drugs for 2010 and provide their own estimates to the Board for confirmation as soon as possible, in order to prevent any possible difficulties in importing the quantities of narcotic drugs required for legitimate purposes.

48. The estimates for all States and territories are published by the Board in its technical report on narcotic drugs. The updates of those estimates, which reflect, inter alia, supplementary estimates furnished by Governments, are made available on the website of the Board (www.incb.org).

49. The Board examines annual estimates received from Governments in order to limit the use of narcotic drugs to the amount required for medical and scientific purposes and to ensure adequate availability of those drugs for such purposes. Governments are requested to adjust their estimates or to provide explanations whenever the Board considers the estimates to be inadequate. In 2009 the Board was, for the most part, satisfied with the promptness of the responses from Governments that had been requested to adjust their estimates or provide clarifications. However, the competent authorities in some countries, such as India and South Africa, appear to have difficulties in estimating their requirements for narcotic drugs. The Board has offered assistance to the Governments of those countries by providing clarifications on the provisions of the 1961 Convention relating to the system of estimates.

50. Supplementary estimates are an important tool used to meet shortfalls in the availability of narcotic drugs. The Board requests all Governments to determine their annual estimates of requirements for narcotic drugs as accurately as possible, so that resorting to supplementary estimates is reserved for unforeseen circumstances. However, when developments in medical treatment, including the use of new medicaments and scientific research, result in additional needs for narcotic drugs, Governments should not hesitate to submit supplementary estimates.

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

Diversion from international trade

51. The system of control measures laid down in the 1961 Convention provides effective protection of international trade in narcotic drugs against attempts at their diversion into illicit channels. In 2009, no cases were detected of diversion of narcotic drugs from licit international trade into the illicit traffic.

52. The effective control of international trade in narcotic drugs is, to a large extent, a result of the vigilance of exporting countries when authorizing the export of narcotic drugs. The Board welcomes the vigilance of the Government of the Islamic Republic of Iran, which, in cooperation with the Board, prevented in August 2009 an attempt by traffickers to use a falsified import authorization from a country in East Africa to divert 100 kg of oxycodone hydrochloride from licit international trade.

53. The vast majority of exporting countries strictly observe the limits set in the system of estimates for narcotic drugs for the importing countries. However, in 2008 and 2009, as in previous years, a few cases were identified where a specific export of narcotic drugs was authorized in excess of the estimates of the respective importing countries, thereby contravening the provisions of article 31 of the 1961 Convention. Such exports of quantities above the estimates set by the importing country may result in the diversion of narcotic drugs into illicit channels. The Board has therefore reminded the Governments concerned of their obligation to comply with the provisions of article 31 and has requested them, when authorizing exports of narcotic drugs in the future, to always consult the annual estimates of requirements for narcotic drugs for each importing country and territory, which are published by the Board.

Diversion from domestic distribution channels

54. The diversion of pharmaceutical preparations containing narcotic drugs from domestic distribution

channels and the abuse of those preparations are taking place in an increasing number of countries. The narcotic drugs most often diverted and abused include codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydrocodone, methadone, morphine, oxycodone, pethidine and trimeperidine. Data received from Governments suggest that the most often diverted and abused pharmaceutical preparations are usually those which are also the most available on the licit market.

55. Pharmaceutical preparations containing narcotic drugs are diverted in some countries for subsequent smuggling to other countries where illicit markets for those preparations exist. Illegal Internet pharmacies are increasingly involved in trafficking in pharmaceutical preparations diverted from domestic distribution channels (see paragraphs 228-231 below). Mail and courier services are misused by traffickers for smuggling diverted pharmaceutical preparations containing narcotic drugs.

56. The Board has examined in detail the issue of the diversion and abuse of pharmaceutical preparations containing narcotic drugs for which prescriptions are required under the international drug control treaties. (For the findings and recommendations of the Board regarding that issue, see paragraphs 229-241 below.)

57. Governments need to be aware that increased availability of narcotic drugs for legitimate medical purposes may raise the risk of diversion and abuse of those drugs. In the United States, the most frequently diverted and abused pharmaceutical preparations are those containing hydrocodone and oxycodone. In 2008, the United States accounted for over 99 per cent of global consumption of hydrocodone and 77 per cent of global consumption of oxycodone. The medical use of hydrocodone reached 18 defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day, and the medical use of oxycodone reached 5 S-DDD per 1,000 inhabitants per day. The Board wishes to remind all Governments of the need to closely monitor trends in the consumption of pharmaceutical products containing narcotic drugs and to adopt measures to counter their diversion and abuse, as necessary.

58. In several countries, the diversion and abuse of narcotic drugs involve preparations for which certain control measures, such as the requirement for prescription, are not mandatory under the 1961 Convention. Such preparations include, for example, cough syrups containing codeine, dihydrocodeine, ethylmorphine and pholcodine. The Board again calls on all Governments to be on the alert for problems involving the abuse of pharmaceutical preparations not requiring prescriptions, and to adopt, if necessary, measures to effectively prevent the diversion into the illicit traffic and abuse of such preparations.

59. For some narcotic drugs, such as oxycodone, the risk of diversion increased when they became available in larger single dosages in slow-release preparations, which were more liable to abuse. Abusers have attempted to circumvent the time-release properties of such preparations by chewing or crushing the tablets. The Board has also informed Governments of reports from several countries about the abuse of fentanyl patches. The Board has recommended to Governments that specific measures be taken for the safe disposal of used fentanyl patches.[22] The Board calls upon all Governments to be on the alert with respect to the abuse of pharmaceutical preparations containing large single dosages of narcotic drugs.

60. Cases involving the diversion of opioids, prescribed for substitution treatment, in particular methadone and buprenorphine, have been reported in many countries. The Board again requests the Governments of countries where opioids are used for substitution treatment to take all measures necessary to prevent their diversion into the illicit traffic and, at the same time, to ensure that those substances are available for use in such treatment. The Board notes that measures that have been found to be effective in several countries to prevent diversion include treatment according to clinical standards, supervised consumption, application of appropriate conditions for drugs to be taken at home, prescription monitoring systems and mandatory training of health-care professionals.

3. Cannabis used for medical or scientific purposes

61. Cannabis is included in Schedules I and IV of the 1961 Convention. Substances in Schedule IV are those

[22] *Report of the International Narcotics Control Board for 2007* (United Nations publication, Sales No. E.08.XI.1), paras. 242-249.

considered particularly liable to abuse and to produce ill effects.

62. For several years there has been scientific research in the therapeutic usefulness of cannabis or cannabis extracts in several countries. The Board welcomes sound scientific research on the therapeutic usefulness of cannabis and cannabis extracts, as stated in previous reports,[23] and invites all Governments concerned to share the results of such research, when available, with the Board, WHO and the international community. The Board is concerned that, without having appropriate scientific confirmation of its efficacy, a few Governments authorized the use of cannabis for medical purposes.

63. Pursuant to article 28 of the 1961 Convention, a State that permits the cultivation of the cannabis plant for the production of cannabis is required to establish a national cannabis agency to carry out the functions stipulated under article 23 of that Convention. The agency designates the areas in which cultivation is permitted, licenses cultivators, purchases and takes physical possession of crops and has the exclusive right of wholesale trading and maintaining stocks. As for all narcotic drugs, parties to the Convention have the obligation to submit to the Board each year their estimates and statistical reports with respect to cannabis.

64. Failure of a party to comply with mandatory control measures for the cultivation of the cannabis plant or the production or use of cannabis may facilitate the diversion of cannabis into illicit channels. The Board requests all Governments concerned to ensure full compliance with the control measures for cannabis as stipulated in the 1961 Convention.

4. Control over trade in opium poppy seeds

65. According to reports received by the Board, drug traffickers continue to smuggle opium poppy seeds from countries where the cultivation of opium poppy is not permitted and to attempt to sell those seeds on the world market. In 2009, the customs authorities of Pakistan seized more than 50 tons of opium poppy seeds that were being smuggled. Large shipments of opium poppy seeds were detained in two other countries in Asia, pending clarification of the country of origin of the seeds.

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

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

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

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

67. The Board has repeatedly encouraged Governments to implement Economic and Social Council resolution 1999/32 and has reported on the control over trade in opium poppy seeds in various countries.[24] In its resolution 51/15, the Commission on Narcotic Drugs requested the Board to continue gathering information regarding the implementation of Council resolution 1999/32 by Member States and to share that information with Member States. To that end, the Board sent a questionnaire to the Governments of the countries most involved in the international trade in poppy seeds and the Governments of countries neighbouring those countries where opium poppy is illicitly cultivated.

68. The responses received by the Board from Governments revealed that, with the exception of India, no major importers of opium poppy seeds have implemented the key control provisions recommended in Economic and Social Council resolution 1999/32. Among the major importers of poppy seeds, India is the only country that requires a certificate of origin of the seeds as a condition for approval of imports.

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[23] *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.2), para. 80.

[24] Ibid., paras. 76-78.

69. The Governments of the Czech Republic and Turkey, the world's two largest exporters of opium poppy seeds, have identified authorities responsible for issuing certificates of origin of seeds to exporters who request such certificates. Such authorities have also been identified by the Governments of Austria and Spain. The Board invites the Governments of the other countries where opium poppy is licitly cultivated and from where poppy seeds are exported to identify such authorities so that certificates of origin can be issued to exporters if such certificates are required in the importing country.

70. The Board calls upon the Governments of countries that are permitting the import of opium poppy seeds to implement the provisions of Economic and Social Council resolution 1999/32 and, in particular, to require a certificate on the country of origin of the seeds as the basis for importation. The Board has requested the Governments of the main countries importing poppy seeds, including Germany, the Netherlands, Poland, the Russian Federation and the United States, to consider the establishment of such controls for opium poppy seeds.

71. The import, export and transit of opium poppy seeds are prohibited in many countries adjacent to countries where opium poppy is illicitly cultivated. The Board requests the Governments of countries where opium poppy is illicitly cultivated to cooperate closely with the Governments of their neighbouring countries in order to prevent the smuggling of poppy seeds. The Board invites all Governments to inform it of any suspicious transactions involving poppy seeds. The Board would also appreciate being informed by Governments of any measures for the control of poppy seeds that are to be adopted with a view to implementing Economic and Social Council resolution 1999/32.

5. Use of cannabis seeds for illicit purposes

72. The Commission on Narcotic Drugs, in its resolution 52/5, requested the Board, in cooperation with other competent international bodies, to gather from Member States regulatory information on cannabis seeds, including on the sale of cannabis seeds through the Internet, and to share that information with Member States.

73. In order to collect the requested information, the Board has sent to all Governments a questionnaire on regulations pertaining to cannabis seeds. The questionnaire is to be used to identify whether any provisions in national laws or administrative regulations are aimed at preventing the use of cannabis seeds for the illicit cultivation of cannabis plants and to obtain a detailed description of the various regulations on cannabis seeds that are applied in countries worldwide. Such provisions may include, for instance, regulation of the production of, trade in or use of cannabis seeds in general or of cannabis seeds of certain varieties of the cannabis plant (for example, varieties with a tetrahydrocannabinol (THC) content above a certain level). Information gathered on other control provisions, including authorizations and licences, may also be useful. The Board trusts that Governments will furnish the requested information in due time. The Board will examine the information received and report on the results of the analysis.

74. A number of Governments have reported an increase in the illicit cultivation of cannabis plants, particularly cannabis plants cultivated indoors, and an increase in the THC content of some varieties of the cannabis plant. The wide availability of cannabis seeds, which are not controlled under the international drug control treaties, is a factor contributing to that development. The Board is deeply concerned about the wide availability of cannabis seeds sold over the Internet. Internet sites selling cannabis seeds and related advertisements obviously incite the illicit cultivation of cannabis plants. The Board notes that article 3, paragraph 1 (c) (iii), of the 1988 Convention requires States parties to establish as a criminal offence, inter alia, public incitement or inducement of others to engage in the illicit cultivation of the cannabis plant or to use cannabis illicitly. The Board calls upon Governments to implement that provision of the 1988 Convention and to take appropriate measures against the sale of cannabis seeds for illicit purposes.

6. Ensuring the availability of narcotic drugs for medical purposes

Supply of and demand for opiate raw materials

75. Pursuant to the 1961 Convention and relevant resolutions of the Commission on Narcotic Drugs and the Economic and Social Council, the Board examines on a regular basis developments affecting the supply of and demand for opiate raw materials. The Board endeavours, in cooperation with Governments, to

maintain a lasting balance between supply and demand. When analysing the situation regarding the supply of and demand for opiate raw materials, the Board uses information from Governments of countries producing opiate raw materials, as well as from countries where those materials are utilized for the manufacture of opiates or substances not controlled under the 1961 Convention. A detailed analysis of the present situation with regard to the supply of opiate raw materials and demand for those materials worldwide is contained in the 2009 technical report of the Board on narcotic drugs.[25]

76. Global stocks of opiate raw materials should cover global demand for about one year to ensure the availability of opiates for medical and scientific purposes in case of an unexpected decline in production resulting from, for example, adverse weather conditions in producing countries.[26] At the end of 2008, global stocks of opiate raw materials rich in morphine were sufficient to cover global demand for almost 12 months. Global stocks of opiate raw materials rich in thebaine were sufficient to cover global demand for less than 12 months; however that was compensated by the high level of stocks of thebaine and opiates derived from thebaine, which were sufficient at the end of 2008 to cover global demand for those opiates for almost 14 months.

77. In 2009, according to the information available to the Board, production of opiate raw materials rich in morphine was higher than the utilization of those materials. The global supply of opiate raw materials rich in morphine (production and stocks) was fully sufficient to cover global demand. For 2010, Governments of producing countries are planning to further extend the area cultivated with opium poppy rich in morphine to ensure that the production will be sufficient to cover the demand during that year and to increase the stocks.

78. For opiate raw materials rich in thebaine, information available to the Board indicates that global production exceeded global demand in 2009. Total stocks of opiate raw materials rich in thebaine were sufficient to cover global demand for more than 16 months at the end of 2009. According to the plans of the producing countries, global production will exceed global demand in 2010 as well. The stocks of opiate raw materials rich in thebaine are therefore expected to increase further. The global supply of opiate raw materials rich in thebaine (production and stocks) will continue to be fully sufficient to cover global demand.

79. Global demand for opiate raw materials rich in morphine and rich in thebaine is expected to rise in the future as well. It is anticipated that, as a result of the activities of the Board and WHO to ensure the adequate availability of opioid analgesics, global demand for opiates and opiate raw materials will continue to rise (see paragraphs 83-84 below).

7. Consumption of narcotic drugs

80. Global consumption of opioid analgesics for the treatment of moderate to severe pain (expressed in defined daily doses for statistical purposes) increased by more than two and one half times during the past decade. Of the opioids under international control, fentanyl, morphine and oxycodone are those most frequently used as analgesics for the treatment of moderate to severe pain. The global figures hide large and enduring disparities in the consumption of opioid analgesics among countries. In 2008, Australia, Canada, New Zealand, the United States and the member States of the European Union together accounted for more than 96 per cent of global consumption of fentanyl, 90 per cent of global consumption of morphine and 98 per cent of global consumption of oxycodone. Although there is sufficient supply of opiate raw materials worldwide, access to opioid analgesics is non-existent or almost non-existent in many countries and in entire regions.

81. The disparities in the consumption levels of opioid analgesics cannot be attributed exclusively to differences in economic and social development. There continue to be large differences in the consumption of opioid analgesics among countries at similar levels of economic and social development. The factors affecting the availability of opioids include knowledge limitations resulting from lack of training for health professionals and administrative barriers associated with restrictions in national regulations or administrative policies on the distribution, stocking

[25] *Narcotic Drugs: Estimated Requirements for 2010 — Statistics for 2008 … .*

[26] *Report of the International Narcotics Control Board for 2005* …, para. 85.

and use of opioids that are more strict than those required by the 1961 Convention.

82. Governments need to take specific measures to ensure that their populations have adequate access to opioid analgesics. The Board again requests all Governments concerned to identify any impediments in their countries to adequate use of opioid analgesics for the treatment of pain and to take steps to improve the availability of those narcotic drugs for medical purposes, in accordance with the pertinent recommendations of WHO. The Board notes with appreciation that, in the past few years, in several countries with historically low levels of consumption of opioids, including Colombia, Panama, Romania and Serbia, policies have been adopted to improve access to those narcotic drugs for medical purposes while measures to prevent the abuse of those drugs are taken.

83. The Board calls upon Governments to support WHO in its ongoing effort to implement the Access to Controlled Medications Programme, the framework of which was prepared by WHO in cooperation with the Board. Activities of the programme are expected to address various impediments to adequate availability of opioids, focusing on regulatory, attitude and knowledge impediments. The Board will continue to cooperate with WHO in those areas of the Programme related to its mandate.

84. The Board, together with WHO, convened an expert group on estimating requirements for substances under international control. The expert group held a meeting in Vienna in May 2009 to initiate the process of developing guidelines on estimating requirements for substances under international control. The purpose of the guidelines will be to assist Governments of countries with low levels of consumption of controlled substances in making better assessments of their medical needs for such substances and in calculating estimates that accurately reflect their legitimate requirements.

85. A sudden increase in the need for narcotic drugs for the treatment of pain and other conditions can arise as a result of emergency situations such as epidemics and natural disasters. Access to narcotic drugs in such situations may be difficult because of the regulatory procedures for importing narcotic drugs. The Board reminds Governments and humanitarian organizations that simplified procedures have been developed to facilitate the supply of narcotic drugs to sites of emergencies. Those procedures are described in the Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care, prepared by WHO in consultation with the Board. The Model Guidelines are available on the website of the Board (www.incb.org).

B. Psychotropic substances

1. Cooperation with Governments

Submission of annual and quarterly statistical reports on psychotropic substances

86. Parties to the 1971 Convention have the treaty obligation to furnish to the Board annual statistical reports on psychotropic substances. Under the 1971 Convention, reporting requirements for substances in Schedules I and II are stricter than those for substances in Schedules III and IV. For substances in Schedules I and II, Governments must submit data on quantities of those substances manufactured, exported to and imported from each country or region and on stocks of those substances held by manufacturers. For substances in Schedules III and IV, Governments are required to submit data only on the quantities manufactured and on the total quantities exported and imported. Pursuant to Economic and Social Council resolutions 1981/7, 1985/15 and 1987/30, Governments furnish to the Board information enabling the Board to monitor closely the manufacture, export and import of substances listed in Schedule II and information on the countries of origin of imports and the countries of destination of exports of substances listed in Schedules III and IV. Governments also submit to the Board quarterly statistical reports on imports and exports of substances listed in Schedule II of the 1971 Convention. In this connection, the Board notes with appreciation that many Governments are already providing the Board, on a voluntary basis, with information on the stocks held by manufacturers of substances listed in Schedules III and IV, as such information is necessary for monitoring the consumption levels of those substances. The statistical data received, including the status of reporting by Governments, and the analysis of

such data are reflected in the technical report of the Board on psychotropic substances.[27]

87. The majority of States regularly submit the mandatory and voluntary statistical reports, and most of those reports are provided in a timely manner. As at 1 November 2009, a total of 156 States and territories, or 74 per cent of the States and territories required to furnish such statistics, had submitted to the Board annual statistical reports on psychotropic substances for 2008 in conformity with the provisions of article 16 of the 1971 Convention. A total of 124 Governments submitted details on the countries of origin of imports and countries of destination of exports of substances listed in Schedules III and IV of the 1971 Convention. In addition, for the year 2008, 120 Governments submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II.

88. The Board is concerned that some countries, including major manufacturing and exporting countries such as India, Ireland and Japan, continue to experience difficulties in submitting the annual statistical report on psychotropic substances by the deadline (30 June). In addition, some Governments have not provided information on the countries of origin of imports or countries of destination of exports (as well as the quantities involved) of substances in Schedules III and IV of the 1971 Convention, pursuant to Economic and Social Council resolutions 1985/15 and 1987/30. As has already been pointed out by the Board, examination of the statistical reports received from Governments is one of the main ways in which the Board monitors the compliance of Governments with the treaty provisions. Incomplete, late or no reporting may indicate deficiencies in the national control system. Moreover, incomplete or inaccurate information on exports by countries of destination or on imports by countries of origin hinders the identification of discrepancies in trade statistics, thereby jeopardizing international drug control efforts. The Board urges the Governments concerned to examine their national control mechanisms, to identify the reasons that prevented them from submitting accurate statistical reports to the Board in a timely manner and to take all measures necessary to ensure their compliance with the provisions of the 1971 Convention and related Council resolutions.

Submission of assessments of requirements for psychotropic substances

89. Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of annual domestic medical and scientific requirements for psychotropic substances in Schedules II, III and IV of the 1971 Convention. The assessments received are communicated to all States and territories to assist the competent authorities of exporting countries when approving exports of psychotropic substances. As at 1 November 2009, the Governments of all countries and territories had submitted at least once their assessments of annual medical requirements for psychotropic substances.

90. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. As at 1 November 2009, 93 Governments had provided to the Board, pursuant to a request sent in January 2009, a full revision of the assessments of their requirements for psychotropic substances and an additional 89 had submitted modifications to assessments for one or more substances.

91. However, 23 Governments have not submitted a revision of their legitimate requirements for psychotropic substances for at least three years. The assessments valid for those countries and territories may therefore no longer reflect their actual medical and scientific requirements for psychotropic substances. When assessments are lower than the actual legitimate requirements, the importation of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs, they may increase the risk of psychotropic substances being diverted into illicit channels. The Board calls upon all Governments to review and update their assessments on a regular basis and to keep it informed of all modifications, with a view to preventing any unnecessary importation and, at the same time, facilitating the timely importation of psychotropic substances needed for medical purposes.

[27] *Psychotropic Substances: Statistics for 2008 — Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971* (United Nations publication, Sales No. T.10.XI.3).

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

Diversion from international trade

92. Through better implementation by Governments of the provisions of the 1971 Convention and the application of voluntary control measures set forth in the relevant Economic and Social Council resolutions, diversions of psychotropic substances from international trade have decreased considerably. For instance, no diversion of a substance in Schedule I from licit international trade has ever been reported, and there have been hardly any attempts to divert such substances from international trade. The last attempt to divert a substance in Schedule I took place in December 2000, and it was unsuccessful. Because of the limited medical use of the substances in Schedule I and the strict control requirements of the 1971 Convention over their manufacture, import and export, which restrict the use of those substances to scientific and very limited medical purposes, licit international trade in those substances is extremely limited, involving only sporadic transactions of no more than a few grams each year.

93. The diversion of substances in Schedule II of the 1971 Convention has also declined significantly. While, in the past, the diversion of those substances from licit international trade was one of the main means used to supply illicit markets, nowadays the diversion or attempted diversion of such substances from international trade has become rare. Of the substances in Schedule II of the 1971 Convention, only amphetamines and methylphenidate are manufactured and traded for licit purposes in large quantities. While amphetamines are mostly used for industrial purposes, methylphenidate is used in large quantities for medical purposes, mostly for the treatment of ADD. Since 1990, no diversion of amphetamines from licit international trade has been identified. That positive development is attributable to the comprehensive control measures set forth in the 1971 Convention for substances in Schedule II, notably the import and export authorization system, as well as the application of additional voluntary control measures recommended by the Board and endorsed by the Economic and Social Council, such as the assessment by Governments of their licit requirements for psychotropic substances and the quarterly reporting of trade statistics.

94. With regard to the substances in Schedules III and IV of the 1971 Convention, there has been a similar decline in cases involving their diversion or attempted diversion from international trade. Although licit international trade in substances in Schedules III and IV is widespread, involving thousands of individual exports each year and most of the countries in the world, only isolated cases involving the attempted diversion of such substances were reported to the Board and their diversion was prevented with the assistance of the Board. That positive development is directly attributable to the introduction, by many Governments, of the requirement of import authorizations at the national level for all substances in Schedules III and IV of the 1971 Convention and to the use of the assessed requirements for substances in Schedules III and IV. The Board urges those Governments which have not yet done so to extend those voluntary control measures to include all substances in Schedules III and IV because the universal application of those measures has proved to be the most effective tool in preventing the diversion of substances in Schedules III and IV of the 1971 Convention.

Diversion from domestic distribution channels

95. While the diversion of psychotropic substances from licit international trade has almost stopped in the past two decades, the diversion of such substances from licit domestic distribution channels has become the main source used to supply illicit markets.

96. Psychotropic substances are no longer diverted from domestic distribution channels in bulk form; nowadays, they are diverted mainly in the form of pharmaceutical preparations containing those substances. Reports received from many countries on seizures and the abuse of psychotropic substances often indicate that the substances diverted from domestic distribution channels may not be destined for the illicit market of the country in which they were diverted; in many cases, the diverted pharmaceutical preparations are smuggled into other countries, particularly countries in which there is considerable illicit demand for a specific substance with a relatively high street price. Such pharmaceutical preparations are increasingly being marketed via illegal Internet sites.

97. The diversion of psychotropic substances from domestic distribution channels often involves either

relatively small quantities, to be abused by individuals or sold on a small scale, or large quantities, several thousands of tablets in a single consignment. The usual modus operandi include falsified prescriptions, the supplying of substances by pharmacies without the required prescriptions, or theft from pharmacies, wholesalers or factories. In addition, modern telecommunication and information technologies, such as the Internet or call centres, are used for such diversions. The substances most often diverted are stimulants (methylphenidate), benzodiazepines (especially diazepam, alprazolam, lorazepam, clonazepam and flunitrazepam) and buprenorphine, an opioid analgesic listed in Schedule III of the 1971 Convention and used since the early 1990s, predominantly in the detoxification and substitution treatment of heroin addicts. In many cases, preparations containing stimulants are obtained from persons to whom they were prescribed by physicians.

98. Since 2008, two significant cases involving the diversion or attempted diversion of psychotropic substances from domestic distribution channels have been brought to the attention of the Board. The first case involved the falsification of orders for a preparation containing methylphenidate, in Israel; according to information made available to the Board, a criminal network in Israel that was involved in falsifying orders for that preparation was dismantled in that year. The second case involved the theft of 80,000 tablets containing flunitrazepam in Dublin in 2009. Both cases are currently under investigation by the national police authorities.

99. Flunitrazepam continues to be one of the most frequently abused benzodiazepines in Schedule III of the 1971 Convention, despite the fact that many countries, including the main countries manufacturing and importing the substance, have adopted strict policies to control flunitrazepam in close cooperation with the pharmaceutical industry. Flunitrazepam and other benzodiazepines are diverted not only to be abused by individuals but also to be used in drug-facilitated crimes such as “date rape”, a form of sexual assault (see paragraphs 260-268 below).

100. Buprenorphine (Subutex) tablets continue to be diverted from licit domestic channels, mainly in countries where buprenorphine is used in substitution treatment programmes for opioid addicts. The abuse of buprenorphine tablets smuggled in large quantities out of France continues to be a matter of concern in countries in Europe and in other regions (see paragraphs 110-116 below).

101. The Board urges Governments to continue monitoring all stages of the movement of psychotropic substances, in the form of bulk material and particularly in the form of pharmaceutical preparations, with a view to preventing their diversion. To be effective, such action needs to be complemented by improved cooperation among the regulatory police, customs and postal authorities, at the national and international levels, with a view to identifying diverted pharmaceutical preparations containing psychotropic substances on illicit markets and taking appropriate countermeasures.

3. Control measures

Assistance to Governments in verifying the legitimacy of international trade in psychotropic substances

102. The Governments of many exporting countries continue to request the assistance of the Board in verifying the legitimacy of import authorizations for psychotropic substances. The Board maintains a collection of samples of official certificates and authorizations used for importing narcotic drugs, psychotropic substances and precursor chemicals, which can be compared with questionable import documents, thus assisting Governments in the verification of the authenticity of such documents. As at 1 November 2009, 124 Governments (about 60 per cent of those requested to do so) had provided the Board with a copy of the import authorization currently used by their authorities when authorizing imports of controlled substances into their countries. Since 1 November 2008, the Board has received updated samples of the document used for import authorization in 24 countries and territories. The Board wishes to point out that any Government that has not yet provided a sample of its import authorization document or for which the sample made available to the Board is no longer valid may risk considerable delays of legitimate imports. The Board therefore calls on those Governments which have not yet done so to provide samples of their import authorization document without further delay and to provide updated samples if necessary.

103. The Board notes that in some cases responses to its requests for confirmation of the legitimacy of import orders are considerably delayed. The Board would like to draw the attention of the Governments concerned to the importance of responding in a timely manner. Failure to quickly confirm the legitimacy of import orders may hinder the investigation of diversion attempts and/or cause delays in legitimate trade in psychotropic substances, thus adversely affecting the availability of psychotropic substances for legitimate purposes.

National control measures regarding international trade

104. Experience has shown that the import and export authorization system is the most effective tool for preventing the diversion of controlled substances from international trade. The Board notes with appreciation that since November 2008 the Governments of Bosnia and Herzegovina and Seychelles have made the issuing of import authorizations a requirement for all substances in Schedules III and IV of the 1971 Convention. In addition, in Austria, Azerbaijan, India, Ireland, Kenya, Lebanon, Malta, South Africa and the United Kingdom, the system of import and export authorizations has been extended to include some substances that had previously not been covered.

105. At present, 180 countries and territories require by law import and export authorizations to be issued for at least some substances in Schedule III of the 1971 Convention; however, in only 127 countries and territories that requirement applies to all substances in Schedule III that they trade in. For substances in Schedule IV, more than 170 countries and territories require import authorizations, but only 112 countries require such authorizations for all substances in Schedule IV that they trade in. The Board notes that, in many countries, changes in national legislation to extend the requirement for import authorizations to include newly scheduled substances appear to have been unduly delayed. For example, the Governments of 110 countries (more than half of all countries) have not yet informed the Board of having extended the requirement for import authorizations to include *gamma*-hydroxybutyric acid (GHB) and zolpidem, although both substances were added to Schedule IV of the 1971 Convention in 2001, more than eight years ago.

106. As cases involving diversion have shown, drug traffickers often divert substances into illicit channels in countries that have not yet begun to apply the necessary controls. The Board therefore urges all States in which national legislation does not yet require import and export authorizations to be issued for all psychotropic substances, regardless of whether or not those States are parties to the 1971 Convention, to extend such controls to all substances in Schedules III and IV of the 1971 Convention as soon as possible.

107. Twice a year, the Board circulates to all Governments a table showing the countries in which national legislation requires the issuing of import authorizations for substances in Schedules III and IV of the 1971 Convention. Governments should carefully examine the table and inform the Board of any revisions that may have become necessary.

108. Another important control measure applied to international trade is the system for the assessment of medical and scientific requirements for psychotropic substances, established by the authorities of each country and territory. Experience has shown that the diversion of psychotropic substances can be prevented if exporting countries verify whether the quantities ordered by importing countries are within the assessments established by the importing countries. The Board appreciates the cooperation of authorities of exporting countries who contact the Board when they receive import authorizations for imports of psychotropic substances in excess of the assessed legitimate requirements or who remind importing countries of any failure to comply with the system of assessments.

109. During 2008, the authorities of seven countries issued import authorizations for substances in Schedule IV of the 1971 Convention without having established any assessments for those substances. With one exception, the quantities involved were very small. In addition, the authorities of 14 countries and territories issued import authorizations for substances in Schedule II, III or IV in quantities that significantly exceeded their assessments. The Board notes that, in each case, the number of countries are fairly low and that the system of assessments is respected by most countries. The Board calls again on Governments that have not yet done so to establish a mechanism for ensuring that their assessments are in line with their

actual legitimate requirements and that no imports exceeding the assessments are authorized.

Buprenorphine

110. Buprenorphine is an opiate analgesic listed in Schedule III of the 1971 Convention. Since the late 1990s, buprenorphine has increasingly been used in detoxification and substitution treatment for opioid addicts. New preparations containing high doses of buprenorphine (Subutex) or buprenorphine combined with naloxone (Subuxone) have been introduced in several countries. Buprenorphine is currently being used mostly for the treatment of opioid addiction. The number of patients under buprenorphine substitution therapy continues to increase in many countries. That has fuelled the licit demand for buprenorphine. As a result, global manufacture and use of buprenorphine have been increasing substantially. In the period 1998-2009, global manufacture of buprenorphine rose from 460 kg to almost 4 tons. Global calculated consumption of buprenorphine, which in 1998 amounted to 333 million defined daily doses for statistical purposes (S-DDD), reached 3.7 billion S-DDD in 2008. During the same period, the number of countries reporting imports of buprenorphine rose from 10 to 62.

111. The increased use of buprenorphine for medical purposes has been accompanied by increased diversion and abuse. In some countries, buprenorphine has become the most important illicitly used substance among opiate addicts. The illicit market for buprenorphine has always been entirely supplied by diversion, mainly the diversion of preparations containing that substance. The abuse of such preparations occurs, above all, in countries where buprenorphine is used for the treatment of opioid addicts. Frequently diverted preparations are smuggled out of the countries in which they have been diverted and into other countries, including countries in other regions.

112. To determine whether the control measures applied to buprenorphine by some Governments were sufficiently effective to prevent its diversion, the Board analysed the control status of buprenorphine in countries where the substance was used for medical purposes. The Board's analysis focused on the controls applied to domestic distribution channels of buprenorphine, from where the substance was mainly diverted.

113. In one third of the countries in the Board's analysis, buprenorphine was controlled in accordance with its international scheduling status under the 1971 Convention. The Board notes that, in the remaining two thirds of the countries, additional control measures were applied to the manufacture, storage or distribution of buprenorphine. Furthermore, in almost half of those countries, buprenorphine was controlled, in every aspect, as a narcotic drug under the 1961 Convention; in the remainder of those countries, buprenorphine was controlled basically as a psychotropic substance, but the control measures applied to the domestic distribution of buprenorphine were stricter than those required for substances in Schedule III of the 1971 Convention. Some of those countries indicated that the stricter controls were considered necessary in view of the presence of buprenorphine on the illicit market.

114. In the countries most affected by the diversion of buprenorphine, the substance continued to be controlled primarily in accordance with its international scheduling status under the 1971 Convention. In some countries, where stricter control measures had been introduced in response to the abuse of buprenorphine, its diversion from domestic distribution channels virtually stopped even though the substance continued to be smuggled into those countries.

115. In view of the continued diversion and abuse of buprenorphine, the Board wishes to remind all Governments of their obligation to cooperate with each other under the international drug control treaties to prevent trafficking in and abuse of psychotropic substances. The Board urges the Governments of all countries in which the substance is used for licit purposes to review the adequacy of the current control measures applied to buprenorphine on their territory with a view to identifying any gaps that might need to be closed and, in particular, enhancing the existing control measures applied to the distribution of buprenorphine.

116. The Board calls upon all Governments to inform the Board of new developments regarding trafficking in and abuse of preparations containing buprenorphine. Governments of countries into which buprenorphine is

smuggled are encouraged to intensify their cooperation with the Governments of the countries of origin.

4. Consumption of psychotropic substances

117. Governments are not required to furnish to the Board statistical data on consumption of psychotropic substances. The Board therefore calculates the approximate consumption levels of psychotropic substances, based on statistical data on manufacture and trade received from Governments, with a view to identifying unusual patterns that might warrant closer examination. Those calculated consumption levels of psychotropic substances continue to differ widely between countries and regions, reflecting differences in health services and related variations in prescription patterns. However, as the Board has repeatedly pointed out, high or low levels of drug consumption in a country should be a matter of concern to the Government. High levels of consumption of psychotropic substances that are not medically justified may lead to the diversion and abuse of the substances in question, as shown in the examples below. Very low levels of consumption of psychotropic substances in some countries may reflect the fact that those substances are almost inaccessible to certain parts of the population. Where substances are not accessible on the licit market for genuine medical purposes, those substances, or counterfeit medicaments allegedly containing those substances, may appear on unregulated markets. The Board reiterates its recommendation to all Governments to compare the consumption levels in their countries with those in other countries and regions, with a view to identifying unusual trends requiring attention, taking remedial action where necessary. At the same time, the Board encourages all Governments to promote the rational use of internationally controlled substances, in accordance with the pertinent recommendations of WHO.

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

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

119. Methylphenidate is the most widely used stimulant in Schedule II of the 1971 Convention. Its manufacture and use have continued to increase. During the five-year period 2004-2008, global calculated consumption of methylphenidate rose by almost 80 per cent, from 28.6 to 52 tons. Most of the methylphenidate continues to be consumed in the United States, where the use of the substance for the treatment of ADD is frequently promoted in various communication channels, including in advertisements directed at potential consumers (see recommendation 9 in chapter IV below). However, the use of methylphenidate for the treatment of ADD has also increased (albeit from a much lower level) in many other countries. Ten years ago, the United States accounted for over 80 per cent of the calculated global consumption of methylphenidate; its share has gradually declined since then, amounting to less than 75 per cent in 2008, although the consumption of methylphenidate in the United States in absolute terms continues to increase. In the past three years, the highest average per capita rates of consumption were observed in the following countries (listed in decreasing order): Iceland, United States, Canada, Norway, Israel, Netherlands and Switzerland.

120. The Board notes that the diversion and abuse of stimulants in Schedule II of the 1971 Convention, such as, amphetamine, dexamphetamine and methylphenidate, have taken place in some countries, in particular in countries with high levels of consumption of those substances. The Board requests all Governments to ensure that the control measures foreseen in the 1971 Convention are applied to stimulants in Schedule II. The Board calls on the Governments concerned to inform it of any new development with regard to the diversion of, trafficking in and abuse of those substances.

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

121. The stimulants in Schedule IV of the 1971 Convention are mainly used as anorectics. Of those substances the one most frequently used is phentermine, followed by fenproporex, amfepramone and mazindol. The diversion and abuse of those substances pose problems in some countries, in

particular in countries with high prescription levels. The Board follows closely developments in the consumption of those substances to identify consumption levels that may be inappropriate for medical purposes and might be indicative of activities not in line with the provisions of the Convention.

122. Calculated consumption levels of stimulants in Schedule IV of the 1971 Convention have traditionally been highest in the Americas. The Board notes that, after 2006, a slight decline in the average consumption rate in the Americas was reported. In the period 2006-2008, average calculated consumption amounted to 10 S-DDD per 1,000 inhabitants per day in the Americas, compared with 3 S-DDD in Oceania, 2 S-DDD in Europe, 1 S-DDD in Asia and 0.25 S-DDD in Africa. In 2008, the United States, followed by Argentina, was the country with the highest calculated per capita consumption of stimulants in Schedule IV, the United States alone accounting for 58 per cent of global calculated consumption of such stimulants, expressed in defined daily doses for statistical purposes per 1,000 inhabitants.

123. The Board appreciates the measures taken by Argentina and Brazil, which succeeded in curbing the consumption of stimulants in Schedule IV in recent years by amending national legislation to allow better monitoring of the domestic distribution of such substances, strictly enforcing the prescription requirement and taking action against members of the medical professions who were found to have acted in an unlawful manner. The Board appreciates also the fact that consumption decreased in the Republic of Korea, where the levels of consumption of those stimulants had been high.

124. In 2008, calculated consumption of stimulants in Schedule IV of the 1971 Convention decreased in some other countries in Asia, where the level of consumption of those stimulants had been high; as a result, the average consumption level in Asia also declined. The Board notes with concern that in other regions, the calculated average consumption of anorectics increased in 2008 because of a marked increase in consumption in some countries, in particular Australia, Chile, South Africa, Switzerland, the United Kingdom and the United States.

125. The Board encourages all Governments that are reporting high or rising levels of consumption of stimulants in Schedule IV of the 1971 Convention to monitor the situation closely, determine whether those substances might have been illegally used, take measures to identify cases involving the use of falsified prescriptions or the overprescribing of anorectics and ensure that domestic distribution channels are adequately controlled (for additional measures to be taken, see recommendations 9, 19 and 36-38 in chapter IV below). Governments should also coordinate their efforts to reduce excessive consumption levels with Governments of other countries in the region or subregion, so that measures taken in one country do not result in problematic consumption patterns shifting to its neighbouring countries.

C. Precursors

1. Cooperation with Governments

Submission of statistical data on seizures

126. Pursuant to article 12 of the 1988 Convention, parties are obliged to report information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. As at 1 November 2009, such information had been submitted for 2008 by a total of 132 States and the European Community (on behalf of its member States). The rate of submission is comparable to that of previous years. The Board urges Burundi, Gabon and the Gambia, all of which are States parties to the 1988 Convention that have never submitted form D, to do so without further delay.

127. According to data provided on form D for 2008, 47 Governments effected seizures of substances in Tables I and II of the 1988 Convention. While such seizure data are useful, they could be more meaningful if they included important details related to the seizures, such as identified methods of diversion or illicit manufacture. Moreover, parties to the Convention are required to provide data on stopped shipments and seizures of substances not under international control. The Board calls upon Governments to furnish information on the results of investigations concerning seizures and intercepted shipments of precursors, in order to prevent similar diversions in the future.

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

128. In accordance with Economic and Social Council resolution 1995/20, the Board has been requesting Governments to voluntarily furnish data on licit trade in, uses of and requirements for scheduled substances. As at 1 November 2009, 108 Governments, including Governments of countries that are major exporters and manufacturers of precursors, had reported data for 2008 on the licit movement of precursor chemicals, and 101 States and territories had provided information on licit uses of and requirements for such substances.

129. The Board continues to encourage Governments to provide comprehensive information on licit trade in and uses of substances in Tables I and II of the 1988 Convention, as that information has proved to be an essential tool in identifying irregular transactions and preventing diversion.

2. Control measures

130. Experience has shown that a proper system for monitoring the domestic movement of precursors is a prerequisite for preventing the diversion of precursors into illicit channels. The Board has noted that additional control measures were recently adopted in a number of countries, including Afghanistan, Argentina, Chile, China, Colombia, the Czech Republic, Guatemala, Jordan, Nicaragua, Panama, Peru, the United Kingdom and the United States.

131. As monitoring and controls over ephedrine and pseudoephedrine in the form of raw material are strengthened, traffickers are increasingly attempting to divert pharmaceutical preparations containing those substances, particularly through countries or regions where controls over such preparations are less stringent or non-existent. In 2008, Mexico prohibited the importation of pharmaceutical preparations containing ephedrine or pseudoephedrine. Since then, the Governments of several countries in the region have adopted similar control measures. For example, in 2009, Guatemala prohibited the import of pseudoephedrine in all forms; in addition, the movement within its national territory of all pharmaceutical products containing the substance was also prohibited. Also in 2009, Colombia prohibited the manufacture and import of and trade in pharmaceutical products containing pseudoephedrine. Argentina, Chile, China, the Czech Republic, Iceland, Nicaragua, Peru, the United Kingdom and the United States have also recently introduced or strengthened control measures over pharmaceutical preparations containing ephedrine or pseudoephedrine.

Estimates of legitimate requirements for precursors

132. In response to Commission on Narcotic Drugs resolution 49/3, entitled "Strengthening systems for the control of precursor chemicals used in the manufacture of synthetic drugs", a total of 120 Governments have furnished estimates of their annual requirements for selected amphetamine-type stimulant precursors.[28] Those estimates are published each year in the report of the Board on the implementation of article 12 and are posted on the website of the Board (www.incb.org). Governments are encouraged to review the estimates they have furnished and to inform the Board of any necessary changes or updates so that the figures will be as accurate as possible. In response to requests from Governments to provide guidance in calculating such estimates, the Board has circulated a document on issues that Governments may consider when determining annual legitimate requirements for ephedrine and pseudoephedrine. The document is also available on the website of the Board (www.incb.org).

3. Online system of pre-export notifications

133. The rapid exchange of information between exporting and importing countries through the pre-export notification system has proved to be one of the most effective and efficient ways of identifying the legitimacy of shipments of precursor chemicals. Since 2006, Pre-Export Notification Online (PEN Online), the system for the exchange of pre-export notifications has been used as the main mode for the exchange of such information. By 1 November 2009, 111 States and territories had registered as users of the system. Since March 2006, when the system was introduced, 29,500 notifications have been sent to 181 countries through PEN Online. The PEN Online system has demonstrated its usefulness in Project Prism and Project Cohesion. The Board again encourages all Governments that have not yet done so to register with

[28] 3,4-Methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), 1-phenyl-2-propanone (P-2-P), ephedrine and pseudoephedrine.

and utilize the PEN Online system, pursuant to Security Council resolution 1817 (2008).

134. Although PEN Online has been available only since 2006, in many ways it has already increased the speed and efficiency of the exchange of information between countries; however, there is always room for improvement. Importing countries should provide feedback to the exporting country in the event that a transaction appears suspicious or additional time is required for checking. Delays in responses from importing countries may unduly hamper licit trade or unwittingly allow suspicious shipments to proceed. Therefore, the Board encourages Governments to facilitate the exchange of accurate information through PEN Online.

4. Prevention of diversion of precursors into the illicit traffic

135. The Board has continued to support Governments' activities under Project Cohesion and Project Prism, as those initiatives have proved to be indispensable in monitoring the international movement of precursor chemicals and have yielded tangible results, including the identification of: weaknesses in control measures; diversion methods and routes used by traffickers; and cases involving trafficking in substances not under international control.

136. In 2009, activities under Project Prism were extended, focusing on trade in ephedrine and pseudoephedrine, including pharmaceutical preparations, 1-phenyl-2-propanone (P-2-P) and phenylacetic acid. As a result of Project Prism activities, an estimated 10 tons of ephedrine and pseudoephedrine in the form of raw material, as well as 31 million tablets containing one of the two substances, were prevented from reaching illicit drug manufacturing laboratories. While, in the majority of cases the intended destination continued to be North America, the precursor chemicals were frequently diverted in Central America and trans-shipped through Europe.

137. From January to September 2008, the majority of the transactions identified in the framework of Project Prism involved ephedrine and pseudoephedrine in raw material form; of the 49 suspicious transactions detected, only 11 involved preparations. The situation has changed since then: the data currently available to the Board show a significant decline in identified attempts to divert ephedrine and pseudoephedrine in the form of raw material from international trade channels. In 70 per cent of all suspicious shipments, the substances were pharmaceutical preparations in tablet form.

138. Coinciding with the shift towards the diversion of precursors in the form of pharmaceutical preparations, the diversion routes identified also changed significantly during 2009. Activities carried out under Project Prism resulted in Africa being identified as the region in which the greatest number of diversions or attempted diversions of precursors took place, and over half of the quantity of precursor chemicals in shipments identified as suspicious were prevented from being diverted. However, in terms of suspicious or seized shipments in 2009, only two attempted diversions to countries in Africa (Central African Republic and Kenya) were reported to the Board. There were numerous instances of suspicious shipments and seized shipments in Central American countries that had been intended for Mexico. The supply routes through which the diverted preparations were being transported were more complex than those previously identified for raw material shipments. What is perhaps even more significant is that the countries of origin for raw material shipments included not only those with domestic ephedrine and pseudoephedrine manufacturing industries, but also intermediate countries where raw ephedrines were imported and then formulated into pharmaceutical preparations. In many instances, the route by which tableted preparations had been shipped to destinations in Central America led through European Union member States.

139. Shipments of pharmaceutical preparations containing ephedrine or pseudoephedrine that have been diverted or seized in Central America have originated in Bangladesh, India and, to a lesser extent, the Syrian Arab Republic.

140. In response to the recent increase in the diversion of ephedrine and pseudoephedrine in the form of pharmaceutical preparations, several countries in the Americas have changed their national legislation, either banning trade in pharmaceutical preparations containing those substances or enabling the control over those preparations to be much stricter.

141. Reports on seizures by Mexican authorities of phenylacetic acid made also indicated that traffickers

were reducing their need for ephedrines by substituting phenylacetic acid as the starting point for illicit methamphetamine manufacture. An increasing number of laboratories illicitly manufacturing methamphetamine have been dismantled and, as a result, seizures of that substance have increased. Therefore, the rescheduling of phenylacetic acid from Table II to Table I of the 1988 Convention is necessary to ensure that adequate control measures are in place to prevent the diversion of that substance for use in illicit drug manufacture. Moreover, the introduction of pre-export notifications as a treaty obligation for phenylacetic acid will facilitate licit international trade by expediting the clearance of shipments, without adverse effects on the availability of the substance for licit purposes at the national level. In the meantime, the Board requests Governments to remain vigilant with regard to the diversion of phenylacetic acid into illicit channels.

142. The seizure of chemicals and equipment made in Guinea in July 2009 indicates that illicit manufacturers of amphetamine-type stimulants are active in West Africa. The Board encourages Governments and relevant international organizations to assist countries in Africa in the provision of appropriate training and the development of capacity-building programmes to counter trafficking in precursors and illicit drug manufacture in the region.

143. In 2008, global seizures of acetic anhydride, the key precursor chemical used in the illicit manufacture of heroin, amounted to 199,300 litres, 3.5 times as high as the figure for 2007 and the second largest figure ever reported to the Board. That result can, to a large extent, be attributed to law enforcement activities and cooperation among States. One activity of Project Cohesion focused on the exchange of information related to seizures and diversions of acetic anhydride, as well as other chemicals used in the illicit manufacture of heroin. Similar law enforcement activities were implemented in the framework of Project Cohesion in 2009.

144. Backtracking investigations into seizures of acetic anhydride once again confirmed the Board's previous concerns about traffickers diverting precursors from domestic distribution channels rather than from international trade. Most of the acetic anhydride seized in 2008 was diverted at the national level. Investigations in 2008 and 2009, in addition to producing valuable intelligence, facilitated the identification of legislative gaps and weaknesses in control systems in some countries, including countries in Europe and in East and South-East Asia. In 2009, the number of unauthorized shipments destined for countries in West Asia, in particular Iraq, significantly increased. Africa emerged as a new target area for traffickers in search of acetic anhydride. The threat of diversion from domestic distribution channels continued to be a problem. The Board reiterates its call to Governments to put in place effective measures for controlling the movement of precursor chemicals at the national level.

145. In 2008, the Government of Afghanistan informed the Board that there was no legitimate use for acetic anhydride in Afghanistan and requested all producing and trading countries not to authorize any exports of acetic anhydride to that country. In 2008, most of the seizures of acetic anhydride occurred in source countries outside of Central Asia. Seizures of acetic anhydride and other chemicals used in the illicit manufacture of heroin remained relatively low in Afghanistan and countries around it, in particular when compared with the amounts of chemicals smuggled into the illicit heroin manufacturing laboratories in the region. Nevertheless, the increased black market prices for acetic anhydride may indicate some shortages of the substance in Afghanistan. The Board hopes that anti-smuggling activities in West Asia and Central Asia will complement the intelligence-based activities carried out under Project Cohesion and will contribute to preventing the diversion of chemicals to the illicit heroin manufacturing laboratories in Afghanistan.

146. The paucity of the information available on trends in trafficking in precursors of cocaine remains a concern of the Board. Although seizures of large amounts of chemicals, under international control as well as other chemicals under national control, continue to be reported in South America, information on trafficking routes, diversion methods and, in particular, sources of seized chemicals is scarce. The large amount of potassium permanganate seized in countries in South America, in particular Colombia, in the past few years indicates that current control measures may not be sufficient to deal with the smuggling and the illicit manufacture of potassium permanganate in the region. The Board again calls on Governments of countries in South America to design strategies similar to those developed in the framework

of Project Cohesion, which led to an increased interception rate and the identification of sources of precursors used in the illicit manufacture of heroin.

D. Promoting universal application of the international drug control treaties

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

1. Status of adherence to the international drug control treaties

148. Since the 2008 report of the Board was published, the Lao People's Democratic Republic has acceded to the 1972 Protocol amending the 1961 Convention[29] and Namibia has acceded to the 1988 Convention; thus, both States have become parties to all three of the international drug control treaties.

149. As at 1 November 2009, the number of States parties to the 1961 Convention or that Convention as amended by the 1972 Protocol reached 186, accounting for 96 per cent of all States. Of those States, 184 were parties to the 1961 Convention as amended by the 1972 Protocol. Afghanistan and Chad continue to be parties to the 1961 Convention in its unamended form only. A total of eight States have yet to accede to the 1961 Convention: one State in Africa (Equatorial Guinea), one in Asia (Timor-Leste) and six in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Tuvalu and Vanuatu).

150. The number of States parties to the 1971 Convention stood at 183, accounting for 95 per cent of all States. A total of 11 States have yet to become parties to that convention: two States in Africa (Equatorial Guinea and Liberia), one in the Americas (Haiti), one in Asia (Timor-Leste) and seven in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Solomon Islands, Tuvalu and Vanuatu).

151. With the accession by Namibia to the 1988 Convention, the number of States parties to that convention increased to 183, accounting for 95 per cent of all States. A total of 11 States have yet to become parties to that convention: two States in Africa (Equatorial Guinea and Somalia), one in Asia (Timor-Leste), one in Europe (the Holy See) and seven in Oceania (Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

152. The Board welcomes the accession by the Lao People's Democratic Republic to the 1972 Protocol amending the 1961 Convention and the accession by Namibia to the 1988 Convention. The Board once again urges those States which have not done so to take steps necessary to accede to all the international drug control treaties without further delay. The Board notes that 10 of the 18 States that are not yet parties to all of those treaties (63 per cent) are in Oceania.

2. Evaluation of overall treaty compliance in selected countries

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

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

155. In 2009, the Board reviewed the drug control situation in Bolivia (Plurinational State of), Colombia, Mauritania and Morocco, as well as measures taken by the Governments of those countries to implement the international drug control treaties. In doing so, the Board paid particular attention to new developments in drug control in those countries.

Bolivia (Plurinational State of)

156. The Board, as part of its ongoing review of compliance by States parties with their treaty-based obligations, has closely followed recent developments

[29] United Nations, *Treaty Series*, vol. 976, No. 14151.

in the Plurinational State of Bolivia with regard to its policies on coca bush cultivation and coca leaf production. The Board notes with concern that, despite the social control measures currently being pursued by the Government with the aim of reducing coca bush cultivation and coca leaf production in the country, both the reported total area under coca bush cultivation and the expected coca leaf production have increased over the past few years.

157. In 2008, the total area under coca bush cultivation in the Plurinational State of Bolivia increased for the third consecutive year, to 30,500 hectares (ha), 6 per cent more than in 2007. Compared with 2000, the total area under illicit coca bush cultivation doubled. The potential manufacture of cocaine in the country also increased in 2008, by 9 per cent to 113 tons, and accounted for 13 per cent of the potential global production of cocaine.[30] Furthermore, the total area of coca bush eradicated in the country in 2008 amounted to 5,483 ha, the second smallest figure recorded since 1995. The Board is concerned that those developments have had a negative impact on the Government's strategy to reduce the availability of coca leaves and have increased the risk of coca leaves being diverted for use in the illicit manufacture of cocaine.

158. The Board recalls the expressed commitment of the Bolivian Government when introducing its present policies towards coca bush cultivation and coca leaf production, namely, zero tolerance to illicit manufacture and trafficking in cocaine. That view has been reiterated by the Government on numerous occasions, particularly by representatives of the Government attending the ninety-third session of the Board, in November 2008, at the Board's request.

159. The Board urges the Bolivian Government to adopt more effective policies and to take a more proactive role in the elimination of illicit coca bush cultivation and coca leaf production in the country, as well as to address in a decisive manner the illicit manufacture of and trafficking in cocaine. The Board underlines that measures to promote alternative development in areas affected by coca bush cultivation, accompanied by sustained law enforcement efforts to prevent the re-emergence of such cultivation, are essential to the achievement of a lasting reduction in and the eventual elimination of the illicit production of coca leaf and manufacture of cocaine in the country. This illustrates the fact that it is difficult for a Government to control licit drug production when faced with thriving local drug trafficking.

160. Having reviewed the drug control situation in the Plurinational State of Bolivia, the Board takes note of the country's new declarations concerning coca leaf, the statement by the country's President during the high-level segment of the fifty-second session of the Commission on Narcotic Drugs and the Government's proposed amendment to article 49 of the 1961 Convention as amended by the 1972 Protocol, notified to the Secretary-General on 12 March 2009. The Board, bearing in mind its mandate under the international drug control treaties, wishes to restate its position on those issues.

161. Coca leaf is defined as a narcotic drug in the 1961 Convention and listed in Schedule I of the Convention, among those narcotic drugs to which the strictest control measures are applicable. Those controls include the provisions of article 4, paragraph (c), on the general obligation for States parties to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs"; articles 23 and 26, on the control regimes applicable to cultivation and production for parties permitting cultivation and production for the extraction of alkaloids; and article 27, on the possibility for parties to permit cultivation and production "for the preparation of a flavouring agent, which shall not contain any alkaloids".

162. The Board is aware of the right of States parties to the 1961 Convention to propose amendments to the Convention in accordance with article 47. In fact, the Board has provided the Bolivian Government with relevant information on the proper mechanism for changing the scope of the Convention. The Board wishes to remind the Government that until such amendments are effected, all the uses of coca leaf considered by the Government as traditional, including coca-leaf chewing and the manufacture and consumption of coca tea, as well as all other products derived from the coca leaf of which alkaloids have not been removed, continue to be illicit activities under the terms of the Convention.

[30] *World Drug Report 2009* …, pp. 63-65.

163. In so far as coca leaf remains under international control, the Plurinational State of Bolivia, as a party to the 1961 Convention as amended by the 1972 Protocol, must ensure full compliance with its obligations under the Convention, including the obligation to eliminate all uses of coca leaf for purposes other than those provided for in the Convention.

164. The Board, in response to the above-mentioned developments in drug control in the country, has strengthened its dialogue with the Bolivian Government over the past few years. In particular, the Board sent a mission to the country in 2007, to discuss with competent national authorities the Government's policies on coca bush cultivation and coca leaf production, as well as progress made by the Government in that regard since the previous mission of the Board to that country, in 2001. The Board notes with regret that the Government has yet to implement almost all the recommendations made pursuant to the 2001 mission.

165. During its ninety-third session, in November 2008, the Board heard a presentation by a delegation of the Plurinational State of Bolivia on the drug control situation in that country. The Board, while noting its agreement with the Government's position on cocaine, reiterates its concerns over the Government's policies with regard to coca bush cultivation and coca leaf production.

166. The Board will continue to monitor drug control developments in the country and to maintain an ongoing dialogue with the Bolivian Government.

Colombia

167. The illicit cultivation of coca bush in Colombia is closely intertwined with the ongoing armed conflict: many of the armed factions involved in the conflict finance themselves through drug trafficking activities. Though the Government has been conducting a vigorous coca bush eradication campaign, the country remains the source of half of the world's illicitly manufactured cocaine.

168. The Board notes that the Government of Colombia continues to make efforts in its eradication programme. Surveys conducted by the Government and UNODC indicate that in 2008 illicit coca bush cultivation in Colombia declined substantially compared with the previous year and that such cultivation returned to levels recorded at the beginning of the decade. That significant decline contributed to the global reduction of potential cocaine manufacture for that year.

169. Nevertheless, the Board is concerned that in 2008 the illicit manufacture of cocaine hydrochloride in Colombia was estimated at 430 tons — about 51 per cent of the world total. The Board urges the Government to continue taking effective measures to address that problem. The Board underlines the necessity of ensuring alternative livelihoods for farmers currently engaged in coca bush cultivation and encourages the Government to strengthen its programmes in that area.

170. The Board notes that Colombia has continued to strengthen its efforts in the area of law enforcement, in particular its efforts to fight the powerful drug trafficking organizations in that country. Since 2005, Colombia has extradited several high-ranking drug traffickers to the United States of America and other countries. Furthermore, Colombia has taken an active part in regional activities in the area of demand reduction. The Board encourages the Government to enhance its efforts to ensure that progress is made in addressing drug abuse and drug trafficking in the country and to increase its cooperation with countries in Africa in an effort to address the problem of illicit drug consignments entering that region.

Mauritania

171. The Board had long-standing concerns regarding the compliance of the Government of Mauritania with the international drug control treaties, as well as its cooperation with the Board in matters related to drug control. The Board notes with satisfaction that the Government of Mauritania has significantly improved the functioning of its national drug control system and its responses to the Board's concerns have been satisfactory, as a result of the ongoing dialogue of the Board with the Government.

172. In particular, the Government of Mauritania has made sustained progress in submitting statistical information to the Board, thus fulfilling its reporting obligations under the international drug control treaties. The Government has also amended national legislation on drug control, adopted a national drug control strategy and further strengthened the inter-ministerial body to improve cooperation and

coordination in drug control at the national level. The Board welcomes those important measures taken by the Government to increase its capacity in drug control.

173. The Board notes that, in response to the emerging drug abuse and drug trafficking in Mauritania, the Government has given priority to a number of areas, as reflected in its current national drug control strategy, including strengthening law enforcement; taking measures to reduce the illicit manufacture of synthetic drugs; strengthening control of licit activities related to controlled substances with a view to preventing diversion, particularly with regard to prescription drugs; and increasing efforts in the area of drug abuse prevention.

174. The Board remains concerned, however, about the increase in cocaine trafficking through West Africa. Like many countries in West Africa, Mauritania lacks the resources and the capacity to effectively address the emerging problem of drug trafficking and drug abuse. Drug seizures have rarely been made or recorded in Mauritania.

175. The Board reiterates the importance of international cooperation in drug control in West Africa and urges the Government of Mauritania to strengthen its cooperation with the Governments of neighbouring countries and international organizations. The Board trusts that the Government of Mauritania will step up its efforts to ensure that further progress is made towards compliance with the international drug control treaties.

Morocco

176. In recent years, the Government of Morocco has continued its efforts in the area of drug control, making considerable progress in the elimination of illicit cultivation of cannabis in the country. The total area under cannabis cultivation was reduced by 55 per cent, from 134,000 ha in 2003 to 60,000 ha in 2008. The Government aims to reduce the total area under cannabis cultivation even further, to 50,000 ha in 2009.

177. The Board notes the improvement in the cooperation of the Government of Morocco with the Board. The Government has complied with its reporting obligations under the international drug control treaties by submitting regularly to the Board statistical information on the licit movement of narcotic drugs, psychotropic substances and precursors. The Government has also provided additional information, including statistical data on drug seizures, arrests and prosecutions for drug-related offences. Such information facilitates the Board's assessment of the drug control situation in Morocco.

178. While recognizing the above-mentioned positive developments, the Board wishes to point out that significant challenges remain. Morocco continues to be one of the countries in the world with extensive illicit cultivation of cannabis and is an important source of illicitly produced cannabis and cannabis resin, in particular for North Africa and Western Europe. The Board encourages the Government of Morocco to continue its efforts to carry out eradication measures, alternative livelihood programmes and awareness-raising campaigns in areas where illicit cannabis cultivation takes place, with a view to ensuring that further progress is made in addressing that problem.

179. The Board notes that the Government of Morocco has been implementing a national drug control strategy that rests on four pillars: interdiction, eradication, international cooperation and demand reduction. The Board also notes that the Government has been reviewing the strategy and that a survey has been planned for 2010 to assess the illicit cultivation of cannabis in Morocco. The Board welcomes those developments and encourages the Government, taking into account the outcome of the review, to step up efforts in areas where progress is lacking and to ensure that the progress already achieved is sustained.

3. Country missions

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

181. In 2009, the Board sent missions to the following countries: Angola, Australia, Finland, Holy See,

Hungary, Ireland, Jordan, Malta, Spain, Sudan and Syrian Arab Republic.[31]

Angola

182. A mission of the Board visited Angola in February 2009. The Board notes that, since its last mission to Angola, in 1999, the Government has taken a series of measures to implement the international drug control treaties and has made some progress in certain areas of drug control. In particular, national drug control legislation was adopted in 1999, a national committee for drug control coordination was established in 2001, a national drug control strategy was developed in 2003 and Angola acceded to the international drug control treaties in 2005. The Government has also taken steps to address the emerging problems of drug abuse and drug trafficking in the country, for example by strengthening border control, building law enforcement capacity and carrying out drug abuse prevention programmes targeting young persons.

183. Significant challenges remain, however. Like many other countries in the region, Angola is faced with growing drug problems. It has increasingly been used as a trans-shipment area for cocaine destined for countries in Western Europe and other countries in Africa. The illicit cultivation of cannabis is taking place in almost all provinces in Angola, and the high profits being made in drug trafficking have led an increasing number of people to become involved in that illicit activity. While cannabis remains the most commonly abused drug in the country, there appears to be a growing problem involving the abuse of cocaine and prescription drugs in urban areas. The Board encourages the Government to continue its efforts in drug control and strengthen its cooperation with other countries in the region aimed at addressing the drug problems.

Australia

184. A mission of the Board visited Australia in February 2009. The Board commends the Government for its balanced drug control policy, based on both demand reduction and supply reduction measures. Several initiatives targeting the illicit manufacture of amphetamine-type stimulants have been implemented in Australia. The Board invites the Government to continue to share its experiences in the implementation of those initiatives with the Board, other Governments and international organizations. The Board notes with appreciation that the cultivation of opium poppy, the production of poppy straw and the extraction of alkaloids from poppy straw are under strict and effective control in Australia.

185. In spite of a significant decrease in the abuse of some narcotic drugs and psychotropic substances, the levels of abuse of certain narcotic drugs and psychotropic substances continue to be high in Australia. The Board encourages the Government to implement comprehensive measures to counter the abuse of narcotic drugs and psychotropic substances and pay due attention to new developments, such as the increase in the abuse of cocaine. The Board recommends the Government to further strengthen primary prevention of drug abuse and the comprehensive treatment and rehabilitation of abusers of narcotic drugs and psychotropic substances. The Board requests the Government to terminate the operation of the "drug injection room" in Sydney and provide drug abusers who will be affected by the closure with access to appropriate social and health services, including for the treatment and rehabilitation of drug abusers.

Finland

186. A mission of the Board visited Finland in January 2009. Finland is a party to all the international drug control treaties and has adopted comprehensive drug control legislation. Finland's drug control strategy is based on a sound general welfare approach and on ensuring a balance between reducing supply and reducing demand, with emphasis on the promotion of a healthy lifestyle and early prevention of drug abuse. Adequate resources are provided for the implementation of the national drug control policy. The legislative and administrative structures for drug control are efficient, and the coordination of the various Government authorities is excellent.

187. The Board notes that the quality of the drug prevention efforts in Finland continues to be high. The system for community-based drug abuse prevention has been further improved in the past few years, and

[31] The findings and recommendations of the missions of the Board to Hungary, Ireland, Jordan, Malta and Spain will be reported on in the report of the Board for 2010.

the involvement of the relevant parties, such as the police, in prevention efforts at the community level has been intensified. However, the Board continues to be concerned about the problem of the abuse of buprenorphine, which is smuggled in large quantities, mainly out of France, into Finland via Estonia. The Board wishes to encourage the authorities of Finland to continue to look for a solution to that problem together with the Governments concerned.

Holy See

188. A mission of the Board visited the Holy See in November 2008, in an effort to promote universal ratification and implementation of the international drug control conventions. The Board commends the authorities of the Holy See for having ratified the 1961 Convention and the 1971 Convention. While there are apparently no cases of drug abuse or drug trafficking in the Vatican City, drug problems have been prevented through work in demand reduction, pastoral care, capacity-building and making controlled drugs available for pain treatment. The Board encourages the Holy See to pursue efforts to remove obstacles to its accession to the 1988 Convention and, at the same time, to continue taking practical measures to deal with potential problems and difficulties that might arise from the implementation of the provisions of the 1988 Convention.

Hungary

189. A mission of the Board visited Hungary in October 2009. It was the first time since 1999 that a mission of the Board had visited that country. The mission met with officials from the Ministry of Social Affairs and Labour, the Ministry of Health and the Ministry of Agriculture and Rural Development to discuss the implementation of the international drug control conventions, to which Hungary is a party. The issues discussed included the licit cultivation of opium poppy in Hungary, the availability of opioids for the treatment of pain and progress in implementing the first Hungarian National Strategy to Combat the Drug Problem. Representatives of the police and customs authorities discussed recent developments in trafficking in drugs and precursor chemicals in Hungary. The mission included a visit to a treatment, rehabilitation and reintegration centre for drug addicts, in Budapest.

Ireland

190. A mission of the Board visited Ireland in October 2009. It was the first time since 2000 that a mission of the Board had visited that country. The objective of the mission was to review the implementation of the three international drug control conventions, to which Ireland is a party. Deliberations focused on the Government's experience in implementing those conventions through national legislation and national drug control policy. Recent developments in drug trafficking and abuse in Ireland were discussed, as well as measures taken by the Government to counteract those developments. Meetings were held with the Minister for Drugs, the Minister of Education, the Minister for Health and the Minister for Justice, as well as with senior police and customs officials. The mission included visits to a youth centre active in the area of drug abuse prevention and two centres providing treatment, counselling and aftercare for drug-dependent persons.

Jordan

191. A mission of the Board visited Jordan in August 2009. It was the first time since 2001 that a mission of the Board had visited that country. The objective of the mission was to review the implementation of the three international drug control conventions, to which Jordan is a party. Deliberations focused on recent developments in drug trafficking and abuse in Jordan, as well as on measures taken or planned to address those problems. The issues discussed included the continued smuggling of amphetamine-type stimulants through Jordan and the legislative and administrative measures adopted to control narcotic drugs, psychotropic substances and the chemicals needed for their illicit manufacture. Meetings were held with senior officials of the Ministry of Health, the Ministry of Justice, the Ministry of Foreign Affairs, the Jordan Food and Drug Administration, the national drug control authorities, the national anti-corruption commission and the customs authorities. The mission included visits to two centres that provide treatment, counselling and aftercare for drug-dependent persons.

Malta

192. A mission of the Board visited Malta in October 2009. Meetings were held with senior

representatives of the Ministry for Justice and Home Affairs, the Ministry for Social Policy, the Ministry of Finance, the Economy and Investment and the Malta National Laboratory. The mission included visits to the Freeport Zone at Kalafrana and facilities for the treatment and rehabilitation of drug abusers. The objective of the mission was to discuss the implementation of the international drug control conventions and cooperation with the Board. The discussions focused on reporting obligations under the conventions, as well as legislative and administrative measures to address the situation with regard to trafficking in drugs and their precursors. The availability of opiates for medical needs was also discussed.

Spain

193. A mission of the Board visited Spain in July 2009. It was the first time since 2000 that a mission of the Board had visited that country. Spain is party to the three main drug control conventions. The purpose of the mission was to review the Government's experience in implementing those conventions through national legislation and national drug control policy, as well as to discuss with the authorities legislative and administrative measures and policies aimed at strengthening the control of narcotic drugs, psychotropic substances and chemicals used in their illicit manufacture. The issues discussed included the following: the latest developments in the smuggling of drugs, particularly cocaine, through Spain; the abuse of amphetamine-type stimulants and other illicit drugs; cannabis cultivation; action against money-laundering; recent changes in precursor control legislation; the licit production of opiate raw materials; and demand reduction policies. In addition, meetings were held on the National Plan on Drugs with a representative of the Government of Spain, as well as other senior officials from ministries or other Government entities involved in the fight against drug abuse and trafficking.

Sudan

194. A mission of the Board visited the Sudan in June 2009. The Sudan has been a party to the international drug control treaties since 1993. The Board notes that the Government's ability to adequately meet its obligations under the treaties has been affected by the ongoing conflict in that country. The Government has established a number of bodies and institutions to deal with drug control, and it has recently indicated its commitment to fighting the drug problem. However, the Government requires comprehensive drug control legislation, well-functioning drug control bodies and adequately trained personnel to fulfil that commitment.

195. The Board urges the Government of the Sudan to take appropriate measures to make its drug control efforts more effective. The Board also urges the Government to take measures that would ensure the availability of internationally controlled substances for medical purposes for the peoples of Southern Sudan while complying with the provisions of the international drug control treaties relating to international trade. Any measures adopted in that regard should also take due account of the work being done by humanitarian organizations involved in the field of health.

Syrian Arab Republic

196. In February 2009, the Board sent a mission to the Syrian Arab Republic to review the drug control situation in that country. The mission discussed with the Government such issues as drug trafficking and the emerging problem of the diversion of precursor chemicals, as well as measures taken by the Government to resolve those issues. The Board notes that counterfeit Captagon tablets continue to be seized in the country. Recent evidence indicates that traffickers have targeted the Syrian Arab Republic as part of their efforts to find new sources of chemicals used in the illicit manufacture of amphetamine-type stimulants and heroin. The Board has identified shortcomings in the established national control system and has noted the limited awareness among the competent national authorities of emerging trends in precursor trafficking. The Board urges the Government to further strengthen precursor control mechanisms and to take measures to enhance the exchange of information among regulatory and law enforcement authorities responsible for precursor control.

197. The Board notes the commitment of the Government of the Syrian Arab Republic to the aims of the international drug control treaties and the Government's efforts to prevent drug abuse. The Board notes that, although drug abuse does not appear to be significant in the country, no recent epidemiological studies of the drug abuse situation in the country have

been carried out and that information on the extent of drug abuse in the country is limited. The Board notes that, in the Syrian Arab Republic, the treatment for drug addiction provided in specialized facilities does not include a system of rehabilitation and social reintegration. The Board encourages the Government to establish a system for the collection, analysis and reporting of information on drug abuse and to develop a comprehensive system for the treatment of drug addicts.

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

198. As part of its ongoing dialogue with Governments, the Board also conducts, on a yearly basis, an evaluation of Governments' implementation of the Board's recommendations pursuant to its country missions.

199. In 2009, the Board invited the Governments of the following seven countries, to which it had sent missions in 2006, to provide information on progress made in the implementation of its recommendations: Argentina, Brazil, Democratic People's Republic of Korea, Gambia, Latvia, Luxembourg and Myanmar.

200. The Board wishes to express appreciation to the Governments of the Democratic People's Republic of Korea, Latvia and Luxembourg for their timely submission of the information, which facilitated the Board's assessment of the drug control situation in those countries and the Governments' compliance with the international drug control treaties. Information provided by the Governments of Argentina, Brazil and Myanmar was received too late to be included in the present report and will therefore be reported on in the report of the Board for 2010.

201. The Board regrets that no information was received from the Government of the Gambia. The Board requests that Government to provide the requested information without further delay.

Democratic People's Republic of Korea

202. The Government of the Democratic People's Republic of Korea has acted upon the recommendations of the Board made following the mission to that country in June 2006 and some progress has been made in a number of areas of drug control in recent years. Most notably, the Democratic People's Republic of Korea has acceded to the international drug control treaties and has strengthened its cooperation with the Board.

203. The Board notes that, in March 2008, in an effort to comply with its reporting obligations under the international drug control treaties, the Government of the Democratic People's Republic of Korea set up a monitoring system for the collection of statistical data on the production, consumption, import and export of internationally controlled substances. Model forms were developed and distributed for use by relevant authorities at the national, provincial and municipal levels. Such a system has enabled the Government to monitor the licit movement of controlled substances and prevent their diversion.

204. The Government of the Democratic People's Republic of Korea has continued developing its legislative and administrative framework for drug control by adopting rules and regulations for the implementation of national drug control legislation. Plans have been made to revise some articles of the current drug law with a view to bringing them more in line with the provisions of the international drug control treaties. In April 2007, the Government conducted the first national survey of drug abuse, and the results suggested that drug abuse was not a problem in the country.

205. While acknowledging the significant progress the Government of the Democratic People's Republic of Korea has made in complying with its obligations under the international drug control treaties, the Board wishes to underline the significant challenges in drug control in East and South-East Asia and the need for the Government to develop a national drug control strategy focusing on prevention and capacity-building.

Latvia

206. Efforts have been made by the Government of Latvia to implement the Board's recommendations following the 2006 mission of the Board to that country. In particular, the Board notes that the Latvian authorities have made considerable effort to address drug-related corruption. The Board welcomes the political will and commitment of the Government to fight drug abuse and trafficking and its readiness to cooperate with the Board.

207. The Board notes that, pursuant to its recommendations, the Government of Latvia allocated additional resources to the implementation of national drug control measures. Within the framework of the national programme for combating drug abuse for the period 2005-2008, new drug detection equipment was purchased for use by the state police in operational activities. Similar measures were taken to address the problem of drug trafficking and drug abuse in prisons.

208. Since 2006, the Government of Latvia has increased its capacity-building efforts among law enforcement authorities and has provided training for police officers, border guards and customs officers to improve their professional skills. Training has also been provided to law enforcement authorities and forensic laboratory staff organized in cooperation with the Drug Enforcement Administration (DEA) of the United States, the European Police College (CEPOL) and others.

209. The Government of Latvia has acted on the Board's recommendations regarding systematic collection and regular analysis of data on drug abuse. Data on drug abusers are analysed by the authorities responsible for the registration and treatment of drug addiction, and the results are made available to the general public through annual reports. The Board notes that the national commission for coordinating drug control and fighting drug addiction has indicated its plan to conduct an evaluation of the implementation of drug demand reduction policies and strategies; the results will be used to formulate a national drug abuse prevention programme. The Board welcomes such initiatives and encourages the Government to continue expanding its activities in that area.

Luxembourg

210. Following its 2006 mission to Luxembourg, when members of the Board visited a so-called "drug consumption room", the Board, in a letter to the Government, reiterated its view that such facilities violated the international drug control treaties, particularly the 1961 Convention, and recommended that the Government take immediate measures to terminate the operation of that facility.

211. The Board notes with concern, however, that the policy of the Government of Luxembourg in that area has not changed and that a room for the "consumption", including by injection, of drugs acquired on the illicit market, continues to be in operation in the country. The Board urges the Government to provide adequate services to those in need of treatment, rehabilitation and social integration, in conformity with the provisions of the international drug control treaties.

212. The Board notes that there appears to be a lack of progress in the implementation of its recommendations on the prevention of diversion of methadone prescribed as part of substitution treatment for heroin addiction in Luxembourg. The Board calls upon the Government to take effective measures to ensure that progress is made in addressing that situation, bearing in mind the aims of the international drug control treaties and Luxembourg's obligations under those treaties.

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

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

213. Article 14 of the 1961 Convention (and that Convention as amended by the 1972 Protocol) and article 19 of the 1971 Convention set out measures that the Board may take to ensure the execution of the provisions of those conventions. Such measures, which consist of increasingly severe steps, are taken into consideration when the Board has reason to believe that the aims of the conventions are being seriously endangered by the failure of a State to carry out the provisions of those conventions.

214. The Board has invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to a limited number of States. The Board's objective has been to encourage compliance with those conventions when other means failed. The States concerned are not named until the Board decides to bring the situation to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs (as in the case of Afghanistan). Following continuous dialogue with the Board pursuant to articles 14 and 19, most of the States concerned have taken remedial measures, resulting in the Board's decision to terminate action taken under those articles vis-à-vis those States.

215. During the reporting period, the Board, while reviewing the status of overall treaty compliance, decided to terminate action taken pursuant to article 14 of the 1961 Convention as amended by the 1972 Protocol and article 19 of the 1971 Convention vis-à-vis one State, in view of substantial progress made by that State pursuant to those articles. The Board expects that continued efforts will be made by that State to ensure further progress in its compliance with the international drug control treaties.

216. Afghanistan is currently the only State for which action is being taken pursuant to article 14 of the 1961 Convention as amended by the 1972 Protocol.

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

217. The year 2009 witnessed continued strong political support for Afghanistan, as demonstrated by the International Conference on Afghanistan: a Comprehensive Strategy in a Regional Context, held in The Hague on 31 March. The Conference called for greater efforts and clearer direction in addressing the challenges of Afghanistan, reaffirming the priorities agreed at the International Conference in Support of Afghanistan, held in Paris on 12 June 2008.

218. The Board notes that encouraging progress has been made following the Paris Conference in some of the priority areas, the Joint Coordination and Monitoring Board having made important decisions on a new national agricultural strategy, police reform and private-sector development. In particular, the new comprehensive agricultural and rural development facility, aimed at reducing opium poppy production by increasing incentives for licit crop cultivation, has been given priority in the new national agricultural strategy.

219. The Board welcomes the above-mentioned positive developments in areas essential for Afghanistan's long-term economic growth and sustainable progress in the elimination of illicit opium poppy cultivation in the country. The world drug problem undermines sustainable development, political stability, democratic institutions and poverty eradication efforts and threatens national security and rule of law. The problem can only be addressed effectively if the drug control situation in Afghanistan is resolved.

220. Since 2000, the Board, in discharging its mandate under the international drug control treaties, has regularly evaluated the drug control situation in Afghanistan and progress made by the Government in complying with the provisions of the treaties, in the light of the action taken by the Board vis-à-vis Afghanistan under article 14 of the 1961 Convention as amended by the 1972 Protocol. In addressing the drug control situation in the country, significant challenges remain; a lot needs to be done by the Government.

221. The Board notes that in 2009 some progress was made by the Government of Afghanistan in the elimination of illicit opium poppy cultivation. According to the *2009 Opium Poppy Survey* conducted in Afghanistan by UNODC, between 2008 and 2009, the total area under illicit opium poppy cultivation in the country decreased by 22 per cent, to 123,000 ha; potential opium production decreased by 10 per cent, to 6,900 tons; and the number of provinces free of opium poppy increased to 20. In Helmand province, illicit opium poppy cultivation declined by a third in 2009, contributing significantly to the decrease in such cultivation in the country as a whole.

222. Efforts were also noted in the provision of alternative livelihood and agricultural development assistance at the national and international levels. The Government of Afghanistan adopted the alternative livelihood implementation plan in 2005 and put in place the Good Performance Initiatives system in 2006, providing development assistance awards to governors exhibiting the political will to substantially reduce or eliminate opium poppy cultivation in their provinces. Renewed alternative livelihood programmes are being developed to deliver targeted, agricultural and development assistance in the southern provinces, focusing on controlling the problem where most of the opium poppy is grown.

223. The Board notes the encouraging results achieved in recent years in strengthening the Government's capacity in the area of law enforcement. Ongoing training, mentoring and funding provided by the international community have led to increases in the quantity of drugs seized. In 2008, the Afghan law enforcement authorities seized 324 tons of drugs and 95 tons of precursors, compared with 35 tons of drugs and 43 tons of precursors in 2006. In addition, in the first half of 2009, 27 clandestine drug manufacturing laboratories were destroyed in operations involving the

Afghan National Army and forces of the North Atlantic Treaty Organization.

224. The Board remains concerned, however, that the drug control situation in Afghanistan has not improved significantly, despite the efforts of the international community and the Government in the past few years. The level of illicit opium poppy cultivation continues to be high, with 99 per cent of the cultivation concentrated in seven provinces in the southern and western parts of Afghanistan. Although in some parts of the country, the area under illicit opium poppy cultivation has been reduced, little progress has been made in preventing the re-emergence of such cultivation. In addition, Afghanistan has become a significant manufacturer of heroin and other opiates, as well as a major source of cannabis. Afghanistan has also one of the highest rates for the abuse of opiates in the world: an estimated 1.4 per cent of its population abuse opiates.

225. Among other long-term challenges in Afghanistan is the continued high level of corruption, involving high-ranking Government officials, police commanders and governors, an immense obstacle to efforts to address the drug problem. In many areas, markets for opium are under the control of local warlords who also engage in other criminal activity. The Board reiterates that, unless the Government of Afghanistan takes serious and firm measures to address the problem of corruption, the Government's efforts in drug control will be undermined, further hindering political progress, economic growth and social development in the country.

226. The Board notes that Afghanistan remains one of the two States worldwide that have yet to accede to the 1972 Protocol amending the 1961 Convention, an issue that the Board has discussed with the Government on many occasions over the past few years. Although the Council of Ministers of Afghanistan endorsed the 1972 Protocol and the process of accession commenced some years ago, no further progress appears to have been made. The Board urges the Government to take the necessary steps to enable Afghanistan to accede to the 1972 Protocol as soon as possible.

227. Despite the fact that training has been provided to competent national authorities, Afghanistan has continued to fail to comply with its reporting obligations under the international drug control treaties. Submission by the Government of statistical data on narcotic drugs, psychotropic substances and precursors remains sporadic, an indication of the lack of adequate control mechanisms at the national level to prevent the diversion of internationally controlled substances from licit channels to the illicit market. In particular, the Government has, for eight consecutive years, failed to submit information on seizures of precursors as required under article 12, paragraph 12, of the 1988 Convention. The Board recommends that UNODC continue providing needed assistance with a view to increasing the Government's overall capacity to implement the international drug control treaties.

228. The Board, while noting positive developments in drug control in Afghanistan, urges the Government to pursue its National Drug Control Strategy in order to ensure that further progress is made in various areas of drug control. In particular, the Government, bearing in mind its obligations under the international drug control treaties, should endeavour to achieve a substantial and permanent reduction in opium poppy and cannabis cultivation and in opium and cannabis production, trafficking and abuse in the country. The Board calls upon the international community to continue providing assistance to the Government in fighting drug abuse and trafficking.

F. Special topics

1. Abuse of prescription drugs containing controlled substances

229. Under the international drug control treaties, States have the obligation to prevent trafficking in and abuse of narcotic drugs and psychotropic substances. That obligation also refers to pharmaceutical preparations containing controlled substances. For most of those products, prescriptions are mandatory according to the relevant treaties and national legislation in effect in individual countries.

230. In many countries, the illicit supply of prescription drugs containing narcotic drugs or psychotropic substances, through what used to be the main channels, such as diversion from international trade, has been significantly reduced. Attempts at diversion from international trade have been impeded by Governments in cooperation with the Board. However, the Board has noted that, in some countries, the diversion of such prescription drugs from domestic

distribution channels has increased. In addition, new channels of trafficking have been opened, such as illegally operating Internet pharmacies and the use of the mail for smuggling.

231. As the Board mentioned in its report for 2006,[32] the diversion of pharmaceutical preparations from domestic distribution channels continues to be underreported. Despite the fact that the abuse of prescription drugs is a fast-growing global problem, it continues to be difficult to obtain comprehensive data on the actual level of abuse of such drugs, as systematic data collection is lacking in most countries. The information available on the abuse of prescription drugs is mostly limited to anecdotal evidence or to data collected for one or two specific substances (such as morphine or methadone).

232. In 2009, the abuse of prescription drugs came to the attention of the general public as a result of reporting on cases involving the deaths of prominent entertainers. However, there is still significant lack of awareness among the general public and the media about the nature of the problem. Very often the abuse of prescription drugs is characterized as the misuse of pharmaceutical preparations, which have been inappropriately used to treat pain, depression, insomnia and anxiety. The abuse potential of prescription drugs containing narcotic drugs or psychotropic substances, which leads to their use as recreational drugs or to addiction, is often overlooked. That problem, in addition to their wide availability, contributes to the increase in the abuse of those controlled substances.

233. Information reported by countries to the Secretary-General in the annual reports questionnaire shows that almost all countries are confronted with trafficking in and abuse of prescription drugs. Most countries do not systematically collect data on the abuse of and/or trafficking in pharmaceutical preparations containing controlled substances. For countries where the abuse of prescription drugs is systematically monitored in surveys of the general population or specific population groups, the data indicate that such abuse is widespread and in many cases a major problem.

234. In many countries, prescription drugs are the second or third most abused category of drugs. The most often mentioned prescription opioids are buprenorphine and methadone. Other opioids specifically mentioned are morphine, codeine and pethidine, while several Governments have reported abuse of drugs in the category "Other opioids". The category reported in practically every country as being abused are sedatives and tranquillizers, the substances most often mentioned being the benzodiazepines such as alprazolam, clonazepam, diazepam, flunitrazepam and lorazepam.

235. The abuse of benzodiazepines, alone or in combination with alcohol and/or illicitly manufactured drugs such as cocaine, heroin or MDMA ("ecstasy"), is a problem the extent of which remains largely unrecognized in most countries. In the annual reports questionnaire, many Governments have indicated that, in their country, persons received treatment for the abuse of benzodiazepines or undefined sedative-type substances and that the abuse of benzodiazepines was rising, although reliable data were not available.

236. In some countries, the collection of data on the abuse of prescription drugs is more systematic and, therefore, more precise information is available. For example, according to the 2008 National Survey on Drug Use and Health, 6.2 million persons in the United States abuse prescription drugs, more than the total number of persons who abuse cocaine, heroin, hallucinogens, MDMA and inhalants. A similar situation has been reported in Canada. Data for 2005 indicate that most of the users of street drugs in almost all of the main cities in Canada (the exceptions being Vancouver and Montreal) are non-medical users of prescription opioids. It has been estimated that 1-3 per cent of the national population of Canada abuse prescription opioids. In Germany, an estimated 1.4 million-1.9 million persons are addicted to pharmaceutical preparations. German authorities have started a programme for monitoring the abuse of pharmaceutical preparations among clients in centres for the treatment of drug addiction. In France, where a system for the countrywide evaluation of dependence on pharmaceutical preparations has been operating for many years, the abuse of pharmaceutical preparations, particularly those containing benzodiazepines, buprenorphine and methadone, have been reported. Similar reports have been received from the Governments of several Scandinavian countries.

[32] *Report of the International Narcotics Control Board for 2006* (United Nations publication, Sales No. E.07.XI.11), paras. 54-58.

237. One particular concern is the rise in the misuse of prescription drugs among youth in recent years. In the United States, for example, opioid pain relievers are abused primarily by young adults (persons 18-25 years old) and adolescents (persons 12-17 years old). Data collected for the 2007 report of the European School Survey Project on Alcohol and Other Drugs (ESPAD) indicate that, in several countries in Europe, about 15 per cent of the total student population uses sedatives or tranquillizers without a prescription.

238. In countries in which prescription drug abuse is systematically monitored, prescription drugs have been identified as one of the main drugs involved in overdose deaths. In the United States, for example, the Florida Medical Examiners' Commission has reported that the abuse of prescription drugs containing an internationally controlled substance (hydrocodone, oxycodone or methadone) was the cause of death of 2,184 individuals in 2008. In the United Kingdom, methadone was the principal drug implicated in 27 per cent of drug-related deaths among persons 16-24 years old in 2008.

239. The most frequently mentioned methods used for the diversion of pharmaceutical preparations containing controlled substances are forged prescriptions, sold prescriptions, theft (from pharmacies, hospitals and doctors' offices) and "doctor-shopping". In recent years, however, organized criminal groups have recognized the potential demand for trafficked prescription drugs and have added diverted prescription drugs to their drug supplies. Illegally operating Internet pharmacies play a major role in the increasing illicit market for prescription drugs.

240. The Board is of the opinion that competent national authorities need to give increased attention to the problem of prescription drug abuse when formulating public health policies. The Board calls upon Governments to consider introducing the following measures to counteract the growing problem of abuse of prescription drugs containing internationally controlled substances. Governments should include, as far as possible, prescription drug abuse in their national surveys on drug abuse in order to obtain information on the extent of drug abuse and the types of drugs abused, which would allow them to introduce the most appropriate drug control strategies. It is equally important for law enforcement authorities to regularly report seizures of pharmaceutical preparations to drug control authorities, in addition to reporting to the relevant international organizations seizures of pharmaceutical products containing internationally controlled substances.

241. The Board encourages Governments to introduce or expand programmes for monitoring prescription drugs. Furthermore, in order to reduce improper prescribing practices, Governments should consider enhancing programmes to promote rational use of prescription drugs. The Board suggests programmes should be launched to make national and international law enforcement authorities aware that prescription drug abuse is a drug control problem comparable to the abuse of illicit drugs. When unlawful action by individual medical or pharmaceutical professionals has been identified, appropriate sanctions need to be applied. The Board wishes to remind Governments that the sale of internationally controlled substances by Internet pharmacies should be either prohibited or closely controlled (see paragraph 269-272 below). Governments should be aware that changes in drug abuse patterns may require adjustments in programmes for the treatment of drug addiction. If the controlled substance that is abused is contained in a prescription drug, adequate treatment options will need to be identified and implemented.

2. Herbal mixtures containing synthetic cannabinoids

242. Herbal mixtures under the name "Spice" have recently been the focus of attention of health authorities and drug regulators in many countries. Although advertised as plant mixtures that are not for human consumption, Spice products are smoked and have been reported to induce in users psychoactive effects similar to those produced by cannabis. The identification of small amounts of synthetic cannabinoids in those herbal mixtures has raised concern about their abuse liability and their potential health effects.

243. To receive more information on abuse of Spice products, the Board sent a letter to Governments of selected countries in all regions to request information regarding the prevalence of the use of Spice products, the profile of Spice product users, health problems arising from the use of Spice products and the abuse liability of their constituents. The Board has reviewed

the information provided by Governments, as well as reports on Spice products by bodies monitoring substance abuse, such as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

244. Spice products are purchased primarily via the Internet and are also available from shops in a few large cities. Spice products are advertised as mixtures of several plant species, but there are reports that the plant materials listed as ingredients may not be present in some Spice products. Forensic investigations carried out in several European countries and the United States to determine the psychoactive components of Spice products have revealed the presence of several synthetic cannabinoids, namely JWH-018, CP 47,497 and its homologues and HU-210 — all substances not under international control. Those synthetic cannabinoids were not present in all Spice products or batches of the same product. Although Spice products can be purchased in many countries, it is not currently known where they are manufactured.

245. Information about the psychoactive effects of using Spice products has been obtained primarily from anecdotal reports on Internet forums, where users of Spice products mentioned experiencing a "high" similar to that induced by cannabis. The synthetic cannabinoids detected in Spice products were originally produced for research on the endogenous cannabinoid receptors and have not been developed as pharmaceutical products; consequently, little is known about their toxicological effects in humans. However, although information from studies on the effects of those synthetic cannabinoids on humans is lacking, studies of their effects on animals in vitro studies suggest that the substances may be even more potent than cannabis. That raises concerns about the potential health risks associated with the use of those synthetic cannabinoids and with the consumption of unknown quantities of such substances surreptitiously introduced in herbal mixtures such as the Spice products.

246. The Board notes that health concerns have prompted the authorities of several countries to adopt measures to regulate the use of and trade in some synthetic cannabinoids and products that contain them. In several countries, including Austria, France, Germany, Luxembourg and Poland, some or all of the synthetic cannabinoids most commonly detected in Spice products (JWH-018, CP 47,497 and its three homologues and HU-210) were added to the national list of controlled substances. In the United States, HU-210 was already under control as a structural analogue of THC.

247. In addition to the synthetic cannabinoids identified in Spice products, numerous other synthetic substances are known to act as agonists of the endocannabinoid receptors and potentially have effects similar to cannabis. The chemical structure of many of those synthetic cannabinoids is different from that of THC; thus, the substances cannot be detected using conventional drug-screening methods. Non-controlled synthetic cannabinoids could appear on the market to circumvent existing drug control regulations. To address that problem, the Advisory Council on the Misuse of Drugs has recommended the Government of the United Kingdom to adopt legislation that targets groups of structurally related cannabinoids rather than specific cannabinoids. Similarly, in Luxembourg, all synthetic agonists of cannabinoid receptors have been added to the list of psychotropic substances under control.

248. The Board urges Governments to closely monitor new developments with regard to the abuse of synthetic cannabinoids, which are often marketed as innocuous products such as herbal incense in order to escape detection by drug control authorities. By monitoring user forums on the Internet and online shops, Governments could be alerted to the abuse of products that may contain synthetic cannabinoids as soon as they appear on the market. In addition, investigations should be made to determine the location of the manufacturers of Spice products and, in particular, the source of the synthetic cannabinoids used in such products. The Board invites all Governments to provide to the Board and to WHO all information available regarding the abuse in their countries of herbal mixtures such as Spice products and the synthetic cannabinoids contained therein.

3. Control of ketamine

249. During the past several years, the Board has taken note with concern of reports on the abuse of and trafficking in ketamine, a substance currently not under international control. Through its annual reports, the Board has repeatedly drawn the attention of Governments to the problems of the widespread abuse of ketamine, particularly among youth, in East and

South-East Asia and of trafficking in ketamine in that region and in other regions, including in the Americas.

250. According to the International Criminal Police Organization (INTERPOL), trafficking in and abuse of ketamine constitute an emerging area of concern. The abuse of ketamine is increasing in countries in Europe, particularly Spain and the United Kingdom. Trafficking in ketamine is attractive to organized criminal groups because of its high profitability: hundreds of kilograms of the substance are seized every year in Europe and other regions.

251. In March 2006, ketamine was the subject of critical review by the WHO Expert Committee on Drug Dependence. At that time, however, the Committee concluded that the information presented to it on ketamine was not sufficient to warrant the international scheduling of that substance.

252. In the light of those developments, the Commission on Narcotic Drugs adopted resolution 49/6, entitled "Listing of ketamine as a controlled substance", in order to enable Governments to take appropriate measures against the diversion and abuse of ketamine. In that resolution, the Commission called upon Member States to consider controlling the use of ketamine by placing it on the list of substances controlled under their national legislation, where the domestic situation so required.

253. In its report for 2006,[33] the Board welcomed the adoption of resolution 49/6 by the Commission on Narcotic Drugs and called upon all Governments to implement that resolution without delay. In particular, the Board encouraged all Governments concerned to take steps to determine the size of the population abusing ketamine and, wherever warranted, to place ketamine under their national legislation. Furthermore, the Board urged all Governments to provide to WHO, and to the Board, all available information on the abuse of ketamine in their countries, in order to assist the WHO Expert Committee on Drug Dependence in its efforts to assess ketamine for possible scheduling under the 1971 Convention.

254. In March 2007, the Commission on Narcotic Drugs adopted resolution 50/3, in which it encouraged Member States to consider adopting a system of precautionary measures for use by their Government agencies to facilitate the timely detection of the diversion of ketamine.

255. In August 2008, the Board sent out a questionnaire to all Governments requesting them to provide it with information on the specific legal or administrative measures adopted pursuant to Commission on Narcotic Drugs resolution 49/6, including information on measures to control ketamine and on ketamine imports, exports, seizures, abuse and trafficking.

256. As at 1 November 2009, the Board had received the requested information from 87 countries and 7 territories. A total of 48 Governments reported that ketamine had already been placed on the list of substances controlled under national legislation, pursuant to Commission on Narcotic Drugs resolution 49/6, and 43 Governments reported that legal provisions or administrative measures had been adopted to implement that resolution. Of the countries and territories that had not yet placed ketamine under control, 12 reported that their domestic situation would require doing so, mainly because of the extent of abuse of the substance.

257. With regard to the control of licit international trade in ketamine, 50 of the countries responding to the questionnaire had introduced the requirement of import and export authorization for imports and exports of ketamine, and one country was in the process of doing so; two other countries had introduced the requirement of import authorizations only. The vast majority (67) of the responding countries and territories were in a position to provide precise information on total manufacture, imports and exports of ketamine per year. A total of 31 countries and territories provided details on the abuse of and illicit trafficking in ketamine, including information on seizures of ketamine. While most countries reported many seizures involving small quantities of ketamine, some, including China, Germany, Malaysia, Philippines and Thailand, reported having seized large quantities of the substance.

258. The Board has continued to communicate to WHO, on a regular basis, the information received from Governments, for use in the critical review of ketamine by WHO, in its efforts to assess ketamine for possible inclusion in one of the schedules of the international drug control conventions. The Board calls upon all Governments to continue to furnish it and

[33] *Report of the International Narcotics Control Board for 2006* …, para. 202.

WHO with all relevant information on trafficking in and abuse of ketamine in their countries.

259. The Board has started to publish, on a secure page of its website, information on the national requirements already in place in individual countries for authorizing the import and export of ketamine.

4. Use of pharmaceutical products to facilitate sexual assault and other crimes

260. The Board welcomes the adoption by the Commission on Narcotic Drugs of resolution 52/8, in which the Commission urged Member States to adopt measures to address the emerging problem of the use of substances to facilitate sexual assault ("date rape"). The substances covered by that resolution include cannabis, a narcotic drug controlled under the 1961 Convention; substances such as alprazolam, clonazepam, diazepam, flunitrazepam, GHB, lorazepam, meprobamate, midazolam, phencyclidine, secobarbital, temazepam, triazolam and zolpidem, which are controlled under the 1971 Convention; and alcohol, 1,4-butanediol, *gamma*-butyrolactone (GBL), chloral hydrate, ketamine and scopolamine, substances not under international control. In addition, in its resolution 52/8, the Commission urged member States to enhance public awareness of that problem, to consider imposing stricter controls or taking other measures aimed at discouraging the use of such substances for the commission of drug-facilitated sexual assault, including with regard to those substances not under international control and to share, through bilateral, regional and international channels, information on emerging trends in the use of drugs to commit such offences. Moreover, the Commission invited the concerned industries to develop formulations with safety features, such as dyes and flavourings, to alert possible victims to the contamination of their drinks without affecting the bioavailability of the active ingredients in legitimate drugs.

261. The misuse of substances, regardless of whether they were illicitly manufactured or diverted from legitimate channels, for the commission of sexual assault or other crimes is not new. In particular, the benzodiazepines, many of which are controlled under the 1971 Convention, have a history of such misuse that is well documented in scientific and legal literature. They have been used with criminal intent to weaken the resistance of individuals, for example to exploit their property or body with their apparent consent, without them having the slightest recollection afterwards of what happened. Unwanted behaviour induced by the unknowing consumption of benzodiazepines includes revealing credit card information, making purchases in a number of shops and signing cheques or charging credit cards, giving away a motor vehicle (together with the key and vehicle registration papers) and perceiving being raped as a pleasurable experience. The drug doses involved in such criminal activities are higher than those used for therapeutic purposes, and food or drinks are used to disguise the drugs, which are often consumed in combination with alcohol. Such crimes may be committed not only in places such as bars, restaurants, nightclubs and airports, but also in private surroundings, for example, at a friend's house.

262. Of the benzodiazepines, flunitrazepam was once so commonly misused for the commitment of sexual assault that it was called the "date-rape drug". Flunitrazepam was first included in Schedule IV of the 1971 Convention in 1984 but was transferred to Schedule III of the Convention in 1995; after that, its diversion from international trade[34] was successfully stopped. However, the diversion of flunitrazepam from domestic distribution channels continued in the 1990s. Concerted action by Governments of all major manufacturers and importers of the substance, in close cooperation with the pharmaceutical industry, has proved effective: reports of seizures of diverted flunitrazepam have decreased significantly since 2004.[35] The measures taken by industry to stop the misuse of flunitrazepam to commit sexual assault include: termination of the worldwide manufacture and distribution of high-dosage tablets; development and marketing of a new small dosage tablet; and inclusion of a dye in the core and surface of the new tablet to make it easily detectable in liquid and to prolong its dissolution time.

263. Despite the above-mentioned successes, the misuse of a number of substances for the commitment of sexual assault and other crimes continues in many

[34] Flunitrazepam was diverted mainly for abuse by heroin addicts. Only a small portion of the flunitrazepam diverted was misused to commit sexual assault.

[35] *Report of the International Narcotics Control Board for 2005* …, paras. 37-39.

countries. Criminals tend to use other substances to facilitate the commitment of their offences, among them, GHB, a substance that is not yet fully under national control in all countries in spite of the fact that it was put under international control in 2001. Criminals also tend to use substances currently not under international control, such as ketamine, 1,4-butanediol and GBL, since they are easily available in legitimate channels. Drug traffickers obtain the substances in question through Internet pharmacies and the mail system, or from illicit manufacture.

264. The Board urges all Governments to implement Commission on Narcotic Drugs resolution 52/8 as soon as possible to address the emerging trend of using a variety of substances to facilitate the commission of criminal offences. Most importantly, the Board encourages Governments to make the general public (and, where appropriate, vulnerable segments of the population in their territories) aware of the fact that food or drink left unattended might be contaminated with certain substances to facilitate the commission of other crimes, such as sexual assault.

265. Governments should alert law enforcement agencies and the judiciary to such practices, to enable them to take appropriate countermeasures, wherever possible under the national legislation. In many countries, the use of substances to facilitate the commission of crime does not constitute a criminal offence and therefore cannot be properly sanctioned. The Board encourages all Governments that are already affected by the misuse of substances for such purposes to take all steps necessary to adopt or amend national legislation as soon as possible to deal with that problem.

266. The Board wishes to remind all Governments of the need to ensure that all control measures required under the international drug control treaties, such as the requirement of prescriptions and the system of inspection of operators, are strictly applied to the substances under international control in order to prevent those substances from being used with criminal intent. The Board encourages Governments to consider, pursuant to Commission on Narcotic Drugs resolution 52/8, imposing stricter controls than those currently foreseen under the international drug control treaties, where necessary, to prevent the diversion of substances from domestic distribution channels for the purpose of committing a crime. As an example, since ketamine is one of the substances most often used for the commission of crime, Governments should consider controlling ketamine by placing it on the list of substances controlled under their national legislation if the situation in their territories so requires.

267. The cooperation of industry has been extremely important in limiting the misuse of licitly manufactured flunitrazepam as a "date-rape drug". The Board calls on the pharmaceutical industry and the chemical industry to assist in addressing the emerging misuse of other substances with the intent of committing a crime and to consider appropriate countermeasures. The Board encourages Governments to ensure that all manufacturing and trading companies in their territories that trade in the above-mentioned substances are made aware that those substances might be used to facilitate the commission of crimes. The Board also encourages Governments to solicit the support of the companies in question in dealing with that problem.

268. There is no systematic way of collecting information on such offences at the national and international levels, as those offences are often not dealt with in national legislation and such activities are often not covered in drug abuse surveys. The extent of the problem is therefore not known. The Board calls on all Governments to share with other Governments and international bodies, including the Board, any information they might have on new trends in the misuse of substances to commit sexual assault or other offences, as the international community needs to have a more thorough understanding of the extent of the problem so that it may decide whether any additional measures should be taken to prevent such misuse.

5. Illegal Internet pharmacies

269. The Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet,[36] developed by the Board, were launched in March 2009, during the fifty-second session of the Commission on Narcotic Drugs. The Guidelines were then sent to the competent authorities of all countries. The Board hopes that the Guidelines will help each Government to identify the control measures most appropriate for its country. Some of the recommendations will need to be

[36] United Nations publication, Sales No. E.09.XI.6.

implemented by all Governments, particularly those recommendations relating to the provisions of the three international drug control treaties. Furthermore, in order to ensure concerted action at the international level, basic requirements on information exchange and cooperation should be met by all States. The Board calls upon all Governments to implement the recommendations contained in the Guidelines without delay and to the fullest extent possible. Using a questionnaire to be distributed to all Governments in 2010, the Board will assess the progress achieved in implementing the Guidelines.

270. Pursuant to Commission on Narcotic Drugs resolution 50/11, the Board distributed in February 2009 to all Governments a standard format to be used by countries for reporting on seizures of internationally controlled substances ordered via the Internet and delivered through the mail. The Board has received the first set of replies, containing data for 2008, which indicate the wide geographical distribution of shipments of a variety of illegally sold pharmaceutical preparations containing controlled substances. The Board will continue to collect information on seizures and will provide in its annual reports a detailed analysis of the information received. The Board invites all Governments that have not yet done so to establish national mechanisms for collecting and reporting data to the Board as requested by the Commission in its resolution 50/11.

271. The Board notes with appreciation that in some countries legislation has been introduced to counteract the illegal sale of controlled substances through Internet pharmacies. In the United States, the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (see paragraph 411 below), which was enacted in October 2008, amended the Controlled Substances Act and Controlled Substances Import and Export Act by adding several new provisions to prevent the illegal distribution and dispensing of controlled substances by means of the Internet. In January 2009, Belgium adopted new legislation containing legal requirements specifically for Internet pharmacies and prohibiting the sale of prescription drugs through the Internet.

272. An increasing number of illegal transborder trade transactions of internationally controlled substances is carried out by the use of modern information and communication technology, such as the Internet and international call centres. The Board calls upon Governments to take appropriate action to prevent such misuse of modern communication technology. The Board also requests all Governments to consider measures to influence those responsible for the management of Internet websites and other modern communication technologies to ensure that illegal activities are prevented or terminated.

6. Follow-up to Commission on Narcotic Drugs resolution 51/13: responding to the threat posed by the distribution of internationally controlled substances on the unregulated market

273. The distribution of internationally controlled drugs through the unregulated market, often characterized by the involvement of organized criminal networks and increasingly facilitated by the Internet, has become a global problem, mostly affecting developing countries. The use of medicaments containing internationally controlled substances obtained on the unregulated market, regardless of whether they have been diverted from licit channels or are counterfeit drugs, may result in serious health problems, including dependence, or even death.

274. The Board drew in the past the attention of the international community to the widespread practice of distributing medicaments through the unregulated market and recommended that concerted measures be taken by all Governments, the pharmaceutical industry, professional associations and international organizations, to deal with that problem.[37] In 2007, the Commission on Narcotic Drugs adopted resolution 51/13 to address the problem of distributing internationally controlled substances through the unregulated market and invited relevant international bodies, such as WHO, INTERPOL and UNODC, to assist member States in their efforts to deal with that problem, as necessary.

275. The cooperation of the pharmaceutical industry and professional associations is needed to obtain lasting results in reducing the distribution of medicaments on unregulated markets worldwide and, in particular, in reducing sales of counterfeit medicaments. The Board appreciates the efforts of the International Medical Products Anti-Counterfeiting Taskforce of WHO, together with INTERPOL, the

[37] *Report of the International Narcotics Control Board for 2006* …, paras. 1-39.

World Customs Organization, UNODC and other relevant partners, including pharmaceutical associations, to combat problems related to the unregulated markets and to prevent trade in and distribution of counterfeit products or medicaments of poor quality. The Board notes with appreciation that UNODC conducted a threat assessment of transnational trafficking and the rule of law in West Africa, which addressed, among other issues, the problem of counterfeiting medicines in that subregion, one of the areas most affected by that problem, and that UNODC is continuing its efforts to formulate an effective response to the problem.

276. The Board reiterates the need for all parties concerned to strictly apply the control measures foreseen under the international drug control treaties and enforce existing legislation to ensure that controlled substances are not illegally manufactured, imported or exported and are not diverted to the unregulated market. All Governments should further implement the recommendations on that subject contained in the report of the Board for 2006.[38] The Board notes that the range of products that can be found on the unregulated market, including those containing narcotic drugs or psychotropic substances, has been expanding. Competent national authorities, in particular customs authorities, are therefore frequently unaware of the varieties of medicaments entering their countries to be distributed on the unregulated market. In addition, such authorities often lack the expertise necessary to identify consignments of counterfeit medicaments that may be destined for the unregulated market. The Board therefore encourages all Governments to consider providing training and introducing technology for use by customs authorities to identify counterfeit medicaments.

7. Treaty obligations applicable in the entire territory of a State party

277. During the last few decades, the majority of States parties to the international drug control treaties have applied adequate control measures, as required under the treaties, to ensure that narcotic drugs and psychotropic substances are used only for medical and scientific purposes.

278. Despite the almost universal application of the international drug control treaties, the Board has noted with concern that a number of States parties to the treaties have been turning to and persisting in the implementation of national policies that are not in line with the treaties. In particular, the Board has noted that a number of States parties have permitted the use of "safer crack kits", the "medical" use of cannabis, "coffee shops" and the establishment and operation of so-called "drug injection rooms", which contravene the international drug control treaties.

279. In response to the Board's repeated warnings that those measures promote social and legal tolerance of drug abuse and drug trafficking and run counter to the provisions of the international drug control treaties, those States parties continue to argue that their domestic legal systems prevent them from fully complying with the treaties, as their state and/or provincial legislative and judicial structures and competencies are independent and prevail over their national or federal legislation and jurisdiction.

280. The Board is aware that current international law recognizes the various national legal traditions and systems. The Board also acknowledges that all States parties to the international drug control treaties follow differing legal systems and apply legal traditions in which, in some instances, the relationship between state or provincial and national or federal legislative, judiciary and jurisdictional issues is highly complex, sensitive and even controversial.

281. In this connection, the Board wishes to stress the basic principles of international law enshrined in the provisions of articles 26 (on the obligation of parties to fulfil their treaty-based obligations in good faith) and 27 (on the primacy of international law over national legislation) of the Vienna Convention on the Law of Treaties,[39] as well as the international drug control treaties.

282. Moreover, the 1961 Convention and that Convention as amended by the 1972 Protocol sets very strict and unavoidable control measures for cannabis, limiting its use to medical and scientific purposes by defining it as a drug under the terms of article 1 (Definitions) and including it in Schedule I. Besides those general provisions, specific obligations are set for parties on the control of cannabis (in article 28) and

[38] Ibid., paras. 37-39.

[39] United Nations, *Treaty Series*, vol. 1155, No. 18232.

penal provisions (in article 36). The 1988 Convention goes much further into the detailed penal provisions related to the illicit traffic in narcotic drugs and psychotropic substances (in article 3) and with a non-derogation clause (in article 25), solves all possible arguments on any perceived contradiction vis-à-vis the other international drug control treaties.

283. The Board recognizes the fact that certain state, regional and/or provincial powers, jurisdictions and delegated competencies are expressly granted and guaranteed in the constitutional frameworks of some States parties. Legislation and policies adopted by provinces or federated states are enacted in concordance with the constitution of the State party. Acceding to the international drug control treaties should result in States parties adopting national strategies and measures that ensure their full compliance with the treaties. Those treaty obligations are applicable in the entire territory of each State party, including its federated states and/or provinces.

284. According to internationally accepted law and practice, as well as the international obligations of all parties to the international drug control treaties, state and/or provincial legislative and/or judicial measures and actions should be in compliance with each State's policies and obligations at the international level. If a State, irrespective of its constitutional framework and legal system, enters into an international agreement by acceding to the international drug control treaties, that State must ensure that all state and/or provincial policies and measures do not undermine its efforts to combat drug abuse and trafficking in narcotic drugs, psychotropic substances and precursor chemicals.

285. The Board wishes to emphasize that the structure of all States parties (whether federal, state, regional or provincial) should contain, develop and continually evaluate a comprehensive system of intergovernmental coordination procedures in order to ensure that drug control laws and policies are nationally consistent.

286. The Board reiterates that article 4 of the 1961 Convention and that Convention as amended by the 1972 Protocol obligates States parties to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs", while article 35 of that Convention obliges States parties to "make arrangements at the national level for coordination of preventive and repressive action against the illicit traffic" in drugs.

8. Event commemorating the centennial of the convening of the International Opium Commission in Shanghai

287. The International Opium Commission, the first multinational initiative in drug control, was convened in Shanghai, China, in February 1909, in response to the need to address the problem of opium production and trade. The Commission, which laid the groundwork for the elaboration of the first international drug control treaty, the International Opium Convention signed at The Hague on 23 January 1912, a landmark event in the history of international drug control.

288. For several years, the Board worked closely with the Government of China and UNODC to prepare for the centennial of the convening of the International Opium Commission. The result of the cooperation was the commemoration of the centennial of the International Opium Commission in Shanghai, China, in February 2009.

289. More than 100 delegates from around the world participated in the commemorative event, including delegates from the 13 countries[40] that had originally been represented in the International Opium Commission in 1909. The State Councillor and Minister of Public Security of China, the Mayor of Shanghai, the President of the Board (see annex III) and the Executive Director of UNODC took part in the opening ceremony and made statements. Also participating in the event were two other members of the Board, the Secretary of the Board and the Chief of the Convention Evaluation Section of the Board's secretariat.

290. In the Shanghai Declaration adopted by consensus at the event on 26 February 2009 commemorating (see annex IV) the centennial of the convening of the International Opium Commission, the representatives reaffirmed their political commitment to a comprehensive, balanced and mutually reinforcing approach to supply and demand reduction, reaffirmed

[40] Austria, China, France, Germany, Iran (Islamic Republic of), Italy, Japan, Netherlands, Portugal, Russian Federation, Thailand, United Kingdom and United States.

also that international drug control cooperation must be in full conformity with the purposes and principles of the Charter of the United Nations, and urged States to fully implement the international drug control treaties and fulfil other relevant international drug control obligations.

291. The Board expresses its great appreciation to the Government of China for organizing and hosting this important event to mark the beginning of a century of multilateral drug control.

III. Analysis of the world situation

A. Africa

1. Major developments

292. Drug trafficking in Africa has gained international attention in recent years. This is demonstrated by the fact that the Security Council has repeatedly discussed the issue of the smuggling of cocaine through countries in West Africa, notably Guinea-Bissau, in particular the threats posed by such smuggling to regional stability and the possible impact on international security. In July 2009, the Executive Director of UNODC presented to the Council a report on transnational trafficking and the rule of law in West Africa. In November 2009, the Council welcomed the progress in implementing the West Africa Coast Initiative (involving the Economic Community of West African States (ECOWAS), UNODC, other United Nations entities and INTERPOL) and urged the Government of Guinea-Bissau to take action within the framework of the ECOWAS plan of action against drug trafficking and organized crime. Also in November 2009, the Executive Director addressed the Security Council on the problem of drug trafficking in Guinea-Bissau and elsewhere in West Africa and was subsequently requested to provide the Council with updates, starting in December 2009, on progress made by West African States in dealing with drug-related organized crime.

293. Since 2004, drug trafficking organizations have been increasingly using West Africa as a transit area for smuggling large amounts of cocaine from South America into Europe and, to a lesser extent, North America, taking advantage of the fact that certain problems in West African countries, such as conflict, lack of rule of law, corruption and poverty, have made those countries more vulnerable. Most of the cocaine transiting West Africa is transported across the Atlantic on large ships and then off-loaded to smaller vessels along the West African coast; from there, the cocaine is smuggled northwards by a variety of means, including boats, land vehicles and air couriers. While until 2007, the amount of cocaine seized, either on the high seas en route to West Africa or in the subregion itself, increased markedly every year, there has been a decline in the number of seizures of cocaine in West Africa since 2008. The decline in the number of cocaine seizures might suggest that the smuggling of that drug through the subregion is decreasing, as a result of action taken by African Governments with the support of the international community. Despite that development, the smuggling of cocaine through West Africa continues to be a serious problem that is contributing to an increase in the abuse of cocaine in the subregion.

294. Africa continues to be vulnerable to the diversion of precursor chemicals, notably ephedrine and pseudoephedrine. While most of the ephedrine and pseudoephedrine smuggled through Africa into Central America and North America, for use in the illicit manufacture of methamphetamine, some illicit methamphetamine manufacture and abuse are also occurring in countries in Africa, in particular in South Africa. In the past few years, a number of large suspicious shipments of ephedrine and pseudoephedrine have been stopped on their way to African countries, including Botswana, the Democratic Republic of the Congo, Ethiopia, Nigeria, Togo, Uganda, the United Republic of Tanzania and Zambia. Since 2008, the smuggling of ephedrine and pseudoephedrine through Africa has markedly decreased, which might be attributable to, inter alia, action taken by some African countries to better control the importation of those precursor chemicals. However, the seizure in Guinea in July 2009 of large amounts of chemicals and equipment suspected of being intended for use in the processing of illicit synthetic drugs such as MDMA (“ecstasy”) shows that the region remains at risk of being used by traffickers for the diversion of precursor chemicals and underscores the urgent need for African countries to improve their national mechanisms for precursor control, with the support of the international community.

295. The continued availability of illicitly manufactured or diverted pharmaceutical products containing narcotic drugs and psychotropic substances on unregulated markets presents a serious public health problem in many African countries. Because of weaknesses in national systems for the control of the licit manufacture and distribution of pharmaceutical products, internationally controlled substances can be obtained without prescription or on unregulated

markets in most countries in Africa. The Board urges the Governments concerned to design and implement policies to effectively prevent diversion of internationally controlled substances from domestic distribution channels into unregulated markets, in conformity with Commission on Narcotic Drugs resolution 51/13, entitled "Responding to the threat posed by the distribution of internationally controlled drugs on the unregulated market".

2. Regional cooperation

296. Under the African Union's current Plan of Action on Drug Control and Crime Prevention, the African Union Commission has strengthened its cooperation in the areas of drug control and crime prevention with relevant international organizations, such as INTERPOL, the African Institute for the Prevention of Crime and the Treatment of Offenders and UNODC, and with the European Commission within the framework of the Africa-European Union Strategic Partnership.

297. The regional economic communities in Africa are to play a key role in the implementation of the African Union Plan of Action. In that regard, particular progress has been made by the member States of ECOWAS, which adopted a subregional action plan on drug trafficking, organized crime and drug abuse in 2008 and, at the mid-year summit meeting of ECOWAS Heads of State and Government held in Abuja in June 2009, endorsed an operational plan to combat drug trafficking and related organized crime, and a mechanism elaborated by the ECOWAS Commission for monitoring and evaluation, including by reporting progress at the level of the Security Council. The Board notes that the Security Council has called on the international community to continue to support the implementation of the ECOWAS Plan of Action and the Guinea-Bissau operational plan.

298. In April 2009, UNODC, the Department of Peacekeeping Operations and the Department of Political Affairs of the Secretariat, the United Nations Office for West Africa and INTERPOL launched a joint programme to build national and regional law enforcement capacity including in the areas of drug interdiction, forensics, intelligence, border management, money-laundering and criminal justice. One of the key elements of the programme is the establishment of specialized units to counter transnational crime, initially in Côte d'Ivoire, Guinea-Bissau, Liberia and Sierra Leone. In 2009, West African countries benefited from two regional training activities on identifying and securing physical evidence at the scene of a crime. The activities were conducted in Côte d'Ivoire and Nigeria and sponsored by the INTERPOL Providing of Operational Assistance, Services and Infrastructure Support to African Police Forces (OASIS Africa) programme.

299. In order to strengthen transatlantic cooperation between Latin American and West African drug law enforcement agencies, ECOWAS member States were invited to attend the Nineteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held on Isla Margarita, Bolivarian Republic of Venezuela, in September 2009. Drug law enforcement agencies of Latin American and West African countries subsequently signed a memorandum of understanding to promote the joint investigation of specific cases at a meeting organized by UNODC in Bogota in November 2009.

300. The Board notes the activities undertaken by UNODC to assist the countries of West Africa in their efforts to combat drug trafficking. For instance, UNODC launched in 2007 a project on cooperation in the areas of law enforcement and intelligence to combat the smuggling of cocaine from Latin America into West Africa, with the aim of establishing interregional law enforcement and exchange of intelligence in the area of drug interdiction. In addition, transatlantic cooperation is to be promoted under the ongoing UNODC-World Customs Organization Container Control Programme and the Airport Communication Project recently developed by UNODC. Within the framework of South-South cooperation, Brazil, through UNODC, has been assisting Guinea-Bissau in the implementation of a drug control programme in Guinea-Bissau by providing specialized training to the Judicial Police of that country and by assisting in the establishment of a national police academy.

301. The Nineteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Windhoek in October 2009. The participants examined the current situation with respect to regional and subregional cooperation in countering drug trafficking and formulated strategies to improve cooperation and mutual support in drug interdiction efforts.

302. In July 2009, INTERPOL convened its twentieth African Regional Conference in Cairo. Some 160 law enforcement officials from 40 countries and 8 international organizations took part in the Conference, which addressed, inter alia, drug trafficking, maritime piracy and counterfeit medicines. INTERPOL cooperates with African law enforcement authorities in combating drug trafficking, notably through its projects White Flow, COCAF and Proteus, and provides assistance in the investigation of major drug seizures, such as the cocaine seizures effected in 2009 in Angola (57 kg), Ghana (71 kg) and South Africa (270 kg).

303. A regional workshop for drug law enforcement officers was held in Tripoli in December 2008 as follow-up to the Tripoli Action Plan on Countering Drug Trafficking and Money-Laundering using the Mail, which had been adopted in November 2007. The workshop participants adopted the Tripoli Recommendations, a set of recommendations to further strengthen communication and cooperation with regard to drug-related matters between drug law enforcement agencies operating in the region. The Tripoli Recommendations have been communicated to the Council of Arab Ministers of the Interior for further follow-up.

304. In February 2009, a regional expert meeting, convened jointly by the Government of Kenya and UNODC in Nairobi, elaborated a programme for East Africa for the period 2010-2012, the aim of which is to promote the rule of law, health and human security in that subregion.

305. The Board notes that steps have been taken by Governments of African countries and relevant international organizations, such as INTERPOL and WHO, to strengthen cooperation in combating the problem of counterfeit goods, notably counterfeit medical and health products, in the region. In November 2008, some 150 representatives of police, customs and drug regulatory authorities of 26 East and Southern African countries took part in training workshops on intellectual property crime; the workshops were co-hosted by INTERPOL and the Kenyan police in Nairobi. In December 2008, the third annual meeting of the WHO International Medical Products Anti-Counterfeiting Taskforce (IMPACT) was held in Hammamet, Tunisia. The objective of the meeting, which was supported by INTERPOL and which brought together 100 representatives from 40 countries, was to raise awareness of the dangers of counterfeit medical products and to counter their manufacture and distribution.

306. In May 2009, the Governments of the Niger and Nigeria signed a protocol of cooperation in combating drug trafficking, money-laundering and related fraudulent practices.

307. African Governments continue to take efforts to counter money-laundering in cooperation with the relevant subregional groups, notably the Eastern and Southern Africa Anti-Money Laundering Group (ESAAMLG) and the Intergovernmental Action Group against Money Laundering in West Africa (GIABA). In Namibia, to counter money-laundering legislation (the Financial Intelligence Act) entered into force in May 2009, while Senegal recently adopted legislation aimed at combating the financing of terrorism, supplementing its existing legislation against money-laundering. Malawi and Senegal were admitted as members of the Egmont Group of Financial Intelligence Units in May 2009. The Board encourages the countries of Central Africa to take appropriate measures to make the Action Group against Money Laundering in Central Africa (GABAC) fully operational. The Board also encourages the Governments of Angola, Burundi, Comoros, the Democratic Republic of the Congo, Madagascar and Rwanda to join ESAAMLG as soon as possible.

3. National legislation, policy and action

308. A number of African countries have taken steps to strengthen their national drug control legislation and to improve their mechanisms for administrative monitoring and control in implementation of the international drug control treaties.

309. The Government of Ethiopia has adopted a national drug control master plan and is now in the process of establishing an inter-ministerial body to facilitate implementation of that plan.

310. The Government of Kenya has introduced a drug control component in its system for the performance appraisal of civil servants, who are now required to carry out a drug control activity as one of their duties. This measure is expected to contribute significantly to advocacy, training and drug abuse prevention in

several sectors, including in schools and the workplace.

311. A number of African countries have established or are in the process of establishing integrated national programmes to combat drug trafficking, drug abuse and associated transnational organized crime. The programmes, which have been developed by UNODC in partnership with national authorities, tackle a variety of issues such as capacity-building in law enforcement, drug supply and demand reduction, treatment for drug abusers, criminal justice, regional cooperation and activities to counter money-laundering, and are currently being implemented in Cape Verde, Guinea-Bissau and Mali. Integrated programmes have been developed for Mauritania, the Niger and Togo, while those for Benin, Burkina Faso and Ghana will be prepared later in 2009.

312. The National Drug Law Enforcement Agency of Nigeria achieved a significant increase in drug seizures in 2007 and 2008. The total quantity of cannabis seized in 2008 exceeded 335 tons, an increase of 62 per cent compared with 2007, when a total of 210 tons was seized. Also in 2008, a total of 530 kg of psychotropic substances and 365 kg of cocaine were seized. Most of the cocaine was seized at the main international airports in the country.

313. In 2009, the law enforcement authorities of Lesotho and Nigeria conducted successful operations to combat the problem of counterfeit medical products. In a police operation in Lesotho conducted with the support of INTERPOL in June 2009, large amounts of counterfeit and illicit medical products were seized, including products subject to medical prescription that had been illegally repackaged for sale on the streets. In Nigeria, similar activities were conducted by the National Agency for Food and Drug Administration and Control in May 2009. The Agency continues to enforce a zero-tolerance policy with regard to counterfeit drugs and foods marketed under counterfeit brand names, in view of the serious danger posed to public health by such counterfeit products.

314. In South Africa, the Prevention of and Treatment for Substance Abuse Act, 2008, was adopted in April 2008. The Act regulates the establishment, registration and management of treatment centres and inpatient, outpatient and community-based services for drug abusers and defines the mandate of the Central Drug Authority, whose responsibility is to monitor and oversee the implementation of the national drug control master plan. Moreover, in view of the large-scale diversion of ephedrine and pseudoephedrine for use in the illicit manufacture of methamphetamine in South Africa, those substances have now been placed under stricter control in that country. Specifically, the Government of South Africa has amended the national drug control legislation, placing the substances under the same national controls as psychotropic substances, which are subject to import and export authorization and medical prescription (see paragraph 324 below).

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

315. Cannabis production, trafficking and abuse have been reported in practically all countries in Africa. Cannabis herb continues to be the illicit drug most frequently abused in most countries in the region. The production of cannabis resin is concentrated in countries in North Africa, mainly Morocco. Seizure data indicate that most of the cannabis resin produced in that country is smuggled into Europe. The drug is also smuggled into or through North African and sub-Saharan countries. In 2008, as in previous years, Morocco seized more cannabis resin than any other African country, reporting 114 tons as the total quantity seized. The Government of Morocco estimates that the area under illicit cannabis cultivation in that country has been significantly reduced, from 134,000 ha in 2003 to 60,000 ha in 2008, which represents a decrease of 55 per cent. The Government also estimates that the total amount of illicitly produced cannabis resin fell from 3,070 tons in 2003 to 877 tons in 2008, a decrease of 71 per cent. Eradication measures in Morocco have been supplemented by alternative livelihood programmes in rural areas in the country's northern provinces and local awareness-raising campaigns. The Board encourages the Government of Morocco to continue its efforts against illicit cannabis cultivation.

316. Cannabis herb is illicitly produced in all subregions of Africa. In North Africa, it is produced on a large scale in Egypt and Morocco. In West and Central Africa, cannabis plants are cultivated for commercial purposes in Cameroon, Ghana, Nigeria, Senegal and Togo. Cannabis plants are also cultivated in most countries of East Africa, especially in Comoros, Ethiopia, Kenya, Madagascar, Uganda and

the United Republic of Tanzania, while in Southern Africa, cannabis plants are cultivated on a significant scale in the Democratic Republic of the Congo, Lesotho, Malawi, South Africa and Swaziland. While cannabis herb is usually trafficked within Africa for local consumption a proportion is smuggled into other regions, mostly Europe.

317. Large consignments of cannabis herb are seized in Africa, which in 2007 accounted for 11 per cent of global seizures of that illicit drug. The amount of cannabis herb seized in Morocco has increased significantly in recent years, from 116 tons in 2005 to 222 tons in 2008. Large consignments of the drug have been seized in several countries in East Africa. The number of drug seizures and related arrests at the international airports of Nairobi and Addis Ababa continued to rise in 2008. The United Republic of Tanzania continues to report the largest seizures of cannabis herb in East Africa. Most of the cannabis herb produced in West Africa is trafficked and abused within the subregion. In 2008, several tons of cannabis herb seized in two separate incidents in Europe were traced to Ghana, where the Ghanaian authorities were able to identify and arrest the persons involved in supplying and smuggling those consignments.

318. There have been no reports of coca bush cultivation or cocaine manufacture in Africa. Since 2005, however, West Africa has increasingly been used as a transit area for cocaine consignments bound for Europe and, to a lesser extent, North America. That is evidenced by large seizures of cocaine, effected either on the high seas en route to West Africa or in the subregion itself, which have totalled several tons per year, according to UNODC data. The cocaine seized in Africa originates mainly in Colombia and Peru and, in many cases, has been smuggled through Brazil and Venezuela (Bolivarian Republic of). Since 2004, at least 1,400 couriers on commercial flights from West Africa to Europe have been arrested for carrying cocaine.

319. Since 2008, Africa appears to have declined in importance as a transit area for cocaine trafficking, as reflected in the reduced number and size of seizures effected in 2008 and the first half of 2009. In 2008, there was a sharp decrease in seizures in Europe of cocaine originating in Africa. No large seizures of cocaine that could be traced to Africa were reported in 2009. That decline may be attributed in part to increased international drug control efforts in the region. However, according to UNODC data, cocaine worth an estimated 1 billion United States dollars continues to be trafficked through the region each year, and West African distribution networks in Europe appear to have remained intact. That concern is supported by evidence uncovered in Guinea in July 2009 suggesting that some degree of processing of cocaine may have taken place in that country.

320. Some cocaine is smuggled into countries in Southern Africa, notably South Africa, to be abused locally or to be smuggled into other countries. Cocaine from South America is also smuggled through the United Arab Emirates into Zimbabwe. Mozambique has emerged as an area where cocaine enters into Africa to be smuggled through South Africa into the United Kingdom and other European countries. The subregion of East Africa continues to be used as a transit area for cocaine consignments destined for illicit markets in Europe.

321. Opium poppy cultivation in Africa is confined to Algeria and the Sinai peninsula in Egypt and is thought to be limited in scale in both countries. In Algeria, about 80,000 opium poppy plants are eradicated every year. The opium produced is abused locally, and there is no evidence of it being used for the manufacture of heroin.

322. Heroin continues to enter Africa mainly though the countries in East Africa. Countries in that subregion have been identified as both countries of destination of heroin consignments and transit countries; moreover, trafficking in and abuse of heroin have recently increased. Most of the heroin seized had been transported by passengers on commercial flights arriving at or departing from the international airports of Addis Ababa and Nairobi; both airports provide flight connections between West Africa and heroin-manufacturing countries in South-West and South-East Asia. From West Africa, heroin is frequently smuggled into Europe and North America in operations often organized by West African criminal organizations. Heroin smuggled by sea enters East Africa through the ports of Djibouti, Eritrea, Kenya and the United Republic of Tanzania. In addition, postal and courier services are increasingly being used to smuggle heroin.

323. Heroin traffickers in Africa also use land routes, taking advantage of the porous borders and weak

border control of many countries in the region. There is evidence of an increase in the smuggling of heroin to the islands of the Indian Ocean, particularly Mauritius. Opiates from India and Pakistan are smuggled into Mozambique and then South Africa and from South Africa into Europe, as well as into East African countries, notably Mauritius and Seychelles. Mauritius now has one of the highest levels of opiate abuse in Africa, a spillover effect of the heroin trafficking in that country. While the number and size of heroin seizures reported in West Africa each year remain very small, organized crime networks based in the subregion are playing a key role in supplying heroin to countries throughout the world and are involved in both importing heroin and street-level dealing in heroin. Côte d'Ivoire is considered a significant transit country for heroin trafficking.

Psychotropic substances

324. The illicit manufacture of psychotropic substances, notably methaqualone (Mandrax), methamphetamine, methcathinone and MDMA ("ecstasy") remains limited to South Africa and some countries in Southern and East Africa, where those substances are also abused. About 30 laboratories illicitly manufacturing drugs, mainly methamphetamine and methcathinone, are dismantled every year in South Africa. The precursor chemicals used in the manufacture of those drugs, namely ephedrine and pseudoephedrine, are imported legally into South Africa on a large scale. However, a proportion of those imports are diverted from domestic distribution channels for use in the illicit manufacture of amphetamine-type stimulants. In an effort to stem such diversion, the Government of South Africa has recently tightened national measures to control ephedrine and pseudoephedrine (see paragraph 314 above).

325. Preparations containing buprenorphine continue to be smuggled into and abused in Mauritius. In 2008, customs officers in Mauritius seized 21,727 tablets containing buprenorphine (Subutex) from a passenger arriving from France by air.

326. In many African countries, the availability of a wide range of preparations containing psychotropic substances on unregulated markets continues to be a cause for concern. The psychotropic substances in question include benzodiazepines (notably diazepam, clonazepam, lorazepam, clorazepate), phenobarbital, slimming tablets and analgesics. Such preparations are often counterfeit products. Large seizures of such tablets are reported in the region each year.

Precursor chemicals

327. In recent years, Africa has become an area used for the diversion of ephedrine and pseudoephedrine, often in the form of pharmaceutical preparations, mainly for use in illicit methamphetamine manufacture in Central and North America. However, analysis of trafficking trends indicates that the diversion of those substances in Africa is decreasing. While a total of 75 tons of ephedrine and pseudoephedrine was prevented from being diverted through African countries in 2007, only 22 tons were stopped in 2008 and none was stopped in the first nine months of 2009. In 2008, customs officers in Côte d'Ivoire seized a total of 159 kg of ephedrine from a vehicle arriving from Ghana. It appears that most illicit shipments of ephedrine and pseudoephedrine are being smuggled into Central America and North America through Europe, as had been the case in earlier years. Meanwhile there has been a decline of up to 40 per cent in licit exports of ephedrine and pseudoephedrine to Africa since 2008.

328. In addition, Africa has been used for the diversion of acetic anhydride (a key chemical used in the illicit manufacture of heroin) into illicit channels. For instance, in December 2008, a shipment of 15 tons of acetic anhydride was stopped en route from Italy to Egypt, and two shipments of acetic anhydride totalling 36 tons were suspended in early 2009 while being transported from India and Iran (Islamic Republic of) to Djibouti. There is also concern regarding the threat posed by transnational organized criminal groups involved in the manufacture of and trafficking in amphetamine-type stimulants and psychotropic substances. For instance, in January 2009, a planned export of 2 kg of ergotamine (a precursor chemical that can be used in the illicit manufacture of lysergic acid diethylamide (LSD)) from the Czech Republic to Guinea-Bissau was stopped when the competent authorities of Guinea-Bissau failed to respond to a request by the Board to confirm the legitimacy of the transaction. In July 2009, significant quantities of chemicals suspected of being intended for use in the illicit manufacture of drugs were seized in Conakry. Most of those chemicals were solvents commonly used

for licit industrial purposes but which could be used in the illicit manufacture of cocaine, heroin, methamphetamine or methaqualone. Large amounts of sassafras oil and 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P) — precursor chemicals used in the synthesis of MDMA ("ecstasy") — and laboratory equipment were discovered together with other chemicals indicating that those chemicals were intended for use in the illicit manufacture of drugs.

329. In countries throughout Africa, there is a demonstrated need among law enforcement authorities for exchanges of experts, awareness-raising with regard to precursor control and training initiatives, including training in forensic skills. There is also a need to improve the reporting of precursor-related data to the Board and to enhance cooperation in the area of investigations. The Board therefore calls upon the Governments of all African countries and the regional economic communities to improve their national mechanisms for precursor control and encourages the regional economic communities in Africa to consider a coordinated response in that regard.

Substances not under international control

330. Khat, which is not currently under international control, continues to be cultivated in some countries of East Africa and in parts of the Arabian Peninsula and is commonly chewed as a stimulant in those areas. Although khat consumption is associated with health risks and may have detrimental social consequences, the prohibition of khat in the region is limited to some countries in East Africa, such as Eritrea, Madagascar, Rwanda and the United Republic of Tanzania. As a result of an increase in the smuggling of khat into countries in Europe and the Americas, khat has also been prohibited in a number of countries in Europe and in Canada and the United States.

5. Abuse and treatment

331. Most African States continue to lack proper systems for monitoring drug abuse and are therefore unable to gather sufficient data on the extent and patterns of drug abuse or to carry out accurate assessments of prevalence rates. The only systematic monitoring of drug abuse in the region is taking place in South Africa, through the South African Community Epidemiology Network on Drug Use (SACENDU), a drug abuse monitoring system based on demand for treatment. Consequently, neither the success of prevention campaigns nor the need for the treatment and rehabilitation of drug abusers can be properly assessed. Most national estimates of the prevalence of drug abuse are based only on rapid assessments of drug abuse among specific groups within the drug-abusing population and a limited number of school surveys. The cross-country comparability of national drug abuse estimates is therefore severely limited in Africa.

332. Furthermore, in most countries in Africa, national health-care systems are not able to meet needs of the population with regard to the treatment and rehabilitation of drug-dependent persons. National medical facilities for such treatment and rehabilitation are often seriously inadequate or simply non-existent. Frequently, only small numbers of drug-dependent persons can be accommodated in the psychiatric wards of general hospitals. Treatment and rehabilitation of drug-dependent persons in Africa often depend on assistance provided by relevant international organizations, such as WHO and UNODC, and non-governmental organizations. The Board therefore encourages the Governments of African countries to undertake systematic assessments of the extent of drug abuse on their territory and to give priority to the development of programmes for drug abuse prevention and demand reduction, particularly programmes targeting young people, including out-of-school youth. The Board also urges those Governments to provide adequate support to existing treatment services and medical structures in order to ensure proper treatment for drug-dependent persons, to provide the support necessary to establish and maintain suitable rehabilitation facilities for such persons and to evaluate the quality of the treatment.

333. Cannabis is generally regarded as the most problematic illicit drug in Africa, where an estimated 8 per cent of the population use cannabis and where that drug accounts for an estimated 64 per cent of the demand for treatment of drug abuse. Available information suggests that cannabis abuse is continuing to increase in Africa, albeit at a slower pace than previously. The widespread abuse of cannabis by children is of particular concern; in some countries, even children 7-10 years old are reported to have abused cannabis.

334. Cocaine abuse appears to be rising in Africa, particularly along emerging cocaine trafficking routes in West and Southern Africa. Data on treatment for drug abuse in South Africa show a strong increase in cocaine-related treatment between 1998 and 2008. In 2008, demand for treatment for cocaine abuse fluctuated between 11 and 25 per cent of total treatment demand in different provinces of that country.

335. Heroin abuse also appears to be increasing in Africa. Heroin is the drug most commonly abused by problem drug abusers in countries such as Kenya, Mauritius, Nigeria, the United Republic of Tanzania and Zambia. Rwanda and Seychelles have also reported an increase in the abuse of heroin. In South Africa, heroin abusers frequently use a mixture of poor-quality heroin and cocaine commonly called "sugar", which is administered mostly by smoking. Drug abuse by injection is still limited in South Africa and other countries in the region. UNODC recently estimated the number of persons in Africa who have abused opiates at least once in the past year at between 1 million and 2.8 million or between 0.2 and 0.5 per cent of the population 15-64 years of age.

336. Between 1.4 million and 4 million persons in Africa are estimated to have abused amphetamine-type stimulants at least once over the past 12 months. Nigeria and South Africa have reported the highest annual prevalence rates of abuse of such stimulants. Burkina Faso, Côte d'Ivoire, Egypt, Ghana, Kenya, Senegal, Sierra Leone and several other African countries have also reported the abuse of amphetamine-type stimulants; however, no reliable quantitative estimates have been available in recent years. The abuse of methaqualone and methamphetamine remains of concern in South Africa; the abuse of methamphetamine occurs predominantly in and around Cape Town. The abuse of over-the-counter and prescription medicines, such as slimming tablets, analgesics and benzodiazepines (including diazepam and flunitrazepam) continues to be a problem in many African countries.

337. The Board notes that the international network of drug dependence treatment and rehabilitation resource centres (Treatnet) was recently launched jointly by UNODC and WHO to improve the quality of treatment for drug-dependent persons through cooperation, information exchange and the empowerment of selected resource centres in all regions of the world. In Africa, Cape Verde, Côte d'Ivoire, Kenya, Mozambique, Nigeria, Sierra Leone, the United Republic of Tanzania and Zambia are currently participating in Treatnet. In addition, capacity-building initiatives have been launched in Algeria, Egypt and Morocco to provide a comprehensive response to drug abuse and HIV/AIDS, including community outreach services for drug abusers, drug abuse prevention services and treatment services for drug abusers, including prison inmates. In East Africa, an opiate substitution programme is being implemented in Mauritius, while treatment for drug abusers is being provided in Kenya, Seychelles and Uganda. In 2009, a programme for opioid substitution therapy was launched in Morocco.

B. Americas

Central America and the Caribbean

1. Major developments

338. The region of Central America and the Caribbean continues to be used as a major trans-shipment area for consignments of drugs originating in South America and destined for North America and Europe. Impunity, corruption and weak institutions undermine drug control efforts and the rule of law in the region, despite attempts to reform judicial systems. Drug trafficking activities are often carried out under the protection of local gangs (*maras*) operating in border areas, especially in El Salvador, Guatemala and Honduras. There are indications that criminal associations have been established between members of Mexican drug cartels and gang members. Furthermore, the region is becoming used for trafficking in precursor chemicals. Despite new regulations banning ephedrine and pseudoephedrine in several countries, the region continues to be used as a trans-shipment area for the smuggling of precursor chemicals into Mexico, where the illicit manufacture of amphetamine-type stimulants continues. The Board notes that precursors of amphetamine-type stimulants are increasingly being trafficked in the form of pharmaceutical preparations.

339. Drug trafficking by sea remains a major problem in countries in Central America and the Caribbean. In El Salvador, for example, 85 per cent of the trafficked cocaine is transported along sea routes. Furthermore,

light aircraft, operating from clandestine airstrips and landing in remote areas, are increasingly being used to transport cocaine. Drug traffickers are increasingly using stolen or falsified aircraft registration numbers when transporting illicit consignments by air. The Board encourages Governments to monitor the sale and movement of light aircraft more closely, step up airspace security and strengthen control of privately owned landing fields.

340. Drug trafficking has become a major security threat and is contributing to an increase in drug abuse. The number of homicides linked to organized crime has risen in areas where criminal groups fight to gain control of local drug distribution. The increase in criminal acts, such as robbery and kidnappings, may be linked to the increasing availability of drugs, which in turn may be attributable to the fact that drug traffickers are frequently paid in drugs rather than cash. Moreover, major tourist areas in the Caribbean continue to be a hub for drug abuse. There are indications that the abuse of psychotropic substances, particularly benzodiazepines, is increasing in the region. In view of the lack of up-to-date data on drug abuse and the treatment of drug abusers in the region, the Board strongly encourages all Central American and Caribbean States to improve their data collection systems, monitor trends in drug abuse and take appropriate prevention measures. The Board also invites Governments of countries in the region and the Pan American Health Organization to work together on training programmes for health authorities in order to ensure the proper prescription and adequate control of psychotropic substances and other controlled drugs.

2. Regional cooperation

341. The Board welcomes the recommendation of the Eighteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held in Tegucigalpa in October 2008, that the Governments of countries in the region should take further steps to ensure that national legislation and administrative procedures are adequate and flexible enough to control internationally scheduled precursors and their substitute chemicals and thus prevent the establishment of the manufacture of amphetamine-type stimulants in the region. The Board has taken note of the recommendation by Inter-American Drug Abuse Control Commission (CICAD) experts on chemical substances and pharmaceutical products that a guide be prepared on mechanisms to assess the national requirements for substances frequently misused in the illicit manufacture of drugs.

342. The Ministerial Conference on Illicit Drug Trafficking, Transnational Organized Crime and Terrorism as Challenges for Security and Development in the Caribbean, organized by UNODC, was held in Santo Domingo in February 2009. In the Political Declaration on Combating Illicit Trafficking, Organized Crime, Terrorism and Other Serious Crime in the Caribbean, which was adopted at that Conference, Caribbean States pledged to continue to accord priority to the prevention of organized crime and drug trafficking and to implement related actions. They also undertook to conduct public awareness campaigns on drug abuse prevention, improve their law enforcement capacity and strengthen judicial cooperation. The Board highlights the important role of UNODC in the subregion and welcomes efforts to convene ministerial meetings and foster regional cooperation.

343. CICAD continued to organize regional cooperation activities in Central America and the Caribbean. In particular, CICAD conducted training and organized workshops in Costa Rica, the Dominican Republic, Guatemala and Panama to strengthen those countries' capacity to investigate, prevent and prosecute drug-related crime. Within CICAD, the Multilateral Evaluation Mechanism continues to promote the exchange of information among countries in the region, to stimulate the adoption of joint measures and the application of inter-American legislation and to facilitate the provision of technical assistance to Governments at their request.

344. In March 2009, a meeting on standards of care at treatment and rehabilitation facilities for substance abusers was held in Montego Bay, Jamaica, under the auspices of CICAD and the Caribbean Community (CARICOM). The meeting established the basis for the development of common subregional guidelines for standardized procedures to be followed by professionals working at facilities for the treatment and care of drug abusers. The guidelines are expected to be finalized by 2010. The Board welcomes this initiative and encourages States to establish a harmonized regional system for epidemiological surveillance to detect and diagnose disease and illness linked to drug addiction.

345. Under the Drug Treatment City Partnership initiative, which is implemented by CICAD and funded by the European Union Commission, European, Latin American and Caribbean cities continued to cooperate in developing policies on drug demand reduction at the local level, and seminars and forums were organized in several countries of Central America and the Caribbean, such as Costa Rica, the Dominican Republic and Jamaica.

346. In March 2009, the European Union launched a project entitled "Prevention of the diversion of drug precursors in the Latin American and Caribbean region" (PRELAC). The objectives of the project are to strengthen the capacity of national authorities responsible for precursor control and to improve communication and cooperation between countries through greater exchange of information on national drug control systems and trends in the diversion of precursor chemicals in the region.

347. On 24 April 2009, the Vice-Presidents of Belize, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua and Panama gathered together in Antigua, Guatemala, to discuss mechanisms for combating organized crime, drug trafficking, corruption, human rights violations and money-laundering. The Vice-Presidents agreed to establish a regional technical secretariat tasked with strengthening existing regional mechanisms in order to tackle those issues and increase transparency in public administration.

348. The fifth annual international Anti-Gang Conference was held in San Salvador in April 2009. More than 300 security experts from more than 12 countries gathered to establish strategies for combating the gang phenomenon and its expansion into the illicit traffic in drugs and arms. The participants agreed to implement a number of comprehensive initiatives, including prevention and intervention programmes.

349. A ministerial meeting was held in Managua in June 2009 under the auspices of the Central American Integration System (SICA) and UNODC. Ministers from Belize, the Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Nicaragua and Panama declared their strong commitment to the fight against drug trafficking, organized crime and terrorism and the financing of such crime. In the political declaration on illicit drug trafficking, transnational organized crime and terrorism as challenges to security and development in Central America, the ministers emphasized the need to improve the prevention of drug abuse and the treatment of drug abusers and to strengthen the prevention and control of organized crime. The Board hopes that the political declaration will translate into effective regional cooperation in combating organized crime and drug trafficking.

3. National legislation, policy and action

350. The Government of Costa Rica launched a national drug control plan for the period 2008-2012, establishing a national policy on drug abuse prevention. The plan also targets vulnerable groups such as indigenous communities and farmers, whose livelihood depends on illicit cannabis cultivation.

351. In March 2009, the Attorney-General of the Dominican Republic established a national directorate for the prosecution of drug trafficking and complex crime. The role of the directorate is to support prosecutors leading investigations on drug-related crime by coordinating the activities of the relevant State institutions. The directorate is also responsible for developing institutional policies to combat and prevent drug trafficking and for coordinating training activities for investigative authorities.

352. The citizens' security council of the Dominican Republic, chaired by the President of that country, carries out investigations to identify officials involved in organized crime. In February 2009, the council reported the incarceration of 22 members of the National Police and three members of the National Drug Control Directorate for having links to organized crime.

353. In 2009, El Salvador issued a regulation revoking its new ban on ephedra, pseudoephedrine and ephedrine and establishing that ephedrine may continue to be sold subject to certain conditions, with the exception of injectable preparations containing ephedrine, such preparations being subject to special control. In order to continue to monitor the movement of preparations containing ephedrine, a list of enterprises and institutions acquiring and maintaining stocks of such preparations and the quantities acquired and stored is to be maintained and monitored. The Board notes that this change will affect precursor control efforts in Central America and the Caribbean and encourages the Government of El Salvador to

continue its efforts to strengthen the control of ephedra, pseudoephedrine and ephedrine.

354. In February 2009, the Government of Guatemala, following steps taken by Governments of countries in Central America and the Caribbean to ban ephedrine and pseudoephedrine as part of efforts to combat the illicit manufacture of synthetic drugs, imposed a nationwide blanket ban on pseudoephedrine. The Guatemalan authorities established 15 April 2009 as the deadline by which pharmacies were required to use up their stocks of pharmaceutical preparations containing pseudoephedrine.

355. In June 2009, the Government of Guatemala launched a programme entitled "Safe Schools" to prevent drug abuse and gang activity among schoolchildren. The plan includes the installation of surveillance equipment in schools and education for families on drug abuse prevention. Guatemala has also initiated a programme to evaluate standards for the treatment of drug abusers. The objective of the programme is to collect information on treatment institutions and their patients in order to standardize procedures for the medical treatment of drug abusers.

356. A new police force has been established in Guatemala with the assistance of the United States. The new body, called the counter-narcotics and counter-terrorism air intervention force, will focus on combating drug trafficking, particularly in the north-western and southern parts of the country.

357. In February 2009, the Government of Honduras issued a regulation prohibiting the import, export, possession, synthesis, use, manufacture, sale, storage, distribution and transportation of pseudoephedrine. The regulation entered into force immediately following its official publication.

358. The Government of Honduras has implemented drug abuse prevention programmes for primary and secondary school students and conducted workshops on drug abuse prevention for new students at the National University of Honduras as part of a project that the Government plans to expand to include other universities.

359. In December 2008, Nicaragua introduced new measures for the control of ephedrine and pseudoephedrine. Under the measures, the acquisition and use of those substances are prohibited, except in the manufacture of pharmaceutical injections and in research. The import and distribution of, or trade in, ephedrine are also prohibited.

360. On 17 June 2009, the President of Panama issued a decree aimed at eliminating barriers to the availability of and access to opioids for medical purposes, including those used in the treatment of pain. The decree recognizes the need for opioids in the treatment of pain in persons suffering from cancer or other conditions. Until the decree was enacted, opioids could be prescribed only by oncologists and anaesthesiologists.

361. Panama joined the Container Control Programme, which is coordinated by the World Customs Organization and UNODC. The programme is designed to assist port authorities in modernizing control techniques for the detection of illicit shipments, including illicit shipments of drugs and precursor chemicals, without disrupting licit commerce. The Board welcomes the opening by UNODC of a regional office in Panama, since the geographical location of that country makes it a major transit area for illicit shipments of drugs, precursor chemicals and weapons.

362. In December 2008, Panama issued a list of substances subject to national control. The list includes all 22 substances listed in Tables I and II of the 1988 Convention and certain substances included in the INCB limited international special surveillance list of non-scheduled substances. The substances included in the national list will be subject to strict trade, import and export controls. Companies engaged in their handling or trade must be registered, and a licence is required in order to trade in those substances.

363. In Trinidad and Tobago, officials and law enforcement personnel from the ministries of energy and energy industries, finance, health, national security and trade and industry received training in how to raise public awareness of the illicit manufacture of, trafficking in and abuse of synthetic drugs and the diversion of precursor chemicals and in how to identify such drugs and precursors.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

364. Jamaica continues to be a major producer and exporter of cannabis in the Caribbean, despite the efforts of its law enforcement agencies. In 2008,

Jamaican authorities stepped up eradication programmes and operations to combat drug trafficking, targeting major drug production areas, as a result of which 35,507 kg of cannabis herb were seized and street prices for cannabis herb increased.

365. Cannabis plants are also cultivated in other Caribbean countries, such as the Dominican Republic and Saint Vincent and the Grenadines, where the cannabis produced is destined mostly for local markets. In 2008, authorities of the Dominican Republic reported a considerable decrease in cannabis trafficking in that country, a total of 379 kg having been seized in that year. In Saint Vincent and the Grenadines, however, an increase in cannabis trafficking was noted in 2008, over the course of which a total of 47 kg of cannabis was seized.

366. Illicit cannabis cultivation has decreased slightly in Honduras, where an estimated 102 ha of cannabis plants were illicitly cultivated in 2008. The ministries of security and defence of Honduras have carried out joint crop eradication operations. Both eradication and drought in illicit cultivation areas have caused the price of cannabis to increase by 40 per cent. In 2008, a total of 424 kg of cannabis was seized, half of which had been destined for Mexico and half for local markets.

367. Cannabis cultivation and trafficking appears to be decreasing in other countries in the region. In 2008, Cuba registered its lowest amount of drugs seized in 14 years. During that year, Cuban authorities seized 916 kg of cannabis, almost half the amount seized during 2007. In Costa Rica, a total of 1,397,449 cannabis plants were seized in 2008, representing a decrease of almost 50 per cent compared with 2007.

368. The authorities of Guatemala reported a decrease in illicit cannabis cultivation and trafficking in that country, particularly in the areas of Petén and San Marcos, which lie along the country's border with Mexico. Some 11 million cannabis plants and 709 kg of cannabis herb were seized in Guatemala in 2008.

369. Cocaine trafficking in Guatemala remained at the same level as in previous years, during 2008. A total of 2,200 kg of cocaine was seized, of which 80 per cent originated in Colombia and the remaining 20 per cent in Bolivia. Data obtained as the result of seizure operations indicate that in Guatemala, cocaine is trafficked mainly by sea using speedboats.

370. In 2008, the law enforcement authorities of Costa Rica seized 16,582 kg of cocaine, approximately half the amount seized in 2007. A marginal increase in drug trafficking by land and sea was reported in that country. The number of cases of trafficking by air registered in 2008 decreased by 26 per cent compared with the figure for 2007.

371. There is evidence that Belize is becoming a major trans-shipment area for cocaine consignments from Colombia destined for illicit markets to the north. Belizean authorities continue to find abandoned boats and aircraft suspected of having been used in criminal activity. The Board welcomes the fact that the Government of Belize has officially requested technical assistance from UNODC in order to fully implement its national security strategy.

372. Cocaine continues to be trafficked in large quantities in Nicaragua. Cocaine shipments enter Nicaragua through the southern part of the country, to be stored in clandestine warehouses along the coastal areas before being moved out of the country towards final destinations in North America and Europe. While the majority of cocaine seizures in 2007 occurred on the Pacific coast, trafficking organizations appear to have shifted their illicit activities to the Atlantic region, where most seizures took place in 2008.

373. The quantity of cocaine seized in El Salvador increased from 39 kg in 2005 to 108 kg in 2006 to 4,074 kg in 2007. That figure fell to 1,354 kg in 2008. The authorities in El Salvador have increased police operations and checks along highways and at borders, ports and the El Salvador International Airport. All of the cocaine seized in El Salvador originates in Colombia, and most of it is destined for the United States or countries in Europe, the remainder (some 10 per cent) being destined for local markets.

374. The number of incidents of cocaine trafficking by air in Honduras has increased. To date in 2009, several light aircraft, most of which were identified by their Venezuelan registration numbers and Venezuelan flag, have landed illegally or crashed on Honduran territory. For example, in May 2009, a light aircraft bearing a Venezuelan flag and operated by Colombian nationals crashed in the department of Islas de la Bahía. Approximately 1,647 kg of cocaine was seized at the scene of the crash.

375. There has also been an increase in drug trafficking by air in Haiti. The number of light aircraft landing on clandestine airfields has increased over the past three years. Haiti is used as a trans-shipment area for drug consignments bound for the Dominican Republic and Bahamas en route to North America and Europe. Cocaine from South America reaches Haiti mainly by air or via that country's border with the Dominican Republic or the southern Haitian coastline.

376. The Dominican Republic remains a major trans-shipment area for cocaine originating in Colombia, although Dominican authorities reported a decrease in cocaine trafficking in 2008, having seized a total of 2,723 kg of the drug in that year.

377. Jamaica appears to be gaining importance as a trans-shipment area for South American cocaine bound for the United States of America and the United Kingdom. In 2008, Jamaican authorities seized 266 kg of cocaine, almost three times the amount seized in 2007. In Jamaica, drugs are trafficked by local criminal groups, some of which are linked to Colombian or Haitian criminal organizations.

378. Cocaine is also trafficked in other Caribbean countries, but on a smaller scale. A total of 21.6 kg of cocaine was seized in Trinidad and Tobago in 2008, all of it having been bound for the United Kingdom and detected at Crown Point International Airport. In Saint Vincent and the Grenadines, a total of 3 kg was seized in 56 incidents. Authorities of that country noted a decrease in the number of cocaine trafficking incidents, believed to be the result of increased surveillance along the coastline.

379. Levels of opium poppy cultivation and heroin trafficking in Guatemala are significant. While cannabis cultivation and trafficking have diminished and cocaine trafficking remains essentially at the same level in that country, there is a rising trend in trafficking in opium and heroin, which the Guatemalan authorities attribute to the establishment in Guatemala of an armed group known as Los Zetas, which is linked to the Mexican Gulf Cartel.

380. In 2008, the Government of Guatemala eradicated almost 300 million opium poppy plants and seized 10 kg of heroin. In February 2009, it eradicated 596 fields of opium poppy plants, covering 739 ha, in the department of San Marcos during an operation conducted jointly with the United States authorities. The number of opium poppy plants destroyed during that operation alone accounted for more than 60 per cent of the total number eradicated during 2008.

381. There was a significant increase in the number of cases involving heroin trafficking through the Dominican Republic in 2008, during which a total of 120 kg was seized. The largest heroin consignments were seized at airports, where the drug was concealed in luggage. All of the heroin seized had originated in Colombia and had been bound for the United States.

382. In February 2009, Costa Rican authorities informed the Board of the seizure of a laboratory where they had found a large amount of pharmaceutical preparations and cocaine hydrochloride. The preparations were in the form of tablets containing oxycodone, hydrocodone and codeine. The drugs were purportedly intended for sale over the Internet. The Board has been warning Governments of the dangers posed by illegal Internet pharmacies since 2006. The Board wishes to emphasize the importance of activating regional cooperation systems for the control of Internet pharmacies.

Psychotropic substances

383. MDMA ("ecstasy") continues to be trafficked in the Caribbean, particularly in tourist areas. In 2008, authorities of the Dominican Republic reported having seized 17,885 "ecstasy" tablets, 88 per cent of which originated in the Netherlands and was destined for local consumption. In 2008, Costa Rican authorities seized 342 "ecstasy" tablets, a significant decrease compared with 2007, when 19,021 tablets were seized.

384. There appears to have been a resurgence of LSD trafficking in Central America. Costa Rica reported its first four seizures of the drug, amounting to 117 doses, since 2001.

Precursors

385. Incidents of trafficking in pseudoephedrine and ephedrine have been reported in Guatemala, where 990,300 tablets of pseudoephedrine were seized in 2008. In February 2009, the Government of Guatemala adopted a new regulation to control the movement of both substances in that country. Guatemalan law enforcement agencies seized 3,900,000 pseudoephedrine capsules in February 2009

and a shipment of 17 million tablets of the substance in June 2009.

386. Honduras reported the seizure of a total of 2,000 kg of pseudoephedrine in 2008. All of the shipments seized had been bound for Mexico. Seizures of pseudoephedrine in tablet form have continued in 2009. In April 2009, Honduran authorities reported having seized a record amount of pharmaceutical preparations containing that substance in a consignment of more than 2 million tablets found in a private residence. The shipment had reportedly been imported from Bangladesh and had been addressed to a fictitious pharmacy in Tegucigalpa.

387. In 2008, El Salvador reported the seizure of 157,926 tablets, 219,065 capsules, 11,620 bottles and 1,078 envelopes containing pseudoephedrine, as well as the seizure of 3 kg of ephedrine. In the same year, the Dominican Republic seized 14 kg of pseudoephedrine and almost 1 million tablets of pharmaceutical preparations containing that substance, while Belize reported having seized more than 10 million such tablets.

5. Abuse and treatment

388. In Guatemala, the drug most commonly abused is cannabis, followed by cocaine and psychotropic substances. During 2008, Guatemalan authorities registered an increase in the use of heroin and cocaine. The number of Guatemalan nationals deported from Mexico and the United States has increased considerably over the past five years, and the drug abuse problem among that returning population is contributing to an increase in drug abuse in Guatemala. The increase in heroin abuse in particular is attributed to those returning migrants.

389. In 2008, a total of 3,500 people in Guatemala received treatment for drug abuse. Most of the patients were treated for cocaine addiction. The average age of the patients was 22.

390. In 2008, the Government of El Salvador conducted its second national survey on drug abuse prevalence among primary and secondary school students in cities with a population of more than 30,000. The preliminary results of the survey showed that the lifetime prevalence rate of cannabis abuse among persons aged 13-17 was 5.5 per cent. The second most abused drug type was the benzodiazepines group (prevalence rate: 2.8 per cent), followed by inhalants (2.7 per cent).

391. In 2008, the Anti-Drugs Foundation of El Salvador (FUNDASALVA) treated 263 patients for drug abuse, 60 per cent of whom were first-time patients who were treated for cannabis and cocaine abuse.

392. In 2008, the Government of Honduras estimated the annual prevalence rate for the abuse of drugs among persons aged 13-25 in that country's Central District to be 1.1 per cent for cannabis abuse, 1 per cent for cocaine abuse and 2.7 per cent for the abuse of sedatives and tranquillizers.

393. There are indications that drug abuse is increasing in Nicaragua, in particular in the Atlantic region, where the increase in drug trafficking has led to increased availability of drugs. The Board invites the Government of Nicaragua to conduct an assessment of the drug abuse situation in the country and to take appropriate measures to remedy the situation.

394. The drug most commonly abused in Jamaica is cannabis, followed by cocaine. In 2008, the Government of Jamaica reported a slight increase in the abuse of those drugs. The most recent national assessment of drug abuse prevalence among the general population was carried out in 2001, and that among youth in 2006. The Board therefore encourages the Government of Jamaica to assess the extent of drug abuse in that country in order to develop a prevention strategy and prevent further increases.

395. In 2008, the Dominican Republic, with support of CICAD and the National Drug Council, conducted a drug use survey among the school population (students aged 12-18). Anxiolytics and hypnotics (mostly benzodiazepines) accounted for the highest lifetime prevalence rate (12.8 per cent). Abuse of stimulants (containing amphetamine and caffeine) accounted for the second highest lifetime prevalence rate (9.1 per cent). Forty per cent of the students who reported having abused medications containing such substances obtained the medications from their homes. The lifetime prevalence rate of cannabis abuse was estimated at 1.7 per cent and that of cocaine use at 0.8 per cent. The survey also revealed that approximately half of the students had never attended courses on drug abuse prevention. The Board invites the Government of the Dominican Republic to take

appropriate action with regard to its drug abuse prevention programmes.

North America

1. Major developments

396. The United States continues to be the world's largest market for illicit drugs and a major destination of illicit drug consignments. Except for cannabis and methamphetamine, illicit drugs are not produced domestically but are largely smuggled into the United States. Cannabis remains the most commonly abused drug. It is encouraging, however, that the abuse of cannabis and other illicit drugs among youth is declining in the United States. One matter of concern is the fact that in the United States, according to the latest national survey on drug abuse, the prevalence of abuse of prescription drugs containing controlled substances continues to be high and that such drugs are now among the most abused types of drug in the country, second only to cannabis.

397. In addition to being used as a major transit area for illicit drug consignments, Mexico is experiencing increasing problems related to the abuse of cocaine and other drugs. The level of drug-related violence in the country remains high. Between 2007 and 2008, the death toll doubled. Drug cartels, in addition to fighting each other, are violently resisting efforts of the Government to counter drug trafficking and organized crime. Anti-corruption measures and large-scale law enforcement operations in Mexico that include the deployment of military troops have resulted in the disruption of drug trafficking operations throughout North America and the arrest of a number of high-level drug traffickers. The Board recognizes the vigorous measures taken by the Government of Mexico to combat illicit drug production and trafficking.

398. Canada remains one of the primary countries supplying MDMA ("ecstasy") to illicit markets in North America and in other regions; it is also a source country of high-potency cannabis. One positive development is the decline in the abuse of drugs, in particular the abuse of cannabis, among adults and youth in Canada.

399. Organized criminal groups have maintained and expanded their control over drug trafficking operations in North America; that represents a major challenge to the countries in the region. Drug trafficking organizations based in Mexico predominate in illicit drug production, trafficking and distribution in North America. They have expanded their control to cover the entire supply chain for illicit drugs, shipping illicit drugs from South America and distributing them in the United States. They are particularly involved in the smuggling and distribution of cocaine and heroin and the illicit cultivation of and trafficking in cannabis. In addition, organized criminal groups are engaged in the illicit cultivation of opium poppy and, albeit to a diminishing extent, the manufacture of and trafficking in methamphetamine. Drug trafficking organizations based in Canada are involved in the illicit production of and trafficking in high-potency cannabis and the manufacture of methamphetamine for the illicit markets in Canada and the United States. Violent gangs affiliated with drug trafficking organizations are largely in control of the distribution of illicit drugs at the street level in the United States and are increasing their position in the distribution of illicit drugs at the wholesale level.

400. While the consumption and cultivation of cannabis, except for scientific purposes, are illegal activities according to federal law in the United States, several states have enacted laws that provide for the "medical use" of cannabis.[41] The control measures applied in those states for the cultivation of cannabis plants and the production, distribution and use of cannabis fall short of the control requirements laid down in the 1961 Convention. The Board is deeply concerned that those insufficient control provisions have contributed substantially to the increase in illicit cultivation and abuse of cannabis in the United States. In addition, that development sends a wrong message to other countries. The Board welcomes the reaffirmation by the Government of the United States that cannabis continues to be considered a dangerous drug. The Government has also underscored that it is the responsibility of the Food and Drug Administration to approve all medicines in the United States. The Board notes with appreciation that the Government, following new guidelines on prosecution, which stipulate that activities should not focus on individuals who comply with "medical" cannabis regulations in states, has confirmed that it has no intention to legalize

[41] *Report of the International Narcotics Control Board for 2008* …, para. 432.

cannabis. The Board is concerned over the ongoing discussion in several states on legalizing and taxing the "recreational" use of cannabis, which would be a serious contravention of the 1961 Convention. The Board emphasizes that it is the responsibility of the Government of the United States to fully implement the provisions of the 1961 Convention with respect to all narcotic drugs, including cannabis (see paragraphs 61-64 above).

2. Regional cooperation

401. Cooperation efforts at the regional level to counter drug trafficking and related forms of organized crime have intensified. The Merida Initiative, a multi-year security cooperation programme involving Mexico, the United States and countries in Central America, is a major element in those cooperation efforts. In the short term, the Merida Initiative is to provide training and equipment to increase law enforcement capabilities. The long-term aim is to enhance the capacity of the judicial systems to carry out investigations and prosecutions through technical assistance. Within the framework of the initiative, the United States considerably increased its funding to Mexico, from US$ 400 million in 2008 to US$ 720 million in 2009 (an additional US$ 65 million in 2008 and US$ 110 million in 2009 were appropriated for Central America within the framework of the initiative). A letter of agreement between Mexico and the United States on implementing the first phase of the initiative was signed in December 2008. The first Merida Initiative projects included the establishment of a document analysis and verification laboratory, the funding of a bilateral conference to address arms trafficking and training for new correctional officers and federal police investigators. The issue of combating drug trafficking was a major point of discussion at a meeting between the Governments of Mexico and the United States held in April 2009.

402. At the forty-fifth regular session of CICAD, held in Washington, D.C., in May 2009, the discussion focused on the control of precursors, the progress made in the implementation of the Anti-Drug Strategy in the Hemisphere and the reinforcement of systems for the treatment and rehabilitation of drug abusers. The CICAD Expert Group on Demand Reduction aims to link the scope and quality of treatment services with the general health-care system. Through its Inter-American Observatory on Drugs, CICAD also supports countries in improving the collection and analysis of drug-related data.

403. In Operation All Inclusive 2008, an attempt was made to disrupt the flow of illicit drugs, money and precursor chemicals from South America through the transit zone into the United States. The investigative operation provided United States inter-agency analytical support to seven countries, resulting in considerable seizures of cocaine, cannabis and heroin and the arrest of nearly 1,300 persons, including several high-level drug traffickers. The operation resulted in the first seizure of a self-propelled semi-submersible vessel involved in drug trafficking; the seizure was effected by the Mexican Navy off the Pacific coast of Mexico in July 2008.

404. Cooperation between Canada and the United States continued through mechanisms such as the Cross-Border Crime Forum, which brings together senior law enforcement and justice officials. The cooperation involved joint operations, the exchange of intelligence and joint training activities. In 2008, representatives of Canada and the United States opened negotiations concerning a bilateral ship-rider agreement, which is intended to allow the exchange of ship-riders and improve maritime law enforcement operations along the maritime border. The highway enforcement programme in the United States expanded in 2008 to include coordinated operations involving Canadian and United States police forces along major corridors used for illicit drug transportation.

405. At the seventh Binational Drug Demand Reduction Conference: Unifying Efforts toward Best Practices, held in Monterrey, Mexico, in July 2008, participants from Mexico and the United States discussed measures to reduce illicit drug demand and promote best practices in the prevention and treatment of drug abuse.

406. In August 2009, the Governments of Colombia and Mexico agreed to strengthen their cooperation in combating drug trafficking. In accordance with the agreement, Colombian police forces will provide training to Mexican law enforcement officers on tactics for countering organized crime.

3. National legislation, policy and action

407. In Mexico, measures to fight corruption continue to be taken. In 2008, the Government launched Operación Limpieza, aimed at preventing corruption in law enforcement agencies responsible for combating drug trafficking. A number of Government officials, including high-level officials from the special unit for organized crime of the Attorney-General's Office, have been arrested for passing on information to drug cartels. In 2008, the Government introduced legislation to reorganize security forces and improve coordination of the local, state and federal law enforcement agencies in combating drug cartels and other organized criminal groups. The law established a national public safety council to support law enforcement institutions and evaluate the effectiveness of public safety programmes, as well as a national intelligence centre. Information exchange is facilitated through a case management system, which connects the databases of different agencies (Plataforma Mexico). Data-sharing agreements with all 31 states are currently in place. The Government has made proposals for reforming the judicial sector with a view to making it more expeditious and transparent. The proposals include provisions to introduce oral trials,[42] plea-bargaining and alternative case resolution methods. The judicial reform is currently in the process of being discussed at the state level and is being implemented in some states.

408. In 2009, the Government of Mexico enacted legislation, according to which persons found to be in possession of a specified quantity of certain illicit drugs for personal and immediate consumption will no longer face criminal prosecution. The maximum quantities for the main illicit drugs are 2 grams of opium, 50 milligrams of heroin, 5 grams of cannabis and 500 milligrams of cocaine. The legislative measure is aimed at regularizing a legal practice. In addition, persons detained with quantities of illicit drugs below the limit for personal use will be encouraged to seek treatment; in the case of persons detained for a third time, treatment is mandatory. The Board is concerned that this legal act may give the wrong signal. The Board would like to remind the Government that article 3, paragraph 2, of the 1988 Convention requires each party to that Convention to establish as a criminal offence under its domestic law, when committed intentionally, the possession, purchase or cultivation of narcotic drugs or psychotropic substances for personal consumption contrary to the provisions of the 1961 Convention, the 1961 Convention as amended by the 1972 Protocol or the 1971 Convention.

409. Its national border with Mexico being a major point of entry for illicit drugs, the Government of the United States updated and expanded the National Southwest Border Counternarcotics Strategy in 2009. The strategy is aimed at reducing the flow of illicit drugs, drug proceeds and illegal weapons by enhancing drug control capabilities, with a view to facilitating the prosecution of cases involving drug trafficking and disrupting the operations of drug trafficking organizations.

410. In the United States, 38 states had prescription drug monitoring programmes in 2008, compared with 15 states in 2001. The programmes monitor drug prescriptions with a view to preventing the diversion and abuse of prescription drugs. A prototype for a paperless prescription drug monitoring programme is currently being developed; it is to link physicians, pharmacists and patients in the process of prescribing and dispensing controlled substances.

411. In the United States, action has been taken to counter the widespread sale of prescription drugs through illegal Internet pharmacies. In September 2008, the United States Congress passed the Ryan Haight Online Pharmacy Consumer Protection Act of 2008, prohibiting the delivery, distribution or dispensing of prescription drugs over the Internet without a valid prescription. In order to obtain a prescription, at least one in-person medical evaluation of a patient by a practitioner is required. DEA is targeting the infrastructure of organizations that are engaged in drug trafficking and that use electronic media to divert drugs. The Internet Distributor Initiative of DEA is aimed at cutting supply lines from distributors to pharmacies where large-scale diversion appears to be occurring. The Board notes with satisfaction that measures targeting the illegal sale of prescription drugs through the Internet have been taken.

412. In the United States, Oregon, in an attempt to enhance the downward trend in methamphetamine

[42] Within its civil-law system, Mexico, like most States in Latin America, has traditionally maintained the practice of written trials, both in civil and criminal matters. Oral trials correspond to adversarial jury trials provided for in countries with a common-law system tradition.

abuse, has passed state legislation making it illegal to purchase a product containing pseudoephedrine without a prescription. Other states are considering introducing such legislation. In September 2008, the Methamphetamine Production Prevention Act of 2008 was passed by the United States Congress, expanding logbook requirements for sellers and purchasers of precursors of methamphetamine.

413. In order to counteract the increasing use of self-propelled semi-submersible vessels to smuggle cocaine (see paragraph 420 below), the Drug Trafficking Vessel Interdiction Act of 2008 was signed into law by the President of the United States in October 2008. The act provides for the imposition of a fine or a prison term for operating or boarding a stateless submersible (or semi-submersible) vessel on an international voyage with the intent to evade detection; thus, the act allows for prosecution even when no illicit drugs are seized.

414. The Government of Canada continued to implement its National Anti-Drug Strategy, which consists of action plans to improve law enforcement, the prevention of drug abuse and the treatment of drug abusers. Law enforcement measures are aimed at reducing the illicit manufacture of synthetic drugs, the illicit cultivation of cannabis, drug trafficking and the cross-border movement of precursor chemicals by, for example, building the capacities of police, investigation and prosecution units and enhancing border control. The action plan on drug abuse prevention includes a national awareness-raising campaign involving mass media, youth, their parents and community-based projects on drug abuse prevention. Within the framework of the strategy, the Government has allocated the equivalent of US$ 94 million to law enforcement (over a five-year period), US$ 28 million to drug abuse prevention and US$ 93 million to the treatment of drug abusers. The Board notes with appreciation the measures taken by the Government of Canada, in particular those aimed at reducing illicit drug manufacture and trafficking, and the action plans on the prevention and treatment of drug abuse.

415. Canada continues to be one of the few countries in the world that allows cannabis to be prescribed by doctors to patients with certain serious illnesses. In 2008, nearly 2,900 patients were authorized to possess cannabis for medical purposes. Until 2009, cannabis could be either obtained from a Government supplier or grown in small amounts by the patient, or a person designated by the patient, with the sole limitation that only one patient could be supplied by a licensed supplier. In 2009, following court decisions stipulating that that approach unjustifiably restricted the patient's access to cannabis used for medical purposes, the Government increased the number of cultivation licences a person could hold from one to two. The Government intends to reassess the programme for controlling medical access to cannabis. According to article 23 of the 1961 Convention, a party to the Convention, if it is to allow the licit cultivation of cannabis, must fulfil specific requirements, including the establishment of a national cannabis agency to which all cannabis growers must deliver their crops (see paragraphs 61-64 above).[43] The Board therefore requests the Government to respect the provisions of article 23.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

416. The illicit cultivation of cannabis appears to be rising in the United States. It is estimated that the total quantity of cannabis illicitly produced in the United States may exceed the total quantity of cannabis in the country that had been illicitly produced elsewhere. In 2008, the total quantity of eradicated cannabis plants increased by about 14 per cent: over 7,562,300 of the plants had been grown outdoors and nearly 451,000 had been grown indoors. Until recently, much of the illicit cannabis in the United States was from Mexico, and smaller quantities of cannabis with a higher potency were smuggled into the United States out of Canada. In recent years, however, drug trafficking organizations have expanded their illicit cannabis cultivation operations in the United States, thus avoiding risky border crossings and keeping production sites closer to the market. Drug trafficking organizations based in Mexico have expanded their illicit cannabis cultivation sites on public lands, whereas criminal organizations based in Canada have set up operations for growing cannabis indoors, mainly in the north-western part of the United States, and are expanding their operations to include other geographical areas.

[43] Ibid., para. 431.

417. The potency of samples of cannabis seized in the United States continued to increase; the average THC content of seized cannabis exceeded 10 per cent in 2008, the highest level ever recorded in that country. That increase was mainly attributed to the use of technologically advanced methods to maximize the THC level of cannabis grown indoors in Canada and the United States. The potency of the cannabis seized at the south-west border of the United States, which has traditionally been low, has increased: the highest concentration of THC found among the 1,500 samples of seized cannabis was 27.3 per cent, and in 40 per cent of the samples the THC level was higher than 9 per cent.

418. While in 2007 more cannabis herb was seized in Mexico than in any other country in the world, the Government reported having seized less cannabis herb in 2008. Illicit cannabis production in Mexico declined to 22,275 tons in 2008, most of which was destined for the United States. The total area of illicitly cultivated cannabis eradicated in Mexico dropped from 21,357 ha in 2007 to 18,562 ha in 2008. Notwithstanding those declining figures, the quantity of cannabis seized along the south-west border of the United States in 2008 indicated a sustained flow of cannabis from Mexico.

419. Canada only supplies a small proportion of the total quantity of illicit cannabis used in the United States. British Columbia, Ontario and Quebec remain the primary areas of cannabis production in Canada. It is estimated that 37 tons of cannabis were seized in Canada in 2008. Law enforcement authorities reported an increasing number of operations for growing cannabis in rural communities and remote areas in the country.

420. The quantity of cocaine intercepted en route to the United States increased slightly to 209 tons in 2007. As a result of those seizures, coca bush eradication efforts in Colombia and increased pressure on drug cartels in Mexico, cocaine continued to be less available in some parts of the United States. In 2008, the total quantity of cocaine seized in the United States decreased by almost one half, from 97 to 50 tons, the lowest level since 1999, reflecting a decline in cocaine trafficking. The decline in cocaine trafficking in North America, the world's largest illicit market for cocaine, was also reflected in rapidly rising prices and falling purity levels. Mexican law enforcement authorities reported having seized 60 per cent less cocaine in 2008 than in 2007. Nevertheless, the estimated quantity of cocaine shipped from South America to the United States has remained significant. United States authorities have estimated that 545-707 tons of cocaine departed from South America for the United States in 2007, a figure slightly higher than the one for 2006. Of the cocaine shipments that are detected, approximately 90 per cent were being transported through the Mexican and Central American corridor, mainly through the eastern Pacific route. Illicit drug consignments are being transported by sea using speedboats, fishing vessels and, increasingly, self-propelled semi-submersible vessels.

421. Mexico's role as a transit country for cocaine destined for Canada has increased. Cocaine consignments are being transported by land (from Mexico to the United States and Canada through the highway corridor), by sea and by air.

422. Most of the heroin found on the illicit market in the United States originated in Colombia and Mexico. The Government of Mexico reported having eradicated 13,095 ha of opium poppy in 2008, an increase over the figure for 2007 (11,046 ha). Drug trafficking organizations selling "black tar" and "brown powder" heroin have expanded the distribution of those forms of heroin in what have traditionally been markets for "white heroin" in the eastern part of the United States, partly as a result of decreasing heroin manufacture in Colombia.

423. In Canada, the illicit heroin market is dominated by South-West Asian heroin. In 2008, 70 per cent of the heroin found on the illicit market in Canada originated in South-West Asia; it had been smuggled into the country mainly by air via India and Pakistan with the help of organized criminal groups in British Columbia and Ontario.

424. Internet pharmacies continue to be the main channel used for the illicit distribution of pharmaceutical preparations in the United States. However, authorities have reported that the number of Internet pharmacies decreased in 2008, owing to increased efforts by law enforcement agencies. The total number of Internet pharmacies offering controlled prescription drugs for sale (anchor sites) dropped by 15 per cent, from 187 in 2007 to 159 in 2008; almost all of them were operating illegally. In addition, according to law enforcement authorities, street and motorcycle gangs are becoming increasingly involved

in the retail-level distribution of diverted prescription drugs.

Psychotropic substances

425. In the United States, the illicit manufacture of methamphetamine decreased following the introduction of regulations to increase domestic control over the sale, at the retail level, of pharmaceutical preparations containing precursors of methamphetamine. The number of methamphetamine laboratories dismantled in the United States dropped by more than 70 per cent from 2004 to 2008. In Mexico, new control measures, including a ban on the import of medicines containing ephedrine and pseudoephedrine and the prohibition of the use of those substances, contributed to a significant decrease in the illicit manufacture of methamphetamine and a reduction in the quantity of methamphetamine smuggled into the United States in 2007 and 2008. However, data on seizures of methamphetamine in the United States suggest that illicit methamphetamine manufacture in that country is increasing in some areas. On the one hand, that development is attributable to a resumption of small-scale methamphetamine manufacture in response to the reduced supply of methamphetamine from Mexico. On the other hand, some drug trafficking organizations have shifted their methamphetamine manufacturing operations from Mexico to certain areas of the United States, particularly California. In order to obtain the required precursors, individuals and criminal groups are increasingly circumventing state and federal restrictions on the sale of pseudoephedrine and ephedrine in the United States; for example by making numerous small-quantity purchases from multiple retail outlets ("smurfing") or paying individuals to carry out purchases on their behalf.

426. In Mexico, 21 laboratories illicitly manufacturing methamphetamine were seized in 2008; 5 of those laboratories had been manufacturing methamphetamine on a large scale (compared with 14 in 2007). Those figures reflect the fact that, in that country, the illicit manufacture of methamphetamine decreased and the precursors of methamphetamine became less available following the introduction of control measures by the Government.

427. Canada continues to be the primary source of MDMA ("ecstasy") found on the illicit market in the United States and a major supplier of the growing illicit markets for the substances in other parts of the world, in particular in Asia and the Pacific. Drug trafficking organizations manufacture "ecstasy" in large clandestine laboratories in Canada for distribution in the United States. One matter of particular concern is the increasing distribution of "ecstasy" tablets adulterated with other addictive drugs, particularly methamphetamine. According to law enforcement authorities, the number of "ecstasy" laboratories reported to have been seized in Canada in 2007 was 18, a figure equal to the highest number of such seizures ever recorded. All of the "ecstasy" laboratories seized were "super labs", laboratories capable of manufacturing at least 5 kg of "ecstasy" in one manufacturing cycle. The quantity of Canadian "ecstasy" seized in the United States at the Canadian border increased by more than 10-fold from 2003 to 2007. Most of the seizures of "ecstasy" occurred in Washington, a state adjacent to British Columbia, where most of the "ecstasy" in Canada is manufactured.

Precursors

428. While the measures to control precursors of methamphetamine in Mexico have led to a decrease in the illicit manufacture of and trafficking in methamphetamine, drug trafficking organizations have reacted in two ways: by shifting their operations to other countries, such as the United States and countries in Central and South America, and by smuggling into Mexico diverted precursor chemicals, including chemicals from Central and South America.[44] In 2008, the multilateral initiative Operation Ice Block revealed that almost half of the suspicious shipments of precursors of amphetamine-type stimulants identified during the operation were destined for Mexico.

429. In Canada, the high level of illicit manufacture of amphetamine-type stimulants is fuelled by the acquisition of bulk quantities of precursor chemicals by organized criminal groups.

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[44] *International Narcotics Control Board, Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2008 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.09.XI.4), para. 49.

Substances not under international control

430. In the United States, ketamine continues to be among the active ingredients found in adulterated MDMA ("ecstasy") tablets. The distribution of such tablets originating in Canada appears to be increasing.

431. In Canada, approximately 23 tons of khat were seized in 2008, less than the quantity seized in 2007. The majority of the seized khat shipments had arrived by courier package or had been concealed in air cargo. In Canada, the demand for khat is concentrated in urban centres with large East African communities.

5. Abuse and treatment

432. In 2008, an estimated 35.5 million persons in the United States, or 14.2 per cent of the population aged 12 or older, had used illicit drugs (annual prevalence). Thus, the overall declining trend in illicit drug use continued. That trend is also substantiated by results of workforce drug testing. In general, the drug test results indicate the lowest levels of drug abuse in the United States workforce since 1988. About 20.1 million persons, or 8.0 per cent of the population aged 12 or older, are "current users" — that is, they have abused illicit drugs in the past month.

433. The decline in the abuse of drugs, particularly cannabis, among youth in the United States is an encouraging sign. The use of illicit drugs among students aged 13-18 declined significantly during the period 1997-2008, according to the 2008 survey "Monitoring the Future". Annual prevalence fell by 27 per cent: every fourth student reported having used illicit drugs in the previous year. The abuse of cannabis dropped by 29 per cent in the period 1997-2008, reaching an annual prevalence of 21.5 per cent. Even greater declines were recorded in the abuse of cocaine (-36 per cent), methamphetamine (-68 per cent) and MDMA (-52 per cent) compared with their respective peak levels during that period; the abuse of those drugs continued to fall in 2008. That indicates reduced drug abuse and its initiation during a critical age period. However, the abuse of OxyContin (annual prevalence: 3.4 per cent), a product containing oxycodone, and Vicodin (annual prevalence: 6.1 per cent),[45] a product containing hydrocodone, remained close to the peak levels.

434. In the United States, cannabis remains the most commonly abused drug: 25.8 million persons (or 10.3 per cent of the population aged 12 or older) abused cannabis in 2008, slightly more than in 2007.

435. In 2008, past-year prevalence of the abuse of cocaine (including "crack") among the United States population aged 12 and older was 2.1 per cent: 5.3 million cocaine abusers (compared with 5.7 million in 2007). The proportion of persons who tested positive for cocaine in workplace drug tests declined by 38 per cent from 2006 to 2008.

436. In the United States, heroin abuse is stable at a relatively low level, annual prevalence amounting to 0.2 per cent in 2008. Past-year heroin abuse among youth has remained at 0.8 per cent for some years, according to the annual survey "Monitoring the Future". However, heroin abuse levels may increase, as more abusers of prescription drugs containing opiates are switching to heroin.

437. In 2008, the abuse of methamphetamine in the United States declined further: 0.3 per cent of the population were past-year abusers (compared with 0.5 per cent in 2007). The proportion of persons who tested positive for the abuse of methamphetamine dropped by about 50 per cent from 2006 to 2008. There has been a steady decline in the abuse of methamphetamine among all age groups in recent years.

438. In the United States, the number of persons who have abused prescription drugs declined for the second consecutive year. In 2008, about 15.2 million persons (or 6.1 per cent of the population aged 12 or above) reported having abused prescription drugs in the previous year; in 2007, the number was 16.3 million. About 6.2 million of those who abused prescription drugs in the past year were "current users": persons abusing such drugs in the past month. Most of those who abused prescription drugs in the past year were abusers of pain relievers: they numbered 11.9 million in 2008, compared with 12.5 million in 2007. Notwithstanding those declines, the number of persons abusing prescription drugs remains greater than the total number of persons abusing cocaine, heroin, hallucinogens and/or inhalants. Prescription drugs are the second most abused category of drugs, surpassed

[45] Trade names are used in this particular case, since the survey "Monitoring the Future" collects and reports prevalence data for those specific preparations.

only by cannabis. Young adults (persons 18-25 years old) have by far the highest rate of abuse of prescription drugs, more than twice the level of abuse among youth (persons 12-17 years old) and more than three times the level of abuse among adults (persons aged 26 or older).

439. One matter of concern in the United States is that the number of first-time abusers of prescription drugs continues to be high. In 2008, 2.5 million people aged 12 or above reported having abused prescription drugs for the first time, over 300,000 more than the number of first-time cannabis abusers.

440. In the United States, the increase in the number of deaths due to overdose is to a significant extent related to the abuse of prescription drugs, in particular the abuse of opioid pain relievers such as oxycodone, hydrocodone, methadone, morphine and fentanyl. The number of deaths involving prescription opioids increased by two thirds from 2001 to 2005, reaching 5,789 in 2005.

441. According to the Canadian Alcohol and Drug Use Monitoring Survey, which was newly introduced in 2008, the abuse of illicit drugs (including cannabis, cocaine, "crack", methamphetamine, hallucinogens, MDMA ("ecstasy") and heroin) among members of the population aged 15 and older declined significantly from 2004 to 2008. In 2008, 12.1 per cent of the population reported having abused illicit drugs in the previous 12 months (compared with 14.5 per cent in 2004). That development is attributable to a reduction in the abuse of cannabis (from 14.1 per cent in 2004 to 11.4 per cent in 2008) and cocaine and "crack" (from 1.9 to 1.6 per cent). By contrast, the levels of abuse of other drugs increased during the same period; for instance, the abuse of "ecstasy" increased from 1.1 to 1.4 per cent. In 2008, the abuse of illicit drugs was higher among men (15.3 per cent) than among women (9.1 per cent). The past-year use of prescription drugs, mainly opioid pain relievers but also stimulants and sedatives, was reported by 28.4 per cent of the population; however, only 0.6 per cent of the population (2.0 per cent of drug abusers) reported the non-therapeutic abuse of those preparations, stating that they would take prescription drugs "to get high".

442. In Canada, past-year abuse of illicit drugs among youth (persons 15-24 years old) decreased from 37.9 per cent in 2004 to 34.0 per cent in 2008, but remains significantly higher than illicit drug abuse among the adult population (persons 25 years old or older) (7.9 per cent in 2008). Past-year abuse of cannabis among youth declined from 37.0 to 32.7 per cent. The average age of initiation of cannabis abuse among youth remained stable at 15.5 years in 2008.

443. In Mexico, a national household survey conducted in 2008 showed a significant increase in cocaine abuse in the period 2002-2008: the lifetime prevalence rate almost doubled, reaching 2.4 per cent of the population aged 12-65. Lifetime prevalence of cannabis abuse increased from 3.5 to 4.2 per cent. In 2008, methamphetamine and inhalants were among the most commonly abused drugs in Mexico, second only to cannabis and cocaine. Drug abuse, which used to be limited to certain areas of Mexico, appears to be spreading throughout the country. That may in part be attributed to the spillover effect of drug trafficking, as well as to attempts by drug trafficking organizations to create local markets.

444. In Mexico, most drug-related deaths in 2008 were attributed to the abuse of cocaine (236 deaths). The Government reported a sharp increase in the abuse of cocaine, particularly "crack", and methamphetamine in 2008. The abuse of sedatives and tranquillizers, in particular benzodiazepines, was stable. In 2008, the number of problematic drug abusers reached 428,819 (0.6 per cent of the population aged 12-65). The prevalence of drug abuse increased more sharply among women than among men.

445. In the United States, most treatment related to drug abuse in 2008 was received for cannabis abuse (947,000 persons aged 12 and older), followed by cocaine abuse (663,000). The proportion of persons admitted for treatment of cannabis abuse continued to increase. In addition, the number of persons admitted for treatment for the abuse of pain relievers increased significantly (to 601,000 persons compared with 360,000 in 2002). The number of persons admitted for heroin addiction (341,000 in 2008) may increase, according to the *National Drug Threat Assessment 2009*,[46] as more abusers of prescription opiates are switching to heroin, mainly because heroin is cheaper and easier to obtain. According to facilities for the

[46] United States of America, Department of Justice, National Drug Intelligence Center, *National Drug Threat Assessment 2009* (Johnstown, Pennsylvania, December 2008).

treatment of drug abuse, once a person switches from prescription opiates to heroin, it is unlikely that the person will switch back to abusing prescription opiates only. In some areas, the switching from prescription opiates to heroin led to an increase in heroin abusers seeking treatment in 2008.

446. Drug treatment courts have experienced significant growth in the United States. Their main objective is to divert non-violent, substance-abusing offenders from imprisonment into treatment with increased supervision, thus breaking the cycle of criminal behaviour and improving treatment outcome. In 2008, about 2,300 drug treatment courts, some for adults and others for juveniles, were operating nationwide. New drug treatment courts, including drug treatment courts targeting particular groups such as veterans, are being developed.

447. As part of the National Anti-Drug Strategy (see paragraph 414 above), the Government of Canada has created a programme to ensure funding to enable provincial governments to strengthen systems for the treatment of drug abuse. The Government has also initiated projects to improve the access of First Nations and Inuit families, in particular youth, to treatment for drug abuse. Drug treatment courts are operating in six cities in Canada; they deal only with cases involving non-violent accused persons whose criminal activity is driven by addiction. A judge may suspend the imposition of a sentence to allow the addicted person to undergo treatment under certain conditions.

448. In Mexico, most persons admitted for treatment for drug abuse are addicted to cocaine or methamphetamine. Although the number of persons seeking help for drug problems has risen, only one third of drug addicts actually receive treatment. The Government is attempting to expand the drug abuse treatment capacity in order to cope with the increasing demand for such treatment. A pilot programme involving drug treatment courts has been introduced in the State of Nuevo León with a view to developing procedures and instruments to replace penal procedures.

449. The strategy developed by the Government of Mexico for reducing illicit drug demand has enhanced the infrastructure for treatment. One of the core elements is the network of Nueva Vida centres, which provides treatment services for different groups of drug abusers in the country's main municipalities, in cooperation with civil society organizations. Demand reduction initiatives also include a project for the development of the national network for technology transfer to combat addictions (RENADIC) — a platform for the exchange of medical information and education in cooperation with the United States.

South America

1. Major developments

450. South America continues to be the sole source of illicitly manufactured cocaine, which is smuggled primarily into North America and Europe. In 2008, potential manufacture of cocaine in South America was 845 tons, 15 per cent lower than potential manufacture in 2007 and the lowest since 2003. That significant decline in potential manufacture can, to a large extent, be attributed to a significant decrease in the total area under coca bush cultivation in Colombia in 2008. In Bolivia (Plurinational State of) and Peru, the area under illicit coca bush cultivation increased for the third consecutive year. The Board, concerned about the continued increase in the total area under illicit coca bush cultivation in Bolivia (Plurinational State of) and Peru, urges the Governments of both countries to take appropriate measures to reverse the trend.

451. In addition to the illicit production and smuggling of cannabis, cocaine and heroin, trafficking organizations in South America appear to be expanding into areas of illicit activity not previously associated with drug problems in the region. In recent years, the Board has noted an increase in attempts in the region to divert precursors of amphetamine-type stimulants, in particular ephedrine and pseudoephedrine (including in the form of pharmaceutical preparations). Governments of several countries in South America responded to the emerging trafficking trends by strengthening at the national-level measures to control ephedrines. Nevertheless, the smuggling of ephedrines, in particular into Mexico, continued. Moreover, in 2008, the illicit manufacture of synthetic drugs emerged in the subregion, as evidenced by the laboratories illicitly manufacturing MDMA ("ecstasy") and methamphetamine that were dismantled in Argentina and Brazil. The Board urges the Governments of the countries in the region to remain vigilant with regard to the diversion of precursors of amphetamine-type

stimulants, including in the form of pharmaceutical preparations.

452. The abuse of illicit drugs in several countries in South America, has continued to increase — a spillover effect of drug trafficking in the region. According to UNODC, nearly 1 million people in the region are treated annually for the abuse of illicit drugs. The demand for treatment for the abuse of cannabis has increased significantly in the region in the past few years. Using strategies ensuring a balance between reducing illicit drug supply and demand to tackle illicit drug problems is a widely recognized approach in the region. The Board notes, however, that in some countries demand-reduction activities, including education, prevention and rehabilitation programmes, remain underdeveloped. In 2009, the Organization of American States (OAS), through CICAD, began a review of the Anti-Drug Strategy in the Hemisphere (adopted in 1996), so that new developments in the area of drug control could be taken into account. It is anticipated that the new drug control strategy for the Americas will focus on the reduction of drug demand in the region.

453. The Board notes with concern that in countries in South America, such as Argentina, Brazil and Colombia (and in countries in North America, such as Mexico and the United States), there is a growing movement to decriminalize the possession of controlled drugs, in particular cannabis, for personal use. Regrettably, influential personalities, including former high-level politicians in countries in South America, have publicly expressed their support for that movement. The Board is concerned that the movement, if not resolutely countered by the respective Governments, will undermine national and international efforts to combat the abuse of and illicit trafficking in narcotic drugs. In any case, the movement poses a threat to the coherence and effectiveness of the international drug control system and sends the wrong message to the general public.

2. Regional cooperation

454. At the forty-fourth regular session of CICAD, held in Santiago from 19 to 21 November 2008, participants reported on achievements and current challenges in drug control, including policymaking in the area of treatment and rehabilitation for drug abusers. At the session, experts on chemical substances and pharmaceutical products discussed problems related to the growing number of imports of chemical substances in amounts exceeding legitimate requirements.

455. In 2007, the European Commission and OAS launched the European Union/Latin American and the Caribbean Drug Treatment City Partnership initiative, which paired cities in Europe with cities in Latin America and the Caribbean, forming partnerships to improve the treatment and rehabilitation of problem drug abusers and address other aspects of drug dependency at the municipal level. Under the initiative, a number of activities were organized in South American countries in 2008 and 2009. For example, representatives of participating cities attended a forum on local assessments and information systems in the treatment of drug abuse, held in Montevideo from 4 to 6 December 2008. The objective of the forum was to facilitate the exchange of experiences, from the perspective of municipalities, on demand for, and availability of, treatment services for drug abusers.

456. On 22 December 2008, Brazil and the European Union adopted a joint action plan at the second Brazil/European Union summit, held in Rio de Janeiro, Brazil. The action plan for the control of illicit drugs and drug-related crime recognizes the principle of shared responsibility and the need for an approach ensuring a balance between reducing the supply of and reducing the demand for illicit drugs, and promotes bilateral cooperation to combat drug trafficking and organized crime.

457. The project financed by the European Commission and UNODC for cooperation among national security offices to counter the smuggling of cocaine from South America through West Africa into Europe has the participation of Bolivia (Plurinational State of), Brazil, Colombia, Ecuador, Peru and Venezuela (Bolivarian Republic of) and, in West Africa, Cape Verde, the Gambia, Ghana, Guinea-Bissau, Senegal and Togo. At a training seminar held in Bogota in January 2009 as part of that project, police officers from 16 countries exchanged information on the smuggling of cocaine through West Africa to Europe with a view to optimizing drug law enforcement operations in those countries.

458. Bolivia (Plurinational State of), Colombia, Ecuador and Peru participated in the activities of the project for support for the Andean Community in the

area of synthetic drugs (DROSICAN) launched in July 2008. The project, financed by the European Commission, supports institutions that focus on development, the control of synthetic drugs and the reduction of demand for those drugs in the Andean subregion. The project includes the establishment of a reference drug laboratory in Colombia to provide support for all countries in the subregion in the area of synthetic drugs. The heads of the drug control agencies of States members of the Andean Community reviewed the operational plan of the project for 2009 at the coordination meeting of the project held in Bogota in February 2009.

459. CICAD and the Government of Spain launched Health and Life in the Americas (SAVIA), a programme for the period 2008-2010 that provides direct support to local demand-reduction initiatives in Bolivia (Plurinational State of), Colombia, Ecuador, Peru, Uruguay and Venezuela (Bolivarian Republic of). At a workshop on the quality of local policies to reduce consumption of drugs in Latin America, held in Cartagena de Indies, Colombia, from 27 April to 1 May 2009, experts from the above-mentioned countries, as well as Argentina, Chile, Mexico and Spain, shared experiences in the decentralization of drug control policies in their countries and the implementation of programmes for the prevention of drug abuse.

460. The Eleventh High-Level Specialized Dialogue on Drugs between the Andean Community and the European Union was held in Quito in May 2009. Participants from 60 countries adopted the Quito Declaration, in which they reaffirmed the importance of cooperation in combating illicit drugs including in the areas of alternative development and preventive alternative development.

461. Drug-testing laboratories in countries in Latin America are participating in the international collaborative exercise, a component of the UNODC international quality assurance programme, which monitors the performance and capacities of forensic laboratories worldwide and provides tailored technical support and assistance. In March 2009, UNODC initiated a national collaborative exercise involving 35 drug-testing laboratories in Brazil.

462. In March 2009, Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Venezuela (Bolivarian Republic of), together with Jamaica, Mexico, Panama and Trinidad and Tobago, joined a new project, co-financed by the European Commission, for the prevention of the diversion of drug precursors in Latin America and the Caribbean (PRELAC). That three-year project, which partly builds on the achievements of the completed project to counter the diversion of drug precursors in the region (PRECAN), will focus on preventing the diversion of precursors in Latin America and the Caribbean.

463. The Board notes that in 2009, the Governments of Bolivia (Plurinational State of), Brazil, Chile, Peru and Venezuela (Bolivarian Republic of) participated in Operation PILA, which focused on monitoring trade in precursors of amphetamine-type stimulants. In addition, Brazil, Colombia, Ecuador and Venezuela (Bolivarian Republic of) participated in the second phase of Operation Dice, targeting trade in and diversion of acetic anhydride, the key precursor used in the illicit manufacture of heroin.

3. National legislation, policy and action

464. In December 2008, the Government of Argentina promulgated Decree No. 2094/2008, establishing the Interjurisdictional Committee of the National Register of Precursor Chemicals. The Board notes that a draft law on medicines banning the sale of pharmaceutical products through the Internet was submitted to the Congress of Argentina for approval.

465. Following the approval of the new constitution of the Plurinational State of Bolivia in January 2009,[47] the Bolivian Government notified the Secretary-General of its request to amend article 49 of the 1961 Convention as amended by the 1972 Protocol, concerning the abolishment of coca leaf chewing.

466. In 2009, the Bolivian Observatory on Drugs conducted a study on the prevalence of drug abuse among students between the ages of 13 and 18 years to assist in planning future policies for the reduction of drug demand.

467. The Board wishes to remind the Governments of all countries concerned, in particular the Government of the Plurinational State of Bolivia, that unless any

[47] The new constitution of the Plurinational State of Bolivia states that the State protects the original and ancestral coca as cultural heritage, as a natural and renewable resource of Bolivia's biodiversity and as a factor of social cohesion; in its natural state, it is not a narcotic drug.

further amendments to the 1961 Convention are put into effect, the use or importation of coca leaf from which cocaine has not been extracted, for purposes other than those allowed under the 1961 Convention, constitutes a breach of obligations under the Convention (see paragraphs 156-166 above).

468. The Government of Brazil is implementing measures to prevent the counterfeiting of pharmaceutical products in that country. In 2008, the National Health Surveillance Agency (ANVISA) carried out inspections to verify the compliance of pharmacies with regulations concerning pharmaceutical preparations containing controlled substances. Starting in 2009, electronic tracing will be used with all medicines manufactured in Brazil. The Government of Brazil has also strengthened measures related to the dispensation and control of anorectics, which have high levels of consumption in the country.

469. In November 2008, the Government of Colombia launched the national plan for the reduction of drug consumption for the period 2009-2010. The plan, among other things, provides for the implementation of comprehensive care guidelines for use in the social security system that establish clinical standards for treatment and rehabilitation services. In January 2009, the Government published the executive summary of the 2008 national study of abuse of psychoactive substances in Colombia. The comprehensive survey is the first of its kind in more than 10 years, and the Government is committed to conducting such surveys every two years.

470. Governmental and non-governmental organizations and health-care professionals of Colombia participated in the first national conference on heroin abuse, held in Medellín on 4 and 5 December 2008. The objective of the conference was to raise awareness among health-care professionals concerning treatment, rehabilitation, prevention programmes and aftercare services for heroin abusers. In 2009, the Government of Colombia took further measures to ensure the availability of opioids for medical use in the country. Pain treatment medicine is now accessible at all times in at least one place in each state of Colombia.

471. Between August and December 2008, Argentina adopted several new regulations that significantly restricted trade in ephedrine and pseudoephedrine and their use in the manufacture of medicines. In Peru, cold medicines containing pseudoephedrine, which had previously been sold over the counter, can now be purchased only with a medical prescription in pharmacies. The Government of Chile took further steps to enhance awareness among pharmacists and health-care professionals of the possible misuse of ephedrine in the illicit manufacture of amphetamine-type stimulants and proposed further control measures. In July 2009, the Government of Colombia adopted resolution No. 2335, which prohibits the manufacture and import of and trading in medicinal products containing pseudoephedrine and restricts trade in and use of ephedrine.

472. In 2008, a number of countries in South America, including Brazil, Chile, Ecuador, Paraguay, Peru and Venezuela (Bolivarian Republic of), strengthened measures to tackle money-laundering. For example, in December 2008, the National Council of Justice of Brazil, by its resolution No. 63, established the National Seized Assets System, which consolidates data on assets seized during criminal proceedings related to the prosecution of money-laundering. Further, in September 2009, the National Secretariat of Justice of Brazil organized an international seminar on extinction of property rights.

473. In November 2008, the Government of Ecuador adopted a resolution approving the regulation of the control of substances subject to control and medicines containing such substances, thus strengthening control measures on substances listed in the international drug control treaties. The new measures also apply to pharmaceutical preparations containing controlled substances. Preventing the abuse of narcotic drugs and psychotropic substances is one of the principal objectives of the national plan for the comprehensive prevention and control of drugs for the period 2009-2012 adopted by the Government of Ecuador in 2009. The Board also notes that in April 2009, following the findings of the national Institute of Public Health, the Government of Chile adopted a decree placing six synthetic cannabinoid analogues on the national list of controlled substances.

474. In 2009, the Government of Peru adopted decree No. 045-2009, which bans the sale, use and distribution of kerosene in the country by 2010. Kerosene is not controlled at the international level but is widely used for the maceration of coca leaves in laboratories illicitly manufacturing cocaine.

475. In Suriname, programmes to prevent drug abuse are incorporated into the curriculum of primary and secondary schools. In 2008, a nationwide crisis helpline was established in the country to provide drug-related information and assistance to the general public. In 2008, the Ministry of Justice and Police of Suriname drafted legislation for the control of chemical substances. The Board urges the Government of Suriname to adopt that legislation without further delay.

476. In June 2009, the Government of the Bolivarian Republic of Venezuela approved the national drug control plan for the period 2008-2013. Under the plan, the Venezuelan authorities implemented a number of activities to combat illicit drugs, including the monitoring by satellite of areas susceptible to illicit crop cultivation. Installation of a radar system for air traffic control in the country enhanced the protection of the national airspace, as well as maritime areas, from drug traffickers. Within the framework of a national plan to combat the use of clandestine smuggling routes, in 2008 the Venezuelan law enforcement authorities destroyed more than 220 clandestine airstrips used by drug traffickers in the country. In April 2008, the Venezuelan Observatory on Drugs initiated a national study on the extent of drug abuse among the general population.

477. In Brazil, legislation in place since 2006 distinguishes between drug traffickers and drug users and established alternative sanctions for drug abuse without decriminalizing it. In 2009, the Supreme Court of Argentina, in a case involving personal use of cannabis by adult consumers, ruled that the punishment of personal use of cannabis was unconstitutional. The Board, concerned that such legal acts may impart a wrong message, would like to remind Governments that article 3, paragraph 2, of the 1988 Convention requires each party to that Convention to establish as a criminal offence under its domestic law, when committed intentionally, the possession, purchase or cultivation of narcotic drugs or psychotropic substances for personal consumption contrary to the provisions of the 1961 Convention, the 1961 Convention as amended by the 1972 Protocol, or the 1971 Convention.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

478. According to UNODC, it is difficult to estimate with greater accuracy the magnitude of the illicit cultivation of drug crops that takes place in a number of countries. In Paraguay, one of the major producers of illicit cannabis in South America, the main methods used for detecting drug crop cultivation include aerial remote sensing and ground surveys. In January 2009, the Paraguayan authorities, in cooperation with the Government of Brazil, carried out a monitoring mission to further identify areas of cannabis cultivation in the country.

479. According to the National Anti-Drug Secretariat (SENAD) of Paraguay, illicitly cultivated cannabis plants cover an estimated area of 6,000 ha, yielding about 16,500 tons of cannabis herb. In 2008, the Paraguayan authorities eradicated more than 1,800 ha of illicitly cultivated cannabis plants.

480. Cannabis plants are also illicitly cultivated in Colombia. The cannabis plants cultivated in the department of Cauca are several times more potent than traditional varieties of cannabis plant cultivated in the country. According to the National Narcotics Directorate (DNE) of Colombia, the highly potent variety of cannabis, which contain 17-18 per cent of the active ingredient, is cultivated from seeds originating in Europe. In Chile, although authorities do not consider illicit drug production to be significant in the country, the Government is concerned about cannabis cultivated for domestic consumption in rural mountainous and coastal areas in the central part of the country.

481. In 2008, seizures of cannabis herb increased in Bolivia (Plurinational State of), Chile, Ecuador, Paraguay and Peru and decreased in Brazil and Venezuela (Bolivarian Republic of). Bolivian authorities seized the largest total amount of cannabis herb in South America in 2008: 1,113 tons in Bolivia, a quantity about two-and-a-half times that reported for 2007. In 2008, seizures of cannabis herb larger than 100 tons were also reported in Paraguay (208 tons), Brazil (187 tons) and Argentina (108 tons). In recent years, Paraguay has been named as the source of cannabis herb seized in South America more often than other countries in the region.

482. The total area under coca bush cultivation in South America decreased in 2008 to 167,600 ha, 8 per cent less than the total area in 2007. Colombia accounted for 48.3 per cent of that total; it was followed by Peru and the Plurinational State of Bolivia, which accounted for 33.5 per cent and 18.2 per cent, respectively. Cocaine manufacture in Colombia declined by 28 per cent in 2008, a reduction that was not fully offset by the increased manufacture of cocaine in Bolivia (Plurinational State of) and Peru. As a result, the potential global cocaine manufacture decreased from 994 tons in 2007 to 845 tons in 2008.

483. Although sizeable coca bush cultivation is not found outside the three main countries of cultivation, eradication reports indicate that small-scale coca bush cultivation of an exploratory nature takes place in other countries in South America. For example, in 2008, illicit coca bush was cultivated on small plots of land in Ecuador near that country's border with Colombia.

484. In 2008, the total area under illicit coca bush cultivation in the Plurinational State of Bolivia increased to 30,500 ha, 6 per cent more than in 2007. The Board notes with concern that as a result of repeated small increases, the total area under illicit coca bush cultivation in the country doubled between 2000 and 2008. In 2008, potential manufacture of cocaine in the country increased by 9 per cent to 113 tons, accounting for 13 per cent of potential global manufacture of cocaine. In 2008, a total of 5,483 ha of coca bush were manually eradicated in the country. That total area of annual eradication is the second smallest reported since 1995.

485. The eradication of illicitly cultivated coca bush and prevention of coca bush cultivation in new areas were among the main objectives of the Peruvian national strategy to combat drugs for the period 2007-2011. In 2008, the total area under coca bush cultivation increased in Peru for the third consecutive year, amounting to 56,100 ha. The Board notes with concern that from 1999 to 2008, the total area under illicit coca bush cultivation in the country gradually increased by 17,400 ha, or 45 per cent. The Board calls on the Governments of Bolivia (Plurinational State of) and Peru to enhance their programmes to reduce illicit drug supply in order to address the increasing illicit cultivation of coca bush in their countries, which is apparently a result of drug traffickers' attempts to offset the decline in the total area under coca bush cultivation in Colombia.

486. Potential illicit manufacture of cocaine in Peru increased to 302 tons in 2008, accounting for 36 per cent of potential global cocaine manufacture. In 2008, 10,143 ha of illicitly cultivated coca bush were eradicated in Peru, slightly exceeding the goal of 10,000 ha. The forced eradication efforts were hampered by incidents of violence, including armed attacks. The Government's eradication goal for 2009 is 8,000 ha.

487. The Board urges the Governments of Bolivia (Plurinational State of) and Peru, in spite of perceived difficulties in combating illicit manufacture of and trafficking in cocaine, not to reduce their efforts in those areas and to address in a decisive manner the increasing illicit cultivation of coca bush on their territory. At the same time, the Board believes that measures to provide legitimate and sustainable alternative livelihoods, accompanied by continued law enforcement efforts to prevent the re-emergence of illicit crop cultivation, are essential to achieving a lasting reduction in the production of coca and other narcotic drugs in South America.

488. In Colombia, illicit coca bush cultivation, as well as cocaine manufacture, saw a major decline in 2008. The total area under illicit coca bush cultivation in 2008 decreased by 18 per cent to 81,000 ha, and potential manufacture of cocaine decreased by 28 per cent, or 170 tons, to 430 tons. Colombia's share of global cocaine manufacture fell to 51 per cent, the lowest in a decade. Much of the decline in the illicit manufacture of cocaine in Colombia can be attributed to the manual eradication efforts targeting areas with high-yields. In 2008, a total of 96,115 ha of illicitly cultivated coca bush were eradicated manually (an increase of 44 per cent), and an additional 133,496 ha were subject to aerial spraying.

489. According to UNODC, in 2007, for the third year in a row, the global cocaine interception rate was above the 40-per-cent benchmark. South American countries accounted for almost half of the total amount of cocaine seized worldwide in 2007.

490. In 2008, all three of the main countries producing coca leaf, as well as Argentina, Brazil and Ecuador, reported a significant increase in the quantity of cocaine seized compared with the figures for 2007. In

2008, Bolivian authorities seized 21.6 tons of cocaine paste (an increase of 45 per cent) and 7.2 tons of cocaine hydrochloride (an increase of 148 per cent). In Peru, seizures of cocaine hydrochloride doubled from 2007 to 2008, reaching 16.8 tons, the largest annual total since 2000. In Colombia, seizures of cocaine hydrochloride increased by 57 per cent to 198.4 tons. In Ecuador, seizures of cocaine hydrochloride totalled 27.2 tons, an increase of 55 per cent over 2007. Stable or declining seizures of cocaine were reported, for example, in Chile, Paraguay and Venezuela (Bolivarian Republic of). Despite the large quantity of cocaine seized in South America, drug control agencies in the region emphasized the continued need for the exchange, among law enforcement and judicial authorities in South America, of real-time information in investigative and operational activities in order to further enhance the interdiction capacity of those authorities.

491. The permeable borders and long coastlines of countries in South America pose challenges to drug law enforcement authorities in the region, especially considering their limited resources. Drug trafficking by sea remains a major problem. For example, in Colombia, of a total of 198 tons of cocaine hydrochloride seized in 2008, 74.6 tons were seized on the high seas and at seaports. In particular, drug traffickers have continued using non-commercial maritime vessels (fishing vessels, fast boats and semi-submersibles). Drug traffickers have demonstrated their ingenuity by modifying the structure of fishing vessels to hide illicit drugs and the building of semi-submersibles capable of transporting 10 tons of cargo with a range of 2,500 km. Throughout South America, there has been an increase in the use of light aircraft with forged or stolen registration numbers, operating out of small, privately owned airstrips in remote areas, to transport cocaine. There has also been an increase in the use of human couriers ("mules") and the dissolving of cocaine in liquids.

492. The drug seizures reported by the Governments of countries in South America attest to the fact that almost all countries in the region are affected by drug trafficking. Cocaine smuggled into North America typically originates in Colombia and enters the United States from Mexico after having passed through countries in South America and in Central America and the Caribbean. In 2007 and 2008, there was a decline in the amount of cocaine smuggled into countries in North America, in particular the United States. Colombia, Peru and the Plurinational State of Bolivia (in that order) were the most frequently named as the countries of origin of cocaine consignments destined for Europe in 2007. The involvement of Mexican cartels in cocaine trafficking has been reported in several South American countries, including Ecuador and Peru. Large illicit consignments of cocaine are transported from countries in Latin America through Brazil. About half of the cocaine seized in Brazil in 2008 had been smuggled using air routes. In Paraguay, almost all the cocaine seized in the country originated in the Plurinational State of Bolivia.

493. According to UNODC, in the past few years at least 50 tons of cocaine from the Andean countries have passed through West Africa each year, destined for illicit markets in Europe. In 2008 and 2009, UNODC noted an apparent decline in the use of West Africa as a transit area for cocaine. The Board wishes to encourage the Governments of the countries of South America and West Africa to cooperate and remain vigilant in their efforts to combat the smuggling of drugs through their territory.

494. In many countries in South America, criminal organizations engaged in drug trafficking continued to exploit vulnerable population groups. In Ecuador and Paraguay, unemployed persons accounted for 34 per cent and 90 per cent, respectively, of all persons arrested in connection with drug trafficking in 2008. Incidents of drug trafficking involving youth under 15 years of age were reported in several countries in the region, including Chile and Ecuador. Drug trafficking is accompanied by an increased level of other forms of serious crime.

495. In 2007, over 99 per cent of coca-processing laboratories were located in the three main countries cultivating coca bush: Bolivia (Plurinational State of), Colombia and Peru. By 2007, a small number of clandestine cocaine laboratories were dismantled in other South American countries, including Argentina, Brazil, Chile, Ecuador and Venezuela (Bolivarian Republic of). The spreading of coca-processing laboratories beyond the main cocaine-producing countries resulted in increased abuse of coca paste, in particular among adolescents and young people, in the countries concerned, in particular Argentina and Brazil.

496. Since 2001, the number of clandestine coca paste and cocaine laboratories identified in the Plurinational

State of Bolivia reflected the increasing trend in illicit coca bush cultivation in the country, although the increase in the number of identified laboratories was even more pronounced. Between 2000 and 2008 the total area under illicit coca bush cultivation doubled in the country, while the number of destroyed coca paste and cocaine laboratories increased eightfold over the same period. In 2008, Bolivian authorities destroyed nearly 5,000 coca paste laboratories, including a number of cocaine hydrochloride laboratories and 7,500 maceration pits. In March 2009, the Bolivian police specialized in drug control operations (FELCN) dismantled in Ñuflo de Chávez province a clandestine laboratory with a capacity to manufacture 3 tons of cocaine hydrochloride per month. The size of the laboratory raises concerns about the growing capacity of traffickers to manufacture cocaine in the country.

497. In Colombia, traditional use of coca leaf is marginal and illegal. Virtually all of the coca leaves produced in the country are destined for cocaine manufacture. According to UNODC, about 40 per cent of coca bush growers in Colombia sell the coca leaves without any further processing at the farm, while the remaining 60 per cent of growers process the coca leaves into coca paste or cocaine base to increase their profits. The last step, the processing of the cocaine base into cocaine hydrochloride, is carried out by traffickers in clandestine laboratories. According to the Colombian DNE, the national drug control agency of Colombia, of the 3,200 clandestine laboratories destroyed in the country in 2008, more than 2,900 laboratories had been manufacturing coca paste or cocaine base, and the remaining laboratories, less than 300 had been manufacturing cocaine hydrochloride. The number of clandestine laboratories dismantled in Colombia in 2008 was 36 per cent greater than in 2007.

498. In 2008, authorities in Peru dismantled over 1,200 coca paste laboratories (the highest number of coca paste laboratories dismantled in that country since 2000) and 19 laboratories manufacturing cocaine hydrochloride. In 2008, clandestine laboratories processing cocaine base or cocaine also were dismantled in Chile (4 laboratories), Ecuador (1 laboratory) and Venezuela (Bolivarian Republic of) (13 laboratories). The laboratory dismantled in Ecuador was estimated to have manufactured 2 tons of cocaine hydrochloride per month.

499. As a result of continued eradication efforts, the total area under illicit opium poppy cultivation in Colombia gradually declined to 400 ha in 2008, one twentieth the area under such cultivation in 1998. Opium poppy is mainly cultivated in small fields on mountainsides, where it is interspersed with licit crops, in the departments of Cauca, Nariño, Huila and Tolima. In most areas of Colombia in which opium poppy is cultivated, the illicit crop is harvested twice a year. Potential manufacture of heroin in Colombia in 2008 was calculated to be 1.3 tons, 43 per cent less than in 2007.

500. In 2008, 381 ha of illicitly cultivated opium poppy were eradicated in Colombia, and 23 ha were eradicated in Peru. In the past, the eradication of illicitly cultivated opium poppy has also been reported by Venezuelan authorities. In 2007, the total amount of opium seized in South American countries, was 259 kg, or only 0.1 per cent of the amount seized worldwide. In 2008, heroin seizures in Colombia increased to almost 650 kg (an increase of 20 per cent) and heroin seizures in Ecuador decreased to 144 kg (a decrease of 20 per cent). Seizures of heroin by Venezuelan authorities did not change significantly, totalling approximately 130 kg. In 2008, Peruvian authorities destroyed a laboratory processing opium and seized 8 kg of heroin.

Psychotropic substances

501. In the past few years, South American countries reported that Europe was one of the main sources of MDMA ("ecstasy") seized in their region. In 2008, Brazilian authorities dismantled the first clandestine laboratory manufacturing "ecstasy" and seized a total of 132,000 units of the substance. A second "ecstasy" laboratory was dismantled in Brazil in August 2009. An "ecstasy" laboratory was dismantled in Argentina in 2008. Seizures of "ecstasy" also took place in Argentina, Chile, Ecuador, Peru, Uruguay and Venezuela (Bolivarian Republic of). It cannot be excluded that South America, in addition to having a tradition of being a destination of "ecstasy" consignments from other regions, is now becoming a source of the substance, as indicated by the World Customs Organization. According to the latest report of that organization, in 2008, seizures of "ecstasy" from Brazil, Chile and Suriname were reported, for example, in the Netherlands and Sweden.

502. In addition to MDMA ("ecstasy"), drug-testing laboratories in South American countries reported seizures of less common psychotropic substances such as brolamfetamine, mazindol and zolpidem, as well as synthetic drugs not controlled internationally such as 2,5-dimethoxy-4-iodoamphetamine, dihydro-lysergic acid diethylamide, meta-chlorophenylpiperazine and modafinil (a stimulant used for the treatment of narcolepsy).

Precursors

503. According to a Peruvian national study on the diagnosis of the situation concerning the diversion of chemical substances to drug trafficking, published in 2009, the manufacture of 1 kg of cocaine hydrochloride requires the use of approximately 100 kg of various chemical substances. In 2007 and 2008, seizures of potassium permanganate, the key precursor used in the illicit manufacture of cocaine hydrochloride, were reported in Argentina, Brazil, Chile, Colombia, Ecuador and Peru. Since 2000, the largest seizures of potassium permanganate have been reported by Colombia. Between 2000 and 2008 a total of 837 tons of potassium permanganate were seized in Colombia. Despite the dismantling of a large number of cocaine laboratories in the Plurinational State of Bolivia in recent years, the seizures of potassium permanganate reported in the country remained low, totalling less than 500 kg in the period 2000-2008. The Board notes with concern that, with the exception of the clandestine potassium permanganate laboratories seized in Colombia, the origin of the potassium permanganate seized in South American countries remains unknown. The Board calls on the Governments of countries in the Americas and the regional members of the Project Cohesion Task Force to devise strategies to address the smuggling of potassium permanganate into the cocaine-manufacturing areas of South America.

504. In recent years, there has been an increase in the number of attempts by traffickers to secure precursors of amphetamine-type stimulants, including ephedrine and pseudoephedrine in the form of pharmaceutical preparations in both Central America and South America. From 2007 to 2009, seizures of sizeable amounts of ephedrine and pseudoephedrine were made in Argentina, Chile, Paraguay and Venezuela (Bolivarian Republic of). The diverted substances were destined primarily for clandestine methamphetamine laboratories in countries in North America, in particular Mexico. However, in 2008, the illicit manufacture of methamphetamine was detected in Argentina. Investigations into seizures of ephedrines indicate Mexican traffickers have increased their presence and activities in South America.

Substances not under international control

505. In 2008, the Bolivarian Republic of Venezuela placed under national control four substances currently not under international control: butorphanol, nalbuphine, ketamine and tramadol. The control measures include the issuance of import permits and the registration of medicines containing the substances. Paraguay also made subject to national control four substances not currently controlled under the international drug control treaties: ketamine, modafinil, oxymethadone and thalidomide.

5. Abuse and treatment

506. According to the *World Drug Report 2009*,[48] the primary drugs of abuse among persons treated for drug problems in South America are cocaine-type drugs (accounting for 52 per cent of all cases involving persons seeking treatment for drug abuse), followed by cannabis (accounting for 33 per cent of such cases). The demand for treatment for the abuse of amphetamine-type stimulants is significantly lower. Only 4.8 per cent of those seeking treatment do so for the abuse of amphetamines and 5.1 per cent for the abuse of MDMA ("ecstasy"). Only 1.7 per cent of drug abusers in the region are treated primarily for the abuse of opiates.

507. According to the *2008 Report on the Global AIDS Epidemic*,[49] published by the Joint United Nations Programme on HIV/AIDS (UNAIDS), although HIV transmission as a result of drug use by injection is still high in South America, the number of new infections transmitted by injecting drugs appears to be decreasing. While the level of HIV infection among persons who use drugs by injection has declined in some cities of Brazil, HIV transmission among such persons remains significant in Montevideo, the capital of Uruguay. Brazilian authorities estimate that about

[48] *World Drug Report 2009* …, pp. 14 and 261.

[49] Joint United Nations Programme on HIV/AIDS, *2008 Report on the Global AIDS Epidemic* (Geneva, 2008).

0.2 per cent of drug abusers in Brazil inject drugs. Uruguayan authorities estimate that 0.3 per cent of drug abusers in their country inject drugs.

508. The UNODC estimate of the past-year prevalence of cannabis abuse among the general population in South America is 3.4 per cent. The prevalence of cannabis abuse was the highest in Argentina and Venezuela (Bolivarian Republic of), exceeding 7 per cent of the adult population. According to the eighth national survey of drug abuse in Chile, conducted in 2008, cannabis continues to be the most abused illicit drug in the country. About 6.4 per cent of Chileans aged 12-64 years reported having abused cannabis at least once in the previous year. The national study on the use of psychoactive substances in households conducted in 2008 showed that cannabis is also the most abused drug in Colombia. The past-year prevalence of cannabis abuse among persons aged 12-64 years in Colombia increased slightly from 1.9 per cent in 2003 to 2.3 per cent in 2008. Almost half of the individuals surveyed responded that cannabis was easily available in the country.

509. The estimated annual prevalence of cocaine abuse in South America among persons aged 15-64 was 0.9 per cent, approximately double the world prevalence rate of cocaine abuse (0.4-0.5 per cent). Although Colombia is one of the world's main producers of cocaine, according to the 2008 national study of drug abuse, past-year prevalence of cocaine abuse in Colombia was 0.7 per cent, which is slightly less than the prevalence rate for the region as a whole. Cocaine abuse has continued to increase in some countries in the region. In 2008, the abuse of cocaine was reported to have increased in Ecuador, Paraguay and Venezuela (Bolivarian Republic of). In Uruguay, the annual prevalence of cocaine abuse among persons aged 12-65 rose from 0.2 per cent in 2001 to 1.4 per cent in 2007. In Chile, the lifetime prevalence of the abuse of cocaine, including cocaine base, increased from to 3.5 per cent in 1994 to 7.7 per cent in 2008. In Peru, the annual prevalence of cocaine abuse was stable. The lifetime prevalence of cocaine abuse among persons aged 12-64 in Peru was 1.4 per cent.

510. The past-year prevalence of the abuse of opiates in South America was 0.3 per cent. According to UNODC, levels of opioid abuse are stable in a number of countries in the Americas, including Brazil, Chile and Paraguay. Nevertheless, rising levels of opioid abuse in 2008 were reported in Ecuador and Venezuela (Bolivarian Republic of). The largest population of opioid abusers in South America, in particular those abusing synthetic opioids, was found in Brazil.

511. According to the latest data, the annual prevalence of the abuse of MDMA ("ecstasy") among the general population in South America is estimated at 0.2 per cent, which is one of the lowest rates of all regions. In the past few years, increased abuse of "ecstasy" among secondary school students was reported in several countries in the region, including Argentina, Chile and Colombia. According to the 2008 study on drug abuse, an estimated 55,000 Colombians, or 0.3 per cent of the population aged 12-64 years, had used "ecstasy" in the previous year. Most of those persons were men aged 18-24 years. About 1.7 per cent of the persons surveyed in Colombia had received an offer to try or buy "ecstasy" in the previous year.

C. Asia

East and South-East Asia

1. Major developments

512. States in East and South-East Asia have made progress in reducing illicit opium poppy cultivation over the years. However, it appears that they have recently been experiencing some setbacks. In 2008, the area under illicit opium poppy cultivation in the region increased by 3.3 per cent compared with 2007.

513. In addition, there was a significant increase in the trafficking in methamphetamine and the illicit manufacture of MDMA ("ecstasy"). Moreover, for the first time in recent years, the illicit manufacture of GHB was reported.

514. Seizures of new types of products containing mixtures of synthetic drugs were reported in China. In December 2008, tablets consisting of a mixture of methaqualone and ephedrine were seized in northern China (in the autonomous region of Inner Mongolia). In January 2009, mixtures of GHB, MDMA and ketamine concealed in bottles labelled "traditional cough medicine" were seized in the autonomous region of Guangxi, China.

515. Drug traffickers are increasingly using social networking sites to recruit South-East Asian women to

work as "mules" in countries in East and South-East Asia, including Singapore. The traffickers are believed to be targeting single women between the ages of 20 and 30 who do not have a criminal record and who are unemployed or work in clerical, sales or service jobs.

516. The Board notes with satisfaction the progress made by Viet Nam in the strengthening control measures since the mission of the Board visited that country in 2007.

517. Although ketamine is not under international control, its illicit manufacture, trafficking and abuse are becoming major problems in many countries in East and South-East Asia. An increase in the illicit manufacture of and trafficking in ketamine was reported in the region. In China, 44 laboratories involved in the illicit manufacture of ketamine were dismantled in 2007.

518. The link between HIV transmission and drug abuse by injection remains a concern in many countries in East and South-East Asia.

2. Regional cooperation

519. The thirtieth meeting of the Association of Southeast Asian Nations (ASEAN) Senior Officials on Drug Matters was held from 29 September to 20 October 2009 in Phnom Penh. During the meeting, participants endorsed the action-oriented ASEAN Work Plan on Combating Illicit Drug Production, Trafficking and Use (2009-2015), as well as a mechanism to monitor the implementation of the workplan. Aimed at making ASEAN member States free of illicit drugs by 2015, the workplan will guide ASEAN member States in reducing, in a sustainable manner, illicit crop cultivation, illicit drug production, drug trafficking, the prevalence of illicit drug use and drug-related crime. The eighth meetings of the ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD) Task Force on Civic Awareness and of the ACCORD Task Force on Demand Reduction were held in Jakarta on 5 and 6 August 2009. The purpose of the meetings was to discuss the progress made by ACCORD member States in meeting the goals set out under the thematic "Pillars" of civic awareness and demand reduction, as contained in the ACCORD Plan of Action. Participants reiterated the need to shift the focus of policy interventions from public security to public health. The twenty-ninth ASEAN Chiefs of Police Conference was held in Hanoi from 13 to 15 May 2009. Participants resolved to formulate best practices with regard to precursor chemicals in order to stem the illicit diversion of those substances for use in the manufacture of illicit drugs and to share experiences in rehabilitating drug abusers.

520. The Sixth Asian Youth Congress was held in Bali, Indonesia, from 4 to 7 August 2008. During the meeting, participants shared their experiences in peer-led activities to reduce drug abuse in schools and worked together to identify community-based strategies to address drug abuse issues among youth. The eighteenth Anti-Drug Liaison Officials' Meeting for International Cooperation was held in Busan, Republic of Korea, from 24 to 26 September 2008. One of the key proposals of the meeting was that the participating countries establish a common Internet server to exchange information on drug-related crimes. The Response Beyond Borders South-East Asia Regional Workshop was held in Phnom Penh on 8 and 9 October 2008. The objective of the workshop was to foster greater cooperation in improving the quality of life of drug abusers in Asia, by sharing country experiences and best practices. The Thirty-third Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, was held in Denpasar, Indonesia, from 6 to 9 October 2009. Issues such as emerging trends in drug trafficking and measures to counter the manufacture of amphetamine-type stimulants were discussed at the meeting. Governments were encouraged to ensure that their legal framework was in compliance with the international drug control conventions. In addition, Governments were urged to support increased cooperation among their law enforcement, forensic and chemical control authorities, to ensure a safe and environmentally friendly approach to the disposal of seized chemicals and products of clandestine laboratories.

521. In 2008, China continued to provide training at its police academies in Yunnan Province and the autonomous region of Xinjiang to drug control officers from Cambodia, the Lao People's Democratic Republic, Myanmar and Viet Nam. The officers studied national drug control efforts in China and were trained in drug detection skills. In Thailand, the Office of the Narcotics Control Board of the Thai Ministry of Justice, with technical assistance provided by Japan, implemented a regional cooperation project on capacity-building in the area of drug analysis with the aim of improving drug law enforcement in Cambodia,

the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam. In 2009, training courses on the treatment and rehabilitation of drug abusers were conducted by Thai law enforcement authorities for the relevant authorities in the Lao People's Democratic Republic.

522. In October 2008, the National Narcotics Board of Indonesia and the Philippine Drug Enforcement Agency signed a memorandum of understanding on the strengthening of cooperation against the illicit production of and trafficking in narcotic drugs, psychotropic substances and precursor chemicals, including in the area of joint law enforcement operations. In April 2009, the national food and drug administrations of China and the Republic of Korea signed a memorandum of understanding on cooperation in ensuring the safety of drugs and medical devices: the two administrations will share information on licensing and regulatory systems in their respective countries. The Board continues to encourage international cooperation in drug control and looks forward to the signing of similar memorandums of understanding in the future.

523. Countries in East and South-East Asia continued to cooperate through joint drug control investigations. In February 2008, the cooperation of law enforcement authorities from China and Myanmar resulted in the arrest of drug traffickers and the seizure of 50 kg of methamphetamine. In July 2008, Chinese and Philippine law enforcement authorities cooperated in an operation that resulted in the dismantling of a clandestine methamphetamine laboratory in Quezon, Philippines. Methamphetamine, precursor chemicals and laboratory equipment were seized at the laboratory in Quezon and at a warehouse in Laguna. In early 2009, Vietnamese border forces, in cooperation with law enforcement authorities of the Lao People's Democratic Republic, seized 25,800 tablets of amphetamine-type stimulants in Thanh Hoa, Viet Nam.

524. At the end of June 2008, the Drug Seizure Immediate Notification System for Asia and Oceania, which had been launched in January 2008 in Hong Kong, China, completed its pilot phase, during which 257 kg of drugs were seized and the participating countries issued 78 notifications. On the basis of the success of the pilot phase, the participants agreed to continue to utilize the system and extend it to other regions.

525. The Board encourages countries in East and South-East Asia to continue to cooperate in the areas of drug control and drug abuse prevention.

3. National legislation, policy and action

526. China has established a drug control intelligence and forensic centre under its Ministry of Public Security to implement its Narcotics Control Law, which entered into force in June 2008. The main objective of the centre is to enhance the drug control intelligence and investigation capacities of law enforcement agencies, particularly at the central level. The centre is responsible for the collection, research and application of drug control intelligence and information, the international exchange of drug-related intelligence, research on drugs, the study of advanced forensic technologies and the provision of drug control training. In addition, a circular was issued in July 2008 to instruct the relevant agencies to strengthen drug abuse prevention and education, enhance treatment and rehabilitation for addicts, strengthen law enforcement and drug control to prevent diversion and reinforce international cooperation in the area of drug control. In November 2008, the National Narcotics Control Commission of China organized a joint meeting to provide an overview of national drug control efforts and the current drug control situation and to delegate tasks in combating drug-related crime. Representatives of the police forces, postal services and border control, customs and other agencies attended the meeting.

527. In August 2008, China placed hydroxylamine, a precursor for ketamine, under national control. In November 2008, China introduced a new requirement for drug regulatory agencies to impose further controls on compound pharmaceutical preparations containing ephedrine (with the exception of traditional medicines containing ephedra). In December 2008, China further strengthened control measures for compound oral solutions containing codeine. In order to prevent the diversion of such preparations, measures to control their production, wholesale and retail have been strengthened.

528. In May 2008, a seminar on precursor chemical control for shipping agents, air freight forwarders and cargo operators dealing with precursor chemicals was conducted in Hong Kong, China. The seminar was aimed at strengthening cooperation between law enforcement authorities and industry in preventing the

diversion of precursor chemicals, covering such topics as legal requirements for the import, export and transshipment of precursor chemicals and the liability of operators in handling shipments of such substances.

529. In 2008, *N*-methyl-*N*-[1-(3,4-methylenedioxyphenyl)propan-2-yl]hydroxylamine (*N*-OH MDMA) was designated as a narcotic drug under the Narcotics and Psychotropics Control Law of Japan.

530. In November 2008, the Lao People's Democratic Republic announced that the recent increase in drug trafficking would be addressed through its comprehensive drug control master plan covering the five-year period 2009-2013. The master plan provides, inter alia, for the recent increase in and proliferation of drug abuse, drug trafficking and other drug-related criminal activities. Under the drug law of the Lao People's Democratic Republic adopted by presidential decree in 2008, opium is subject to strict control and may be used for scientific, medical and industrial purposes only. According to the law, the commercial cultivation of opium poppy is prohibited, and offenders may be punished under civil and criminal law.

531. In August 2008, the Philippine Drug Enforcement Agency joined forces with a telecommunications provider to launch a pilot project to combat illegal drug-related activities. The project was initially implemented for a two-month period in the Metropolitan Manila area. Under the project, subscribers to the telecommunications provider were able to provide information on suspected illegal drug-related activities through a secure Web-based text messaging system. In October 2008, the Philippine Drug Enforcement Agency signed a memorandum of understanding with chemical and pharmaceutical companies to prevent the diversion of precursor chemicals. Forty chemical and pharmaceutical companies and three associations signed the agreement to become proactive counterparts in cutting off the supply of precursor chemicals to clandestine laboratories. The Board welcomes this initiative in the Philippines and encourages the Governments of other countries to follow suit. In that regard, Governments may wish to consult the Guidelines for a Voluntary Code of Practice for the Chemical Industry, developed by the Board in 2009. In December 2008, the Philippine Drug Enforcement Agency reiterated its appeal to judges and prosecutors to expedite trial proceedings in connection with drug-related cases. The Director-General of the Agency stated that only 21 per cent of the 99,434 drug-related cases initiated had been resolved, while the remainder were pending.

532. In March 2008, the Republic of Korea revised its Act on the Control of Narcotic Drugs. Under the revised Act, the disposal of expired narcotic drugs for medical use must be conducted in the presence of a competent national authority. In addition, the treatment and rehabilitation of persons addicted to narcotic drugs was transferred from the Korea Food and Drug Administration to the Ministry for Health, Welfare and Family Affairs.

533. In the Republic of Korea, the Decree enforcing the Act on the Control of Narcotic Drugs added two substances to the list of substances under national control: benzylpiperazine was added to the list of psychotropic substances under control and GBL was added to the list of precursor chemicals under control.

534. According to the Central Narcotics Bureau of Singapore, opiate abusers, who account for the overwhelming majority of arrested drug abusers, have been undergoing a rehabilitation regime in centres for the treatment of drug abuse in Singapore. In August 2007, the rehabilitation regime was expanded to apply to persons arrested for the first, or second time for abusing cannabis or cocaine. Drug abusers who are arrested three or more times for the abuse of those drugs face imprisonment. Eventually, the system of rehabilitating persons arrested for the first or second time for the abuse of certain types of drugs and imprisoning persons arrested for three or more times for that offence will be expanded to cover all drugs of abuse.

535. In April 2008, Singapore strengthened its efforts to prevent the abuse of inhalants, particularly among youth. The Central Narcotics Bureau of Singapore regularly conducts operations to counter the abuse of inhalants and has also intensified law enforcement efforts by working with the police, teachers and counsellors to gather information on meeting points used by abusers of inhalants. Preventive education campaigns, aimed at raising awareness about the harm caused by abusing inhalants, is conducted at schools. A referral procedure for cases involving the abuse of inhalants or drugs has been developed to guide schools in reporting such cases to the Bureau. Parents are educated on the dangers of abusing drugs or inhalants

through talks organized for parent support groups in schools, workplace talks and publications.

536. In June 2009, the National Assembly of Viet Nam passed a law to amend and supplement the Penal Code. According to the new law, illicit use of narcotic drugs is no longer a criminal offence; moreover, the death penalty is no longer imposed for the offence of organizing the illicit use of narcotic drugs but remains in force for offences related to illegally stockpiling, transporting and trading in or appropriating narcotic drugs.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

537. The illicit cultivation of cannabis continued to be reported throughout East and South-East Asia. In 2008, 290 ha of illicitly cultivated cannabis plants were eradicated in Indonesia and 3,385 cannabis plants were eradicated in the Republic of Korea. In the Philippines, there continued to be reports of the illicit cultivation of cannabis for the domestic market. In Mongolia, while most of the cannabis seized in 2008 had been illicitly cultivated in that country, some of it originated in the Russian Federation. Cannabis continues to be cultivated illicitly in the south-west provinces of Viet Nam; nearly 1 ha of illicit cannabis cultivation was reported in 2008. In Japan in 2008, cannabis with a high THC content was illicitly cultivated from seeds smuggled from overseas and sold over the Internet.

538. The Philippines continued to seize significant amounts of cannabis. In 2008, it seized about 4 million cannabis plants (compared with 2.5 million in 2007) and 3.7 tons of cannabis (compared with 1.2 tons in 2007). In 2008, Japan, Mongolia and the Republic of Korea reported having seized the largest quantity of cannabis in recent years. In November 2008, police in the Lao People's Democratic Republic seized 600 kg of cannabis concealed in a truck transporting furniture to Thailand. In April 2009, China seized 87 kg of cannabis at Beijing International Airport from the baggage of a passenger travelling from Qatar to China. Vietnamese police reported that a new, more potent strain of cannabis was emerging on the illicit market, particularly in northern and southern Viet Nam.

539. Illicit opium poppy cultivation in the Lao People's Democratic Republic and Myanmar has recently begun to increase. In Myanmar, despite the eradication of 4,820 ha of illicit opium poppy crops (an increase of 34 per cent compared with 2007 in terms of the total area eradicated), the total area under illicit opium poppy cultivation increased by 3 per cent (to 28,500 ha) in 2008. The area under illicit opium poppy cultivation in 2008 also increased to 1,600 ha in the Lao People's Democratic Republic, to 288 ha in Thailand and to 99 ha in Viet Nam. Data on the total area under illicit opium poppy cultivation in South-East Asia in 2009 are not yet available. Both the Lao People's Democratic Republic and Myanmar have significantly reduced the area under illicit opium poppy cultivation in their respective territories in recent years, achieving record lows of 1,500 ha in 2007 and 21,500 ha in 2006, respectively. In order not to lose ground on the successes achieved thus far, the Board urges the Governments of countries in East and South-East Asia to strengthen their efforts to eradicate the illicit cultivation of opium poppy.

540. China reported the seizure of 1.4 tons of opium in 2008. The opium seized in Mongolia during 2008 originated in China and had been intended for domestic use rather than for re-export. In 2008, 31 kg of opium were seized in Viet Nam. Myanmar and Thailand also reported seizures of opium in 2008. Seizure data indicate that the United Wa State Army in Myanmar is attempting to smuggle drugs into other countries, mainly into Thailand, in order to procure arms and ammunition and is also selling drugs in exchange for money in preparation for the possibility of again going to war with the Government of Myanmar. The Board notes with concern that development and encourages the Government of Myanmar to strengthen its control over the movement of illicit drugs, particularly along its borders.

541. In 2008, Hong Kong, China, and Thailand were identified as trans-shipment areas for heroin trafficking. Traffickers attempted to transport the drug from countries in South Asia, South-East Asia, West Asia and (East, Southern and West) Africa through Hong Kong, China, to destinations elsewhere in East Asia and Oceania. The route through Thailand favoured by heroin traffickers was from South Asia and South-East Asia to East Asia, Europe and Oceania. Heroin consignments smuggled through Hong Kong, China, mainly arrived by air and departed by air or train. Heroin consignments were smuggled through Thailand mainly along air routes. In 2008, heroin

continued to be smuggled mainly from the Lao People's Democratic Republic into Viet Nam and from Viet Nam into China. In early 2009, Thai police seized 16 kg of heroin and arrested a number of persons suspected of using a popular Internet chat service to trade in illicit drugs.

542. The decreasing trend in heroin seizures continued in China, which reported the seizure of 4.3 tons of heroin in 2008 (compared with 4.6 tons in 2007). Between November 2008 and April 2009, law enforcement authorities in Thailand seized 12 kg of heroin in nine separate incidents at Bangkok International Suvarnabhumi Airport. In March 2008, 49 kg of heroin concealed in carpets arriving from Karachi, Pakistan, were seized by Chinese authorities at Ürümqi Airport.

543. In 2008, customs authorities in Hong Kong, China, seized 21.7 kg of cocaine. In 2008, the Republic of Korea seized 8.8 kg of cocaine in two separate incidents. In August and September 2008, law enforcement authorities at Incheon International Airport seized cocaine bound for Japan en route from Brazil.

Psychotropic substances

544. The illicit manufacture of amphetamine-type stimulants remained a problem in countries in East and South-East Asia. In February 2009, 200 kg of amphetamine were seized at a clandestine laboratory in Taiwan Province of China. In 2007, two clandestine methamphetamine laboratories were dismantled in Cambodia and one laboratory was dismantled in the Republic of Korea. In 2008, 10 clandestine methamphetamine laboratories were dismantled in the Philippines. During 2008 and the first half of 2009, laboratories involved in the illicit manufacture of methamphetamine continued to be dismantled in China, particularly in central and southern China, where seven such laboratories were dismantled in 2008.

545. Traffickers continued to attempt to smuggle methamphetamine from Cambodia and China into the Republic of Korea and from the Lao People's Democratic Republic into Thailand. While some of the methamphetamine seized in the Philippines in 2008 originated in China (including Taiwan Province of China), some had been illicitly manufactured domestically. Traffickers had intended to transport the methamphetamine through Thailand to countries in North America and Europe and to other countries in South-East Asia. In early 2009, Thai police seized 60,000 amphetamine tablets and arrested a number of persons suspected of using a popular Internet chat service to trade in illicit drugs.

546. In 2008, most of the countries in East and South-East Asia, including China, Indonesia, Japan, the Lao People's Democratic Republic, Myanmar, the Republic of Korea, Singapore, Thailand and Viet Nam, reported seizures of methamphetamine. In 2008, 6.2 tons of methamphetamine were seized in China. In 2008, the Philippines seized 855 kg of methamphetamine (compared with 369 kg in 2007), while the Republic of Korea seized 26 kg of the drug. Thailand reported the seizure of 22 million tablets of methamphetamine in 2008, a significant increase over 2007, when 14 million tablets were seized. In July 2009, law enforcement authorities in Quang Binh province, Viet Nam, seized 806,000 methamphetamine tablets from four persons purportedly attempting to cross the border between Viet Nam and the Lao People's Democratic Republic. In August 2008, about 1.7 tons of methamphetamine were seized at a clandestine laboratory in Guangdong Province, China. In November 2008, customs officers in Japan seized approximately 300 kg of methamphetamine on a vessel in the seaport of Moji (Fukuoka, Japan). In March 2009, 90 kg of methamphetamine were seized at a laboratory involved in the illicit manufacture of methamphetamine in Guangzhou, China.

547. In 2007, Indonesia dismantled 16 laboratories involved in the illicit manufacture of MDMA ("ecstasy"). In Mongolia, all the "ecstasy" seized in 2008 originated in China and had been intended for domestic use rather than re-export. "Ecstasy" seized in the Philippines in 2008 reportedly originated in Thailand.

548. In 2008, many countries in East and South-East Asia, including China, Indonesia, Japan, the Philippines, the Republic of Korea, Singapore and Thailand, continued to report seizures of MDMA ("ecstasy"). Indonesia reported the seizure of 1,071,266 "ecstasy" tablets, while customs authorities in Japan seized 27 kg of the drug from passengers arriving from the Netherlands at Narita International Airport. In October 2008, 10,000 "ecstasy" tablets

were seized in Hong Kong, China. In May 2009, 7.1 kg of "ecstasy" were seized in Zhejiang Province, China.

549. In 2007, the Republic of Korea dismantled a laboratory involved in the illicit manufacture of GHB. In December 2008, Vietnamese customs officers at the international airport at Ho Chi Minh City seized 796,500 tablets of a pharmaceutical preparation containing nimetazepam; the tablets had been manufactured in Japan and concealed in a shipment of loudspeakers from Taiwan Province of China. Several seizures of nimetazepam had also been reported in China earlier in 2008. Customs authorities in Thailand seized 75 kg of diazepam trafficked by mail in 2008; the United Kingdom had been the intended destination of the majority of the mailed items.

Precursors

550. Significant quantities of precursor chemicals continued to be seized in countries in East and South-East Asia. The Philippines reported the seizure of numerous precursor chemicals used in the illicit manufacture of methamphetamine. For example, more than 200 kg of ephedrine were seized at warehouses and clandestine laboratories during 2008. In 2008, the Philippines also reported having seized a significant quantity of acetone (902 litres) and hydrochloric acid (385 litres). In 2008, China again reported having seized a large quantity of precursor chemicals, including acetic anhydride (5.6 tons), ephedrine (6.7 tons), P-2-P (2.9 tons) and pseudoephedrine (1.1 tons). The Republic of Korea seized acetic anhydride (14.8 tons) and pharmaceutical preparations containing ephedrine (2.2 kg) in 2008. In 2008, 192 kg of pharmaceutical preparations containing pseudoephedrine were seized in Thailand, purportedly bound for Australia.

551. In March 2008, law enforcement authorities in the Republic of Korea seized 2.8 tons of acetic anhydride concealed in used car parts at the port of Busan. The consignment was bound for Afghanistan via the Islamic Republic of Iran. In April 2008, China dismantled two clandestine laboratories and seized 37.5 kg of pseudoephedrine in Hunan Province. In June 2008, three suspects were arrested in the Philippines for selling 67 litres of acetone to an undercover agent in Quezon. Under Philippine drug control legislation, the sale of more than 1 litre of acetone to the same individual within a one-month period is prohibited. Traffickers have obtained precursor chemicals in Viet Nam and smuggled them into other countries, where the chemicals are used for illicit drug manufacture. In August 2008, Vietnamese police dismantled a criminal group involved in smuggling a pharmaceutical product containing pseudoephedrine into Australia. In October 2008, 20 tons of sulphuric acid were seized in Yunnan Province, China. In February 2009, 119 kg of ephedrine were seized at a clandestine methamphetamine laboratory in Taiwan Province of China. In February 2009, rangers from the Ministry of Environment of Cambodia, in cooperation with law enforcement authorities, dismantled two clandestine sassafras oil laboratories in the western part of the Cardamom mountain range. In June 2009, Ministry of Environment rangers seized 5.7 tons of sassafras oil in Veal Vêng District (Pursat Province).

Substances not under international control

552. Countries in East and South-East Asia continued to report seizures of ketamine. In January 2008, 300 kg of ketamine were seized in Chengdu, China. In November 2008, 307 kg of ketamine were seized in Hong Kong, China. The ketamine was concealed in an air freight consignment of loudspeakers arriving from Singapore. In April 2009, 246 kg of ketamine were seized in Taiwan Province of China. In 2008, the Philippines reported a seizure of 10 kg of ketamine. Myanmar continued to report seizures of ketamine in 2009. Singapore also reported the seizure of a small amount of ketamine in 2009. The Philippines continued to report seizures of precursor chemicals not under international control but used in the illicit manufacture of methamphetamine; the chemicals seized included iodine (4.7 tons), palladium chloride (2 kg), red phosphorus (1.5 tons), sodium hydroxide (2.5 tons) and thionyl chloride (41 litres).

5. Abuse and treatment

553. Methamphetamine is the most widely abused drug in Japan, the Philippines and the Republic of Korea. In Thailand, 69,145 people were treated for methamphetamine abuse in 2008. Japan reported a significant increase in methamphetamine abuse in 2008 and, in recent years, an increase in the practice among methamphetamine abusers of sharing injection equipment. A recent increase in the abuse of MDMA

("ecstasy"), especially among youth, was also reported in Japan.

554. Heroin remained the most commonly abused drug in China, Malaysia and Viet Nam. By the end of 2008, data on more than 1 million drug abusers had been collected and entered in the system for monitoring drug abusers in China. Some 877,700 of those drug abusers abuse heroin, and 60 per cent are under the age of 35. In 2008, 264,000 drug abusers underwent compulsory treatment and rehabilitation in China. Between June and December 2008, 16,300 drug abusers participated in community-based rehabilitation. The HIV epidemic in China began among heroin abusers in Yunnan Province in the late 1980s. By 2002, HIV had spread along drug trafficking routes to all 31 provinces in China. By 2007, infected drug abusers accounted for more than 38 per cent of the estimated 700,000 persons infected with HIV.

555. In Malaysia, 61 per cent of drug abusers abuse heroin and an estimated 120,000 persons abuse drugs by injection. The number of new cases of HIV infection among persons who abuse drugs by injection has been falling since 2002, when it reached a peak of more than 5,000. In 2008, under the Malaysian national programme to prevent the spread of HIV among persons who abuse drugs by injection, 3,495 persons were provided with a variety of services at "drop-in" centres. The services included the provision of information relating to the dangers of drug abuse, basic counselling and referrals, basic health care and assistance in establishing support groups.

556. In November 2008, 173,603 drug abusers were registered with the Ministry of Labour, Invalids and Social Affairs of Viet Nam, representing a decrease of 2.6 per cent compared with 2007. Of that total, 82 per cent were heroin abusers. Fifty-five per cent of drug abusers in Viet Nam have become infected with HIV as a result of sharing needles. Since May 2008, when a pilot project for methadone maintenance therapy was launched in Hai Phong and Ho Chi Minh City, 455 drug abusers have been treated in six clinics in the two cities. There are proposals for replicating the pilot project in 10 provinces, including Hanoi.

557. The Lao People's Democratic Republic reported a decrease in the prevalence rate of opium abuse (expressed as a percentage of the population aged 15 and above) in the northern provinces from 0.3 per cent in 2007 to 0.2 per cent in 2008. However, the relapse of opium addicts continues to be a problem: 4,906 opium addicts were identified as having relapsed in 2008. The total number of opium addicts in the Lao People's Democratic Republic is estimated at 12,680.

558. Cannabis is the most widely abused drug in Mongolia and Thailand and remains the second most abused drug in the Philippines and the Republic of Korea. In Macao, China, an increase in the abuse of ketamine among young persons aged 14-25 has been noted in the past two years.

559. In Singapore, the treatment regime for cocaine and cannabis abusers is similar to the current regime for opiate abusers, which takes into account the individual abuser's needs and readiness for change and treatment and the severity of the addiction. All drug abusers undergo a thorough classification and assessment process. The treatment programmes focus on teaching abusers how to overcome behavioural problems resulting from addiction. Key components of the regime include motivation to change, skills training, family-based programmes and religious counselling.

560. The findings of a survey of students 12-14 years old conducted in 2008 in Japan supported the hypothesis that there is a close link between abuse of organic solvents and abuse of cannabis and methamphetamine. In a number of countries in East and South-East Asia, an increase in the abuse of inhalants was reported. Following the enactment of the Intoxicating Substances Act in 1987 in Singapore, the number of arrested inhalant abusers decreased from a high of 1,112 in 1987 to a low of 120 in 2005. However, inhalant abuse has recently been increasing. The majority of the inhalant abusers are reported to be under the age of 20.

561. In late 2008 and early 2009, within the framework of the HIV/AIDS Asia Regional Program (HAARP), country programmes were launched in Cambodia and China with the aim of reducing, over a five-year period, HIV transmission associated with drug abuse by injection. Similar programmes have been designed for the Lao People's Democratic Republic, Myanmar and Viet Nam. The United States President's Emergency Plan for AIDS Relief (PEPFAR) programme supports HIV prevention, treatment and care programming for persons who abuse drugs by injection in Viet Nam. Several countries in East and South-East Asia also benefit from the Global

Fund to Fight AIDS, Tuberculosis and Malaria grants, which support national programming to reduce HIV transmission among persons who abuse drugs by injection.

562. As problems of drug abuse may not always be confined to high-risk groups, the Board encourages the Governments of countries in East and South-East Asia to remain vigilant with regard to increases in drug abuse among the general population.

South Asia

1. Major developments

563. Trafficking in amphetamine-type stimulants has increased in South Asia, as evidenced by the fact that States in the region continue to report seizures of those substances. Neighbouring South-East Asian countries have typically been a major source of amphetamine-type stimulants; however, the discovery of several clandestine methamphetamine laboratories in South Asia in the past two years indicates that countries in that region are increasingly being used as locations for the illicit manufacture of amphetamine-type stimulants.

564. Courier and postal services have become a common means of smuggling drugs out of India. A broad range of substances under international control have been detected by law enforcement authorities in parcels transported by courier or post. In recent years, heroin and diazepam have been the drugs most frequently found in seized parcels, while morphine, cannabis herb, cannabis resin, ephedrine and pseudoephedrine have been seized occasionally. The majority of clandestine shipments of controlled substances detected in India were destined for Australia and countries in North America and Europe. The Board encourages the Government of India to increase its vigilance in detecting the misuse of courier and postal services to smuggle controlled substances out of that country.

2. Regional cooperation

565. In June 2008, the Ministry of Social Justice and Empowerment of India organized a workshop in New Delhi on modalities for the establishment of a permanent regional forum of non-governmental organizations of States members of the South Asian Association for Regional Cooperation (SAARC) on drug abuse prevention. Recommendations arising from the workshop stressed the importance of strengthening networking among non-governmental organizations, information-sharing and advocacy for drug abuse prevention.

566. The ninth talks at the level of Home Secretary between Bangladesh and India were held in Dhaka in August 2008. The home secretaries of the two countries agreed that cooperation between their national drug control agencies needed to be strengthened. As follow-up to the talks, the heads of the national drug control agencies of Bangladesh and India met in New Delhi in March 2009 to discuss ways of enhancing cooperation in combating drug trafficking.

567. Bhutan, India, Maldives, Nepal and Sri Lanka were among the 16 countries represented at an Asian Symposium on recovering from drug abuse, the third in a series of such symposiums, held in Tagaytay, Philippines, in November 2008. The Symposium provided an opportunity for participants to present the progress achieved in treating drug addiction in South and South-East Asia and for drug abusers who had recovered from drug dependence to share their experiences.

568. Heads of State and Government of Bangladesh, Bhutan, India, Nepal and Sri Lanka participated in the second summit of the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC), held in New Delhi in November 2008. During the meeting, participants agreed on the final text of the BIMSTEC Convention on Combating International Terrorism, Transnational Organized Crime and Illicit Drug Trafficking, one of the main objectives of which is to enhance cooperation among the law enforcement agencies of the BIMSTEC member States in combating trafficking in narcotic drugs, psychotropic substances and their precursors.

569. Representatives of Bangladesh, Bhutan, India and Sri Lanka attended the Thirty-second Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, held in Bangkok in February 2009. Participants in the Meeting recommended that Governments should develop coordinated strategies to address the increase in heroin trafficking by West African criminal groups, to implement legislation to counter money-laundering and to assess national demand for and sources of amphetamine-type

stimulants in order to prevent the illicit manufacture of and trafficking in those substances more effectively.

570. During the thirty-first session of the SAARC Council of Ministers, held in Colombo in February 2009, ministers for foreign affairs of the SAARC member States discussed implementation of the declaration adopted at the fifteenth summit of SAARC in August 2008, entitled "Partnership for Growth for Our People", and adopted the SAARC Ministerial Declaration on Cooperation in Combating Terrorism, in which the ministers agreed to consider the development of an integrated border management mechanism in order to improve customs control measures and prevent trafficking in narcotic drugs, psychotropic substances and other materials intended to support terrorism.

571. Participants from Bangladesh, India, Maldives and Sri Lanka were present at the Commonwealth Asia Regional Workshop on Drug and Substance Abuse held in Brunei Darussalam in March 2009. The workshop was organized by the Asia Centre of the Commonwealth Youth Programme and the Ministry of Culture, Youth and Sports of Brunei Darussalam, with the support of UNODC. During the workshop, youth leaders were involved in interactive lecture sessions, group work, role playing and field visits that helped them to develop a viable action plan for drug abuse prevention and treatment and care for drug abusers. The workshop also provided participants with a platform for sharing best practices in dealing with problems related to drug abuse.

572. In March 2009, a South Asia regional workshop on HIV related to drug use was held in Kathmandu. The workshop was a follow-up to the First Asian Consultation on the Prevention of HIV Related to Drug Use, which was held in January 2008, and was intended as a forum that would address the challenges identified during the Consultation in greater depth. The workshop focused on country-specific activities and regional cooperation in five main areas: the availability of community, civil society and government services to HIV patients; changes to law enforcement policies and practices regarding drug users; responses to the hepatitis C epidemic among drug users and to challenges in providing services to vulnerable populations affected by drug use, HIV and poverty; and support for parliamentarians in bringing about change in the areas discussed during the workshop.

3. National legislation, policy and action

573. In September 2008, the Bhutan Narcotic Control Agency, in partnership with UNODC, conducted nationwide training on HIV and drug abuse prevention in prisons. The aim of the training was to raise awareness regarding drug abuse and HIV transmission among prison inmates in Bhutan. It was recognized that while the prevalence rate of drug abuse and that of HIV infection in prisons in Bhutan was still relatively low, measures should be taken to prevent their occurrence. Participants in the training included officials of the Bhutan Narcotic Control Agency, prisons, the police and health departments and representatives of non-governmental organizations.

574. A week-long campaign to collect signatures against drug abuse, spearheaded by the Citizen's Initiative for Coronation and Centenary Celebrations, was conducted in Bhutan in November 2008. During the campaign, entitled "We, the children of Bhutan, pledge ...", more than 23,000 signatures were collected from children and their parents who pledged to live a life free of drugs. The collection of signatures was presented to the Prime Minister of Bhutan by secondary school students on behalf of the youth participating in the campaign.

575. In January 2009, the Bhutan Narcotic Control Agency released three advocacy tools to prevent and reduce drug abuse in that country: a version of the Implementation Framework for the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of 2005 in Dzongkha, the national language of Bhutan; a flip chart containing 10 key prevention messages on drug abuse and HIV; and a report on the drug abuse situation in Bhutan. The purpose of the tools is to raise public awareness of the risks associated with drug abuse, the role of drug abuse in the spread of HIV and avenues for seeking help in overcoming drug dependence. The flip chart will be distributed to all schools in Bhutan in order to promote drug abuse prevention among young people.

576. A revised version of the Scheme of Assistance for the Prevention of Alcoholism and Substance (Drug) Abuse and for Social Defence Services of the Ministry of Social Justice and Empowerment of India became effective in October 2008. The Scheme is an ongoing programme that was last revised in 1999. It allows non-governmental organizations to obtain financial assistance from the Government for the

implementation of initiatives to reduce drug demand. Activities supported by the Scheme include drug abuse awareness and prevention programmes and treatment and rehabilitation of drug addicts. The revised Scheme provides, inter alia, for arrangements for meeting the increase in the cost of related services since 1999 and for the fostering of more comprehensive approaches to the rehabilitation of drug addicts so as to facilitate their reintegration into the community.

577. In November 2008, a programme to provide incarcerated drug abusers who abuse drugs by injection with substitution drugs that can be taken orally was initiated at the Tihar prison complex near New Delhi. Many incarcerated drug abusers start injecting drugs soon after entering prison, thus becoming exposed to a higher risk of contracting and transmitting HIV through unsafe practices such as sharing needles. The programme, implemented in collaboration with UNODC, is the first of its kind to be established in prisons in South Asia and may be used by UNODC as a model for the development of similar programmes elsewhere in the region.

578. In December 2008, India passed a law amending its Drugs and Cosmetics Act of 1940. The revised act increases penalties for the manufacture of counterfeit drugs and is aimed at combating the growing problem of counterfeit and adulterated drugs in that country.

579. During 2008, the National AIDS Control Organisation of India carried out a technical review of all institutions providing drug abusers in India with drug substitution treatment, with a view to their possible accreditation. In order to assist institutions in participating in the accreditation exercise, the organization released a document entitled "Standard operating procedure for substitution treatment using buprenorphine", which outlines the standards to be followed by providers of substitution treatment and against which institutions providing such therapy would be evaluated in order to determine their eligibility for accreditation.

580. An international documentary film festival entitled "Drugs: exploring myths, discovering facts, reducing harm" was held in New Delhi on 21 and 22 February 2009. The festival, organized by the United Nations Educational, Scientific and Cultural Organization in partnership with the National AIDS Control Organisation and UNODC, was aimed at increasing public understanding of the issues surrounding drug abuse.

581. In India, a series of educational modules designed to assist schoolteachers in raising awareness about drug abuse was officially released in June 2009. The modules were prepared by the Minister of Social Justice and Empowerment, in collaboration with UNODC, and are part of a programme to prevent drug abuse in Indian schools. The Board encourages the Government of India to continue to support drug abuse prevention activities targeting young people.

582. In India, the fortieth meeting of the Drugs Consultative Committee was held in New Delhi on 29 June 2009. The meeting was attended by high-level officials of the Ministry of Health and Family Welfare, the Narcotics Control Bureau and the Department of Revenue (of the Ministry of Finance) and by the State drug controllers of the Central Drugs Standard Control Organization of India. During the meeting, attention was drawn to the importance of the country's furnishing to the Board accurate statistics on narcotic drugs and psychotropic substances. Participants deliberated on mechanisms that could facilitate the collection of the requisite information at the State level and subsequent reporting to the Drugs Controller General of India. The Narcotics Control Bureau agreed to organize training workshops for the State drug controllers and to work towards developing a system for efficient data collection. The Board notes with satisfaction the efforts of the Government of India to meet its reporting obligations under the international drug control conventions.

583. In March 2009, the Government of Maldives announced two new initiatives as part of its ongoing efforts to combat the growing problem of drug abuse in that country. A comprehensive project to support the drug abuse prevention and treatment components of the Maldives Drug Control Master Plan was announced. In addition, a narcotics control council headed by the Vice-President of Maldives and comprising the Commissioner of Police and representatives of several ministries, was established to facilitate coordinated action in the area of drug control.

584. On 15 July 2009, a parliamentary bill was passed in Sri Lanka to establish a coast guard department. The new agency is tasked with strengthening security in the territorial waters of Sri Lanka and helping to combat the smuggling of drugs into that country.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

585. Trafficking in cannabis herb and cannabis resin remains widespread throughout South Asia, where climate conditions are highly suitable for cannabis plant cultivation. In 2008, special drug law enforcement units of Bangladesh seized 2.3 tons of cannabis herb in that country. In India in the same year, law enforcement authorities seized about 103 tons of cannabis herb and 4.1 tons of cannabis resin, and routine operations to eradicate illicitly cultivated cannabis plants resulted in the eradication of some 164 ha of those plants. Large areas under illicit cannabis plant cultivation were also eradicated in Nepal, where more than 7 tons of cannabis herb were reported to have been seized in 2008. In Sri Lanka, more than 37 tons of cannabis herb were seized in 2008.

586. The widespread abuse of pharmaceutical preparations containing narcotic drugs such as codeine is an ongoing problem in Bangladesh. Such preparations are smuggled into that country from India. In 2008, drug law enforcement authorities in Bangladesh seized 53,239 bottles containing codeine-based syrup and 226 ampoules containing pethidine and morphine. A total of 554 tablets containing codeine were also seized in Bangladesh in 2008, a significant decrease compared with 2007, when 70,000 tablets were seized.

587. The drug law enforcement authorities of India regularly eradicate opium poppy illicitly cultivated in remote areas of the country's eastern provinces. Drug law enforcement authorities at both the federal and state levels have stepped up their efforts to gather intelligence on illicit opium poppy cultivation and improve vigilance with regard to areas under such cultivation. The authorities have also conducted regular campaigns among villagers in areas where opium poppy is illicitly cultivated to raise their awareness about the implications of such cultivation. Indian law enforcement agencies reported that the total eradicated area of land under illicit cultivation had decreased from 8,000 ha in 2007 to 631 ha in 2008.

588. In the past, the low-grade heroin base known as "brown sugar" that was found on the illicit market in India was suspected of having been derived from opium poppy diverted from licit cultivation. However, Indian law enforcement authorities estimate that in recent years, an increasing proportion of the heroin seized in India has originated in Afghanistan. The heroin that enters India is abused locally or is smuggled out of the country by couriers. That is an indication that India is being used as a transit area for heroin consignments. Some 4,950 seizures of heroin were reported in India in 2008. In most cases, only a small amount of heroin was seized. A total of 1,063 kg of heroin was seized in 2008. A total of 73 kg of morphine, which is also commonly abused in India, and 2,033 kg of opium were reported to have been seized in 2008.

589. In India, pharmaceutical preparations containing dextropropoxyphene are commonly used by persons who abuse drugs by injection. Such preparations are often used as an alternative to heroin since they are cheaper and more easily available. In 2008, Indian law enforcement authorities seized a total of more than 80,000 tablets containing dextropropoxyphene.

590. Although India produces and exports large quantities of opium derived from licit cultivation, access to morphine for the treatment of pain remains limited in that country. There have been frequent reports of acute shortages of morphine in palliative care centres and hospitals. The Board notes that efforts have been made at the national and state levels to identify the regulatory and legislative measures that bar access to morphine and encourages the Government of India to take the steps necessary to remove those barriers while continuing to prevent the diversion of morphine.

591. The smuggling of heroin into Maldives is an ongoing problem that is contributing to an increase in drug abuse in that country. In 2008, Maldivian law enforcement authorities reported numerous seizures of heroin, totalling more than 8 kg. In the majority of those cases, the traffickers were arrested at Malé International Airport and had travelled to Maldives from either India or Sri Lanka.

592. Sri Lanka continued to report seizures of heroin in 2008; in the course of the year, drug law enforcement units in that country seized about 17 kg of heroin. India and Pakistan were most often identified as the source of the seized heroin. The bulk of the heroin had been smuggled into Sri Lanka by sea; about

20 per cent of it was seized from passengers arriving by air.

Psychotropic substances

593. Bangladesh continues to report large seizures of pharmaceutical preparations containing buprenorphine, which is widely abused by injection. In 2008, law enforcement authorities in that country seized a record 14,782 ampoules containing buprenorphine, that had originated in India and 5,763 methamphetamine tablets, known as "yaba", that had originated in Myanmar. "Yaba" is reported to be popular among young people in high-income families. In the majority of those cases, the preparations were smuggled by persons entering Bangladesh by crossing the country's porous land borders.

594. Pharmaceutical preparations containing benzodiazepines are among the drugs most widely abused in Bhutan. More than 1,060 tablets containing chlordiazepoxide and 240 strips of tablets containing nitrazepam were seized in 2007. Bhutan continued to report frequent seizures of those drugs in 2008. The suspected origin of the seized drugs was India.

595. Consistent with reports of the increasing availability of amphetamine-type stimulants in South Asia, several seizures of methamphetamine were made in India in 2008. Indian law enforcement agencies seized about 7,500 tablets of methamphetamine in March 2008 and 3,000 tablets in September of the same year. In addition, 11 kg of methamphetamine was seized in the course of the year.

596. Methaqualone continues to be manufactured illicitly in India, before being smuggled into countries such as South Africa. A total of 2,382 kg of methaqualone was seized in 2008, compared with 1 kg in 2007, 4,521 kg in 2006 and 472 kg in 2005.

597. India has become one of the main sources of drugs sold through illegally operating Internet pharmacies. Orders placed with such pharmacies are often dispatched to buyers in other countries using courier or postal services. Since 2002, Indian law enforcement agencies have detected and disbanded several groups that were operating illegal Internet pharmacies. In February 2007, Indian authorities identified a company that offered software solutions allowing illegal transactions involving pharmaceutical preparations to be made over the Internet. In 2008, three Internet pharmacies that had been operating in India and illegally selling psychotropic substances to buyers in the United States were shut down. The Board urges the Government of India to adopt measures to prevent the use of the Internet to divert controlled substances.

598. The abuse of pharmaceutical preparations containing psychotropic substances in Nepal is facilitated by the open border that that country shares with India. In a survey on drug abuse conducted in 2006, 13 per cent of respondents reported having obtained drugs from the border area between the two countries. Pharmaceutical preparations commonly smuggled out of India and into Nepal contain buprenorphine and nitrazepam. In 2007, about 11,500 vials containing buprenorphine and 92,500 vials containing benzodiazepines were seized in Nepal.

Precursor chemicals

599. Law enforcement agencies in India continue to report seizures of acetic anhydride. While an average total of 300 litres of that precursor was seized annually from 2005 to 2007, a total of about 2,800 litres was seized in 2008. The Board encourages the Government of India to remain vigilant with regard to the diversion of acetic anhydride.

600. As one of the world's largest manufacturers of ephedrine and pseudoephedrine, India represents one of the main sources of those precursor chemicals, which are used in the illicit manufacture of amphetamine-type stimulants. In recent years, Indian law enforcement agencies have seized several large consignments of ephedrine and pseudoephedrine intended for use in illicit drug manufacture in other countries. In February 2008, intelligence provided by Indian law enforcement agencies led to the seizure in New York of 100 kg of ephedrine originating in India. In September 2008, drug control agencies in India seized 37 tons of pseudoephedrine and 872 kg of ephedrine. Attempts to smuggle ephedrine and pseudoephedrine out of India using courier and postal services have also been reported: a package containing 100 kg of ephedrine was seized in December 2007, while a consignment of 95 kg of pseudoephedrine was seized in January 2009.

601. Several attempts to smuggle pharmaceutical preparations containing ephedrine and pseudoephedrine out of India were also detected in

2008. In February of that year, a total of 280,000 tablets containing pseudoephedrine were seized in India. Also in 2008, in two separate incidents at Le Havre, France, authorities intercepted 11 million tablets containing pseudoephedrine in transit from India to Honduras and a further 90 kg of such tablets in transit from India to Guatemala. Authorities of the United Kingdom seized 1,650,000 tablets containing pseudoephedrine in a consignment originating in India.

602. Bangladesh, like India, constitutes a significant source in South Asia of preparations containing pseudoephedrine. In 2008, 7,132 tablets originating in Bangladesh and destined for Guatemala were seized while being transported through France.

603. A number of clandestine methamphetamine laboratories have been discovered in South Asia in recent years. In May 2008, a clandestine laboratory importing substances used for the illicit manufacture of methamphetamine was discovered in Kosgama, Sri Lanka. In India, a methamphetamine laboratory was dismantled by law enforcement agencies in the province of Gujarat in November 2008 and another was dismantled in the province of Punjab in June 2009.

Substances not under international control

604. India has reported an increasing number of seizures of ketamine. Few seizures of ketamine were reported until 2008, when law enforcement authorities seized a total of about 575 kg of that drug. Most of the consignments seized in India were about to be smuggled into countries in South-East Asia.

5. Abuse and treatment

605. Most countries in South Asia lack recent and comprehensive data on the prevalence of drug abuse. Information on patterns of drug abuse in the region is often based on rapid situation assessments, the habits of the patient population in centres for the treatment and rehabilitation of drug abusers and the habits of persons arrested on drug-related charges. The Board reminds the Governments of countries in the region that regular and comprehensive surveys of drug abuse patterns are essential in developing effective drug control policies and strategies to prevent drug abuse.

606. A rapid situation and response assessment conducted by UNODC in Bangladesh in 2005 among 1,073 drug abusers indicated lifetime prevalence rates of 96 per cent for cannabis abuse, 13 per cent for opium abuse, 92 per cent for abuse of heroin by smoking, 4 per cent for abuse of heroin by injection, 28 per cent for buprenorphine abuse and less than 1 per cent for dextropropoxyphene abuse. In 2008, of 2,350 patients receiving treatment for drug addiction, 13 per cent were treated for cannabis abuse, 62 per cent for heroin abuse and 10 per cent for the abuse of buprenorphine. The use of mixtures of pharmaceutical preparations containing buprenorphine, diazepam and antihistamines is common among persons who abuse drugs by injection. The Government of Bangladesh operates several centres for the treatment of drug addiction in that country; those centres provided services to 3,869 patients in 2008.

607. In Bhutan, a rapid situation and response assessment conducted by UNODC in Thimphu in 2006 among 200 drug abusers revealed lifetime prevalence rates of drug abuse of 86 per cent for cannabis abuse, 19 per cent for heroin abuse by smoking, 2 per cent for heroin abuse by injection, 14 per cent for buprenorphine abuse and 16 per cent for dextropropoxyphene abuse. Of the total number of persons arrested by the police for drug abuse in 2006, almost 90 per cent were under 26 years of age, which underscores the prevalence of the problem among youth. In a survey of drug abuse among secondary school students in Phuentsholing, a town near the border between Bhutan and India, conducted in 2008 by the Bhutan Narcotic Control Agency in collaboration with UNODC, 9 per cent of respondents reported having abused cannabis occasionally, while 8 per cent reported occasional abuse of pharmaceuticals. The Board notes with satisfaction that the first national baseline survey of drug abuse in Bhutan was conducted in 2009 and looks forward to the findings of that survey.

608. In Bhutan, there are currently no facilities specifically for the treatment and rehabilitation of drug abusers. Patients seeking treatment for drug abuse receive care in the psychiatric wards of major hospitals. The Government of Bhutan is planning to open a treatment facility dedicated to providing care for the growing number of drug abusers in that country.

609. The most recent national household survey in India was conducted during 2000 and 2001. The survey indicated lifetime prevalence rates of 0.5 per cent for opium abuse, 0.2 per cent for heroin abuse, 0.1 per cent

for abuse of cough syrups containing narcotic drugs, 4.1 per cent for cannabis abuse and 0.1 per cent for abuse of sedatives and hypnotics. A rapid situation and response assessment conducted by UNODC in India in 2005 among 5,732 drug abusers indicated lifetime prevalence rates of 73 per cent for cannabis abuse, 27 per cent for opium abuse, 52 per cent for abuse of heroin by smoking, 28 per cent for abuse of heroin by injection, 30 per cent for dextropropoxyphene abuse and 26 per cent for buprenorphine abuse. In India, treatment and rehabilitation services for drug abusers are provided by centres operated by the Government and by non-governmental organizations. The Government of India currently operates 100 treatment centres and provides financial support to 361 voluntary organizations that operate 376 treatment rehabilitation centres and 68 counselling and awareness centres nationwide.

610. According to an estimate by the National Narcotics Control Bureau of Maldives, there were between 2,000 and 3,000 drug addicts in that country in 2006. A rapid situation assessment conducted in 2003 indicated that opioids were abused by 76 per cent of respondents and cannabinoids by 12 per cent. The increase in drug abuse in recent years has prompted the Government of Maldives to develop a comprehensive drug control master plan, which was launched in 2008. A centre for the rehabilitation of drug abusers on the island of Himmafushi, established by the Government of Maldives in 1997, can accommodate about 125 patients. There are reports of insufficient access to treatment and rehabilitation services in Maldives, notably for repeat offenders arrested on drug-related charges and drug abusers in prisons. The Board notes with satisfaction that in 2009 the Government of Maldives established a new detoxification centre to treat drug addicts.

611. According to a survey conducted by the Government of Nepal in 2006, there were some 46,000 drug abusers in that country. The survey revealed lifetime prevalence rates of 87 per cent for cannabis abuse, 86 per cent for abuse of pharmaceutical preparations, 61 per cent for abuse of low-grade heroin base ("brown sugar"), 14 per cent for heroin abuse and 7 per cent for opium abuse. Similarly, a rapid situation and response assessment carried out by UNODC among 1,322 drug abusers in 2005 revealed a lifetime prevalence rate of 92 per cent for cannabis abuse, 14 per cent for opium abuse, 88 per cent for abuse of heroin by smoking, 46 percent for abuse of heroin by injection, 11 per cent for dextropropoxyphene abuse and 77 per cent for buprenorphine abuse. In 2007, 617 people were reported to have been arrested on drug-related charges. In Nepal, treatment services are provided to drug addicts by non-governmental organizations rather than by the Government. The Board encourages the Government of Nepal to ensure that adequate resources are allocated for the treatment and rehabilitation of drug addicts.

612. A rapid situation and response assessment conducted by UNODC among 1,016 drug abusers in Sri Lanka in 2005 revealed lifetime prevalence rates of 72 per cent for cannabis abuse, 11 per cent for opium abuse, 55 per cent for abuse of heroin by injection, 2 per cent for abuse of heroin by smoking, 4 per cent for dextropropoxyphene abuse and less than 1 per cent for buprenorphine abuse. The Government of Sri Lanka operates four treatment centres for drug addicts and special programmes in prisons to treat incarcerated drug abusers. Additional rehabilitation programmes are run by a number of non-governmental organizations nationwide. In 2007, 3,413 drug abusers were admitted for treatment at facilities operated by the Government.

613. The high prevalence of drug abuse by injection in several countries in South Asia and the common practice among persons who abuse drugs by injection of sharing needles are important factors contributing to the spread of HIV. In response to this problem, the Governments of several countries in the region have established opioid substitution programmes. In August 2008, the Government of Bangladesh approved a pilot study on the use of methadone in substitution treatment for drug abuse, to be conducted in Dhaka in collaboration with UNODC. In India, about 4,500 drug abusers receive substitution treatment using buprenorphine at 47 centres run by non-governmental organizations and accredited by the Government. In Nepal, methadone substitution treatment is provided to some 250 drug abusers in a programme implemented by the Government. In October 2008, the Government of Maldives, in collaboration with UNODC, initiated a pilot programme of opioid substitution treatment using methadone for 45 drug addicts.

West Asia

1. Major developments

614. After peaking in 2007, the illicit cultivation of opium poppy and the illicit production of opium in Afghanistan decreased in 2008 and 2009. UNODC reports also indicate that in Afghanistan prices of opiates continued to fall in 2009, fewer people were involved in opium poppy cultivation and opium production and the proceeds of the illicit drug industry decreased. At the same time, the number of Afghan provinces free of opium poppy in Afghanistan and the total quantity of drugs seized continued to rise. In addition, farm-gate prices of opium poppy have fallen due to oversupply, and food prices have risen due to undersupply. Given those circumstances, now is an opportune moment for the Government of Afghanistan and the international community to give higher priority to improving governance and economic development and to provide sustainable support for legitimate alternative livelihoods for farming communities.

615. Many countries in West Asia reported positive developments in drug control in 2009 as a result of national and multilateral efforts by Governments and the allocation of increased resources to fight the scourge of Afghan opiates. In particular, the Board commends the Government of Afghanistan on its recent decision not to authorize any import of acetic anhydride into the country. At the same time, the Board stresses that Afghanistan remains by far the largest illicit producer of heroin and other opiates in the world and is becoming a major producer of illicitly cultivated cannabis. The magnitude of the drug problem is such that it poses a serious threat to the political, economic and social stability of not only Afghanistan but also other countries, both in West Asia and in other regions. Iran (Islamic Republic of), Pakistan, the Russian Federation and countries in Central Asia and the Caucasus and on the Arabian Peninsula remain particularly vulnerable to drug trafficking and abuse.

616. The Middle East has become a market for illicit drugs such as cocaine that had not previously been known to be abused to any significant extent in the subregion and some countries in the region are confronted with new drug smuggling trends.

617. Trafficking in and abuse of amphetamine-type stimulants continue to increase in the countries of West Asia, particularly in the eastern Mediterranean and on the Arabian Peninsula. In 2007, almost 30 per cent of global seizures of amphetamine-type stimulants were effected in West Asia. The most significant seizures were reported in Saudi Arabia (27 per cent of all amphetamine-type stimulants seized). In recent years, West Asia's share of global seizures of synthetic drugs, including Captagon, amphetamines and MDMA ("ecstasy"), has risen from 1 to 25 per cent.

618. Counterfeit Captagon tablets, often containing amphetamine, continue to be abused and seized in West Asia. In 2008, most of the seizures of such tablets were reported in Jordan, Saudi Arabia and the Syrian Arab Republic. Many of the seized consignments had been sent from the Syrian Arab Republic. Several other countries in the region have reported dramatic increases in seizures of Captagon tablets. Bulgaria and, to a lesser degree, Turkey are believed to be the sources of the counterfeit Captagon, although there are several indications that undetected amphetamine manufacture may also be occurring elsewhere in the region, in particular in Jordan and the Syrian Arab Republic, countries in which it is suspected that clandestine laboratories are manufacturing counterfeit Captagon tablets.

2. Regional cooperation

619. Afghanistan, Iran (Islamic Republic of) and Pakistan are increasingly cooperating through the Triangular Initiative, an initiative brokered by UNODC to improve the sharing of intelligence with a view to combating the smuggling of opiates out of Afghanistan and to enhancing joint interdiction operations. Several high-level meetings on combating trafficking in drugs were held, including the third ministerial meeting, held in Vienna in October 2009, and related meetings held in Vienna in March 2009, Kabul in May 2009 and Tehran in July 2009. The three countries continued the deployment at their borders of border liaison officers to plan joint operations targeting the smuggling of opiates out of Afghanistan. The members of the Triangular Initiative also announced that they would strengthen efforts to counter the illicit trade in precursor chemicals used in processing opium in Afghanistan and its neighbouring countries.

620. A joint planning cell was established in Tehran in March 2009 to enhance cooperation among the three countries of the Triangular Initiative and launch joint

field operations against international drug trafficking networks in West Asia. In order to plan for full deployment of border liaison officers in common border areas, the Government of the Islamic Republic of Iran hosted the International Conference of Drug Liaison Officers on 28 and 29 April 2009. The main purpose of the Conference was to reach agreement on a comprehensive cross-border communication plan and cooperation to stop precursor chemicals from entering Afghanistan. Some success has already been achieved by means of joint operations at Afghanistan's borders with the Islamic Republic of Iran and Central Asian States. The Board notes, however, that although one fourth of all narcotic drugs of Afghan origin is smuggled through Pakistan, no seizures of drugs of Afghan origin were reported in the Federally Administered Tribal Areas of Pakistan bordering Afghanistan.

621. At key international summits, emphasis was placed on adopting a truly regional approach to combating Afghanistan's illicit drug industry. On 27 March 2009, the Special Conference on Afghanistan was convened in Moscow under the auspices of the Shanghai Cooperation Organization, with the participation of, among others, the United Nations (represented by the Secretary-General, the Board and UNODC), the European Union, the Organization for Security and Cooperation in Europe (OSCE), the North Atlantic Treaty Organization (NATO) and the Collective Security Treaty Organization (CSTO). The declaration adopted at the Special Conference, inter alia, stressed the importance of strengthening efforts to combat illicit drug production and promote the development of the licit economy of Afghanistan and underlined the importance of close regional cooperation, more active collaboration among neighbouring States to combat drug trafficking and efforts to prevent precursors from entering the country.

622. Representatives of 73 countries and 20 international organizations attended an international conference on Afghanistan that was held in The Hague on 31 March 2009. The conference presented a strategy for leveraging, in a regional context, international will and resources to address the remaining challenges in Afghanistan, including the illicit production of, trafficking in and abuse of narcotic drugs. The conference stressed the need for a well-coordinated and strategically integrated approach for Afghanistan, focusing on the priority goals of promoting good governance and stronger institutions, generating economic growth, strengthening security and enhancing regional cooperation.

623. Governments of countries in Central Asia are increasing their bilateral and multilateral cooperation in areas such as reduction of illicit drug supply and demand, precursor control, border management, countering the spread of HIV/AIDS and combating organized crime and money-laundering. Those countries have also carried out various regional projects and international operations under the auspices of the Commonwealth of Independent States (CIS), CSTO and the Shanghai Cooperation Organization and within the framework of the Memorandum of Understanding on Subregional Drug Control Cooperation signed in Tashkent in 1996 as well as joint programmes supported by the United Nations, the World Bank, the European Union, OSCE, the World Customs Organization, INTERPOL, the Paris Pact Policy Consultative Group, NATO–Russia Council, mini-Dublin groups and individual Governments.

624. The Board urges the Governments participating in the Central Asian Regional Information and Coordination Centre (CARICC) to actively include Afghanistan, as well as its neighbouring countries, in that initiative, in order to ensure greater cooperation in collecting, exchanging and analysing drug-related intelligence, organizing and coordinating joint international operations and carrying out other supply and demand reduction efforts and training in West Asia.

625. Joint measures taken by Governments of countries in the Middle East to combat drug trafficking have continued to yield good results. For example, Jordanian authorities reported that in 2007 and 2008, they conducted 22 operations in which they coordinated efforts with Saudi Arabian and Syrian authorities. Jordan remains committed to existing bilateral agreements providing for drug control cooperation, with Egypt, Hungary, Iran (Islamic Republic of), Iraq, Israel, Lebanon, Pakistan, Saudi Arabia, the Syrian Arab Republic and Turkey. Jordan also cooperates with UNODC and the European Commission in a number of projects funded by the European Union.

626. Close cooperation in particular in controlled deliveries and the sharing of information on drug trafficking, especially between Turkey and other

countries in West Asia, has proved effective, resulting in significant drug seizures in 2007 and 2008. The Board encourages the Governments of countries in West Asia to intensify their cooperation in order to achieve good results in joint efforts to combat drug trafficking in the region.

627. In January 2009, with technical assistance from UNODC, a number of drug law enforcement officers of the Dubai Police participated in a workshop held in Beirut on the design, drafting and marketing of projects related to drug control. Training covered the topics of surveillance and awareness of suspicious behaviour by individuals.

628. At a workshop on border control held in Košice, Slovakia, in April 2009, law enforcement officers from Egypt, Jordan, Morocco and Palestine, as well as from countries of South-Eastern Europe, discussed new methodologies and equipment used to control borders and combat drug smuggling.

629. At the eighth annual regional coordination meeting on HIV and AIDS in the Middle East, convened by UNAIDS in Beirut in March 2009, participants discussed, among other topics, the harmonization of regional approaches, universal access to HIV prevention, treatment and care services and resource mobilization. The Government of Lebanon is developing a national five-year strategy to begin in 2010. With the technical assistance of UNODC and in partnership with UNAIDS, authorities will develop an action plan on drug abuse and HIV; substitution therapy will also be included in the plan.

630. At its 29th session, held in Muscat in late December 2008, the Supreme Council of the Cooperation Council for the Arab States of the Gulf approved the establishment in Qatar of the Gulf Cooperation Council criminal information centre for combating drugs.

631. The Israeli Anti-Drug Authority participated in regional law enforcement workshops organized by the United Nations, participated in the joint meetings of Israeli and Palestinian law enforcement officers and began building channels of communication with Jordan by conducting research trips.

3. National legislation, policy and action

632. The Government of Afghanistan ratified the United Nations Convention against Corruption[50] and established the High Office of Oversight and Anti-Corruption in August 2008. However, the enactment of revised drug control legislation, the law on extradition and mutual legal assistance, the Criminal Procedure Code, and amendments to the Penal Code reflecting penal sanctions for corruption are still awaiting approval of the National Assembly and/or the President. Corruption continues to be a serious problem in Afghanistan, hampering efforts to eradicate illicit opium poppy cultivation and combat illicit drug trade in general. The Board urges the Government of Afghanistan to expedite adoption of the necessary legislative base that will enhance its ability to take strong measures to fight corruption, report the main drug traffickers to the Security Council and prosecute those, including government officials, involved in Afghanistan's illicit drug industry.

633. The Government of the Islamic Republic of Iran, one of the countries most affected by the illicit trade in Afghan opiates, significantly increased its resources allocated for drug control in the year starting 20 March 2008 and, in particular, strengthened its capacity for the prevention and treatment of drug abuse. The Government has also continued to strengthen border control through the deployment of additional personnel and the construction of barriers and other border structures.

634. In May 2009, the parliaments of Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan ratified the framework agreement on the establishment of CARICC; and the parliament of the Russian Federation ratified the framework agreement in September 2009. With those ratifications, CARICC begins the transition from its pilot phase to full-fledged functionality as a regional focal point for communication, analysis and the real-time exchange of operational information in order to prevent and combat transborder drug trafficking and international organized criminal groups involved in drug trafficking. Among achievements to date, CARICC served as the regional focal point for the Targeted Anti-trafficking Regional Communication, Expertise and Training (TARCET) in the areas of precursors and controlled

[50] United Nations, *Treaty Series*, vol. 2349, No. 42146.

delivery operations. Efforts within the framework of CARICC to foster cooperation and share information among the participating countries resulted in the seizure of 200 kg of heroin and the dismantling of more than 10 drug trafficking groups. The Board notes that the CARICC strategic plan for the period 2010-2011, which was approved at the first meeting of the CARICC Council, held in Almaty, Kazakhstan, in February 2009, recognizes the openness of CARICC to developing partnerships with non-member States and organizations.

635. Over 20 partner countries and international and regional organizations participate in Operation TARCET, which is aimed at facilitating cross-border cooperation in interceptions and seizures of consignments of precursor chemicals smuggled into Afghanistan for use in the illicit manufacture of heroin. During 2008, in the framework of TARCET I, such joint activities resulted in the seizure of over 19 tons of acetic anhydride (14 tons in Pakistan, 5 tons in the Islamic Republic of Iran and 500 kg in Afghanistan), over 27 tons of other chemicals (6.8 tons of sulphuric acid in Kyrgyzstan, 1.6 tons of acetic acid in Uzbekistan, 16 tons of acetyl chloride in the Islamic Republic of Iran and 3 tons of diverse chemicals in Afghanistan). During the first month of the second phase of the operation (TARCET II), which started in July 2009 and is expected to last until early 2010, 5 tons of acetic anhydride were reported to have been seized in Quetta, Pakistan.

636. In May 2009, the Government of Kazakhstan adopted a new programme for combating drug abuse and drug trafficking for the period 2009-2011, focusing on implementation of the second stage of the national drug control strategy for the period 2006-2014. The main purpose of the programme is to dismantle illicit drug distribution networks in the country and reverse the increasing trends in the abuse of psychoactive substances and in drug dependence by enhancing coordination and regional drug control measures and promoting primary prevention activities and healthy lifestyles among the public. The programme entails a 15-fold increase in the financing of the national drug control authorities with the aim of increasing by 30-50 per cent the amount of opiates seized each year.

637. The Government of Armenia issued several decrees in January 2008, strengthening its national drug control mechanisms by approving licence formats and licensing procedures for all processing activities related to the manufacture, distribution and medical and scientific use of narcotic drugs and psychotropic substances and their precursors. In April and September 2008, the country's drug control legislation was amended with a view to strengthening controls over licit movement and stocks of narcotic drugs, psychotropic substances and their precursors.

638. The Board takes note of the achievements obtained through enhanced drug law enforcement and interdiction efforts in Israel. In 2008, the Israeli police established a new drug interdiction unit named "Magen" to patrol the Israeli-Jordanian border in the Dead Sea area, resulting in increased drug seizures. Israeli police reported that the number of drug trafficking and smuggling cases increased by 40 per cent from 2007 to 2008.

639. The Government of Jordan carries out initiatives, including seminars and lectures at schools and universities, to raise public awareness of the dangers of drug abuse. Governmental institutions, non-governmental organizations, correction and rehabilitation centres, youth clubs and the media will all be involved in those initiatives which are aimed at making drug demand reduction efforts more successful.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

640. According to "Afghanistan Opium Survey 2009: Summary Findings", issued by UNODC in September 2009, opium poppy cultivation in Afghanistan decreased from a peak of 193,000 ha in 2007 to 157,000 ha in 2008 (a decrease of 19 per cent) to 123,000 ha in 2009 (a decrease of 22 per cent). The most significant decrease was recorded in Helmand province, where such cultivation declined by a third, from 103,590 ha in 2008 to 69,833 ha in 2009. The number of provinces free from opium poppy cultivation has increased from 18 to 20. Kapisa, Baghlan and Faryab provinces became poppy-free, while Nangarhar province could not retain the poppy-free status that it had achieved in 2008. The Board urges the Government of Afghanistan, as well as the international community, to continue to enhance the effectiveness and sustainability of measures to curb opium poppy cultivation and to ensure that farming

communities involved in illicit crop cultivation are provided with sustainable, legitimate livelihoods.

641. Despite the decrease of 22 per cent in the total cultivation area, because of the record opium poppy yield of 56 kg per hectare in 2009 — an increase of 15 per cent over 2008 — opium production fell by only 10 per cent, from 7,700 tons in 2008 to 6,900 tons in 2009. The prices of fresh and dry opium poppies have fallen by a third in the past year, causing the total farm-gate value of opium production in Afghanistan to fall by 40 per cent, from $730 million in 2008 to $438 million in 2009. The number of people involved in opium production also dropped significantly: from 2.4 million to 1.6 million.

642. Afghan opiates are smuggled predominantly through Iran (Islamic Republic of), Pakistan and countries of Central Asia. Those countries are faced with a wide range of problems related to large-scale drug trafficking such as organized crime, corruption and relatively high illicit demand for opiates. As a result, the Islamic Republic of Iran has the highest rate of abuse of opiates in the world. In the countries of Central Asia, the rate of abuse of opiates continues to increase, and HIV/AIDS transmission through the sharing of needles among persons who abuse drugs by injection continues to be a problem.

643. Significant drug seizures were made in Afghanistan, though those seizures were small in comparison with the scale of illicit drug production in the country. Of the estimated 7,700 tons of opium produced in 2008, 42.8 tons were seized, for a seizure ratio of 0.56 per cent, while the ratio of heroin seized to heroin produced is 0.43 per cent (2.8 tons of heroin seized of an estimated 658 tons of heroin produced). It has been reported that in the first half of 2009, drug law enforcement operations involving military units of the International Security Assistance Force (ISAF) of Afghanistan and NATO resulted in the seizure of 459 tons of poppy seeds, 50 tons of opium, 7 tons of morphine, 2 tons of heroin and 19 tons of cannabis resin. In addition, the Counter Narcotics Police of Afghanistan reported the seizure of 36 tons of opium, 5 tons of heroin, 2 tons of morphine and 338 tons of cannabis resin.

644. The Islamic Republic of Iran, through whose territory more than half of illicit Afghan opiates is reported to be smuggled, continues to seize more opiates than any other country in the world. In the first half of 2008, 180 tons of opiates were seized in the Islamic Republic of Iran (an increase of 37 per cent over the first half of 2007), mainly on the country's eastern border with Afghanistan. In the first three months of 2009, 146 tons of opium, 6.5 tons of heroin, over 3 tons of morphine and 21 tons of cannabis resin were seized by Iranian law enforcement authorities.

645. Pakistan continues to be used as a major transit area for Afghan opiates, but to a lesser extent than is the Islamic Republic of Iran. According to Pakistan officials, one third of illicit opiates of Afghan origin are smuggled through Pakistan. According to Government data, until 2006, increasing quantities of Afghan opiates were seized in Pakistan. The total amount of seized opiates increased from 25 tons of heroin equivalent in 2005 to 36.4 tons of heroin equivalent in 2006, an increase of 46 per cent. The latest officially reported data suggest that, while seizures of opium increased by 77 per cent (from 15.4 tons in 2007 to 27 tons in 2008), seizures of heroin and morphine during that period each fell by one third (seizures of heroin fell from 2.8 tons to 1.9 tons and seizures of morphine fell from 10.9 tons to 7.3 tons).

646. Turkey reported an increase in the amount of heroin seized: in 2008, the amount of heroin seized in Turkey exceeded 15 tons, an increase of 14 per cent over the 13.2 tons seized in 2007. However, the amount of opium seized, after peaking at 519 kg in 2007, fell to 202 kg in 2008, a decrease of 61 per cent. Cocaine seizures in Turkey followed an upward trend until 2008. The amount of cocaine seized totalled only 3 kg in 2003 but increased to 40 kg in 2005, 77 kg in 2006 and 114 kg in 2007. In 2008, cocaine seizures dropped to 105 kg.

647. According to UNODC estimates, approximately 121 tons of heroin and 293 tons of opium transited through Central Asian countries in 2008, as most opiates produced and trafficked in north-eastern Afghanistan are smuggled across the border into the countries of Central Asia, due to their proximity and strong ethnic links. Official data on opiates seizures in 2008 indicate that Central Asian countries seized 5.3 tons of heroin (almost 2 tons more than in 2007) and 4.5 tons of opium (1.7 tons less than in 2007). Some of those seizures were carried out through joint operations, such as Operation Channel 2008 of CSTO, which resulted in the detection of 12,782 cases of drug

trafficking and the seizure of over 25 tons of precursors and 30 tons of illicit drugs, including 3.4 tons of heroin, 983 kg of opium, 1.9 tons of cannabis, 11.7 tons of cannabis resin and 1.6 tons of cocaine.

648. Several large seizures of opiates (up to 500 kg each) have been reported by the law enforcement agencies of Kazakhstan, Turkmenistan and Uzbekistan. Tajikistan continues to seize the largest quantities of opiates in Central Asia (53 per cent of seizures in the subregion in 2008) and remains the gateway for most opiate smuggling through the subregion. Heroin seizures effected in Central Asian States increased by 60 per cent, primarily due to the dramatic increase in seizures in Kazakhstan (1.6 tons of heroin seized, an increase of 214 per cent over 2007) and Uzbekistan (1.5 tons of heroin seized, a 207 per cent increase from 2007). Heroin seizures in Tajikistan increased by 6 per cent from 2007, reaching 1.6 tons in 2008. In contrast, opium seizures in Central Asia decreased by 28 per cent (4.5 tons seized). The largest portion of the opium seized in this subregion continued to be accounted for by Tajikistan (1.7 tons), followed by Turkmenistan (1.5 tons) and Uzbekistan (1 ton). Statistics released by the Government of Turkmenistan indicate that the total amount of drugs seized in 2008 exceeded 2 tons, including 245 kg of heroin, 261 kg of cocaine, 1.5 tons of opium and 135 kg of cannabis and cannabis resin.

649. Official data suggest that the quantities of heroin, opium and cocaine smuggled through the Southern Caucasus are increasing. In 2008, 650 kg of drugs were seized in Azerbaijan, including 55 kg of opium and 49 kg of heroin. The number of offences recorded for drug possession, abuse and trafficking exceeded 1,670. The opiates originating in Afghanistan are entering Azerbaijan mostly by land and rail from the Islamic Republic of Iran and countries in Central Asia en route to Georgia, the Russian Federation and countries in Western Europe.

650. The Middle East has become a market for illicit drugs such as cocaine that had not previously been known to be abused to any significant extent in the subregion. For example, Jordan is confronted with new drug smuggling trends. In the first four months of 2009, 25.4 kg of cocaine from South America were seized in the country, compared with a total of 6.3 kg in 2008. While in recent years only small quantities of cocaine and heroin reached Lebanon, mainly to meet local demand, in 2008 Lebanese authorities intercepted 61 kg of cocaine and 14.5 kg of heroin, a significant increase over the corresponding figures for 2007.

651. The largest increase in cocaine seizures in 2007 was reported in the countries of the Arabian Peninsula (seizures of 141 kg in 2007 compared with 72 kg in 2006). The Syrian Arab Republic reported total seizures of 77 kg in 2007 compared with 2 kg in 2006.

652. Because it is situated between drug-producing countries to the north and east and drug-consuming countries to the south and west, Jordan continues to be primarily a transit area for illicit drugs. The Public Security Directorate of Jordan has noted that the amount of drugs smuggled through Jordan continues to grow. The drugs of choice among individuals arrested for drug possession in Jordan are cannabis and heroin, and the majority of individuals arrested for drug-related crimes are between the ages of 18 and 35 years.

653. According to UNODC estimates, the production of cannabis resin in Afghanistan has been increasing since 2003. In 2007, the total area under cannabis plant cultivation in Afghanistan (70,000 ha) equalled more than one third of the total area under opium poppy cultivation. The Board continues to be concerned that the vast oversupply of opiates and the widely reported decrease in opiate prices could prompt a shift to cannabis cultivation and smuggling. As an indication of that shift, it was reported that the total amount of cannabis resin seized in Pakistan increased by 23 per cent in the period 2005-2006 (from 93.5 to 115.4 tons) and by 33 per cent in the period 2007-2008 (from 101 to 135 tons).

654. Cannabis continues to be the drug most commonly seized in Central Asia. In addition to the fact that cannabis plants grow wild in Kazakhstan and Kyrgyzstan, more and more shipments of Afghan cannabis and cannabis resin are being discovered in Central Asia. The law enforcement agencies of Central Asian countries seized over 33 tons of cannabis and more than 1 ton of cannabis resin in 2008. Similarly, in Turkey, the amount of cannabis resin seized increased by 23 per cent, to 39.1 tons, in 2008. Authorities in Azerbaijan seized 555 kg of cannabis and cannabis resin.

655. Lebanon is not a major producer of illicit drugs. However, Lebanese authorities reported a small increase in cannabis cultivation in 2008 and growing

drug abuse particularly among young persons, due to the greater availability and reduced price of most illicit drugs. Israeli police have occasionally reported the arrest of farmers for clandestinely growing cannabis plants using hydroponic techniques.

Psychotropic substances

656. In Turkey, the amount of seized synthetic drugs, predominantly MDMA ("ecstasy") and Captagon (containing mainly amphetamine), increased until 2005, when 1.7 million tablets were seized. After 2005, the amount of "ecstasy" seized in Turkey decreased by about 35 per cent, averaging 1 million tablets each year in the period 2005-2008. Half of the seized tablets were subsequently identified as fake "ecstasy", containing meta-chlorophenylpiperazine instead of MDMA. The amount of Captagon tablets seized in Turkey also decreased by approximately 63 per cent in 2008, from 7.5 million tablets in 2007 to 2.7 million in 2008. The Government of Turkey has indicated that the decrease may be partly attributable to inadequate cooperation with law enforcement agencies in neighbouring countries.

657. Counterfeit Captagon tablets containing amphetamine continue to be seized mainly in Jordan, Saudi Arabia, the Syrian Arab Republic and the United Arab Emirates. Trafficking in and abuse of counterfeit Captagon remain serious problems in the countries on the Arabian Peninsula, where Captagon appears to have become the drug of choice. In 2008, most of the amphetamine seized worldwide was seized in the Middle East (accounting for 73 per cent of the world total), followed by Western Europe (19 per cent of the world total). According to UNODC, in Saudi Arabia, the amount of seized amphetamine-type stimulants, mostly in the form of Captagon, increased from 0.3 tons in 2002 to 14 tons in 2007.[51] The Board is concerned about the marked increase in Captagon seizures effected in that country. The Board urges the authorities of Saudi Arabia to investigate the reasons behind that development and to take the appropriate monitoring and control measures.

658. Captagon tablets illicitly manufactured in laboratories in Eastern Europe are transported through Turkey from the Bulgarian border en route to West Asia through the Syrian Arab Republic by land and sea. Drug law enforcement operations involving the close cooperation of Bulgaria, Saudi Arabia and Turkey resulted in the seizure of nearly 3 million Captagon tablets in 2008. In the same year, Saudi Arabia seized 52 million counterfeit Captagon tablets. Several other countries of the subregion have reported dramatic increases in seizures of counterfeit Captagon since 2004.

659. According to Iraqi health authorities, pharmaceutical preparations containing the controlled substance diazepam (Valium) is the drug most commonly abused among the Iraqi population. Diazepam is available in correctional and health institutions throughout Iraq. The Board calls upon the Iraqi authorities to take appropriate regulatory measures to ensure that the distribution of controlled substances, in particular diazepam, is always carried out under medical supervision and dispensed in accordance with legitimate medical prescriptions. In Jordan, benzodiazepines are reported to be abused. The Pharmaceutical Crime Unit of the Ministry of Health of Israel, which monitors the diversion of prescription drugs, is investigating the illicit trade in buprenorphine (Subutex) and the use of forged prescriptions to obtain methylphenidate.

Precursors

660. The destruction of clandestine drug laboratories in Afghanistan has continued: 69 facilities illicitly manufacturing heroin were destroyed in 2008. The seizure of 14,233 litres of acetic anhydride in 2008, although an increase over the quantity seized in 2007, constitutes less than 1 per cent of the quantity of that chemical estimated to be used for heroin manufacture in Afghanistan. As a result of the new emphasis on addressing the link between drugs and the insurgency, operations in the first half of 2009 involving military units of ISAF and NATO resulted in the destruction of 98 tons of precursor chemicals and 27 illicit drug laboratories in Afghanistan. In addition, the Counter Narcotics Police of Afghanistan reported the seizure of 61 tons of precursor chemicals and destruction of 74 clandestine opium processing laboratories.

661. The amount of acetic anhydride reported to have been seized in Turkey increased by 250 per cent from 2006 to 2007, reaching 13.3 tons. That trend was

[51] *Amphetamine and Ecstasy: 2008 Global ATS Assessment* (United Nations publication, Sales No. E.08.XI.12).

reversed in 2008, when seizures of that precursor totalled less than 5 tons.

5. Abuse and treatment

662. The abuse of opiates continues to pose a major problem in Afghanistan and neighbouring countries. Nearly all those countries have high rates of drug abuse. For example, the Islamic Republic of Iran has the world's highest rate of abuse of opiates: more than 2 million people are reported to abuse opiates, resulting in an estimated prevalence rate of 2.8 per cent. Pakistan also has a high abuse rate for opiates: the estimated rate of drug abuse among the population aged 15-64 years in 2006 was 0.7 per cent. In 2008, the Government of Pakistan reported that there were an estimated 628,000 "severe/problem" opioid abusers in the country, 77 per cent of whom were heroin abusers. Many countries in Central Asia have similar levels of drug abuse, heroin having replaced cannabis and opium as the most commonly abused illicit drug. In Central Asia, the incidence of heroin dependence among registered drug abusers ranges from 50 to 80 per cent, with Tajikistan and Uzbekistan reporting the highest rates.

663. Drug abuse in the countries of Central Asia is reaching alarming proportions, due especially to the sharp increase in the use of opiates in recent years. In 2008, more than 94,000 drug abusers were registered in clinics of the countries in the subregion. As a result of the wide availability of cheap heroin, patterns of drug abuse have shifted from smoking opium and cannabis to abuse of heroin by injection and, to a lesser extent, the abuse of some opium concoctions. Heroin is the most commonly abused drug (70 per cent of registered drug users), followed by cannabis (15 per cent) and opium (11 per cent).

664. Drug abuse remains a serious concern in the Southern Caucasus. In Azerbaijan, the drugs of choice are opioids and cannabis, followed by non-prescribed sedatives and tranquillizers. In 2008, among drug users aged 15-64 years, 70 per cent abused opioids, 20 per cent abused cannabis and 10 per cent abused benzodiazepines; among adolescents, 10 per cent abused opioids, 30 per cent abused cannabis and 60 per cent abused benzodiazepines. At the end of 2008, 514 persons who abused drugs by injection were infected with hepatitis or HIV, while 26 of the 48 drug-related deaths in the country were caused by the abuse of benzodiazepines. The Board urges the Government of Azerbaijan to closely monitor that worrying situation and increase the resources allocated for the prevention and treatment of drug abuse, especially among youth.

665. While there are very little data on drug abuse in the Middle East, heroin abuse is reported to have increased in the subregion, and the age of initial abuse is decreasing and the demand for treatment is increasing. However, many countries in the Middle East lack the capacity to collect and analyse data on drug abuse. The Board encourages the Governments of those countries to conduct comprehensive surveys and rapid assessments of the drug abuse situation and to take effective measures in the area of demand reduction.

666. According to Lebanese authorities, the number of male drug abusers increased from 488 in 2001 to 1,381 in 2008, and the most prevalent drugs of abuse remained cannabis and cannabis resin ("hashish"), followed by heroin and, to a lesser extent, cocaine.

667. In Israel, an epidemiological survey on the prevalence of drug abuse among the general population is carried out every four years. The data for 2008 show that 60 per cent of the 20,000 problematic drug abusers in Israel abuse opioids by injection. The reported prevalence of HIV among persons who abuse drugs by injection is 2 per cent. The Israel Anti-Drug Authority administers treatment programmes targeting specific segments of the population, such as women, youth, new immigrants and the homeless, providing counselling, sanitary services and food.

668. According to official reports, 120 new HIV cases were reported in Afghanistan in 2008, bringing the national total to 556. The main cause of HIV transmission in the country is exposure to contaminated drug injecting equipment. The Board notes that the Afghanistan National Development Strategy aims to keep the country's HIV prevalence rate below 0.5 per cent of the population and reduce the rates of mortality and morbidity associated with HIV/AIDS by the end of 2010. To achieve that goal, the Government is taking guidance from the National Strategic Framework for HIV/AIDS for the period 2006-2010.

669. According to the Ministry of Health of the Islamic Republic of Iran, a total of 19,435 cases of

HIV/AIDS infection were identified from January 1986 to March 2009, up to 7 per cent of those individuals being female. Drug abuse by injection remains the most prevalent factor in HIV transmission in the Islamic Republic of Iran (78 per cent), although the role of sexual transmission is now increasing. Given that 60 per cent of the country's population of 71 million is under the age of 30, the Board is concerned of the danger of HIV infection spreading in the country.

670. In the Central Asian countries, HIV and other blood-borne infections are strongly associated with drug abuse by injection. According to UNODC estimates (for 2008), in Kazakhstan approximately 100,000 individuals aged 15-64 years abuse drugs by injection, compared with 80,000 in Uzbekistan, 25,000 in Kyrgyzstan and 15,000 in Tajikistan. In Central Asian countries, the lifetime prevalence of injecting drug abuse among problematic opiate users ranges from 68 per cent (in Uzbekistan) to 95 per cent (in Kyrgyzstan). Of that group, 90-99 per cent have injected opiates at least once in the past 12 months.

671. Official statistics provided by Governments of Central Asian countries showed 6,664 new HIV cases in 2008, for a cumulative total of 31,000 HIV cases. That represents an increase of 24 per cent in the total number of registered HIV cases in one year and a 19-fold increase since 2000. According to the most recent UNAIDS estimate, in 2005 approximately 52,000 people were living with HIV/AIDS in Central Asia, while UNODC estimates that more than 2,700 people died of HIV/AIDS during the period 2006-2008. The Board urges the Governments of Central Asian countries and the international community to take prompt action to stop this concentrated HIV/AIDS epidemic, focusing on persons who abuse drugs by injection.

D. Europe

1. Major developments

672. The Board notes that the Government of the United Kingdom reclassified cannabis in January 2009, which means that cases involving cannabis are subject to stricter law enforcement. The decision reflects the fact that highly potent forms of cannabis (such as "skunk") have become dominant on the illicit drug market of the United Kingdom. In February 2009, the Government of the United Kingdom rejected the recommendation by the Advisory Council on the Misuse of Drugs that MDMA ("ecstasy") should be downgraded (see paragraph 695 below).

673. The abuse of certain drugs appears to be stable or declining in some countries in Europe. Information from recent national surveys suggests that cannabis use is stabilizing in many countries in the region. Similarly, the most recent data available support reports that the abuse of amphetamines and MDMA ("ecstasy") in Europe is stabilizing or even decreasing, after having increased in the 1990s. Data from some countries suggest that some drug abusers may be replacing amphetamines and "ecstasy" with cocaine. That may be the case in Denmark, Spain (to a limited extent) and the United Kingdom.

674. Europe has a large market for cannabis and is reportedly the only region into which cannabis herb from other regions is smuggled. Western Europe remains the largest market in the world for cannabis resin. The Western European country in which the largest amount of cannabis resin is seized is Spain, followed by Portugal and France. The main sources of the cannabis resin found in Western Europe are Morocco and countries in South-West Asia, notably Afghanistan.

675. In Western Europe, the number of cocaine seizures has decreased substantially, particularly in the main ports of entry. According to the World Customs Organization, most of the cocaine entering Western Europe has been smuggled out of the Bolivarian Republic of Venezuela. Central Africa and West Africa continue to be used by traffickers as storage and transit areas for cocaine, although a decline has been noted in both the total amount of cocaine seized and the number of cocaine seizures.

676. In 2008, cocaine arrived in Europe mainly by ship. Consignments of cocaine from Colombia and Ecuador were hidden in sea freight and sent to countries in Europe, mainly Croatia, followed by the Netherlands and Montenegro. The increasing number of shipments of cocaine from South America to countries in Eastern Europe reflects a fairly new development in cocaine trafficking: cocaine is frequently smuggled into Western Europe via the Balkan route, the route traditionally used for smuggling opiates.

677. The illicit market for opiates in Eastern European countries has continued to expand. In 2008, the abuse of opiates was reported to be increasing in most Eastern European countries, particularly Albania, Belarus, Croatia, the Republic of Moldova and the Russian Federation, as well as in countries along the Balkan route.

678. The United Kingdom, Italy, France and Germany (listed in decreasing order) account for most of the heroin seized in Europe. Heroin shipments bound for Western Europe leave mainly from the Netherlands, followed by Turkey, Belgium and Pakistan. Heroin from Central and Eastern Europe is increasingly being transported by air to Western Europe. Despite recent increases in the quantity of opium seized, seizures of that drug continue to be less significant than heroin seizures.

2. Regional cooperation

679. The second phase of the operation Channel 2008 was conducted by CSTO and the Federal Drug Control Service of the Russian Federation in November 2008, with the participation of Armenia, Belarus, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan. The goal of the operation was to build a system of enhanced collective security to prevent trafficking in drugs from Afghanistan and the entry of precursor chemicals into Central Asian countries and Afghanistan. Representatives of the law enforcement agencies of Afghanistan, Azerbaijan, Bolivia, Colombia, Estonia, Finland, Italy, Latvia, Lithuania, Poland, Spain and the United States took part in the operation. The joint operation resulted in the seizure of over 18.7 tons of drugs, including more than 2.4 tons of heroin, 1.6 tons of cocaine, 7.3 tons of cannabis resin, 6.8 tons of cannabis herb and 20.8 tons of precursor chemicals.

680. In December 2008, senior international drug control officials attended a meeting in Vienna to coordinate efforts to stem the supply of illicit drugs from Afghanistan. The meeting was organized by UNODC within the framework of the Paris Pact Initiative, aimed at countering trafficking in and abuse of opiates from Afghanistan. Specific topics discussed at the meeting included drug law enforcement; financial flows linked to the production of and trafficking in Afghan opiates; preventing and treating drug abuse and HIV epidemics in Afghanistan and neighbouring countries; and trafficking in precursors used to manufacture heroin.

681. The Council of the European Union endorsed the European Union Drugs Action Plan for 2009-2012 in December 2008. The Action Plan for 2009-2012 is the second of two consecutive action plans to implement the European Union Drugs Strategy for the period 2005-2012 endorsed in 2004. The Strategy is centred on two key dimensions of drug policy — drug demand reduction and drug supply reduction — complemented by three cross-cutting themes: coordination; international cooperation; and information, research and education. The Action Plan is focused on five priorities: reducing the demand for drugs; reducing the supply of drugs; improving international cooperation; improving understanding of the problem; and improving coordination and cooperation and raising public awareness.

682. The sixteenth European Cities against Drugs (ECAD) Mayors' Conference and the Second World Mayors' Conference were held in Göteborg, Sweden, in February 2009. The main theme of the joint conference was to offer stronger support of the international drug control treaties in preparation of the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, held in March 2009.

683. On 27 March 2009, a special conference on Afghanistan, organized within the framework of the Shanghai Cooperation Organisation, was held in Moscow. The conference participants discussed the impact of the situation in Afghanistan on neighbouring countries and identified ways to combine efforts to fight drug trafficking and organized crime emanating from that country. The conference was dedicated to combating drugs and finding ways to resolve the serious drug control situation in Afghanistan. One important item on the agenda was the proposal by the Russian Federation to call on the international community to increase interaction for strengthening the security belts around Afghanistan. Twenty countries and eight international organizations were represented at the conference.

684. EMCDDA held a conference on the theme "Identifying Europe's information needs for effective drug policy" in Lisbon in May 2009. The conference brought together some 300 policymakers, researchers and practitioners from Europe, North America and Oceania. The conference participants took stock of

progress in European drug control policy, considered future key issues in drug control in Europe and discussed the possible impact of those issues on the need for information.

685. Representatives of 33 countries participated in the Eighth Meeting of Heads of National Drug Law Enforcement Agencies, Europe, held in Vienna in June 2009. The participants reviewed trends, strategies and effective responses to drug trafficking, the importance of information in dismantling drug trafficking organizations and the influence of the Internet and other electronic media on drug trafficking.

686. The Board welcomes the Livestrong Global Cancer Summit, held in Dublin in August 2009. The Summit was a landmark event, bringing together world leaders, industry, non-governmental organizations and individuals to spotlight their collective commitment to the global fight against cancer. Several specialized agencies and other organizations in the United Nations system, such as WHO and the International Atomic Energy Agency, were also represented by high-ranking officials.

687. The Board takes note of the work of the Council of Europe's Ad Hoc Committee on Counterfeiting of Medical Products and Similar Crimes Involving Threats to Public Health, which met in the course of 2009 to prepare a draft convention on the subject.

688. Several joint law enforcement operations in Western Europe have resulted in the interception of large quantities of illicit drugs. The operations required close cooperation with European agencies such as the Maritime Analysis and Operations Centre – Narcotics (MAOC-N), an intergovernmental task force set up to prevent drug trafficking by sea.

3. National legislation, policy and action

689. In Finland, Narcotics Act No. 373/2008 entered into force in September 2008. The Act aligns Finnish drug control legislation with the corresponding European regulations and is aimed at enhancing drug control by increasing cooperation among national authorities. The Act outlines the main principles of drug control and covers all substances controlled under the 1961 Convention, the 1971 Convention and the 1988 Convention. The Act prohibits the cultivation of coca bush, khat plants and psilocybin mushrooms, as well as the cultivation of opium poppy, hemp and cactus plants containing mescaline for use as drugs or raw material for drugs.

690. In November 2008, a series of referendums were held in Switzerland to decide on the national drug control policy. Voters decided in favour of offering prescribed heroin to drug abusers on a permanent basis but rejected the decriminalization of cannabis.

691. In Montenegro, the National Strategic Response to Drugs (2008-2012) and Action Plan 2008/2009 was adopted. The document includes comprehensive measures to reduce illicit drug supply and demand in the country. The national office on drugs is the coordinating agency for activities aimed at reducing the spread of drug abuse, especially among young people, and increasing the possibilities for the rehabilitation and social reintegration of drug addicts.

692. In January 2009, the Government of the Netherlands established an advisory committee on drug control policy to review the national drug control policy. In its conclusions, presented in June 2009, the committee stated that the national drug control policy was achieving its objective of limiting damage to the health of drug users. In addition, the committee identified areas where the policy was in urgent need of change, such as the use of drugs by minors. A memorandum on drug control policy, based partly on the recommendations of the committee, is expected to be issued.

693. In February 2009, the Government of Romania reorganized the Pharmaceutical Department of the Ministry of Health, creating a general directorate for strategies and medicine policy. The responsibilities of the general directorate include monitoring the national system for the distribution of narcotic drugs and psychotropic substances and overseeing activities to control the manufacture and export and import of controlled substances. The Board encourages the Government to continue improving the mechanism for controlling the manufacture and distribution of narcotic drugs and psychotropic substances used for medical and scientific purposes.

694. In Spain, the national drug control strategy for the period 2009-2016, which had been adopted by the Council of Ministers in January 2009, was published in the *Official State Gazette* in February 2009. The objectives of the strategy include delaying the age of initial drug abuse; reducing the use of licit and illicit

drugs; guaranteeing the provision of quality assistance to all people directly or indirectly affected by drug abuse; reducing or limiting the consequences, in particular the health consequences, of drug abuse; facilitating the integration of people into the rehabilitation process, through training, for example; and increasing the effectiveness of measures aimed at regulating the licit supply of and controlling the illicit demand for psychotropic substances. The strategy is also intended to optimize coordination and cooperation at the national, regional and international levels. The main elements of the strategy are prevention, supply reduction and training. The strategy has an evaluation component, for assessing the value of the strategy, determining whether the aims have been achieved and proposing corrective measures.

695. In February 2009, the Advisory Council on the Misuse of Drugs in the United Kingdom issued a report on MDMA ("ecstasy"), reviewing its harmfulness and classification under the Misuse of Drugs Act 1971. The report contained 13 recommendations to the Government, 11 of which were accepted. The Government rejected the recommendation that "ecstasy" should be downgraded, citing concerns that the downgrading of the substance could lead to an adverse impact on patterns of use and attitudes and that a change in classification might encourage the development of international trafficking in "ecstasy" by organized criminal groups. The Government also rejected the recommendation to explore a national scheme to enable "ecstasy" to be tested for individual use, stating that that might obscure the messages that "ecstasy" was harmful and should not be used. The Board welcomes those decisions by the Government of the United Kingdom.

696. In March 2009, the Government of Serbia adopted the National Palliative Care Strategy, which focuses on the use of opioids for pain relief. One important objective of the strategy is the revision of national laws regulating palliative care in Serbia.

697. In April 2009, the Government of Bosnia and Herzegovina established an agency for medicines and medical products in accordance with the law on medicines and medical products that had entered into force in July 2008. The law applies to medicinal products containing narcotic drugs and psychotropic substances, as well as the precursor chemicals used in their manufacture. In addition, the law covers areas such as licensing requirements, the maximum allowed substance content in doses of medication, the quality of drugs crossing borders, manufacturing methods, the use of equipment, transport and the required documentation for transportation. The new law is expected to strengthen control of the movement of narcotic drugs, psychotropic substances and their precursors within the country.

698. In May 2009, Germany's lower house of parliament voted in favour of a law allowing the provision of diamorphine (pharmaceutically manufactured heroin) to severe drug abusers who failed to respond to other forms of treatment. The law is based on the results of a study by the Ministry of Health involving persons severely addicted to opiates, comparing their response to treatment with heroin with their response to treatment with methadone. The results showed that diamorphine-supported treatment was successful with respect to the person's overall health condition, abstinence, drug abuse reduction and social reintegration. Diamorphine-supported treatment will be offered to about 1,500-3,000 drug abusers. Heroin-supported treatment is also offered in a few other countries in Western Europe.

699. In the United Kingdom, a curriculum on substance misuse in undergraduate medical schools has been developed and is now being implemented at all of the medical schools in England. One of the core aims of the curriculum is to enable doctors to assist in the prevention of substance misuse and management of substance dependence. The other core aims include: to enable schools to help future doctors and doctors in training to be aware of the risks posed by substance misuse to their own health and to their professional practice and conduct; and to promote the proper care and protection of the general public.

4. Cultivation, production, manufacture and trafficking

Narcotic drugs

700. Cannabis plants are illicitly cultivated in many countries in Europe. Albania, Bulgaria and Serbia have emerged as some of the main countries in Eastern Europe in which cannabis is illicitly cultivated. In 2009, as in 2008, the Federal Criminal Police Office (BKA) of Germany reported that the illicit cultivation of cannabis, both outdoors and indoors, had intensified. More than 500 illicit cannabis cultivation sites, ranging

from small indoor facilities to large outdoor plantations, were uncovered in Germany in 2008. In Switzerland, where there is significant illicit cannabis cultivation, there was a reduction in the total area under illicit cannabis cultivation and in the number of facilities illicitly producing cannabis on a smaller scale. In the Netherlands, intensified law enforcement efforts targeting the illicit cultivation of cannabis plants is said to have contributed to a decline in the quality and an increase in the prices of cannabis on the domestic market. While European cannabis cultivation sites appear to be the source of a growing proportion of the cannabis herb found in Europe, large quantities of cannabis herb continue to be smuggled into the region. Europe is the only region in the world into which significant quantities of cannabis herb from other regions, such as Africa or Asia, are smuggled.

701. Albanian cannabis is smuggled by land on a route leading through the former Yugoslav Republic of Macedonia and Bulgaria to Turkey and on another route leading to Croatia, Bosnia and Herzegovina, Montenegro, Serbia, Slovenia and countries in Western Europe. Illicit cannabis cultivation has also been reported in the Republic of Moldova, the Russian Federation and Ukraine; about half of the cannabis cultivated in those countries is for the domestic market.

702. Western Europe remains the largest market in the world for cannabis resin. Each year, Spain accounts for more than 70 per cent of the cannabis resin seizures reported in Western and Central Europe and accounts for the largest total amount of cannabis resin seized worldwide (628 tons in 2008). In some countries in Europe, there has been an increase in the amount of cannabis resin seized; in Portugal, for example, 61 tons of cannabis resin were seized in 2008. For consignments of cannabis resin, the most frequently cited European destination is France, followed by the Netherlands, Belgium, Portugal and Italy.

703. Trafficking in cannabis resin, though limited in most Eastern European countries, is slightly more widespread in the Russian Federation. In 2008, the total amount of cannabis resin seized in the Russian Federation was 329 kg. Most of the cannabis resin was found in motor vehicles or on-board trains. Most of the cannabis resin smuggled into Europe continues to be from Morocco or countries in Central Asia.

704. There continues to be a significant level of trafficking in cannabis herb in Eastern Europe and Central Europe. Most of the cannabis herb produced in those subregions originates in Albania, Montenegro, the Republic of Moldova, Serbia, the former Yugoslav Republic of Macedonia and Ukraine. In Albania, more than 145,000 cannabis plants were eradicated in about 360 operations and more than 3,941 kg of cannabis herb were seized in 2008. In Croatia, 220 kg of cannabis herb and 4 kg of cannabis resin were seized in 2008. In Bosnia and Herzegovina, more than 57 kg of cannabis herb were seized in 686 seizures in 2008. In Bulgaria, the Government reported that 14,806 kg of cannabis plants were destroyed and 1,026 kg of cannabis herb were seized in 2008. The Board urges the Governments of countries in Eastern and Central Europe to further intensify their efforts to counter cannabis trafficking.

705. European countries continue to account for virtually all cocaine seizures occurring outside the Americas. In 2008, the amount of cocaine seized in Europe declined considerably compared with previous years, which were characterized by record seizures. The considerable decrease in the total amount of cocaine seized in the region is primarily attributable to the fact that fewer seizures of cocaine were made in Portugal and Spain, two of the main entry points for the drug, for two consecutive years. The decrease is believed to also be the result of recent changes in the routes used for smuggling cocaine into those countries.

706. The smuggling of cocaine through Eastern European countries has significantly increased over the past few years. The most significant seizures made in 2008 were 381 kg of cocaine, seized at the port of Koper, in Slovenia, and liquid cocaine with a gross weight of 163 kg, seized by the customs authorities in Slovakia.

707. A new modus operandi for cocaine used by cocaine traffickers was uncovered in February 2008, when law enforcement authorities in Slovakia found 164 kg of cocaine in wine shipped from South America via Germany. The World Customs Organization reported that the cocaine had been dissolved to form a viscous fluid and poured into several bottles that were subsequently declared as “red wine”.

708. “Crack” cocaine continues to be of marginal importance in Western Europe. Nevertheless, the amount of “crack” cocaine seized in Germany increased from almost 5 kg in 2007 to about 8 kg in

2008. Most (96 per cent) of those seizures of "crack" cocaine were made in the city of Hamburg.

709. Heroin seizures increased in Western Europe in 2007 and 2008. The increase in heroin seizures in Europe as a whole was attributed to South-Eastern Europe and Eastern Europe, which are believed to be used as transit areas for opiates destined for Western and Central Europe. In Europe, most of the heroin seizures are made in France, Germany, Italy and the United Kingdom. In 2008, the amount of heroin seized in Germany fell by 53 per cent. The United Kingdom, Italy, France, Germany and Norway (listed in descending order) were the main countries of destination of heroin consignments entering Western Europe. The heroin is sent in consignments of 50-1,000 kg.

710. Almost all of the heroin on the illicit markets in Eastern Europe originated in Afghanistan. Turkey continues to be the starting point for the Balkan route, used for smuggling heroin into Europe. In addition, heroin continues to be smuggled along the "silk route", through Central Asia into the Russian Federation, where it is abused or, to a lesser extent, smuggled further into other CIS member States.

711. Heroin is smuggled mainly by car and by train. According to the World Customs Organization, no heroin seizure was made along air traffic routes in Eastern and Central Europe during 2008. Train connections between the Russian Federation and the countries to the west of it — Belarus, Poland and Ukraine — are increasingly being used for smuggling heroin into Western Europe. Reports suggest that heroin is increasingly being smuggled into Western Europe along air routes from Eastern and Central European countries: more than 90 seizures of heroin, totalling 637 kg, were made in major airports in Western Europe in 2008.

712. In 2008, heroin accounted for 92 per cent of all the seizures of opiates effected in Eastern and Central European countries. In the Russian Federation, heroin accounted for approximately 42 per cent of all the seizures of opiates. In Eastern and Central Europe, major seizures of heroin were reported in Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Greece, Romania and Slovenia. Heroin seizures in Poland, Serbia and Ukraine decreased in 2008 compared with the previous year. In 2008, Bulgarian law enforcement authorities intercepted heroin consignments for the first time: four consignments of heroin, totalling 422 kg, were seized on a route used as an alternative to the classic Balkan route, leading from the Islamic Republic of Iran through Armenia, Azerbaijan and Georgia and then crossing the Black Sea by ferry boat from Poti, Georgia, to Burgas, Bulgaria.

713. In Western European countries, the total amount of opium seized was significantly lower than the total amount of heroin seized. The largest amount of opium seized was reported in Sweden.

Psychotropic substances

714. According to UNODC, the quantity of amphetamine seized in Eastern Europe increased significantly from 24 kg in 2007 to 129 kg in 2008. Poland accounted for more than 77 per cent of the seizures of amphetamine effected in Eastern Europe in 2008. More than 100 kg of amphetamine were seized by Bulgarian authorities. In Croatia, 15 kg of amphetamine were seized in 2008.

715. In Europe, the amount of amphetamine seized rose by 40 per cent, to 8.2 tons, in 2007. That was the highest total ever registered for Europe, representing more than one third of the world total in 2007. The increase in 2007 was mainly attributable to Western Europe and Central Europe, which together accounted for more than 90 per cent of the European total, for the first time since 2002. The largest increase was registered in the Netherlands, where 2.8 tons of amphetamine were reported to have been seized in 2007, more than four times the highest amount ever reported by a European country. The amount of amphetamine seized also increased in France, Germany and Norway but declined in Sweden.

716. In Germany, seizures of amphetamine and methamphetamine increased, together amounting to 1,283 kg in 2008. German authorities reported that by far the largest share of seized amphetamine of known origin came from the Netherlands. Amphetamine was also smuggled out of Belgium, Poland or, in smaller amounts, the Czech Republic.

717. Until now, illicit methamphetamine manufacture has often involved small groups of persons manufacturing the drug principally to meet their own needs. While that is still the case, EMCDDA has noted an increasing level of professionalization in illicit methamphetamine manufacture (and trafficking),

together with the possible involvement of organized criminal groups. Given the capacity of modern illicit production processes, that development could lead to methamphetamine becoming more widely available on illicit markets in Europe. There is recent evidence of more manufacturing and tableting, which might indicate that the methamphetamine manufacturing sites are increasing in size.

718. Although methamphetamine seizures made in Europe are small in comparison with those made in North America and East and South-East Asia, they increased from 187 kg in 2006 to 390 kg in 2007. The largest increase was registered in Norway, but methamphetamine seizures also rose in Lithuania and Sweden. In Belgium and the Netherlands, seizures of methamphetamine were reported in 2007 for the first time ever. In Germany, methamphetamine seizures are mostly made in areas bordering the Czech Republic.

719. Seizures of MDMA ("ecstasy") declined in Western Europe in 2008, a development that is partly attributable to the fact that the drug is increasingly being manufactured in the countries in which it is abused — in Europe, as well as in North America and South-East Asia. The largest portion of the seized "ecstasy" with a known origin or transit route is from the Netherlands. The second most common source of "ecstasy" continued to be Belgium. As in the case of amphetamine, the "ecstasy" tablets were often seized while en route to Southern and Eastern Europe.

720. According to Europol, the illicit manufacture of methamphetamine takes place mainly in countries in Central and Eastern Europe, above all in the Czech Republic and the Russian Federation. In 2008, the Czech Republic accounted for 96 per cent (or 457) of the clandestine methamphetamine laboratories dismantled in Europe. The Russian Federation reported the seizure of 137 methamphetamine manufacturing sites. In addition, four such sites were seized in Slovakia and three were seized in Poland.

721. In Europe, seizures of MDMA ("ecstasy") remained low in 2008, totalling 63 kg. The biggest single seizure of "ecstasy", amounting to 56 kg, was made by Bulgarian authorities.

Precursors

722. According to UNODC, Bosnia and Herzegovina, Bulgaria, Montenegro and Serbia are emerging as countries used for the illicit manufacture of amphetamine. In Eastern European countries, seizures of precursors of amphetamine have increased in the past few years. According to information submitted to the Board, major seizures of P-2-P in 2007 were reported in Poland (a total of 241 litres), the Russian Federation (194 litres), Estonia (96 litres) and Bulgaria (32 litres).

723. Traffickers' attempts to use countries in Europe as sources of acetic anhydride have continued. Large amounts of the substance have been seized in States members of the European Union. Investigations have determined that the seized shipments of acetic anhydride had been diverted from legitimate trade within the European Union (for more details, see the 2009 report of the Board on the implementation of article 12 of the 1988 Convention).[52]

Substances not under international control

724. Khat, a substance not under international control, is often smuggled into Europe via the Netherlands and the United Kingdom, where it has not been placed under national control, and then shipped to other countries in Europe. Significant amounts of khat (more than 100 kg) have been seized in Belgium, Denmark, Finland, France, Germany, Italy, Norway, Sweden and Switzerland. In 2008, Estonian authorities seized khat for the first time.

725. The abuse of khat is often not noticed in countries in Europe. Khat is used almost exclusively in migrant communities in Finland, Sweden, the United Kingdom and other countries in the region.

726. In May 2009, the Government of the Czech Republic adopted an amendment to the act on dependency-producing substances, placing under national control the substance benzylpiperazine. The amendment to the national drug law is expected to strengthen further the control of the movement of

[52] *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2009 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.10.XI.4).

psychotropic substances and precursors within the country.

5. Abuse and treatment

727. While cannabis resin remains the most commonly abused drug in Europe, the abuse of products containing cannabis herb has increased in the past few years. According to EMCDDA, the average annual prevalence of cannabis abuse among Europeans 15-64 years old is 6.8 per cent (more than 23 million persons). National figures range from 0.8 to 11.2 per cent, the lowest figure being in Malta, followed by Bulgaria, Greece and Sweden, and the highest being in Italy, followed by Spain, the Czech Republic and France. Lifetime prevalence of cannabis abuse is 21.8 per cent (or more than 71 million persons aged 15-64), national estimates range from 1.7 to 36.5 per cent. The lowest lifetime prevalence rate was reported in Romania, followed by Malta, Bulgaria and Cyprus, and the highest was reported in Denmark, followed by France, the United Kingdom and Italy.

728. In Europe, cannabis abuse appears to be stable or declining in a number of countries. Intensified prevention efforts and increased availability of information on the health risks may have contributed to that development. In the United Kingdom, a clear downward trend has been observed over the years; in England and Wales, for example, the prevalence of cannabis abuse among the population aged 16-59 fell from 10.9 per cent in the reporting year 2002/03 to 7.9 per cent in the reporting year 2008/09. In Spain, the prevalence of cannabis abuse among secondary school students aged 14-18 also declined, from a peak of 25.1 per cent in 2004 to 20.1 per cent in 2008. Those and other data suggest that a reversal of the strong upward trend of the period 1993-2003 has begun. That is confirmed by the results of the European School Survey Project on Alcohol and Other Drugs (ESPAD), which show that there was no increase in recent use of cannabis in any European country between 2003 and 2007.

729. The ESPAD results published in March 2009 reveal that, on average, 23 per cent of male students between 15 and 16 years of age and 17 per cent of female students in the same age group have tried illicit drugs at least once during their lifetime. Reported illicit drug use continues to vary considerably in all countries. In the Czech Republic, almost half of the students (46 per cent) reported illicit drug use, whereas in Cyprus, Finland, Norway, Romania and Sweden 8 per cent or less reported illicit drug use.

730. In Europe, the vast majority of students who tried illicit drugs used cannabis. Lifetime cannabis use was reported by 19 per cent of the students. That was followed by the use of MDMA ("ecstasy"), cocaine or amphetamines (about 3 per cent). LSD, "crack" cocaine and heroin were reported to have been used less frequently. The highest lifetime prevalence of "ecstasy" use was in Bulgaria, Estonia, Latvia, Slovakia and the United Kingdom (Isle of Man): 6-7 per cent.

731. The abuse of cocaine appears to be concentrated in a few countries in Western Europe, while the abuse of the drug is relatively low in most other European countries. A decline in cocaine abuse has been recorded in Spain and the United Kingdom. In Spain, a country with a high rate of cocaine abuse, the levels of lifetime, annual and last-month use of cocaine among secondary school students aged 14-18 years have declined; for example, annual prevalence of cocaine use among secondary school students fell from a peak of 7.2 per cent in 2004 to 3.6 per cent in 2008. In the United Kingdom, data from England and Wales also suggest a slight decline in the annual prevalence of cocaine use. Declining or stable cocaine abuse has also been reported in Austria, Germany and Switzerland, whereas an increase in cocaine abuse has been reported in France and Ireland.

732. Heroin abuse appears to be relatively stable in most countries in Western Europe. However, a substance abuse survey indicated an increase in the lifetime prevalence of heroin use among young people aged 17 years in France, from 0.7 per cent in 2005 to 1.1 per cent in 2008.

733. According to UNODC, the number of opiate users in Eastern Europe is estimated to be between 2 million and 2.5 million. According to the *World Drug Report 2009*, the Russian Federation is the largest market for opiates in the region, with an estimated 1.68 million opiate abusers. The second largest market for opiates in the region is Ukraine, with an estimated 323,000-423,000 opiate abusers. In 2008, the abuse of opiates was reported to be increasing in most Eastern European countries, particularly in Albania, Belarus, Croatia, the Republic of Moldova and the Russian

Federation, as well as in the countries along the Balkan route.

734. According to the Federal Drug Control Service of the Russian Federation, there are 2.5 million drug addicts and more than 5.1 million abusers of drugs other than heroin in that country, almost double the figures for 2002. The abuse of heroin and other opiates predominate. The Federal Drug Control Service estimates that 10,000 heroin addicts die from overdose each year. Almost 65 per cent of newly detected HIV cases in the Russian Federation are linked to the abuse of drugs by injection.

735. In the past five years, the reported demand for treatment related to methamphetamine abuse has been increasing in both the Czech Republic and Slovakia. In the Czech Republic, 61 per cent of all persons receiving treatment for drug abuse reported methamphetamine as their primary drug of abuse. Abusers of methamphetamine account for about two thirds of all problematic drug abusers. In 2008, methamphetamine abuse was reported in 26 per cent of all requests for treatment for drug abuse in Slovakia. In the Czech Republic, 82 per cent of patients in treatment for methamphetamine abuse reported having abused drugs by injection; in Slovakia, the figure was 41 per cent.

736. Methamphetamine abuse continues to be limited in Eastern Europe, especially in comparison with the abuse of other stimulants such as cocaine and amphetamine. In European countries, the highest prevalence of the abuse of methamphetamine, known locally as "pervitin", is in the Czech Republic and Slovakia. Some data indicate increased availability of the drug in Hungary and Poland, although the overall level of abuse appears to have remained relatively low.

737. The Board notes the results of the survey on the prevalence of use of sedatives or tranquillizers and antidepressants in Ireland and Northern Ireland (in the United Kingdom). The survey revealed that older adults reported higher prevalence of use in their lifetime, in the past year and in the past month than younger adults for the use of sedatives or tranquillizers and antidepressants and that women reported higher prevalence rates than men for antidepressants. Lifetime prevalence rates for the use of sedatives or tranquillizers and antidepressants were higher among respondents who were separated, divorced or widowed. Various indicators of deprivation (lower socio-economic groups, not being in paid work and lower educational attainment) were associated with higher prevalence rates for sedatives or tranquillizers and antidepressants. The Board encourages the Governments of other countries in Europe to carry out similar surveys, as the excessive use of psychotropic substances is often under-diagnosed.

738. In 2008, according to the Ministry of Health and Social Development of the Russian Federation, of the 389,302 drug abusers registered in treatment centres, 46,976 (12.1 per cent) were HIV-positive. On average, 8,000 people die every year in the Russian Federation as a result of the toxic effects of narcotic drugs and psychotropic substances; about 1,000 of those people die of an overdose of drugs, mainly opiates.

739. The HIV epidemic in Eastern Europe is largely concentrated among persons who abuse drugs by injection. It is estimated that in Eastern Europe, 110,000 people became infected with HIV in 2007, while some 58,000 died of AIDS. A high level of HIV infection has been reported among persons who abuse drugs by injection in Belarus (52 per cent). The number of newly reported HIV cases is rising in Georgia and the Republic of Moldova.

740. In 2008, 1,449 drug-related deaths were registered in Germany, an increase of 3.9 per cent compared with the previous year; the reasons for the increase have not been established. In the United Kingdom, the National Programme on Substance Abuse Deaths reported that it had received from coroners in England and Wales, Northern Ireland, the Channel Islands and the Isle of Man notifications of 1,490 drug-related deaths occurring in 2008, a decrease of 3.2 per cent compared with the number reported in the previous year (1,539).

741. In December 2008, an analysis of drug-related deaths between 1998 and 2005 was published in Ireland. Of the 2,442 drug-related deaths recorded in that period, 1,553 were directly drug-related deaths (poisonings) and 889 were indirectly drug-related deaths (non-poisonings). The annual number of deaths by poisoning increased from 178 in 1998 to 232 in 2005. The majority of deaths by poisoning were males. Moreover, the majority of the cases of death by poisoning involved people aged 20-40 years. Of the 1,553 cases of death by poisoning, 714 (46.0 per cent) were attributable to a single drug or substance. Heroin and unspecified opiates accounted for 159 (22.3 per

cent) of the single-drug poisonings, analgesics containing an opiate compound accounted for 85 (11.9 per cent) deaths and methadone accounted for a further 61 (8.5 per cent) deaths. The number of deaths by poisoning in which cocaine was implicated rose from 5 in 1998 to 34 in 2005. Cocaine was implicated in 100 cases (6.4 per cent of all deaths by poisoning). Of the deaths where cocaine was involved, 29 per cent were attributable to cocaine alone. Prescription medication and over-the-counter medication were implicated in many of the deaths by poisoning. Benzodiazepines played a major role in poly-substance poisonings. Benzodiazepines were involved in 30 per cent of deaths by poisoning.

742. The Board takes note of the EMCDDA publication on Internet-based drug treatment interventions, a new and complementary approach to drug abuse treatment in some European Union member States. An Internet-based drug treatment intervention is defined as "an Internet-based programme that comprises a specially developed/adapted, structured and scheduled drug treatment intervention". The report identifies several Internet-based drug treatment interventions designed for abusers of cannabis, cocaine and "club drugs" (such as MDMA ("ecstasy")). Despite the need for further investigation and the evaluation of existing Internet-based drug treatment interventions, the available data show promising results for further research and development in the European Union. Internet-based drug treatment interventions may prove to be a useful option for reaching a population of drug users in need of support who are often not reached through more traditional approaches.

743. Access to opioid substitution treatment has expanded considerably over the past few years. According to EMCDDA, the total number of drug abusers receiving substitution treatment in member States of the European Union and in Norway in 2007 is estimated at 600,000, up from 570,000 in 2005 and 500,000 in 2003. The available data on the number of drug abusers in substitution treatment suggest an increase in all European countries except France, Hungary, Luxembourg, the Netherlands (countries in which the situation remained nearly stable) and Spain (where a decline that started already in 2002 has continued). The most rapid scaling up of such treatment was seen in Bulgaria (where in 2007 nearly 3,000 treatment places were available, compared with only 380 in 2003) and in Estonia (where the number of drug abusers in substitution treatment increased from 60 to more than 1,000 within five years). The number of drug abusers in substitution treatment more than doubled in the period 2003-2007 in the Czech Republic, Finland, Latvia and Norway. An increase in excess of 40 per cent was reported in Greece, Poland, Portugal, Romania and Sweden.

E. Oceania

1. Major developments

744. Demand for MDMA ("ecstasy") in Australia has increased in recent years. According to the World Customs Organization, approximately 36 per cent of the total amount of "ecstasy" seized globally in 2008 was destined for that country, where widespread use and stable prices underpin demand for that drug. While Canada has remained a significant source of "ecstasy" destined for Australia, Mauritius was also identified as the country from which a shipment of "ecstasy" departed for Australia, an indication that traffickers are devising new routes for smuggling that substance into Australia.

745. In recent years, there has been a significant increase in the smuggling of pharmaceutical preparations containing pseudoephedrine into New Zealand, indicating continued illicit manufacture of amphetamine-type stimulants in that country. The number of pseudoephedrine tablets seized in 2008 was almost 13 times that seized in 2002. Most shipments of preparations containing pseudoephedrine appear to be organized by Asian organized criminal groups based in New Zealand that use Asian students studying in that country and other temporary visitors as "receivers" for those shipments. China has emerged as a major source of pseudoephedrine tablets seized at the New Zealand border. There have also been reports that pseudoephedrine tablets are smuggled into New Zealand from several countries in Oceania, including Fiji, Papua New Guinea and Tonga.

746. The annual prevalence rate of amphetamine and methamphetamine abuse in New Zealand is among the highest in the world; nevertheless, that rate declined gradually from its peaked level at 5 per cent in 2001 to 3.4 per cent in 2006. A recent survey suggested that among persons aged 15-45, the annual prevalence rate further decreased to 1.4 per cent in 2009.

747. In Oceania, a number of regional initiatives, including meetings and training courses, to address drug control issues have been successful, and countries in the region continue to participate actively in those initiatives. In spite of that, the Board noted that with the exception of Australia and New Zealand, all countries in the region have reported limited drug-related data to the Board. In view of the information available, the Board is concerned that countries in the region other than Australia and New Zealand are being targeted for trafficking in and illicit manufacture of drugs. The Board has also noted the involvement of organized crime syndicates in drug trafficking in those countries. The low rate of accession by States in Oceania to the international drug control treaties and the geographical proximity of the region to illicit drug manufacturing countries in South-East Asia make Oceania more vulnerable to drug trafficking. The Board urges the States in the region that are not yet parties to the international drug control treaties to ratify those instruments and encourages them to provide comprehensive drug-related data.

2. Regional cooperation

748. A number of regional conferences continued to bring countries in Oceania together to address drug control issues. The annual meeting of the Regional Security Committee of the Pacific Islands Forum, held in Fiji in June 2009, addressed the need for closer regional cooperation in combating transnational organized crime, including drug trafficking, in Oceania. Participants also highlighted the importance of training programmes offered by Australia and New Zealand relating to detection skills, intelligence-gathering and other core skills such as document examination. In July 2009, the fourth meeting of the Pacific Drug and Alcohol Research Network was held in Vanuatu. Representatives of 11 countries in Oceania, WHO, UNODC and research institutions shared information on the latest trends in drug and alcohol abuse at both the regional and national levels. Participants agreed that more comprehensive data should be developed throughout the region and that more funding should be provided for drug abuse research and treatment.

749. Trafficking in precursor chemicals in Oceania has become an issue of particular concern. In September 2008, the South Pacific Precursor Control Forum convened a workshop in Samoa to consider the implementation in the region of further legislative and regulatory measures to prevent the diversion of precursors for use in the illicit manufacture of amphetamine-type stimulants, in particular the development of model laws on drugs. Participants also discussed the importance of regional compliance with the international drug control treaties. The twelfth National Chemical Diversion Congress of Australia was hosted by New Zealand in November 2008. The Congress, which was attended by representatives of Governments of States in Asia and the Pacific, addressed the situation regarding the diversion of substances in New Zealand and made recommendations regarding ways to reduce the diversion of precursors of amphetamine-type stimulants from domestic distribution channels.

750. Australian and New Zealand law enforcement agencies continued to provide support for capacity-building initiatives in Oceania. The customs authorities of both countries organized training programmes for law enforcement agencies in Papua New Guinea and the Solomon Islands. The New Zealand Police continued to expand its Overseas Police Liaison Network, through which New Zealand police officers are posted to what are believed to be major transit areas for illicit drugs and precursor chemicals destined for New Zealand, including the South and West Pacific. The network has helped to reduce the smuggling of drugs into New Zealand and improve intelligence-sharing among law enforcement authorities in Oceania. The Board encourages the Governments of Australia and New Zealand to continue to strengthen regional cooperation by sharing expertise and providing assistance in drug control in the region.

3. National legislation, policy and action

751. The Board appreciates the efforts of the Government of Australia to control precursors of amphetamine-type stimulants. In 2008, the Australian Crime Commission established the National Clandestine Laboratory Database as a repository for information provided by law enforcement and forensic agencies in Australia with regard to clandestine laboratories. The database is expected to strengthen the intelligence-gathering capacity of the Australian law enforcement agencies. As one of the priorities under its National Amphetamine-Type Stimulant Strategy 2008-2011, Australia has developed a precursor chemical

information resource which will be made available to law enforcement, forensic and health officers to enable them to identify precursor chemicals more easily. In August 2007, the Pharmacy Guild of Australia introduced "Project Stop", an online tool which has been playing an important role in preventing the diversion of pseudoephedrine for use in the illicit manufacture of methamphetamine by enabling pharmacies to monitor sales of pharmaceutical preparations containing pseudoephedrine in real time. To date, approximately 63 per cent of pharmacies in Australia have registered to use the tool.

752. In April 2009, the Government of Australia launched a national campaign against illicit drugs, entitled "Illicit Drug Use — Targeting Young Methamphetamine Users", the overall aim of which is to help to reduce the abuse of methamphetamines, "ecstasy" and cannabis among young Australians aged 15-25 by raising awareness of the harms associated with illicit drug use and directing young drug abusers to relevant support, counselling and treatment services. The Australian Customs and Border Protection Service has developed a drug and precursor strategy for the period 2008-2010 to strengthen its capacity to detect, investigate and prosecute the smuggling of drugs and the illegal importation of precursor chemicals into Australia.

753. In view of the high prevalence rate of abuse of *N*-benzylpiperazine (BZP) abuse in New Zealand, in 2008, the Government of that country strengthened the control of BZP and related substances that are active ingredients in most "party pills", drugs which have a similar effect to that of MDMA ("ecstasy"). The new control measures prohibit the possession, use, sale, supply, import, export and manufacture of BZP.

754. In February 2009, the New Zealand Police launched its "Illicit Drug Strategy to 2010", the aim of which is to reduce the supply of and demand for illicit drugs, particularly cannabis and methamphetamine, which are the drugs most widely abused in New Zealand. The Strategy also provides for tightened precursor control, the strengthening of the National Intelligence Centre to provide more effective assistance in drug-related investigations and the implementation, by 2010, of the Government's Organized Crime Strategy, which targets the relationship between illicit drug manufacture and organized crime. In order to reduce cannabis supply, the New Zealand Police has been conducting a nationwide operation to counter the illicit cultivation, distribution and abuse of cannabis and related crime. During the period 2008-2009, the operation resulted in the eradication of a total of 141,000 cannabis plants — the highest number in 10 years — and the arrest of 1,100 offenders. The New Zealand Police has also established special response teams to detect and dismantle methamphetamine laboratories with the aim of reducing supply of that drug. In addition, the entry into force of the Criminal Proceeds (Recovery) Act 2009 is expected to strengthen the capacity of the Police to recover the proceeds of illicit drug crop cultivation and illicit drug manufacture and trafficking.

755. In October 2009, the Government of New Zealand announced a new national action plan to tackle the problems of methamphetamine in the country. The action plan is aimed at reducing the use of methamphetamine by restricting public access to pseudoephedrine (the precursor used in the illicit manufacture of methamphetamine), strengthening the capacity of law enforcement authorities and improving treatment service for methamphetamine abusers.

756. The Board welcomes the initiatives undertaken by the Governments of Fiji and Samoa to tackle the growing problems of illicit drug manufacture and trafficking. Samoa is considering amendments to its Narcotics Act in order to strengthen precursor control and increase penalties for drug-related offences. In view of the growing problem of the illicit cultivation of cannabis plants in Fiji, the Police of Fiji have developed a community policing model whereby the community joins forces with the police in eradicating cannabis plants. The initiative has gained significant momentum and will eventually be adopted nationwide. In 2009, the Drug Unit of the Fiji Police Force developed a programme to raise awareness of the risks associated with drug abuse through presentations in prisons, schools and villages throughout Fiji.

4. Cultivation, production, manufacture and trafficking

Narcotics

757. Illicit cannabis cultivation continues to be reported in Oceania. Cannabis plants are illicitly cultivated not only in Australia and New Zealand but also in Fiji, Papua New Guinea, Samoa and Tonga. It appears that in recent years, organized criminal groups

have been involved in the illicit manufacture of and trafficking in cannabis in those countries. There is concern that the development of the "cannabis industry" will facilitate the investment of profits from that industry in the illicit manufacture of other drugs, in particular methamphetamine. In view of the lack of systematic surveillance systems in those countries, the Board urges the Governments in question to take measures to prevent the illicit production of and trafficking in cannabis.

758. Cannabis continues to be the drug most commonly seized in Oceania. Most of the cannabis seized in the region had been produced domestically, while a very small proportion has been smuggled from other regions. During the reporting period 2007/08, Australia seized a total of 5,400 kg of cannabis nationwide, including 54 kg seized at the customs border. Major sources of the cannabis seized at the border include the Netherlands, Papua New Guinea, Thailand and the United States of America. In New Zealand, 98 per cent of cannabis abusers surveyed in 2008 as part of an annual study described the availability of cannabis as "very easy" or "easy". In 2008, New Zealand reported the seizure of 700 kg of cannabis herb and 156,000 cannabis plants. In 2009, Fiji also reported large seizures of cannabis plants, including 15,000 cannabis plants eradicated by the Fiji Police Force during "Operation Yadra Viti Rua".

759. While cocaine seizures in Oceania account for only a very small proportion of global seizures of that drug (0.1 per cent in 2007, according to UNODC), the quantity of cocaine reported to have been seized in the region has increased in the past few years. Australia accounted for 99 per cent of such seizures effected in the region in 2007 and reported the seizure of 842 kg of cocaine in 2008. Eighty per cent of the cocaine seized at the border had been concealed in sea cargo shipments. The smuggling of cocaine from Canada continues to pose a serious problem in Australia. In addition, cocaine is increasingly being smuggled into Australia through China (including Hong Kong). West African criminal groups are believed to have been involved in a number of cases of cocaine smuggling detected at the Australian border. Mexico has also emerged as the country from which a shipment of cocaine departed for Australia. In early 2009, Australian law enforcement authorities detected an organized criminal group that was attempting to smuggle 144 kg of cocaine from Mexico into Australia. Cocaine seizures in New Zealand remained at a low level in 2008, while Samoa reported one incident in 2008 in which an attempt had been made to smuggle cocaine into that country by mail. Very limited information on cocaine trafficking and seizures in other countries in the region was reported to the Board.

760. South-West and South-East Asia remain major sources of the heroin smuggled into Australia. Australian criminal groups with long-established links to South-East Asian heroin traffickers continue to be actively involved in smuggling that drug. Heroin smuggled out of Malaysia and Viet Nam has also been detected in Australia. In May 2009, Australia reported the seizure at Sydney Airport of 2 kg of heroin from a passenger arriving from Malaysia and a further 1.4 kg of the drug from a passenger arriving from Viet Nam. Heroin is smuggled into Australia chiefly by mail, air cargo and air passenger. New Zealand reported the seizure of only a very small amount of heroin (34.5 grams) in 2008. Very limited information regarding trafficking in and seizures of heroin in countries in Oceania other than Australia and New Zealand has been reported.

Psychotropic substances

761. Combating the illicit manufacture of amphetamine-type stimulants remains a priority for law enforcement authorities in Oceania. Domestic clandestine manufacture remains the main source of such substances in Australia, where 271 laboratories engaged in such manufacture (including MDMA ("ecstasy") laboratories) were seized during the period 2007-2008, a number consistent with the steady trend observed since 2004. While the clandestine laboratories found to be manufacturing amphetamine-type stimulants in Australia tend to be large, so-called "box labs" — small and highly mobile laboratories that can be easily packed away for storage and transportation — have also been detected in that country.

762. Most of the methamphetamine seized in New Zealand had been illicitly manufactured in that country. In 2008, a total of 133 clandestine methamphetamine laboratories were dismantled in that country, a significant decrease from 190 in 2007 and 211 in 2006. While stricter legislative control measures and the introduction of the Organized Crime Strategy may have played a significant role in reducing illicit

methamphetamine manufacture in New Zealand, the decrease in the number of laboratories dismantled and the fact that the amount of precursors seized at the border remains large suggest that illicit drug manufacturers may be devising new methods.

763. Although amphetamine-type stimulants are supplied primarily by domestic clandestine manufacturers, evidence shows that they are increasingly being smuggled into Oceania. In Australia, the quantity of amphetamine-type stimulants seized at the border has increased almost 10-fold from 27 kg during the reporting period 2006/07 of the Australian Customs and Border Protection Service to 263 kg during the reporting period 2007/08 of that body. Major source regions include North America and South-East Asia. In November 2008, Australian law enforcement authorities in Adelaide seized 80 kg of methamphetamine concealed in a shipment from China. The seizure was one of the largest methamphetamine seizures reported in Adelaide to date. New Zealand reported the seizure of 96 kg of methamphetamine in December 2008, one of the largest seizures of methamphetamine in that country to date.

764. There is evidence that other countries in Oceania are also being targeted by traffickers of amphetamine-type stimulants. The Board notes that in French Polynesia in 2008, a methamphetamine trafficking network was detected and 19 persons were sentenced for drug-related offences. The network was believed to have been operating in that territory for at least a few years before it was dismantled.

Precursors

765. The quantity of precursors seized in Oceania is increasing. During the reporting period 2007/08, Australia reported the seizure of a total of 1,169 kg of precursor chemicals at the border, a dramatic increase compared with the 295 kg seized during the reporting period 2006/07. According to the New Zealand Customs Service, the number of seizures of precursors has increased by 12 times in the past six years.

766. Trafficking in ephedrine and pseudoephedrine as raw materials — mainly concealed in cargo transported by air or ship or in international mail items — continued to be reported in Australia and New Zealand. East and South-East Asia remains the major source region for most of the consignments seized. In 2008, Australian law enforcement agencies seized 1,100 kg of ephedrine, a large proportion of which had originated in China (including Hong Kong), India, Malaysia, the Republic of Korea or Viet Nam. Japan was also identified as the source of a seized shipment of ephedrine destined for Australia. In June 2009, the Australian Customs Service reported a large seizure of 1.8 tons of precursor chemicals, including 200 kg of pseudoephedrine, concealed in a shipment from China. In 2008, New Zealand reported the seizure of 14.5 kg of ephedrine that had originated in India and 154 kg of pseudoephedrine concealed in cement plaster shipped from China. In the latter case, two men were subsequently sentenced to life imprisonment for their involvement.

767. While the illicit manufacture of MDMA ("ecstasy") continued to be reported in Australia, the quantity of seized precursors of MDMA decreased. In 2008, Australia reported having seized 1 litre of isosafrole compared with a total of 255 litres of isosafrole and 1,900 litres of 3,4-MDP-2-P seized in that country in 2007. No seizures of those substances were reported in other countries in Oceania, including Fiji and New Zealand.

Substances not under international control

768. An increasing quantity of GBL is reported to have been seized in Oceania. In 2008, the Australian Customs and Border Protection Service detected 18 shipments of GBL, the combined weight of which was 2,263 kg (equivalent to 2,534 litres). The shipments had originated mainly in China, Germany, Japan, Poland or the United Kingdom. Seizures of GHB continued to be reported in Australia in 2009, while New Zealand reported the seizure of a combined total of 837 litres of GBL and GHB in 2008, a sharp increase from 5 litres in 2007.

769. While the annual prevalence of ketamine abuse has remained low in Australia (0.3 per cent in 2004 and 0.2 per cent in 2007), seizures of that substance have continued to be reported. In 2008, 26 consignments of ketamine totalling 3.8 kg were seized in Australia, having been detected primarily in mail items or smuggled by air passengers. The majority of the consignments had originated in China (including Hong Kong), India, New Zealand, Peru or Thailand.

770. Evidence shows that traffickers are turning to natural plant extracts in an effort to circumvent

tightened controls over ephedrine. In September 2008, Australian law enforcement authorities seized a shipment from India consisting of five drums of powdered extract of the plant *Sida cordifolia*; approximately 6 kg of ephedrine could have been obtained from that shipment.

771. In recent years, New Zealand has reported having seized an increasing quantity of iodine and hypophosphorous acid. It is believed that the seized substances were to have been used for the illicit manufacture of methamphetamine. In 2008, New Zealand reported 63 seizures of solid iodine totalling 52 kg, a significant increase of 58 per cent compared with the 33 kg seized in 2007. Moreover, 45 litres of hypophosphorous acid were seized in that country in 2008, almost three times the amount seized in 2007.

5. Abuse and treatment

772. In Australia, according to the results of the 2007 National Drug Strategy Household Survey, 38.1 per cent of the population aged 14 or older had used an illicit drug at some time in their lives, while 13.4 per cent had used an illicit drug in the past 12 months, a considerable decrease from 15.3 per cent in 2004. Female teenagers were more likely than male teenagers (both in the age group 14-19) to have ever used an illicit drug (26.5 per cent compared with 21.1 per cent). However, in all other age groups, males were more likely than females to have ever used an illicit drug (41.4 per cent compared with 34.8 per cent). The average age at which respondents had first tried illicit drugs was about 19 years old.

773. The prevalence rate of drug abuse by injection remained low in Australia (an annual prevalence rate of 0.5 per cent in 2007), consistent with the trend of the past several years (0.6 per cent in 2001 and 0.45 per cent in 2004). Methamphetamine and amphetamine are the drugs most commonly injected, followed by heroin. About 30 per cent of persons who abuse drugs by injection do so daily, and approximately 59 per cent obtain needles and syringes from pharmacies; 62.5 per cent had never shared a needle or other injecting equipment with another person.

774. Although cannabis remains the drug most commonly abused in New Zealand, the prevalence rate of cannabis abuse in that country has declined in recent years. The annual prevalence rate of cannabis abuse among persons aged 15-45 decreased from 20.4 per cent in 2003 to 17.9 per cent in 2006. Despite low demand for cocaine in New Zealand, cocaine abuse in that country has increased in recent years. In 2006, 1.1 per cent of the population aged 15-45 had used cocaine in the past 12 months, a significant increase from 0.5 per cent in 2003. The annual prevalence rate of the abuse of MDMA ("ecstasy") abuse in New Zealand has increased in recent years, from 2.9 per cent in 2003 to 3.9 per cent in 2006.

775. According to a recent survey in New Zealand, 70 per cent of persons who abused drugs frequently were male, 63 per cent of persons who frequently abused MDMA ("ecstasy") were college and secondary-school students and 81 per cent of persons who frequently abused drugs by injection were unemployed or receiving sickness benefits. The drug most commonly injected was heroin. Eighty-nine per cent of frequent drug abusers obtained needles through a needle exchange programme in 2007; 91 per cent had not shared a needle with another person in the past six months.

776. For most of the countries in Oceania other than Australia and New Zealand, published surveys on drug abuse are not available. However, according to information available to the Board, cannabis is the drug most commonly abused in those other countries, mainly on account of its ready availability and low cost. Cannabis is generally consumed in combination with alcohol. The number of male cannabis abusers is significantly higher than that of female cannabis abusers. The majority of cannabis abusers are young persons aged 15-20. The Board urges States in the region to develop surveillance systems to monitor the situation with regard to drug abuse.

777. In 2007 and 2008, a total of 658 agencies were registered as providing treatment for the abuse of alcohol and other drugs in Australia; of these, 50 per cent were non-governmental providers. The drugs for the abuse of which treatment was most commonly sought were cannabis, amphetamine-type stimulants and heroin. Counselling was the most common type of treatment in the period 2007-2008, followed by withdrawal management (detoxification), assessment, education and rehabilitation.

778. In Australia, opioid addicts have been treated using opioid pharmacotherapy for a number of decades. According to a survey by the Government of Australia, as at 30 June 2008, a total of 41,347 persons

were receiving pharmacotherapy treatment, 2,500 more than in 2007. Of that total, about two thirds were male. Persons aged 30-39 accounted for the largest proportion of those receiving treatment (38 per cent); persons in the age group 20-29 accounted for 25 per cent, while those aged 40-49 accounted for a further 25 per cent. Seventy per cent of those receiving treatment were treated with methadone; the remainder were treated with buprenorphine or buprenorphine with naloxone, a combined preparation that is used more commonly in Australia than buprenorphine alone as a treatment for opioid dependence. Approximately 65 per cent of those surveyed received treatment from a private treatment provider. In 2008, there were some 1,400 practitioners authorized to prescribe pharmacotherapy drugs in Australia, a slight increase since 2007.

779. During the period 2007-2008 in New Zealand, an estimated 23,500 drug abusers received treatment from public services. Of that number, 35 per cent were female. The service most commonly sought by persons who frequently abused drugs by injection was the needle exchange programme, whereas persons who frequently abused methamphetamine and MDMA ("ecstasy") were more likely to seek the help of a social worker or counsellor. The source of assistance most commonly sought by secondary-school students with drug-related problems in New Zealand was consultation with friends, followed by discussions with parents, school counsellors, family doctors and services for the treatment of drug abuse.

780. The Government of New Zealand has established drug treatment units in prisons as part of a programme to reduce drug abuse among prisoners. The units offer an intensive six-month programme that includes behavioural therapy and the provision of information on the dangers of drug addiction. The establishment of the drug treatment units has yielded satisfactory results to date. It is expected that the units will be able to provide treatment for alcohol and drug abuse to 1,000 prisoners by 2011.

781. Countries in Oceania other than Australia and New Zealand have reported limited information on treatment for drug abuse to the Board. However, it is noted that in certain countries, such as Fiji, Papua New Guinea and the Solomon Islands, treatment for drug abuse is provided mainly by general or psychiatric hospitals. In general, such treatment is received on a voluntary basis and drug abuse issues are usually addressed through counselling. The Board encourages countries in the region other than Australia and New Zealand to develop comprehensive and effective programmes for the treatment of drug abuse and demand reduction strategies.

IV. Recommendations to Governments, the United Nations and other relevant international and regional organizations

782. The Board monitors the implementation of the international drug control treaties by Governments and examines the functioning of the international drug control regime at the national and international levels. Based on its analysis, the Board makes recommendations to Governments, international and regional organizations.

783. In the present chapter, the Board highlights key recommendations contained in chapters II and III of its annual report. The recommendations contained in chapter I are not included in chapter IV. The Board invites all Governments and relevant international and regional organizations to examine all recommendations made by the Board in its annual report and to implement them, as appropriate. The Board calls upon those concerned to keep it informed of their action in response to the recommendations.

A. Recommendations to Governments

784. The recommendations to Governments are grouped according to the following subject areas: treaty accession; treaty implementation and control measures; prevention of illicit drug production, manufacture, trafficking and abuse; prevention of diversion of precursors into the illicit traffic; availability and rational use of narcotic drugs and psychotropic substances for medical purposes; and illegal Internet pharmacies.

1. Treaty accession

785. 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 and the universal implementation of the provisions of the conventions are a fundamental prerequisite for efficient drug control worldwide.

Recommendation 1: While nearly all States have acceded to the international drug control treaties, there are still a few States which are not yet parties to one or more of the treaties.[53] **The Board requests those States which are not yet parties to one or more of the international drug control treaties to accede to the treaties without further delay.**

2. Treaty implementation and control measures

786. Universal accession to the three main international drug control treaties will, however, not be sufficient without effective and universal implementation of all the provisions of the treaties and the application of the necessary control measures by all Governments.

Recommendation 2: The provisions of the treaties must be implemented in the entire territory of each State party, including its federated states or provinces. Local, regional and/or state measures that violate the provisions of the international drug control treaties facilitate the trafficking in and abuse of narcotic drugs and psychotropic substances. **The Board calls upon States to ensure that the provisions of the international drug control treaties are implemented on their entire territory and that drug control laws and policies are nationally consistent and in line with the provisions of those treaties.**

Recommendation 3: The timely submission to the Board of information required under the international drug control conventions is one of the key elements of the international drug control system. **The Board calls upon Governments to furnish in a timely manner all**

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[53] The following States are not parties to the international drug control treaties and/or the 1972 Protocol amending the 1961 Convention:

(a) States not parties to the 1961 Convention as amended by the 1972 Protocol or to the 1961 Convention in its unamended form: Cook Islands, Equatorial Guinea, Kiribati, Nauru, Samoa, Timor-Leste, Tuvalu and Vanuatu;

(b) States not parties to the 1972 Protocol amending the 1961 Convention: Afghanistan and Chad;

(c) States not parties to the Convention of 1971: Cook Islands, Equatorial Guinea, Haiti, Kiribati, Liberia, Nauru, Samoa, Solomon Islands, Timor-Leste, Tuvalu and Vanuatu;

(d) States not parties to the 1988 Convention: Equatorial Guinea, Holy See, Kiribati, Marshall Islands, Naura, Palau, Papua New Guinea, Solomon Islands, Somalia, Timor-Leste and Tuvalu.

statistical reports required under the conventions. Governments are encouraged to seek from the Board any information that will help them in meeting their reporting obligations under the conventions.

Narcotic drugs and psychotropic substances

Recommendation 4: The Governments of some countries did not submit to the Board their estimates of requirements for narcotic drugs for 2010; therefore, the estimates for those countries were established by the Board. **The Board urges the Governments concerned to examine their national requirements for narcotic drugs for 2010 and provide their own estimates to the Board for confirmation as soon as possible, in order to prevent any potential difficulties in importing the quantities of narcotic drugs required for medical and scientific purposes.**

Recommendation 5: Supplementary estimates continue to be an important tool for meeting unexpected shortfalls in the availability of narcotic drugs. The Board notes that the number of supplementary estimates submitted by Governments is increasing. **The Board requests Governments to determine their annual estimates of requirements for narcotic drugs as accurately as possible, so that resorting to supplementary estimates is reserved only for unforeseen circumstances. However, when developments in medical treatment, including use of new medicaments, result in additional needs for narcotic drugs, Governments should not hesitate to submit supplementary estimates.**

Recommendation 6: The system of assessments of annual medical and scientific requirements for psychotropic substances, as recommended by the Economic and Social Council in its resolutions 1981/7 and 1991/44, is a very effective control measure applied to international trade in psychotropic substances. However, some Governments issued import authorizations for psychotropic substances in absence or in excess of the corresponding assessments. Among those Governments, some have for several years not updated the assessments of their requirements for psychotropic substances. **The Board requests Governments not to authorize imports of psychotropic substances in quantities exceeding their assessments and calls upon Governments to examine their assessments of requirements for psychotropic substances on a regular basis. Changes in the annual licit requirements of psychotropic substances should be communicated to the Board without delay.**

Recommendation 7: The import and export authorization system for all psychotropic substances has proved particularly effective in preventing the diversion of those substances from international trade. **The Board requests Governments that have not yet done so to introduce the requirement of import and export authorizations for substances in Schedules III and IV of the 1971 Convention, in accordance with Economic and Social Council resolutions 1985/15, 1987/30, 1991/44, 1993/38 and 1996/30.**

Recommendation 8: Traffickers keep using falsified import authorizations when attempting to divert narcotic drugs or psychotropic substances from international trade. **The Board encourages Governments of exporting countries to continue to examine the legitimacy of orders for narcotic drugs and psychotropic substances and to use the estimates for narcotic drugs and the assessments for psychotropic substances, which are published by the Board, for this purpose. Import orders identified as suspicious because they exceed the estimates or assessments of the relevant importing country should be verified with the Board, or brought to the attention of the importing countries, prior to authorizing such export.**

Recommendation 9: In some countries, the advertising of psychotropic substances to the general public continues through various communication channels, including mass media and the Internet. Direct-to-consumer advertising may lead to the excessive use and, ultimately, the abuse of pharmaceutical preparations containing psychotropic substances. **The Board requests the Governments concerned to comply with the requirements of the 1971 Convention and to prohibit the advertisement of psychotropic substances to the general public.**

Precursors

Recommendation 10: Governments report to the Board seizures of substances in Tables I and II of the 1988 Convention on form D. While such seizure data are useful, they would be more valuable for the analyses carried out by the Board if the circumstances

of the seizures, such as methods used for the diversion and the illicit manufacture of the substances, were included in the reports. **The Board requests Governments to furnish to the Board information on the results of investigations concerning seizures and intercepted shipments of precursors.**

Recommendation 11: An increasing number of Governments have furnished to the Board estimates of their annual requirements for selected precursors of amphetamine-type stimulants. Those estimates are published each year in the report of the Board on the implementation of article 12 of the 1988 Convention and are posted on the website of the Board (www.incb.org). That information has assisted Governments in identifying shipments with the potential for diversion. **The Board encourages Governments to review the estimates they have furnished and to inform the Board of any changes or updates to ensure that the estimates published by the Board remain as accurate as possible.**

Recommendation 12: PEN Online, the automated online system for the exchange of pre-export notifications, has continued to demonstrate its usefulness in identifying suspicious shipments of precursors and the prevention of their diversion. **The Board encourages all Governments that have not yet done so to register for and utilize the PEN Online system, pursuant to Security Council resolution 1817 (2008).**

3. Prevention of illicit drug production, manufacture, trafficking and abuse

787. One of the key objectives of the international drug control treaties is to limit to legitimate purposes the production, manufacture, export, import and distribution of, trade in and use of internationally controlled substances and to prevent their diversion and abuse.

Recommendation 13: The Board remains concerned that the level of illicit opium poppy cultivation in Afghanistan continues to be high. In addition, Afghanistan has become a significant manufacturer of heroin and other opiates, as well as a major source of cannabis. Afghanistan also has one of the world's highest rates for the abuse of opiates. **The Board urges the Government of Afghanistan to pursue its National Drug Control Strategy in order to achieve a substantial and permanent reduction in opium poppy and cannabis plant cultivation and in opium and cannabis production, trafficking and abuse. The Board calls upon the international community to continue to assist the Government of Afghanistan.**

Recommendation 14: Countries in South-East Asia have made significant progress in reducing illicit opium poppy cultivation over the years. However, the Board notes with concern that in 2008, the total area under illicit opium poppy cultivation in the region increased by over 3 per cent compared with 2007. Increases were reported in countries such as the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam. **The Board urges the Governments concerned to strengthen their efforts to eradicate the illicit cultivation of opium poppy.**

Recommendation 15: Surveys conducted by the Government and UNODC indicate that in 2008 illicit coca bush cultivation in Colombia declined substantially compared with the previous year and that such cultivation returned to levels recorded at the beginning of the decade. **The Board encourages the Government of Colombia to continue its eradication programme and to further strengthen its efforts in addressing drug abuse and drug trafficking in the country.**

Recommendation 16: The Board notes with concern that both the reported total area under coca bush cultivation and the expected coca leaf production have increased over the past few years in the Plurinational State of Bolivia. The Board recalls the expressed commitment of the Government when introducing its present policies towards coca bush cultivation and coca leaf production: zero tolerance of trafficking in cocaine and all related activities (cultivation, production etc.). **The Board urges the Government of the Plurinational State of Bolivia to adopt more effective policies and strengthen its efforts to eradicate illicit coca bush cultivation in the country, as well as to address in a decisive manner the illicit manufacture of and trafficking in cocaine.**

Recommendation 17: The Board is also concerned that both the reported total area under coca bush cultivation and the potential cocaine manufacture have increased over the past few years in Peru. In 2008, the total area of illicitly cultivated coca bush eradicated in the country decreased compared with the previous year. **The Board urges the Government of Peru to**

strengthen its eradication efforts and, in particular, to prevent the expansion of coca bush cultivation in the country.

Recommendation 18: In Morocco, there continues to be significant illicit cultivation of cannabis plants. Morocco is also an important source of illicitly produced cannabis and cannabis resin. **The Board encourages the Government of Morocco to continue its efforts in implementing eradication measures, alternative livelihood programmes and awareness-raising campaigns in areas where illicit cannabis cultivation takes place and to ensure that further progress is made in addressing such cultivation and related problems.**

Recommendation 19: The Board notes that countries in Africa are used as transit areas for consignments of cocaine from South America destined for Europe and are also used for the diversion of precursor chemicals, for subsequent use in the illicit drug manufacture in other regions. The Board is concerned by evidence uncovered in Guinea in 2009 suggesting that, to some degree, the processing of cocaine, as well as the illicit manufacture of MDMA ("ecstasy"), had taken place in that country. **The Board calls upon Governments of African countries to be aware of the risk that their countries might be used for illicit drug manufacture and to take appropriate measures to prevent such illicit activities from taking place in their countries.**

Recommendation 20: In most countries in Africa, medical facilities for the treatment and rehabilitation of drug dependence are inadequate or non-existent. Frequently, only small numbers of drug-dependent patients can be accommodated in the psychiatric wards of national general hospitals. The treatment and rehabilitation of drug-dependent persons often depend on assistance provided by relevant international organizations, such as WHO and UNODC, and non-governmental organizations. **The Board encourages African Governments to conduct surveys on the extent and nature of drug abuse in their countries, and to design appropriate programmes for drug abuse prevention and demand reduction that target young people. The Board also urges African Governments to provide adequate support to existing treatment services and facilities, in order to ensure proper treatment of drug-dependent persons, and to provide the support necessary to establish and maintain suitable rehabilitation facilities.**

Recommendation 21: The diversion of pharmaceutical preparations containing narcotic drugs and psychotropic substances from domestic distribution channels has increased. In addition, now there are new channels for trafficking in those pharmaceutical preparations, such as illegally operating Internet pharmacies and smuggling through the mail. Most countries do not systematically collect data on the abuse of and/or trafficking in pharmaceutical preparations containing controlled substances. As a result, drug control authorities and policymakers have little or no relevant information on which to base their decisions. **The Board calls upon Governments to include pharmaceutical preparations containing controlled substances in their national surveys on drug abuse, in order to obtain information on the types of controlled substances abused and the extent of their abuse, which would allow them to introduce the most appropriate drug control strategies.**

Recommendation 22: The diversion and abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances for which prescriptions are required under the international drug control treaties represent a serious problem in some countries. **The Board encourages the Governments concerned to introduce or expand programmes for monitoring the domestic distribution of prescription drugs. Furthermore, in order to reduce the problem of improper prescribing practices, Governments should consider carrying out programmes to inform health-care professionals and the general public of the dangers of misusing prescription drugs containing narcotic drugs and psychotropic substances.**

Recommendation 23: Diversion of preparations containing buprenorphine for subsequent trafficking and abuse continues, particularly in countries where buprenorphine is used for the treatment of opioid addicts. **The Board calls upon Governments to inform the Board of new developments regarding trafficking in and abuse of preparations containing buprenorphine. The Board urges the Governments of countries in which buprenorphine is used to review the adequacy of the current controls applied to buprenorphine, identify any gaps that might need to be closed and consider enhancing the control**

mechanisms applied to the distribution of buprenorphine in their territory, with a view to preventing illicit activities.

Recommendation 24: The use of methylphenidate, a stimulant in Schedule II of the 1971 Convention, for medical purposes continues to increase, as more and more countries are using the substance for such purposes. The diversion and abuse of preparations containing methylphenidate have been noted, in particular in countries with a high level of consumption of methylphenidate. **The Board calls upon the Governments concerned to ensure that the control measures foreseen by the 1971 Convention are fully applied to methylphenidate and to take additional measures to prevent both the diversion from licit distribution channels and the abuse of preparations containing that substance.**

Recommendation 25: Some countries in Central America lack forensic expertise in analysing the composition of seized pharmaceuticals, including those containing substances under international control. **The Board invites countries in the Americas with advanced forensic capabilities to provide assistance to partner countries within the framework of regional agreements to combat drug trafficking and abuse, in order to improve the forensic capabilities of those other countries (see also recommendations 46 and 50 below).**

Recommendation 26: The Commission on Narcotic Drugs, in its resolution 52/8, on the use of pharmaceutical technology to counter drug-facilitated sexual assault, urged Member States to take measures to address the emerging problem of the use of psychoactive substances to facilitate the commission of sexual assault. The substances covered by that resolution include internationally controlled narcotic drugs and psychotropic substances and substances not under international control. **The Board calls upon Governments to implement Commission resolution 52/8 as soon as possible. The Board encourages Governments to alert vulnerable segments of their population to that problem, to share information on the subject with law enforcement agencies and the judiciary and to solicit the support of the industry.**

Recommendation 27: The Commission on Narcotic Drugs, in its resolution 51/13, on responding to the threat posed by the distribution of internationally controlled drugs on the unregulated market, requested Member States to continue to offer to affected States cooperation and support in dealing with the problem and encouraged affected States to consider adopting measures to enable the swift detection of new forms of illicit distribution of internationally controlled drugs. **The Board calls upon Governments to implement Commission resolution 51/13 without delay. In that regard, the Board encourages Governments to consider providing training and introducing the use of technology by customs authorities to identify counterfeit medicaments.**

Recommendation 28: Traffickers continue to smuggle opium poppy seeds from countries where the cultivation of opium poppy is prohibited. The Economic and Social Council in its resolution 1999/32, on the international regulation and control of trade in poppy seeds, called upon Member States to take measures to fight such international trade in poppy seeds from countries in which no licit cultivation of opium poppy is permitted. **The Board calls upon the Governments of countries that permit the importation of poppy seeds to implement the provisions of Council resolution 1999/32 and to require a certificate from the country of origin of the seeds as the basis for importation.**

Recommendation 29: A number of Governments have reported an increase in the illicit cultivation of cannabis plants, especially indoor cultivation. The increasing availability of cannabis seeds, in particular over the Internet, is contributing to that development. Related sale sites and advertisement obviously incite illicit cultivation of cannabis plants. The Board notes that article 3, paragraph 1 (c) (iii), of the 1988 Convention requires States parties to establish as a criminal offence, inter alia, public incitement or inducement of others to engage in the illicit cultivation of the cannabis plant or to use cannabis illicitly. **The Board calls upon Governments to apply the relevant provisions of the 1988 Convention and to take appropriate measures against the sale of cannabis seeds for illicit purposes, including through the Internet.**

Recommendation 30: Herbal mixtures sold under the name “Spice” have recently been the focus of attention of health authorities and drug regulators in many countries. The identification of synthetic cannabinoids in some of those herbal mixtures has raised concern

about their abuse liability and their potential health effects. Those concerns have prompted several countries to adopt measures to regulate the use of and trade in some synthetic cannabinoids and products that contain them. **The Board urges Governments to closely monitor new developments with regard to the abuse of synthetic cannabinoids, which are often marketed as innocuous products such as herbal incense. The Board encourages Governments to identify the manufacturers of Spice products containing synthetic cannabinoids. The Board requests Governments to provide to the Board and to WHO all information available regarding the abuse in their countries of herbal mixtures such as Spice products and the synthetic cannabinoids contained therein.**

Recommendation 31: Governments should be aware that changes in drug abuse patterns may require adjustments in programmes for the treatment of drug addiction. If the controlled substance that is abused is contained in a prescription drug, adequate treatment options will need to be identified and implemented. **The Board encourages Governments of countries in which prescription drugs containing narcotic drugs or psychotropic substances are abused to develop and pursue adequate treatment options.**

Recommendation 32: The Board notes with concern that, in a small number of countries, "drug consumption rooms" and "drug injection rooms", where persons can abuse with impunity drugs acquired on the illicit market, continue to operate. **The Board calls upon Governments to close those facilities and similar outlets and to promote the access of drug abusers to health and social services, including services for the treatment of drug abuse, in conformity with the provisions of the international drug control treaties.**

4. Prevention of diversion of precursors into the illicit traffic

788. One of the objectives of the 1988 Convention is to prevent the diversion of precursors for subsequent use in the illicit manufacture of narcotic drugs or psychotropic substances.

Recommendation 33: The Board prepares each year a report on the implementation of article 12 of the 1988 Convention containing recommendations to Governments on the control of precursors. **The Board calls upon Governments to implement recommendations contained in the 2009 report of the Board on the implementation of article 12 of the 1988 Convention.**[54]

Recommendation 34: The Board is concerned that traffickers have continued to divert precursors from domestic distribution channels, as indicated by the fact that most of the acetic anhydride seized in 2008 had been diverted from such channels. **The Board calls upon Governments to take effective measures to prevent the diversion of precursors from domestic distribution channels.**

Recommendation 35: Ephedrine and pseudoephedrine in the form of pharmaceutical preparations are increasingly being diverted for subsequent use as precursors in the illicit manufacture of amphetamine-type stimulants. **The Board urges Governments to control ephedrine and pseudoephedrine in the form of pharmaceutical preparations in the same manner as they control the scheduled substances themselves.**

Recommendation 36: As many Governments have introduced or strengthened controls over precursors, traffickers are increasingly attempting to divert those substances through countries or regions with less stringent controls. **The Board urges Governments to continue to ensure that adequate controls over precursors are in place to prevent the diversion of those substances on their territory and to notify the Board about any new substances that they have identified as being used in illicit drug manufacture.**

Recommendation 37: In Africa, there is a need to build capacity, including in the form of forensic skills, at the national level in the area of precursor control. **The Board calls upon the Governments of all African countries to strengthen their national mechanisms for precursor control and to cooperate with the Governments of other countries in the region and relevant international bodies in that regard.**

Recommendation 38: Although seizures of large amounts of precursor chemicals under international control, as well as precursor chemicals under national control, continue to be reported in South America,

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[54] *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2009 … .*

information on the trafficking routes and diversion methods used and, in particular, on the sources of seized chemicals is scarce. **The Board calls upon Governments of countries in South America to design strategies similar to those developed in the framework of Project Cohesion, in order to identify gaps in precursor control measures and the sources of precursors used in illicit drug manufacture.**

5. Availability and rational use of narcotic drugs and psychotropic substances for medical purposes

789. One of the fundamental objectives of the international drug control treaties is to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes and to promote access to and rational use of narcotic drugs and psychotropic substances.

Recommendation 39: Significant discrepancies in consumption levels of narcotic drugs and psychotropic substances continue to be observed in different regions. Although some of those differences can be explained by differences in medical treatment and by varieties in prescription patterns, excessively high or low levels in drug consumption require special attention. **The Board calls upon Governments to examine trends in the consumption of internationally controlled substances in their countries, to promote access to and rational use of narcotic drugs and psychotropic substances, to adopt measures against unlawful medical practice and to ensure that domestic distribution channels are adequately controlled.**

Recommendation 40: Discrepancies in the consumption levels of opioid analgesics in different countries continue to be very significant. Factors such as knowledge limitations and administrative barriers stricter than the control measures required under the 1961 Convention affect the availability of opioid analgesics. **The Board requests the Governments concerned to identify the impediments in their countries to access to and adequate use of opioid analgesics for the treatment of pain and to take steps to improve the availability of those narcotic drugs for medical purposes, in accordance with the pertinent recommendations of WHO.**

Recommendation 41: The consumption of opioid analgesics for the treatment of pain in many countries remains very low. The Access to Controlled Medications Programme, to be implemented by WHO, will provide effective assistance to Governments in promoting rational use of opioid analgesics. **The Board calls upon Governments to support and cooperate with WHO in the implementation of the Access to Controlled Medications Programme.**

6. Illegal Internet pharmacies

790. The global nature of the problems of illegal sales of controlled substances through the Internet and the smuggling of controlled substances by mail require concerted action by the international community.

Recommendation 42: The *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*,[55] developed by the Board, were launched in March 2009. The Board hopes that the Guidelines will help each Government to identify the control measures most appropriate for its country. **The Board calls upon Governments to implement the recommendations contained in the Guidelines without delay and to the fullest extent possible.**

Recommendation 43: In Commission on Narcotic Drugs resolution 50/11, on international cooperation in preventing the illegal distribution of internationally controlled licit substances via the Internet, Governments were encouraged to notify the Board, in a regular and standardized manner, of seizures of internationally controlled licit substances ordered via the Internet and delivered through the mail. The Board distributed in February 2009 to all Governments a standard format to be used for reporting such seizures. **The Board invites Governments that have not yet done so to establish national mechanisms for collecting data on seizures as requested by the Commission in its resolution 50/11 and to report to the Board using the standard format sent to them. The information received by the Board will allow it to analyse the situation with respect to internationally controlled substances ordered via the Internet and delivered through the mail and to report on that situation to the Commission.**

Recommendation 44: An increasing number of illegal transborder trade transactions involving internationally controlled substances are carried out using modern information technology and communication

[55] United Nations publication, Sales No. E.09.XI.6.

technology, such as the Internet and international call centres. **The Board calls upon Governments to take appropriate action to prevent such misuse of modern information technology and communication technology. The Board also requests Governments to consider measures to influence those responsible for the management of Internet websites and other forms of modern communication technology to ensure that illegal activities are prevented or stopped.**

B. Recommendations to the United Nations Office on Drugs and Crime and to the World Health Organization

791. UNODC is the primary United Nations entity responsible for providing technical assistance in drug control matters and for coordinating the provision of such assistance by Governments and organizations. The treaty-based function of WHO is to provide recommendations, based on medical and scientific assessments, regarding changes in the scope of control of narcotic drugs under the 1961 Convention and psychotropic substances under the 1971 Convention. In addition, WHO plays a key role in supporting access to and rational use of substances under international control.

Recommendation 45: The Board notes that the lack of qualified drug control administrators is at the origin of persistent difficulties in many countries in implementing the control measures for licit activities involving narcotic drugs, psychotropic substances and precursor chemicals. **The Board encourages UNODC to provide training for national drug control administrators responsible for the control of licit activities involving narcotic drugs, psychotropic substances and precursors.**

Recommendation 46: Some countries in Central America lack the forensic expertise necessary to analyse the composition of seized pharmaceutical preparations, including those containing substances under international control. **The Board requests UNODC to include, in the programmes on building capacity in countries in Central America, the provision of assistance to improve their forensic capabilities (see also recommendation 25 above and recommendation 50 below).**

Recommendation 47: The capacity to provide treatment to drug addicts remains limited in many low- and middle-income countries. **The Board requests WHO to increase its support of Governments' efforts to strengthen their capacity to provide treatment for drug abuse and to ensure that the treatment is of high quality.**

C. Recommendations to other relevant international organizations

792. International organizations such as INTERPOL and the World Customs Organization play an important role in international drug control. In cases where States require additional operational support in specific areas, such as drug law enforcement, the Board addresses relevant recommendations pertaining to the specific spheres of competence of the relevant international and regional organizations, including INTERPOL and the World Customs Organization.

Recommendation 48: Drug traffickers are attempting to increase the illicit manufacture of and trafficking in various narcotic drugs and psychotropic substances and some psychoactive substances not under international control. **The Board requests INTERPOL and the World Customs Organization to share with the Board, WHO and UNODC any information they may have on new developments regarding the illicit manufacture of and trafficking in narcotic drugs, psychotropic substances and psychoactive substances not under international control, such as synthetic cannabinoids and ketamine.**

Recommendation 49: In several countries, the awareness of customs officers of diversion of and trafficking in precursor chemicals continues to be insufficient. **The Board encourages the World Customs Organization to ensure that its training programmes include guidance for customs officers on the prevention of trafficking in precursor chemicals. The World Customs Organization may also develop tailor-made training programmes focusing on the control of precursors in regions where trafficking in precursors represents a serious problem.**

Recommendation 50: Some countries in Central America lack the forensic expertise necessary to analyse the composition of seized pharmaceutical

preparations, including those containing substances under international control. **The Board invites CICAD to include, in its programmes on capacity-building, the provision of assistance to member States to improve their forensic capabilities (see also recommendations 25 and 46 above).**

(*Signed*)
Sevil Atasoy
President

(*Signed*)
Camilo Uribe Granja
Rapporteur

(*Signed*)
Koli Kouame
Secretary

Vienna, 13 November 2009

Annex I

Regional groupings used in the report of the International Narcotics Control Board for 2009

The regional groupings used in the report of the International Narcotics Control Board for 2009, together with the States in each of those groupings, are listed below.

Africa

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
Comoros
Congo
Côte d'Ivoire
Democratic Republic of the Congo
Djibouti
Egypt
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Libyan Arab Jamahiriya
Madagascar
Malawi
Mali
Mauritania
Mauritius
Morocco
Mozambique
Namibia
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa
Sudan
Swaziland
Togo
Tunisia
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

Central America and the Caribbean

Antigua and Barbuda
Bahamas
Barbados
Belize
Costa Rica
Cuba
Dominica
Dominican Republic
El Salvador
Grenada
Guatemala
Haiti
Honduras
Jamaica
Nicaragua
Panama
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Trinidad and Tobago

North America

Canada
Mexico
United States of America

South America

Argentina
Bolivia (Plurinational State of)
Brazil
Chile
Colombia
Ecuador
Guyana
Paraguay
Peru
Suriname
Uruguay
Venezuela (Bolivarian Republic of)

East and South-East Asia

Brunei Darussalam
Cambodia
China
Democratic People's Republic of Korea
Indonesia
Japan
Lao People's Democratic Republic
Malaysia
Mongolia
Myanmar
Philippines
Republic of Korea
Singapore
Thailand
Timor-Leste
Viet Nam

South Asia

Bangladesh
Bhutan
India
Maldives
Nepal
Sri Lanka

West Asia

Afghanistan
Armenia
Azerbaijan
Bahrain
Georgia
Iran (Islamic Republic of)
Iraq
Israel
Jordan
Kazakhstan
Kuwait
Kyrgyzstan
Lebanon
Oman
Pakistan
Qatar
Saudi Arabia
Syrian Arab Republic
Tajikistan
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
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
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 Psychiatrist.

Medical Academy of Krakow, Poland (1965-1971); postgraduate training at Graylands and Swanbourne Psychiatric Hospitals, Perth, Australia (1976-1977); Leicestershire Area Health Authority (1977-1980). Senior Registrar in Psychiatry, West Berkshire and South Oxford Area Health Authority (1981-1982); Chief Psychiatrist, Ghana Health Service; specialist in charge at Accra Psychiatric Hospital; Chairman, Ghana Chapter, West African College of Physicians; Vice-President, West African College of Physicians (2000-2004); Adviser to the Ministry of Health of Ghana (1984-2004); member of the Narcotics Control Board of Ghana (1990-2004); Chairman, Subcommittee on Demand Reduction, Narcotics Control Board of Ghana (1991-2004). Part-time lecturer in psychiatry, University of Ghana medical school (1991-2004). Faculty Fellow of the International Council on Alcohol and Addictions training programme on alcohol and drug abuse in Benin City, Nigeria (1986 and 1987); President, Psychiatric Association of Ghana (1999-2002). Member, Royal College of Psychiatrists (1980); Fellow, Royal College of Psychiatrists (2008); Fellow, West African College of Psychiatrists; Fellow, Ghana College of Physicians and Surgeons. Author of numerous works, including: *Substance Abuse in Ghana; The Problem of Drug Abuse in Ghana: a Guide to Parents and Youth* (1989); *Alcohol Use, Sale and Production in Ghana: a Health Perspective* (1999); *Alcohol and Tobacco Abuse in Deheer* (1997); "Psychiatric co-morbidity of drug abuse", *Assessing Standards of Drug Abuse* (1993); "Baseline survey of the relationship between HIV and substance abuse in Ghana" (2004). Recipient of the Grand Medal (Civil Division) of the Republic of Ghana (1997). Participant in numerous meetings, including: consultative group that developed the manual on assessment standards of care in drug abuse treatment (1990-1992); NGO World Forum on Drug Demand Reduction, Bangkok (1994); drug programme expert meeting, Cleveland, United States of America (1995); Drug Expert Forum for Western and Central Africa, Cameroon (1995); local expert meeting for Western Africa, Dakar (2003). Member of the local expert network in West Africa (LENwest) (2002-2004).

Member of the International Narcotics Control Board (since 2005). Chairman of the Committee on Finance and Administration (since 2007). Member of the Standing Committee on Estimates (2006, 2008 and 2009).

Sevil Atasoy

Born in 1949. National of Turkey. Professor of Biochemistry and Forensic Science, Istanbul University (since 1988). Expert witness in civil and criminal courts (since 1980). President of the Center of Crime Control and Prevention, Istanbul, Turkey (since 2006). President of the International Forensic Science Services, Istanbul, Turkey (since 2003).

Recipient of the following degrees: Bachelor of Science in Chemistry (1972), Master of Science in Biochemistry (1976) and Doctor of Philosophy (Ph.D.) in Biochemistry (1979), Istanbul University. Hubert H. Humphrey Fellow, United States Information Agency (1995-1996); German Academic Exchange Service (DAAD) Fellow (1976, 1978 and 1994); European Molecular Biology Organization Fellow (1985); North Atlantic Treaty Organization Fellow (1978). Director, Institute of Forensic Science, Istanbul University (1988-2005). Director, Department of Narcotics and Toxicology, Ministry of Justice of Turkey (1980-1993). Chairperson, Department of Forensic Basic Sciences, Istanbul University (1983-1987); Professor of Biochemistry, Cerrahpasa School of Medicine, Istanbul University (1988-2005). Guest scientist, School of Public Health, University of California, Berkeley, and Drug Abuse Research Center, University of California, Los Angeles; Department of Genetics, Stanford University; Department of Genetics, Emory University; California Criminalistics Institute; Federal Bureau of

Investigation, Virginia; Crime Laboratories, Los Angeles Sheriff's Department; Federal Criminal Police (BKA), Wiesbaden, Germany. Chairperson, Regional Symposium on Criminalistics (2000); and Chairperson, third European Academy of Forensic Sciences Meeting (2003). Member of the Experts Group on Technical Challenges to the Drug Community, United Nations Office on Drugs and Crime (UNODC) and Office of National Drug Control Policy of the United States (2003 and 2004); member of the expert group on risk reduction linked to substance use other than by injection, Pompidou Group of the Council of Europe (2002); member of the Mediterranean Network of the Pompidou Group (2001). Member of the Turkish delegation to the Commission of Narcotic Drugs (2001 and 2002). Founding editor, *Turkish Journal of Legal Medicine* (1982-1993). Member of the scientific board of the *International Criminal Justice Review*, the *Turkish Journal on Addiction*, the *Turkish Journal of Forensic Sciences* and the *Croatian Journal of Legal Medicine*. Founding President, Turkish Society of Forensic Sciences, Honorary Member of the Mediterranean Academy of Forensic Sciences. Member of the International Society of Forensic Toxicology; the Indo-Pacific Association of Law, Medicine and Science; the International Association of Forensic Toxicologists; the American Academy of Forensic Sciences; the American Society of Crime Laboratory Directors; the Forensic Science Society, United Kingdom of Great Britain and Northern Ireland; the American Society of Criminology. Participant in projects on illicit drug issues, including: Crime Mapping of Drug Offences for the Ministry of Home Affairs (1998-2000); Global Study of Illicit Drug Markets: Istanbul, Turkey, for the United Nations Interregional Crime and Justice Research Institute (2000-2001); National Assessment of Nature and Extent of Drug Problems in Turkey, for UNODC (2002-2003); European School Survey on Alcohol and Other Drugs (2002-2003); Modelling the World Heroin Market, for the RAND Drug Policy Research Center and the Max Planck Institute (2003). Author of over 130 scientific papers, including papers on drug testing, drug chemistry, drug markets, drug-related and drug-induced crime, drug abuse prevention, clinical and forensic toxicology, crime scene investigation and deoxyribonucleic acid (DNA) analysis.

Member of the International Narcotics Control Board (since 2005). Member of the Committee on Finance and Administration (2006). Chairman (2006) and Member (2007) of the Standing Committee on Estimates. Second Vice-President of the Board (2006). Rapporteur (2007). First Vice-President of the Board (2008). President of the Board (2009).

Tatyana Borisovna Dmitrieva

Born in 1951. National of the Russian Federation. Director, V. P. Serbsky State Research Centre for Social and Forensic Psychiatry (since 1998). Chief Expert Psychiatrist, Ministry of Health and Social Development of the Russian Federation (since 2005). Administrative Board Member of the Foundation, Institute of Modern Development (since 2008).

Graduate of the Ivanovskii State Medical Institute (1975). Master of Science (1981) and Doctor of Medical Sciences (M.D.) (1990). Professor of Medicine (since 1993). Head of the Department of Psychiatry (1986-1989), Deputy Director of Research (1989-1990) and Director (1990-1996), V. P. Serbsky State Research Centre for Social and Forensic Psychiatry. Minister of Health of the Russian Federation (1996-1998). Chairman, Russian Security Council Commission on Health Protection (1996-2000), Chairperson, Council of Trustees, Public Charitable Foundation Health (since 1997); Vice-Chairman, Russian Society of Psychiatrists (since 1995); Vice-President, World Association for Social Psychiatry Academician; Corresponding Member of the Russian Academy of Medical Sciences (since 1997); member of the Russian Academy of Medical Sciences (since 1999). Author of over 450 scientific works, recipient of five authors' certificates for inventions and author of five books on drug abuse therapy, including Abuse of Psychoactive Substances: Clinical and Legal Aspects (2003) and *Narcology Diseases in Practice: Forensic and General Psychiatry* (2008); Editor-in-Chief, *Russian Psychiatric Journal*. Editor-in-Chief, *Clinical Research on Medication in Russia*. Member of the editorial boards of several Russian and foreign medical journals, including the journal *Narcology*. Member of the editorial council, *International Medical Journal*; and member of the editorial council, *Siberian Journal of Psychiatry and Narcology*. Recipient of the Order for Services to the Country, fourth class (2001) and third class (2006); and the Order of Honour (1995). Participant and speaker on

psychiatry and drug abuse therapy at national and international congresses and conferences, including those organized by the World Health Organization (WHO), the European Union, the Council of Europe, the World Psychiatric Congress and the World Psychiatric Association.

Member of the International Narcotics Control Board (since 2005). Rapporteur of the Board (2006). Member (2006) and Chairman (2007) of the Standing Committee on Estimates. Second Vice-President of the Board (2007). First Vice-President of the Board (2009).

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). Officer of the Order of the Federal Republic of Nigeria (2008).

Member of the International Narcotics Control Board (since 2000). Rapporteur of the Board (2001). First Vice-President of the Board (2005). President of the Board (2002, 2003, 2006 and 2007). Member of the Standing Committee on Estimates (2000-2004, 2008 and 2009).

Hamid Ghodse

Born in 1938. National of the Islamic Republic of Iran. Professor of Psychiatry and of International Drug Policy, University of London (since 1987). Director, International Centre for Drug Policy, St. George's University of London (since 2003); President, European Collaborating Centres for Addiction Studies (since 1992); Non-Executive Director, National Patient Safety Agency, United Kingdom (since 2001); Chairman, Higher Degrees in Psychiatry, University of London (since 2003); Chairman, Honours Committee, Royal College of Psychiatrists, United Kingdom (since 2006).

Recipient of the following degrees, qualifications and awards: Doctor of Medicine (M.D.), Islamic Republic of Iran (1965); Diploma Psychological Medicine (D.P.M.), United Kingdom (1974); Doctor of Philosophy (Ph.D.), University of London (1976); and Doctor of Science (D.Sc.), University of London (2002). Fellow of the Royal College of Psychiatrists (F.R.C.Psych.), United Kingdom (1985); Fellow of the Royal College of Physicians (F.R.C.P.), London (1992); Fellow of the Royal College of Physicians of Edinburgh (F.R.C.P.E.), Edinburgh (1997); Fellow of the Faculty of Public Health Medicine (F.F.P.H.), United Kingdom (1997); Fellow of the Higher Education Academy (F.H.E.A.), United Kingdom (2005); Honorary Fellow, Royal College of Psychiatrists (R.C.Psych.) (2006); Honorary Fellow, World Psychiatric Association (2008). Member of the WHO Expert Advisory Panel on Alcohol and Drug Dependence (since 1979); Adviser, Joint Formulary Committee, British National Formulary (since 1984); Honorary Consultant Psychiatrist, St. George's and Springfield University Hospitals, London (since 1978); Honorary Consultant Public Health, Wandsworth Primary Care Trust, London (since 1997). Consultant Psychiatrist, St. Thomas's Teaching Hospital and

Medical School, London (1978-1987); member, rapporteur, chairman and convener of various WHO and European Community expert committees, review groups and other working groups on drug and alcohol dependence; M. S. McLeod Visiting Professor, Southern Australia (1990); Honorary Professor, Peking University (since 1997). Author or editor of over 300 scientific books and papers on drug-related issues and addictions, including the following books: *The Misuse of Psychotropic Drugs*, London (1981); *Psychoactive Drugs and Health Problems*, Helsinki (1987); *Psychoactive Drugs: Improving Prescribing Practices*, Geneva (1988); *Substance Abuse and Dependence*, Guildford (1990); *Drug Misuse and Dependence: The British and Dutch Response*, Lancashire, United Kingdom (1990); *Misuse of Drugs* (3rd ed.), London (1997); *Young People and Substance Misuse*, London (2004); *Addiction at Workplace*, Aldershot (2005); *International Drug Control into the 21st Century*, Aldershot (2008). *Ghodse's Drugs and Addictive Behaviour: A Guide to Treatment* (4th ed.), Cambridge (forthcoming); Editor-in-Chief, *International Psychiatry*; Honorary Editor-in-Chief *Chinese Journal of Drug Dependence*; member of the Editorial Board, *International Journal of Social Psychiatry*; member of the Editorial Board, *Asian Journal of Psychiatry*. Convener of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. Chairman, Association of Professors of Psychiatry of the British Isles (since 1991); Chairman, Association of European Professors of Psychiatry; Director, National Programme on Substance Abuse Deaths (since 1997); member of the International Association of Epidemiology (since 1998).

Member of the International Narcotics Control Board (since 1992). Member of the Standing Committee on Estimates (1992). President of the Board (1993, 1994, 1997, 1998, 2000, 2001, 2004, 2005 and 2008).

Carola Lander

Born in 1941. National of Germany.

Pharmacist, doctoral degree in natural science; Certified Specialist in Public Health (Chamber of Pharmacists). Research assistant and assistant professor, University of Berlin (1970-1979); person in charge of pharmaceutical quality control of herbal drugs, Federal Institute for Drugs and Medical Devices, Berlin (1979-1990); head of the division for the control of manufacturers of narcotic drugs, Federal Opium Agency of Germany (1990-1992). Head of the Federal Opium Agency, the German authority with competence under article 17 of the Single Convention on Narcotic Drugs of 1961 and article 6 of the Convention on Psychotropic Substances of 1971, and Chairperson of the federal expert group for narcotic drugs (1992-2006). Member of the German delegation to the Commission on Narcotic Drugs (1990-2006). Lecturer on drug regulatory affairs, University of Bonn (2003-2005). Recipient of a certificate of appreciation for outstanding contributions in the field of drug law enforcement awarded by the Drug Enforcement Administration of the United States and recipient of a certificate of appreciation awarded by the former Yugoslav Republic of Macedonia.

Member of the International Narcotics Control Board (since 2007). Member (2007), Vice-Chairperson (2008) and Chairperson (2009) of the Standing Committee on Estimates. Second Vice-President of the Board (2009).

Melvyn Levitsky

Born in 1938. National of the United States. Retired Ambassador in the United States Foreign Service. Professor of International Policy and Practice and Senior Fellow, International Policy Center, Gerald R. Ford School of Public Policy, University of Michigan (since 2006). Faculty Associate, Center for Russian and East European Studies, Faculty Advisor, Weiser Center for Emerging Democracies, University of Michigan. Member of the Operating Committee, Substance Abuse Research Center, University of Michigan.

United States diplomat for 35 years, serving as, inter alia, Ambassador of the United States to Brazil (1994-1998); Assistant Secretary of State for International Narcotics Matters (1989-1993); Executive Secretary and Special Assistant to the Secretary of the United States Department of State (1987-1989); Ambassador of the United States to Bulgaria (1984-1987); Deputy Director, Voice of America (1983-1984); Deputy Assistant Secretary of

State for Human Rights and Humanitarian Affairs (1982-1983); Director, Office of United Nations Political Affairs, Bureau of International Relations (1980-1982); Officer-in-Charge for Bilateral Relations, Office of Soviet Union Affairs (1975-1978); Political Officer, United States Embassy in Moscow (1973-1975); Consul, United States consulates in Frankfurt, Germany (1963-1965), and Belem, Brazil (1965-1967). Professor of International Relations and Public Administration, Maxwell School of Citizenship and Public Affairs, Syracuse University (1998-2006). Recipient of several United States Department of State Meritorious and Superior Honor Awards, Presidential Meritorious Service Awards and the United States Secretary of State's Distinguished Service Award. Member of the Washington Institute of Foreign Affairs, the American Academy of Diplomacy and the American Foreign Service Association. Member of the Advisory Board, Drug Free America Foundation. Member of the Institute on Global Drug Policy. Member of the Board, Global Panel of the Prague Society. Member of the Public-Private Working Group on Sale of Controlled Substances via the Internet (Harvard University Law School). Distinguished Fellow, Daniel Patrick Moynihan Institute of Global Affairs, Maxwell School of Citizenship and Public Affairs, Syracuse University. Member of the University of Michigan Substance Abuse Research Center. Listed in *Who's Who in American Politics*, *Who's Who in American Government* and *Who's Who in American Education*.

Member of the International Narcotics Control Board (since 2003). Chairman of the Committee on Finance and Administration (2004). Chairman of the Working Group on Strategy and Priorities (2005).

Jorge Montaño

Born in 1948. National of Mexico. Professor of International Organizations and Mexican Foreign Policy, Instituto Tecnológico Autónomo de México, private consultant on the enforcement of the North American Free Trade Agreement (NAFTA).

Law and Political Science, Universidad Nacional Autónoma de México; Master of Arts and Doctor of Philosophy in International Affairs, London School of Economics. Director General de Educación Superior – Secretaría de Educación Pública (1976-1979); Member of the Mexican Foreign Service (1979-2008); Director of International Agencies (1979-1982); Assistant Secretary of Multilateral Affairs (1982-1988); Permanent Representative of Mexico to the United Nations organizations (1989-1992); Chairman of the Group of Experts to enhance the efficiency of the United Nations structure for drug abuse control (1990); Ambassador of Mexico to the United States (1993-1995); member of the Multilateral Evaluation Mechanism on drugs (2001-2003) of the Inter-American Drug Abuse Control Commission (CICAD). Author of the following publications: *Partidos y política en América Latina*; *Implicaciones legales de la presencia de Estados Unidos en Viet Nam*; *Análisis del Sistema de Naciones Unidas*; *ACNUR en América Latina*; *Negociaciones del Tratado de Libre Comercio de America del Norte*; *Cooperación México-Estados Unidos en materia de narcotráfico*; *Debilidades de la certificación del Congreso de Estados Unidos*; *Retos de la frontera norte de México*; *Tráfico de armas en las fronteras mexicanas*. Author of 50 articles published in specialized journals. Weekly contributor to the editorial pages of *La Jornada*, *Reforma* and *El Universal*. President and founding member of *Foreign Affairs Latinoamérica* (formerly *Foreign Affairs en Español*). Founding President, Asesoría y Análisis, S.C., Mexican Council on Foreign Relations (COMEXI). Recipient of awards from the Governments of Chile, El Salvador, Greece and Guatemala. Participant in many meetings of organizations in the United Nations system, the Organization of American States and the Movement of Non-Aligned Countries.

Member of the International Narcotics Control Board (2009).

Sri Suryawati

Born in 1955. National of Indonesia. Director, Centre for Clinical Pharmacology and Medicines Policy Studies, Gadjah Mada University. Coordinator, Master Degree Program for Medicine Policy and Management, Gadjah Mada University. Lecturer in Pharmacology/Clinical Pharmacology (since 1980); supervisor for more than 110 master's and doctoral theses on medicine policy, the rational use of

medicines, clinical pharmacokinetics and drug management.

Pharmacist (1979). Specialist in pharmacology (1985); doctoral degree in clinical pharmacokinetics (1994). Former Head of Clinical Pharmacology, Faculty of Medicine, Gadjah Mada University, Indonesia (1999-2006 and 2008-2009). Member of the WHO Expert Advisory Panel for Medicine Policy and Management. Member of the Executive Board of the International Network for the Rational Use of Drugs (INRUD). Member of the WHO Expert Committee on the Selection and Use of Essential Medicines (2002, 2003, 2005 and 2007). Member of the WHO Expert Committee on Drug Dependence (2002 and 2006). Member of the United Nations Millennium Project Task Force on HIV/AIDS, Malaria and Tuberculosis and Access to Essential Medicines (Task Force 5) (2001-2005). Consultant in essential medicine programmes and promoting rational use of medicines in Bangladesh (2006-2007), Cambodia (2001-2008), China (2006-2008), Fiji (2009), the Lao People's Democratic Republic (2001-2003), Mongolia (2006-2008) and the Philippines (2006-2007). Consultant in medicine policy and drug evaluation in Cambodia (2003, 2005 and 2007), China (2003), Indonesia (2005-2006) and Viet Nam (2003). Facilitator in various international training courses in medicine policy and promoting the rational use of medicines, including WHO and INRUD courses on promoting the rational use of medicines (1994-2007), training courses on hospital drugs and therapeutics committees (2001-2007) and international courses on drug policy in developing countries (2002-2003).

Member of the International Narcotics Control Board (since 2007). Member (2008) and Vice-Chairperson (2009) of the Standing Committee on Estimates.

Camilo Uribe Granja

Born in 1963. National of Colombia. Medical Director, Hospital of San Martín (Meta); toxicologist, Marly and Palermo clinics; General Director, New Clinic Fray Bartolomé de las Casas; consultant, National Drug Council. Numerous university teaching posts in forensics and clinical toxicology. Director-General, the Integral Toxicology Unit (UNITOX), University Children's Hospital of Saint Joseph (since 2008). Member of the Commission of Public Health (since 2006), Member of the Commission of Mental Health (since 2007) and Chairman of the Commission of Drug Abuse (since 2008), National Academy of Medicine.

Member of the International Narcotics Control Board (since 2005). Member of the Committee on Finance and Administration (since 2007). Vice-Chairman (2006 and 2007), Second Vice-President (2008) and Chairman (2008) of the Standing Committee on Estimates. Member of the Standing Committee on Estimates (2009). Rapporteur (2009).

Brian Watters

Born in 1935. National of Australia. Chairman, Australian National Council on Drugs (2005).

Arts degree, majoring in medical sociology, University of Newcastle, Australia; trained in addiction counselling at University of Newcastle; qualified psychiatric chaplain. Major in the Salvation Army (1975-2008), including work as Commander of the Salvation Army's addiction treatment programme in eastern Australia; consultant and media spokesman on addiction issues; adviser to the Salvation Army's HIV/AIDS services in eastern Australia; former President of the Network of Alcohol and Drug Agencies in New South Wales; former member of New South Wales' Health Minister's Drug Advisory Council. Patron, "Drug Arm, Australia"; Board member, "Drug Free Australia". Member of several Australian government committees, including: the expert advisory group on sustained release naltrexone; the state and national reference groups on the Council of Australian Governments "Diversion of Offenders" scheme; and the national "Tough on Drugs" reference group for non-governmental organization treatment grants. Frequent contributor to Australian newspapers, magazines and journals, including the journal of the National Drug and Alcohol Research Centre; several publications, including *Drug Dilemma: a Way Forward*, and contributor to "Prevention, demand reduction and treatment: a way forward for Australia", *Heroin Crisis* (1999). Officer of the Order of Australia (2003), for outstanding services in anti-drug policy development and drug treatment. Keynote speaker at national and international conferences, including: International Council on Alcohol and Addictions,

Vienna; European Cities against Drugs, Stockholm; Australian Conference on Drugs Strategy, Adelaide; International Substance Abuse and Addiction Coalition, Madrid. Participant, Commission on Narcotic Drugs (2003). Speaker of the National Chemical Diversion Conference, Darwin, Australia (2005).

Member of the International Narcotics Control Board (since 2005). First Vice-President of the Board (2007). Member of the Standing Committee on Estimates (2006, 2008 and 2009). Member of the Committee on Finance and Administration (2009).

Raymond Yans

Born in 1948. National of Belgium.

Graduate in Germanic philology and in philosophy (1972). Belgian Foreign Service: Attaché, Jakarta (1978-1981); Deputy-Mayor of Liège (1982-1989); Consul, Tokyo (1989-1994); Consul, Chargé d'affaires, Luxembourg (1999-2003); Head of the Drug Unit, Ministry of Foreign Affairs (1995-1999 and 2003-2007); Chairman of the Dublin Group (2002-2006); Chairman of the European Union Drug Policy Cooperation Working Group during the Belgian Presidency of the European Union; charged with the national coordination of the ratification and implementation process of the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1995-1998); liaison between the Ministry of Foreign Affairs and the National Police for drug liaison officers in Belgian embassies (2003-2005); participation in the launching by the European Union Joint Action on New Synthetic Drugs of an early warning system to alert Governments to the appearance of new synthetic drugs (1999); active in the creation of the Cooperation Mechanism on Drugs between the European Union, Latin America and the Caribbean (1997-1999). Author of numerous articles and speeches including: "The future of the Dublin Group" (2004) and "Is there anything such as a European Union Common Drug Policy" (2005). Member of the Belgian delegation to the Commission on Narcotic Drugs (1995-2007); all the preparatory sessions (on amphetamine-type stimulants, precursors, judicial cooperation, money-laundering, drug demand reduction and alternative development) for the twentieth special session of the General Assembly; European Union Seminar on Best Practices in Drug Enforcement by Law Enforcement Authorities, Helsinki (1999); Joint European Union/Southern African Development Community Conferences on Drug Control Cooperation, Mmabatho, South Africa (1995) and Gabarone (1998); United Nations Office on Drugs and Crime/Paris Pact round tables, Brussels (2003), Tehran and Istanbul (2005); meetings of the High-level Dialogue on Drugs between the Andean Community and the European Union, the European Community, Lima (2005) and Vienna (2006).

Member of the International Narcotics Control Board (since 2007). Member of the Standing Committee on Estimates (since 2007). Member of the Committee on Finance and Administration (since 2007).

Yu Xin

Born in 1965. National of China. Clinical Professor of Psychiatry, Institute of Mental Health, Peking University (since 2004). Licensed Psychiatrist, China Medical Association (since 1988). Founding President, Chinese Psychiatrist Association (2005-2008); Chairperson, Credential Committee for Psychiatrists, Ministry of Health of China; President-elect, Chinese Society of Psychiatry (since 2006); Vice-President, Management Association for Psychiatric Hospitals (2009); Vice-Chairman, Alzheimer's Disease, China (since 2002).

Bachelor of Medicine, Beijing Medical University (1988); Fellow in Psychiatry, University of Melbourne, Australia (1996-1997); Fellow in Substance Abuse, Johns Hopkins University (1998-1999); Doctor of Medicine (M.D.), Peking University (2000); Senior Fellow in Social Medicine, Harvard University (2003). Residency in psychiatry (1988-1993) and Psychiatrist (1993-1998), Institute of Mental Health, Beijing Medical University; Head, Associate Professor of Psychiatry, Geriatric Psychiatrist, Department of Geriatric Psychiatry, Institute of Mental Health, Peking University (1999-2001); Assistant Director (2000-2001) and Executive Director (2001-2004), Institute of Mental Health, Peking University. Author and co-author of numerous works on various topics in psychiatry, such as psychopharmacology, early intervention of schizophrenia, mental health and

HIV/AIDS and drug use, mental health outcome of harmful alcohol use, neuropsychology of mental disorders, neuroimaging of late life depression, late onset psychosis, and assessment, treatment and care for dementia. Editor of several textbooks, including *Geriatric Psychiatry*, *Textbook of Psychiatry for Asia* and *Psychiatry for Medical Students*. Recipient of the Outstanding Clinician Award, Beijing Medical University, and the Innovation and Creation Award, Beijing Medical Professional Union (2004). Member of the expert group for the section on analgesics and sedatives of the State Food and Drug Administration (since 2000). Evaluator of the effectiveness of methadone clinics. Leader of a project to follow up the neurocognitive and mental functioning of patients infected with HIV/AIDS as a result of intravenous drug abuse. Chief Psychiatrist, National Community Mental Health Service Programme. Senior consultant, Chinese Association on Tobacco Control. Senior consultant, Chronic Pain Treatment Programme.

Member of the International Narcotics Control Board (since 2007). Member of the Standing Committee on Estimates (since 2007). Chairman of the Committee on Finance and Administration (2009).

Annex III

Statement made by Hamid Ghodse, President of the International Narcotics Control Board, on 26 February 2009 at the event marking the centennial of the convening of the International Opium Commission in Shanghai, China

At the outset, allow me to thank the Government of China for organizing and hosting this magnificent event. It is a unique privilege for me to speak before this august gathering convened to mark 100 years of multilateral drug control. The International Narcotics Control Board and the Government of China have long historical ties and a record of excellent cooperation.

The international community has come a long way since the International Opium Commission met in February 1909 in this beautiful city of Shanghai, which, at the time, was the main importation point of opium into China.

The situation faced by the 13 nations represented in the Shanghai Commission was extremely difficult. The demand for opium, morphine and other highly addictive substances was high and since these substances were unregulated, addiction problems had started to develop, not only in China but also in other countries of the world. Delegates to the Shanghai Commission were aware of the wider geographical scope of the drug problem and the nascent addiction of manufactured opiates.

On the other hand, the opium trade was very lucrative, bringing in millions of dollars. The value of Indian opium exported to China, for example, is said to have amounted to 3 million pounds sterling in 1907. Such enormous sums provided a livelihood for a large number of ordinary people. It is therefore all the more remarkable that the International Opium Commission took the daring step of putting public health issues above commercial interests and decided to call for a global effort to regulate drugs in order to protect the health of the people.

The Shanghai Declaration, which was adopted at the Commission, was historic in many ways. For the first time, a community of nations agreed that the non-medical use of opium should be a matter for careful regulation, or even prohibition. For the first time, the international community expressed the fact that certain drugs could be dangerous. The Commission agreed that the unrestricted manufacture, sale and distribution of morphine constituted a grave danger and called on Governments to make efforts to control it. And, for the first time, the efforts by the Government of China to eradicate the production and consumption of opium throughout its empire received unanimous international recognition.

The Shanghai Declaration was thus the first pronouncement of the international community's intensity to act against the growing drug problem. And although the Commission was never intended to establish binding obligations, it nevertheless accelerated the efforts that, only three years later, led to the Hague Opium Convention of 1912, which established control of narcotic drugs as an institution of international law on a multilateral basis.

Like many great ideas, international drug control was achieved gradually over a long period of time. The conferences of Shanghai and the Hague were followed by a series of multilateral agreements that addressed the cultivation, manufacture, trafficking and abuse of opium and other narcotic drugs. The efforts of the international community culminated in the international drug control treaties that are the current framework for action in international drug control today: the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Even decades after their adoption, these treaties enjoy the overwhelming support of the international community. More than 90 per cent of Member States, representing 99 per cent of the world's population, have agreed to be bound by their provisions.

One hundred years is a very respectable period and enough time has elapsed to demonstrate the value of our institutions. The international drug control institutions have proven their worth. The licit control system established by the international drug control treaties has expanded from when it was first created, managing an ever-increasing number of substances and a continuously rising demand for drugs needed for medical and scientific purposes.

In spite of these great efforts and successes, challenges remain to be addressed by the international community One is the underutilization of narcotic drugs for medical purposes. In line with its mandate, the Board has consistently highlighted this issue, urging Governments to critically examine their methods of assessing domestic medical needs for opiates and to take the stops necessary to remove impediments to the adequate availability of those drugs for medical and scientific purposes. This has not been without effect. A review of trends in global consumption of opiates and synthetic opioids for the 20-year period 1988-2007 indicates that the consumption of opiates has increased steadily, almost tripling since 1987. The consumption of synthetic opioids almost quadrupled during the same period.

Nevertheless, access to these drugs is far from global. According to the World Health Organization, as many as 86 million people may still experience unnecessary suffering due to lack of adequate drugs. Together with WHO, the Board has therefore examined the reasons for the lack of availability. As a result, the WHO Access to Controlled Medications Programme has been developed, which assists Governments in their efforts to improve the availability of drugs for medical purposes. The Board encourages all Governments to make use of that programme.

Governments must also seriously address the question of demand reduction. The international drug control system has made an important contribution to reducing the demand for drugs worldwide. The amount of opiates abused in China alone at the beginning of the twentieth century is estimated at more than 3,000 tons in morphine equivalent. In comparison, the amount of opiates illicitly used worldwide each year is currently estimated at about 400 tons in morphine equivalent. Nevertheless, drug abuse is a problem in most countries in the world and vigorous action must be taken to counter it.

In its annual report for 1993, the Board called for decisive action to reduce the demand for drugs and urged Governments to give a higher priority to that issue. To

achieve a lasting reduction of drug abuse, demand reduction programmes have to have a long-term view and must be sustainable and be adequately funded.

Drug abuse prevention programmes should received the attention they deserve. The Board has emphasized for many years that Governments must seriously address the problem, heeding the adage that "an ounce of prevention is world a pound of cure". Compared with the cost of treating and rehabilitating drug abusers, the cost of implementing measures aimed at preventing first use of drugs is minute.

It is also essential that, in devising drug abuse prevention programmes, the causes generating illicit demand for drugs should be analysed and the necessary measures identified to address the problem of drug abuse at its roots. Special attention should be given to the social causes underlying the drug problem, which should be adequately addressed by social policies. Successful prevention programmes are often the result of long-term investment and dedicated programmes that teach young people and other vulnerable groups the skills they need to resist non-medical drug use. If a substantial change in attitudes can be achieved, success in drug abuse prevention will not be far behind.

Successive technological revolutions have changed our world to such an extent that it would probably be hardly recognizable to the delegates that participated in the International Opium Commission in 1909. These developments have been beneficial to many but have also brought opportunities for drug traffickers. The deregulation and liberalization of commercial practices in the licit drug market has tended to weaken the regulatory power of Governments. Drug trafficking organizations can design and manufacture psychoactive substances with the explicit aim of bypassing the restriction imposed by international drug control regulations and then distribute those drugs outside the control system. The Internet can be misused to become a worldwide Web for trafficking in internationally controlled substances and drugs. The Board is convinced that a global coordinated response is needed to address these challenges and encourages Governments to support multilateral initiatives.

These are important challenges. Governments and the international community as a whole have to find a way to tackle them, bearing in mind the principles of shared responsibility, the sovereignty of nations, the territorial integrity of States and the need to address the world drug problem in a balanced and integrated manner. But while these challenges are significant, they are dwarfed by the enormous problems that the world faced at the time of the Shanghai Opium Commission.

Over the past 100 years, the commitment of the international community to international drug control has not wavered. All this time, Governments and intergovernmental and non-governmental organizations have worked together to examine how the international drug control system can be further improved.

A high-level segment of the Commission on Narcotic Drugs will be held in Vienna in March 2009 to review the progress made since the 1998 special segment of the General Assembly, on countering the world drug problem, and to adopt a political declaration that will chart the future course of international drug control.

Both this meeting in Shanghai and the meeting in Vienna are ideal opportunities for the international community to renew its commitment to the spirit

of the 1909 Shanghai Commission and the multilateral agreements that followed it. The conventions continue to be highly relevant in the face of contemporary problems and challenges and may in fact be more necessary now than in the past. And while the international drug control system is not perfect, it has stood the test of time with credit.

In 1909, the Chairman of the Commission concluded his opening statement by saying that "much still needs to be done by our respective Governments and the nations we represent. As we move out to meet our responsibility, the appeal of one of the world's more recent heroes comes to us — let us have faith that right makes might, and in that faith let us to the end dare to do our duty as we understand it." I echo those sentiments wholeheartedly and look forward to working with all Governments on a new Shanghai Declaration that will embody a similar spirit and commitment.

Annex IV

Shanghai Declaration adopted at the event marking the centennial of the convening of the International Opium Commission

We, the representatives of the Republic of Austria, the Kingdom of Cambodia, the People's Republic of China, the French Republic, the Federal Republic of Germany, the Islamic Republic of Iran, the Italian Republic, Japan, the Lao People's Democratic Republic, the Union of Myanmar, the Kingdom of the Netherlands, the Portuguese Republic, the Russian Federation, the Kingdom of Thailand, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the Socialist Republic of Viet Nam participating in the event on 26 February 2009 marking the centennial of the convening of the International Opium Commission in Shanghai, China,

Recalling that the International Opium Commission, the first multinational initiative in the field of narcotics control, was convened in Shanghai, China, from 1 to 26 February 1909, during which the representatives of thirteen nations, namely, Austria-Hungary, China, France, Germany, Great Britain, Italy, Japan, the Netherlands, Persia, Portugal, Russia, Siam, and the United States of America, participated in the deliberations, and that the Shanghai conference, which laid the groundwork for the elaboration of the first international drug control treaty, the 1912 Hague International Opium Convention, is a landmark event in the history of the international anti-drug campaign;

Paying tribute to those who made unremitting efforts and even dedicated their lives to the international endeavour to countering the problem of illicit drugs, and appreciating their great visions and important contributions;

Recognizing the great progress made by the international community in narcotics control and international cooperation since 1909, in particular, the remarkable achievements, successful experience and useful lessons in significantly reducing illegal opium poppy cultivation and actively promoting sustainable alternative development in the Southeast Asia in the past decades which could be shared with other parts of the world;

Reaffirming our political commitment to pursuing on the basis of shared responsibility, a comprehensive, balanced and mutually reinforcing approach to supply and demand reduction, devoting more resources and international cooperation at the national, regional and international levels in addressing drug abuse as a health and social issue, while upholding the law and its enforcement;

Deeply concerned that, despite continued increased efforts by States and relevant organizations, the world drug problem remains a serious threat to public health, safety, harmonization and the well-being of humanity, in particular children and young people and their families, and to the national security and sovereignty of States, and that it undermines socio-economic and political stability and sustainable development;

Noting with concern the fact that the lack of adequate financial and technical support to evidence-based demand and supply reduction policies seriously impedes the effectiveness of the global endeavour against illicit drugs;

Recognizing in some instances the links between poverty, lack of licit economic alternatives, social marginalization, social exclusion, gender-based violence and the production, trafficking and abuse of drugs, as well as the increasing hazard posed by synthetic drugs and their precursors, and abuse of licit prescription drugs;

Taking note of the possible connections between drug-related crime and other transnational organized crime, such as, money laundering, trafficking in firearms and corruption in some parts of the world, and their links with terrorism;

Underlining the importance of full implementation of the relevant United Nations conventions, in particular the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, the 2000 United Nations Convention against Transnational Organized Crime and its related protocols and the 2003 United Nations Convention against Corruption, and relevant resolutions of the United Nations;

Reaffirm that international drug control cooperation must be in full conformity with the purposes and principles of the Charter of the United Nations, in particular with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States and all human rights and fundamental freedoms, on the basis of the principles of equal rights and mutual respect among States;

Reaffirm also the Political Declaration adopted by the General Assembly at its twentieth special session, the Declaration on the Guiding Principles of Drug Demand Reduction and its Action Plan, the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development;

Urge all States to act in accordance with the spirit of this conference and increase efforts in monitoring and eradicating the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances and promoting sustainable alternative development with due consideration of the protection of the environment, as well as in monitoring and preventing the diversion of chemical precursors; strengthen information exchange and law enforcement cooperation in the fight against transnational drug-related crimes, share experiences and promote research in the fields of drug treatment and reduction of adverse health consequences of drug use, mobilize resources for drug prevention and education, and raise public awareness and resistance against illicit drugs;

Urge also all States Parties to fully implement the international drug control conventions and fulfil other relevant international drug control obligations in accordance with their own national laws and regulation;

Support the United Nations in its important role in international drug control, continue to mobilize resources in drug control and pledge to consistently and closely cooperate with the United Nations Office on Drugs and Crime and the International Narcotics Control Board;

Invite international financial institutions, major development banks, foundations and, where appropriate, private donors to continue to provide financial and technical support to countering the drug problem;

Thank the Government of the People's Republic of China for generously hosting this conference and according thoughtful arrangements and warm hospitality to the delegates, which has served as a good platform for delegates to explore solutions for the world drug problem;

Request the Government of the People's Republic of China that this declaration, along with the results of the Conference of the Centennial of the International Opium Commission, be presented at the high-level segment of the fifty-second session of Commission on Narcotic Drugs.

About the International Narcotics Control Board

The International Narcotics Control Board (INCB) is an independent and quasi-judicial control organ, established by treaty, for monitoring the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Composition

INCB consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as Government representatives (see annex II of the present publication for the current membership). Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (WHO) and 10 members are elected from a list of persons nominated by Governments. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with INCB, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. INCB has a secretariat that assists it in the exercise of its treaty-related functions. The INCB secretariat is an administrative entity of the United Nations Office on Drugs and Crime, but it reports solely to the Board on matters of substance. INCB closely collaborates with the Office in the framework of arrangements approved by the Council in its resolution 1991/48. INCB also cooperates with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially the International Criminal Police Organization (INTERPOL) and the World Customs Organization.

Functions

The functions of INCB are laid down in the following treaties: the Single Convention on Narcotic Drugs of 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
2005: Alternative development and legitimate livelihoods
2006: Internationally controlled drugs and the unregulated market
2007: The principle of proportionality and drug-related offences
2008: The international drug control conventions: history, achievements and challenges

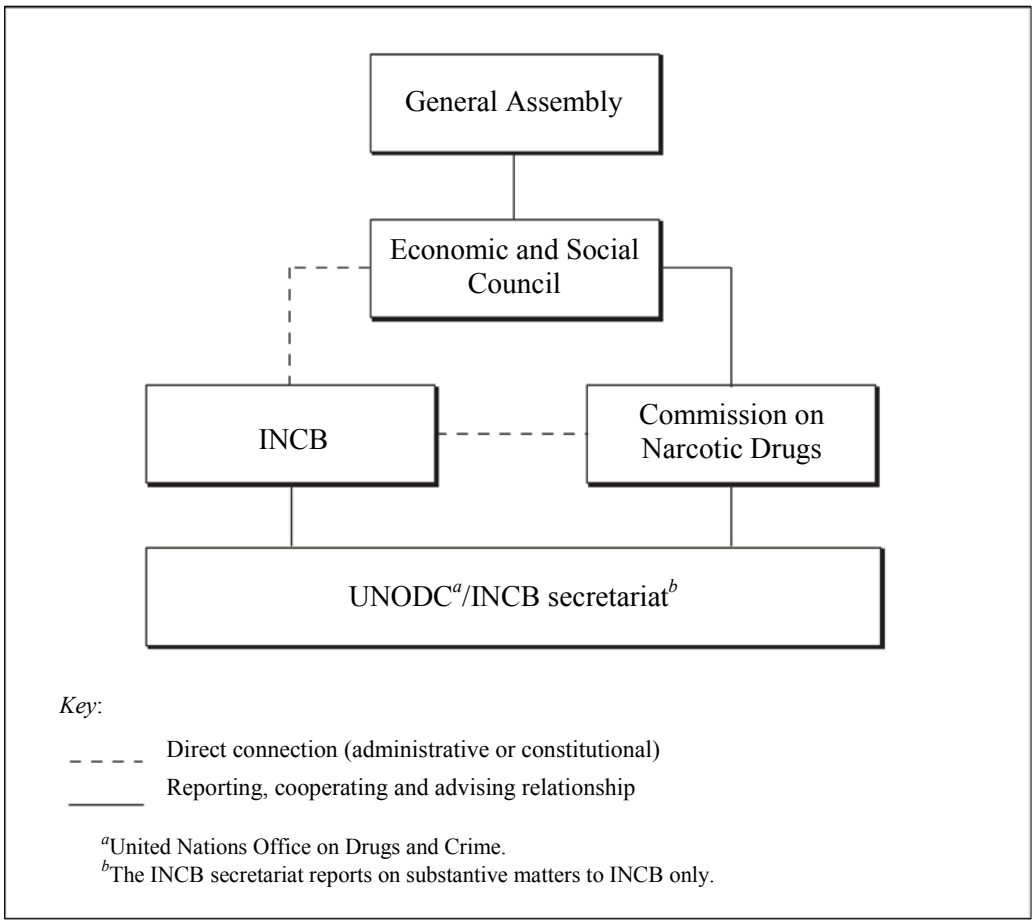
Chapter I of the report of the International Narcotics Control Board for 2009 is entitled “Primary prevention of drug abuse”.

Chapter II presents an analysis of the operation of the international drug control system based primarily on information that Governments are required to submit directly to INCB in accordance with the international drug control treaties. Its focus is on the worldwide control of all licit activities related to narcotic drugs and psychotropic substances, as well as chemicals used in the illicit manufacture of such drugs.

Chapter III presents some of the major developments in drug abuse and trafficking and measures by Governments to implement the international drug control treaties by addressing those problems.

Chapter IV presents the main recommendations addressed by INCB to Governments, the United Nations Office on Drugs and Crime, WHO and other relevant international and regional organizations.

United Nations system and drug control organs and their secretariat



[a]United Nations Office on Drugs and Crime.
[b]The INCB secretariat reports on substantive matters to INCB only.

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