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Report

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Narcotic Drugs: Estimated World Requirements for 2012 — Statistics for 2010 (E/INCB/2011/2)

Psychotropic Substances: Statistics for 2010 — 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/2011/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2011 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2011/4)

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

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Report

of the International Narcotics Control Board for 2011

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Foreword

The present report is being published in the year 2012, which marks the centennial of the adoption of the first international drug control treaty, the International Opium Convention signed at The Hague on 23 January 1912.[1] The 1912 Convention, as it came to be known, can be thought of as the cornerstone of international drug control. The present report of the International Narcotics Control Board is dedicated to the hundredth anniversary of the adoption of that historic convention.

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

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

The centennial of the adoption of the 1912 Convention is an appropriate occasion for recalling the tremendous efforts by those progressive non-governmental organizations and to acknowledge the positive response of Governments at that time. It is important to note that, also today, many non-governmental organizations promote the right of people to be free from drug abuse.

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

Over the past 100 years, significant achievements have been made in international drug control, which is now based on the three international drug control conventions: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 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] Those conventions enjoy almost universal adherence, demonstrating the confidence that Governments have in them and in the international drug control system. The international drug control system is a great example of how multilateralism can succeed in bringing benefits to humanity, preventing the abuse of drugs, as well as the harm caused by such abuse, while ensuring adequate availability

[1] League of Nations, *Treaty Series*, vol. VIII, No. 222.
[2] United Nations, *Treaty Series*, vol. 976, No. 14152.
[3] Ibid., vol. 1019, No. 14956.
[4] Ibid., vol. 1582, No. 27627.

of drugs for medical and scientific purposes, including the treatment of pain and mental illness.

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

While much has been achieved in international drug control over the past century, significant challenges lie ahead, many of which are highlighted in the present report.

Countries throughout the world are faced with the challenge posed by marginalized communities, which are vulnerable to drug-related problems. That subject is addressed in the present report in chapter I, entitled "Social cohesion, social disorganization and illegal drugs". In that chapter, the Board, while recognizing the importance of personal responsibility, describes how, in some communities, drug abuse has become almost endemic, part of a vicious cycle involving a wide array of social problems relating to violence, organized crime, corruption, unemployment, poor health and poor education. Those communities pose a risk not only to the persons living in them, but also to the wider society of which the communities are a part.

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

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

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

that substance use disorders were preventable and treatable, and I stressed the need for primary prevention programmes.

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

One major challenge to the international drug control system is the recent decision by the Government of the Plurinational State of Bolivia to denounce the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol. At the same time that it announced its decision, the Government made known its intention to reaccede to the Convention with a reservation. The Board has noted with regret that unprecedented step taken by the Bolivian Government and is concerned that, inter alia, while the denunciation itself may be technically permitted under the Convention, it is contrary to the fundamental object and spirit of the Convention. If the international community were to adopt an approach whereby States parties would use the mechanism of denunciation and reaccession with reservations, the integrity of the international drug control system would be undermined and the achievements of the past 100 years in drug control would be compromised.

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

Hamid **Ghodse**
President
International Narcotics Control Board

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Explanatory notes

Data reported later than 1 November 2011 could not be taken into consideration in preparing this report.

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.

All references to Kosovo in the present publication should be understood to be in compliance with Security Council resolution 1244 (1999).

References to dollars ($) are to United States dollars, unless otherwise stated.

The following abbreviations have been used in this report:

AIRCOP	Airport Communication Project
ASEAN	Association of Southeast Asian Nations
BZP	*N*-benzylpiperazine
CARICC	Central Asian Regional Information and Coordination Centre
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CICAD	Inter-American Drug Abuse Control Commission (Organization of American States)
CICIG	International Commission against Impunity in Guatemala
CONAPRED	National Commission for the Study and Prevention of Drug-related Crimes (Panama)
COPOLAD	Cooperation Programme on Drug Policies between Latin America and the European Union
*m*CPP	1-(3-chlorophenyl)piperazine
DARE	Drug Abuse Resistance Education
DEVIDA	National Commission for Development and Life without Drugs (Peru)
DNE	National Narcotics Directorate (Colombia)
ECOWAS	Economic Community of West African States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Europol	European Police Office
GBL	*gamma*-butyrolactone
GHB	*gamma*-hydroxybutyric acid
ha	hectare
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
ONA	National Anti-Drug Office (Bolivarian Republic of Venezuela)
Operation PAAD	Operation Phenylacetic Acid and Its Derivatives
P-2-P	1-phenyl-2-propanone
PEN Online	Pre-Export Notification Online
SICA	Central American Integration System
THC	tetrahydrocannabinol
UEMOA	West African Economic and Monetary Union
UNODC	United Nations Office on Drugs and Crime
WACI	West African Coast Initiative
WHO	World Health Organization

I. Social cohesion, social disorganization and illegal drugs

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

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

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

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

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

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

7. Societies are by their very nature more than the accumulation of a large number of discrete individuals. Key within the very notions of community and society are the ties that bind people together and provide a common sense of identity and purpose. When individuals and families have a clear sense of being connected to their neighbours, a shared investment in the future, a common language, mutual respect and a deep sense of trust, there is likely to be a strong sense of community.

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

A. Growth of marginal communities and the drug abuse problems in those communities

9. What is now being seen in countries around the globe, in rich nations and in poor nations, is the development of marginal communities in which a combination of conflict, violence, drug abuse, criminality, intimidation, poor health, poor education and limited or non-existent opportunities for employment have had a devastating effect and become the norm for many of the people living within them.

10. Drug abuse, drug trafficking and organized criminality have become everyday occurrences within these

communities. These are areas where the ability of the national and local governments to regulate activities has become increasingly challenged and where heavily armed, well-financed criminal gangs have taken on the role of providing local governance, shaping the lives of local people through a combination of intimidation and short-term reward. Within these communities, the drug abuse problem has acquired extraordinary momentum. Young people growing up in these areas are often drawn to the enormous wealth and status seemingly enjoyed by those involved in drug trafficking and drug dealing.

11. Although there are well-known and well-publicized examples of these marginal communities in countries such as Brazil, Mexico, South Africa, the United States of America and the United Kingdom of Great Britain and Northern Ireland, the problem exists in every region. There are communities, some in rural areas and some in the heart of the most affluent cities on the planet, where the local people no longer feel part of the wider society and where the problems of social exclusion and social disintegration are all too evident.

12. Many of these communities are witnessing a dangerous downward spiral in which an array of social problems, including drug abuse, violence, organized crime, poverty, poor health, limited education and widespread unemployment, have gathered momentum. These are communities in which individuals and families are experiencing a profound sense of hopelessness, which leads them to believe that the circumstances in which they are living will never change and that they will never experience the benefits of safety, security and economic stability that are enjoyed by other members of their society. Confronted by a reality in which they seem to have been cut adrift from the wider society, some people may inadvertently feel that there is little reason not to engage in a lifestyle involving illegal drugs and criminality.

13. These communities are often seen as "no-go areas", places that one simply does not go to, for fear of experiencing violence or intimidation. Those who live within these communities may develop a strong sense of identity and connection with their community that may be both a source of strength and a source of separation from the wider society. Equally, those living within the wider society may come to see the residents of these areas as fundamentally different from themselves, living lives that are somehow characterized by danger and criminality.

14. At the same time, many of the agencies working within these communities (police, health services, social services and educational services) may come to feel that the challenge posed by these areas is simply too great for them to address within their finite resources. In the case of the police, for example, local criminal gangs can attain a position of such power and influence over these communities that it is simply beyond the capacity of conventional law enforcement agencies to successfully investigate criminal acts and prosecute those involved. In some instances, criminal gangs have deliberately targeted the police, killing significant numbers of law enforcement officers and sending a powerful message to local people that it is they, the criminal organizations, and not the police who are in charge. An additional dimension to the gang problem is the gang-versus-gang dynamic, which reinforces the individual's sense of belonging to the gang.

15. Confronted by a reality in which the capacity of law enforcement agencies can seem insufficient to tackle the level of organized criminality within these communities, those living in these areas may come to feel that they are effectively being held hostage within their own homes and neighbourhoods.

16. The message that is often powerfully conveyed to local people by these criminal gangs is not to talk to the police. It is a message that is often conveyed with both the threat of violence and actual violence. Local people may become fearful of speaking out against those who are engaged in the drug economy within these communities. Indeed, even if they may be inclined to report incidents to the police, they may fear that corrupt elements within the local police may cause their reports to be passed on to those who are engaged in such criminality. In turn, this may lead to a situation in which little or no information is passed to the police, as a result of which the view might develop that the entire community is somehow complicit in the criminal lifestyle.

17. When law enforcement agencies do mount operations to tackle criminal gangs within these areas, such operations may sometimes need to be carried out in a manner resembling a military operation. Indeed, on occasion the only law enforcement operations deemed safe by the authorities are those that combine the police with elements of the military, so heavily armed are the criminal gangs that are essentially running these areas. No matter how well-resourced, well-planned and professionally executed these operations are, the impression inevitably conveyed is that the authority of the State is under severe threat.

18. Alienation and disintegration within these communities are evidenced not only by the extent to which drug dealing, drug abuse and drug-related criminality are occurring. Very often these communities are characterized by poor or non-existent health services, limited social services, underfunded educational services, poor or non-existent transport systems, poor sanitation and limited

access to goods, services and employment, as well as elevated levels of morbidity and mortality.

19. Although meeting the needs of the populations within these areas will undoubtedly be challenging, the consequences of failure would be far greater and should be avoided at all cost. The challenge extends well beyond providing effective and efficient law enforcement to socially rehabilitating these areas so that their residents can enjoy the benefits of full participation within the wider society. Moreover, it must be acknowledged that any social rehabilitation efforts will face fierce competition from entrenched gangs.

B. Threats to social cohesion

20. The present section outlines the threats to social cohesion that are now being observed within some communities. While such threats are numerous and varied, it is important to recognize that none of the social processes described below should be seen as leading individuals inevitably into a lifestyle of drug abuse and criminality. Whenever and wherever an individual engages in such behaviour, at some level he or she has exercised some element of personal choice. This is not to "blame the victim" but rather to recognize that, whatever the social processes and social pressures at hand, human beings still have the capacity to exercise some element of choice in what they do and what they refrain from doing. Importantly, it is this element of choice that holds out the prospect of improvement and rehabilitation, even in the most challenging of circumstances, and of individuals finding a way out of their current difficulties.

1. Persistent social inequality

21. It is a feature of many societies that, just as some social groups have become increasingly wealthy, the gap between the rich and the poor has increased and become entrenched. As a consequence of these inequalities, there are marked disparities in a range of health and social welfare indicators, such as maternal and child health, infant mortality, morbidity, life expectancy and literacy.

22. When societies experience these multiple, persistent and long-standing inequalities, some social groups come to believe that there is simply no prospect of their ever enjoying the benefits of full participation in the wider society. Faced with a future with limited opportunities, individuals within these communities may increasingly become disengaged from the wider society and become involved in a range of personally and socially harmful behaviours, including drug abuse and drug dealing.

2. Migration

23. Where individuals and social groups have migrated from one area to another, there is an increased risk that individuals and communities will face multiple social adversities associated with their sense of displacement. These may include challenges to their physical and psychological health, welfare, employment, education and family life. While migration offers many positive benefits to the migrant and to society at large, it can create a sense of dislocation from the surrounding community and a sense of vulnerability on the part of those who are displaced. Where migrating social groups have travelled from areas associated with illicit drug production and drug abuse, there is a greater likelihood of individuals engaging in forms of drug misuse as a way of coping with such a sense of dislocation.

3. Political and economic transformation

24. Similarly, societies that are in the midst of political and economic transformation may experience a significant reduction in the degree of social cohesion. In a situation in which past political structures and economic activities are no longer supported and new forms of economic activity and governance are evolving, some social groups may feel isolated and disengaged from the wider society. That sense of estrangement from the new structures of governance may lead individuals and social groups to engage in a variety of socially and personally harmful behaviours.

4. Emerging cultures of excess

25. Social cohesion can be undermined not only by poverty and social exclusion, but also by the emergence of a culture of excess. For example, certain individuals who enjoy a high standard of living may come to see themselves as no longer needing to live in accordance with the norms and mores of the wider society and may develop self-destructive patterns of behaviour. For some of these individuals, their abuse of certain drugs (such as cocaine in powder form) can come to symbolize their success and status. The abuse of drugs by some celebrities and some others working in the arts and in the music and entertainment industries may come to be seen as a reflection of their creative talent and status. The resulting development of a culture of acceptance of illicit drug use on the part of some individuals and social groups can contribute to a growing normalization of certain forms of drug misuse within the wider society and in turn can lead to the undermining of social cohesion.

5. Growth of individualism and consumerism

26. There has been an increasing tendency in some societies to give meeting the needs of the individual much more priority than meeting the needs of the wider community. The growing importance accorded to meeting the desires of the individual and the increasing emphasis on consumerism have weakened social cohesion within some societies and led to an increase in some forms of personally and socially harmful behaviour such as drug misuse.

6. Shift in traditional values

27. The level of social cohesion within societies may also be severely undermined when there is a shift in traditional values as a result of cultural, political, economic and spiritual changes, along with a subsequent evolution of new sets of values. This situation may result in some social groups feeling excluded or disconnected from the new and emergent values and more inclined to pursue their own interests irrespective of the impact on the wider society.

7. Conflict and post-conflict societies

28. When societies are experiencing conflict or are in a post-conflict state, there are often clear signs of a breakdown in social cohesion. In such situations, previously close and mutually supportive social ties may become strained and weakened, leaving large swathes of the population uncertain of the degree to which they are members of a shared society. Societies recovering from conflict may experience a vacuum of governance, during which social services may be lacking and justice and law enforcement may not be apparent. This may further weaken an already fragile state of social cohesion.

8. Rapid urbanization

29. Within societies that are undergoing rapid urbanization, including those in which populations are moving from rural to urban environments, a diminution and dissolution of many of the more traditional forms of social cohesion may occur. This may include a breakdown in family connectedness and family closeness. It may also include the development of urban areas as cultural spaces in which a greater range of individual behaviours and social and personal transgressions are tolerated as a result of the increased sense of anonymity within those areas.

9. Breakdown in respect for the law

30. In situations in which local people feel that their legal system is unfair, corrupt or ineffective, there is likely to be a predictable loss of faith in those laws and the agencies involved in their implementation. At such times, there is a real risk that people will simply give up on the expectation that the national or local government will ever be able to do anything to improve their circumstances. Politicians and public officials may be viewed with suspicion and mistrust and may be increasingly seen as being motivated by a desire to improve their own situation rather than that of the local people. Such a situation may lead to criminal gangs presenting themselves as the only viable authority in the area.

10. Local drug economy

31. Within these communities, the illicit drug trade may become so active as to effectively supplant the legitimate economy, with the danger being not only the proliferation of the illicit drug trade itself but also the development of a culture of drug abuse. In some circumstances, such a culture can be self-sustaining in that it provides the people who live in these areas with a distinctive identity while simultaneously further separating them from the wider society.

32. These are the multiple problems that are being faced by "hot-spot" communities in countries and regions throughout the world. They are the extreme expression of the drug and crime problems that are equally evident around the world. These multiple problems often combine to such a degree that they shape the lives of the people living in such communities.

C. Responding to the problem

33. At the present time, governments, community agencies and voluntary groups in countries around the globe are implementing initiatives aimed at tackling the multiple problems posed by these marginal communities. For example, community policing, the enhancement of social services, the provision of recreational opportunities and urban revitalization may be beneficial in improving social cohesion in communities experiencing social disintegration.

34. In Brazil, for example, the Government has sought to wrest control from armed criminal gangs in the favelas by carrying out a series of high-profile raids using a combination of police and military personnel to arrest gang leaders and institute the rule of law. Such law enforcement approaches have been complemented in some areas with a commitment to community policing in which "peace police" units work to build relationships with local residents, sometimes offering classes or supporting groups of young people in a way that is more akin to social work. Through these combined efforts, an attempt is being made to tackle the power base of the organized criminal gangs

and to build up a sense of trust between the police and residents in such a way as to enhance the safety and security of those living in these areas.

35. Within the Cape Flats area in South Africa, where there is a long history of high rates of drug abuse, violence, poor health and low employment, national and international agencies have implemented initiatives aimed at reducing the level of street-related violence through urban upgrading. These initiatives, often targeting areas with high levels of crime, involve upgrading and developing local transport systems, reclaiming neglected urban space, improving lighting and closer monitoring as a way of enhancing the safety of local residents. Within a number of these communities, small community centres called "active boxes" have been set up along major pedestrian routes. Staffed 24 hours a day by local residents, the centres have been used to reduce the risk of violence to local people.

36. Similar urban upgrading schemes, often funded through a variety of national and international organizations, have been developed in Colombia and El Salvador in an attempt to improve the circumstances of marginal communities with high levels of drug abuse and crime.

37. In the United States, the Safe Streets programme, developed initially in Chicago and then extended to other cities, is aimed at reducing levels of street-related violence within marginal communities. In Baltimore, the programme has been used to engage a wide range of local community groups, spiritual communities and voluntary and statutory bodies in an attempt to bolster local community efforts to tackle the various problems that have become endemic to areas of the city experiencing high levels of crime and drug abuse. Outreach work in areas where there have been incidents involving firearms is aimed at encouraging young people to explore alternative ways of resolving disputes and avoiding violence involving firearms.

38. In other United States cities confronted with drug-related crime involving the use of firearms, local police have been running schemes whereby residents are provided with a financial reward in exchange for any weapon handed to the police. Although those most likely to be involved in street violence will probably not hand in their weapons, such schemes produce a feeling that the overall level of safety among local people is enhanced as a result of fewer weapons being in circulation.

39. Although technology such as the Internet is extensively used by drug traffickers and gangs, it can also be used effectively to empower communities to take action against drug-related crime and organized crime. For example, in India the website "I paid a bribe" enables individuals to report instances in which they have been requested by an official to provide a bribe to facilitate administrative procedures. While such schemes can be effective in empowering communities, there is a risk that they may also be used by criminals to threaten and intimidate others.

40. In Scotland, where drug abuse and criminality were seen to be having a particular impact on a specific area, the local police and council developed a child safety initiative in which local police were empowered to pick up children under the age of 16 who were on the streets and unsupervised after 9 p.m. and return them to their parents. In Liverpool and some other cities in the United Kingdom, similar projects that involve taking vulnerable young people off the streets at night have been developed as a way of tackling problems involving gang membership and street-based criminality.

41. Police forces in British cities such as Birmingham, Liverpool and Manchester, like their colleagues in Brazil, have also sought to address the problem of incidents involving firearms by combining law enforcement responses to the problem with community policing initiatives aimed at building trust and mutual support with community members. For example, police officers have been working closely with the siblings of known gang members, who are at particular risk of becoming gang members.

42. In France, a new judicial mechanism has been created specifically for deprived areas. *Maisons de justice et du droit* (centres for justice and law) have been established in the heart of disadvantaged zones to deal with minor and moderate cases of delinquency. Acting, in effect, as branches of the courts, the centres essentially operate by way of mediation. Managed by a magistrate and supported by members of civil society, the centres also receive victims and organize legal consultations. There are currently 107 of the centres, receiving over 500,000 individuals each year.

43. Other schemes have involved working with the parents of young people known to be at risk of becoming gang members, with the aim of supporting the parents' own attempts to limit their children's exposure to street criminality and better enabling the parents to recognize the early signs of gang membership among their children. Attention has also been given to ensuring that young people on the streets in these communities have access to alternatives to spending their time with gang members. These schemes have entailed providing free or subsidized access to facilities for leisure activities, setting up clubs and organizing activities for young people in a concerted attempt to create alternatives to gang membership, with the

added benefit of promoting improved social cohesion among young people in the community.

44. In the Catalonia region of Spain, a unique approach to gang membership and gang-related violence has been attempted, with a commitment on the part of the provincial government to drawing certain gangs into the process of local governance. For example, an attempt has been made to reconstitute a specific gang as a cultural association promoting the interests of young people and facilitating the assimilation of Latin American immigrants. Through the process of legitimization, the gang has been able to have access to a range of public benefits, which has enabled it to provide a range of educational and training projects in the areas in which it operates. The obligation placed upon gang members as part of the process of legitimization is that they must cease their involvement in criminal and violent activities.

45. In the Islamic Republic of Iran, there has been a determined effort to strengthen the provision of drug abuse prevention material in schools, prisons and the workplace as a way of reducing the impact of drug abuse and HIV on society. Non-governmental organizations working within each of these sectors have sought to increase local knowledge about risk factors and risk reduction and to promote a wide range of leisure and sporting activities in an attempt to reduce the number of young people becoming involved in drug abuse and drug-related activities.

46. Aside from the various initiatives explicitly focused on tackling problems involving drugs and crime in marginal communities, there has also been recognition that many aspects of the physical and social geography of these marginal communities are actually promoting the sense of social isolation and disintegration among residents and making the task of tackling those problems much more difficult. For example, some marginal communities have poor or virtually non-existent transport systems, hampering the provision of support services while furthering their sense of isolation and vulnerability. In an attempt to tackle such problems, the Governments of Brazil and other countries have made a commitment to improving the transport systems as a catalyst for other forms of development and support. There has been a commitment in some areas to developing for the first time an effective system of land registration and land-use control in an attempt to reverse the trend towards social disintegration. In some countries, such as Côte d'Ivoire, Ghana, Malawi, Peru and South Africa, initiatives have been developed to improve land registration in order to enable local residents to secure loans for development on the basis of their land ownership, thereby providing a catalyst and a means for development within these marginal communities.

47. As different as these various initiatives are, their common element is the importance they place on involving local people at every stage of the intervention process.

48. The International Narcotics Control Board emphasizes the importance of responding to the needs of communities experiencing social disintegration before they reach a point beyond which the regular capacity for effective action on the part of governments and local organizations becomes insufficient. The early signs of a breakdown in social cohesion within communities must be recognized and addressed. These signs may include changing demographics, changing land-use patterns, changing societal dynamics following migration or in post-conflict situations, poor levels of educational provision, inadequate availability of health services, limited retail provision, poor transport systems and escalating rates of violence.

49. The problems posed within these communities have the capacity to spread well beyond the borders of the communities themselves; left unaddressed over time, the problems are indeed likely to do just that. At that point, these marginal communities might exert a powerful radicalizing effect, threatening the very fabric of the wider society. That is a threat that must not be allowed to develop.

D. Recommendations

50. Addressing the vicious cycle of social disintegration and its associated drug problems requires a multidisciplinary approach involving stakeholders at all levels, including citizens, families, civil society, various levels of government and the private sector. In that regard, the Board makes the following recommendations:

(a) Governments must ensure the provision of drug abuse prevention services, especially in communities experiencing social disintegration. All stakeholders — schools, community groups, parents and state and voluntary agencies — should be involved in the design and implementation of interventions aimed at achieving this goal. These interventions should be tailored to the specific community, and their key message should be that drug abuse is not an inevitable feature of growing up within that community. Interventions should be implemented as part of a package of other activities that provide people, especially youth, with a positive sense of their own value and achievements and with the life skills required to resist engaging in drug-related activity;

(b) Within communities experiencing social disintegration, people may be drawn to illicit drug activity if they feel that there are no other opportunities available to them. Governments should therefore ensure that young people and families can have access to educational, employment and leisure opportunities similar to those that are available in other areas;

(c) In communities that are economically deprived, the signs of financial success associated with involvement in illegal drug activity may draw young people into the world of drug abuse, thereby furthering their marginalization from the wider society. Governments should therefore, as part of their strategies to tackle the drug problem in marginalized communities, address the visible signs of financial success associated with the illicit drug market and aim at promoting alternative role models for young people. This is particularly important in areas where gang leaders have previously been the only role models for young people;

(d) In so far as possible, a comprehensive programme of community rehabilitation measures should be implemented within communities suffering from social disintegration and problems related to drug abuse. As a first step, where necessary, Governments should support the development of an effective system of local governance, with the involvement of citizens, families and civil society, in order to empower the communities and promote a culture of aspiration rather than one of marginalization. In some communities, where necessary, Governments should invest in the provision of effective and equitable transport, health, educational and social support systems, as well as employment opportunities, and in the provision of adequate retail facilities. The involvement of the private sector should be encouraged as an investment opportunity rather than as a charitable donation;

(e) In planning and development processes, Governments should aim to ensure that these marginal communities have the capacity and the means to develop into thriving communities linked to, rather than cut off from, the wider society. The potential of the Internet and mobile communication technologies should also be utilized to facilitate such a connection;

(f) Governments should consider the implementation of community policing initiatives to build up relationships of trust and mutual respect with local people, while at the same time enhancing safety and security, so that law enforcement agencies are not seen as a threat to local people but rather as an asset for their protection and welfare. The active involvement of community police in leisure, sporting and cultural activities can facilitate the development of trust between residents and law enforcement, as well as promote respect for the rule of the law;

(g) Government agencies should ensure that high-quality drug treatment and rehabilitation services are easily accessible so that those with a drug abuse disorder can receive effective treatment with minimum delay. Treatment should be based on enabling individuals to become drug-free rather than on simply seeking to reduce some of the harm associated with continued levels of drug misuse;

(h) Law enforcement agencies must be cognizant of the importance of social cohesion in addressing social disintegration and the drug abuse problem within marginalized communities. Governments should ensure that law enforcement programmes aimed at wresting control from criminal gangs active in these communities are complemented by the measures recommended above, including community policing, prevention and treatment and the provision of services and infrastructure. Such efforts should be sustained in order to provide a greater sense of safety and security for residents and to challenge the apparent power of criminal gangs;

(i) A culture of development, empowerment and ownership involving all stakeholders should be promoted, rather than further marginalizing the affected communities by producing a culture of dependency. Microfinance-type funding schemes can enable individuals and groups in marginal communities to play an active role in furthering their own development and independence. Land-registration initiatives can provide a further impetus to grass-roots initiatives. Restoration processes may need to be kick-started by governments to create an example of what can be achieved within a community. Nevertheless, the necessity of involving members of the community in the restoration process and of developing their sense of ownership of it cannot be overstated;

(j) The Board underlines the importance of international cooperation in the building of capacity, the provision of technical assistance and the sharing of best practice in rehabilitating these marginalized communities by investing in social cohesion, services and infrastructure with the aim of promoting cohesive, safe and drug-free communities.

II. Functioning of the international drug control system

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

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

1. Status of adherence to the international drug control treaties

52. After protracted civil unrest that was followed by several years of autonomous rule, South Sudan became an independent State on 9 July 2011 and a Member State of the United Nations on 14 July 2011. The Board welcomes South Sudan as a new member of the United Nations family and looks forward to cooperating closely with its Government in combating drug trafficking and abuse. The Board hopes that the Government will give positive consideration to becoming a State party to the three international drug control treaties in the near future. The Board stands ready to assist the Government in ensuring that South Sudan's legal and administrative structures are adequate to meet the obligations of those treaties.

53. As at 1 November 2011, the number of States parties to the Single Convention on Narcotic Drugs of 1961[1] or that Convention as amended by the 1972 Protocol[2] remained at 186. 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 nine States have yet to accede to the 1961 Convention or that Convention as amended by the 1972 Protocol: two States in Africa (Equatorial Guinea and South Sudan), one in Asia (Timor-Leste) and six in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Tuvalu and Vanuatu).

54. The number of States parties to the Convention on Psychotropic Substances of 1971[3] stood at 183. A total of 12 States have yet to become parties to that Convention: 3 States in Africa (Equatorial Guinea, Liberia and South Sudan), 1 in the Americas (Haiti), 1 in Asia (Timor-Leste) and 7 in Oceania (Cook Islands, Kiribati, Nauru, Samoa, Solomon Islands, Tuvalu and Vanuatu).

55. The number of States parties to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988[4] stood at 184. A total of 11 States have yet to become parties to that Convention: 3 States in Africa (Equatorial Guinea, Somalia and South Sudan), 1 in Asia (Timor-Leste), 1 in Europe (the Holy See) and 6 in Oceania (Kiribati, Nauru, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

56. The Board notes that, despite its ongoing efforts to promote universal application of the international drug control treaties, 16 States, as mentioned above, have not yet become parties to all of the international drug control treaties. Oceania continues to be the region with the most States that have not acceded to all the treaties. The Board is concerned that failure to accede to any of the treaties may weaken the collective efforts of the international community to fight drug trafficking and abuse. The Board urges the States concerned to identify any impediments to their becoming parties to the international drug control treaties and to take the steps necessary to accede to all the treaties without further delay.

2. Evaluation of overall treaty compliance in selected countries

57. 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.

58. 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.

59. In 2011, the Board reviewed the drug control situation in Albania, Haiti, Mauritania and Papua New Guinea, as well as measures taken by the Governments of those countries to implement the international drug control treaties. In doing so, the Board took into account all

[1] United Nations, *Treaty Series*, vol. 520, No. 7515.
[2] Ibid., vol. 976, No. 14152.
[3] Ibid., vol. 1019, No. 14956.
[4] Ibid., vol. 1582, No. 27627.

information available to it, paying particular attention to new developments in drug control in those countries.

(a) Albania

60. The Government of Albania has made some progress in drug control in recent years, in particular in the area of law enforcement. Drug control legislation is generally adequate. The first drug control strategy was concluded in 2010 and the Government is preparing a new strategy, together with an action plan for its implementation, which will then be submitted to Parliament for approval. Progress has also been noted in providing the required information on precursors to the Board.

61. Resources provided by the Government of Albania for drug control efforts remain insufficient. Although legislation is in force that provides for the creation of an inter-ministerial committee to coordinate drug control policy, the committee has not been able to function adequately because of a lack of resources. The Board notes the continued lack of adequate resources for the regulatory control of narcotic drugs, psychotropic substances and precursors by the Ministry of Health, which has an adverse impact on the effectiveness of such control. No centralized data collection mechanism exists and, consequently, there are inconsistencies in data on drug seizures and drug abuse.

62. In Albania, rates of drug abuse are increasing, especially among young persons. Lack of coordination in the Government has hampered efforts to gather data on the drug abuse situation in the country and to establish adequate facilities for the treatment of drug addicts. The Board wishes to emphasize the importance of conducting a national survey on drug abuse in Albania in order to address that growing problem in a more effective manner. The Board urges the Government to make further efforts and to take more effective measures to ensure that progress is made in that area.

63. The Board, as part of its ongoing dialogue with the Government of Albania, invited a delegation from the Government to attend its session in February 2011. The delegates reported on recent measures taken in the field of drug control in Albania and assured the Board of the Government's commitment to drug control and to cooperating with the Board. The Board notes that continued efforts have been made by the Government of Albania. The Board looks forward to cooperating more closely with the Government with a view to achieving the aims of the international drug control treaties.

(b) Haiti

64. The Board notes that Haiti has made considerable progress since the tragic earthquake of 12 January 2010. Despite many challenges and difficulties, the progress is being made in the reconstruction efforts in the country, undertaken with the support of the international community. In 2011, the President of the Board held meetings with the permanent representatives of Haiti to the United Nations in New York and Geneva to discuss issues relating to the drug control situation in Haiti and to explore the feasibility of conducting a mission of the Board to Haiti in due course.

65. The Board notes with appreciation that the national drug control authorities of Haiti have resumed their mandatory reporting obligations under the three international drug control conventions and have regularly furnished statistical data on narcotic drugs, psychotropic substances and precursors, as well as estimates and assessments on narcotic drugs and psychotropic substances. The Board wishes to encourage the Government to continue its efforts in those areas. The Board trusts that the commitment of the Government to international drug control efforts will soon be strengthened by the accession of Haiti to the 1971 Convention.

66. Haiti continues to be an important transit area for the smuggling of cocaine into North America and Europe via the West Indies. The smuggling of cannabis from Haiti into its neighbouring countries continues to pose challenges to drug control efforts in the area. The destruction caused by the earthquake in 2010 and the resulting loss of capacity of the national drug law enforcement authorities in Haiti have given rise to fears that the country may be increasingly used by drug traffickers as a trans-shipment area for smuggling drugs. If unchecked, the trans-shipment of illicit drug consignments through Haiti will undermine efforts by the Government and the international community to strengthen State institutions and political stability. The Board therefore calls on the Government of Haiti to take the measures necessary to deter such illicit activity. The Board also calls on the international community to assist the Government of Haiti in that regard.

(c) Mauritania

67. Mauritania is a party to all three international drug control treaties. In the past, the Board had expressed serious concerns regarding the compliance of the Government of Mauritania with those treaties. However, following intensive dialogue with the Board, the Government took steps to improve the national drug control mechanism, including through the amendment of national legislation on drug control, the adoption of a national drug control strategy and the enhancement of the country's inter-ministerial body to improve cooperation.

68. The Board welcomes the measures taken by the Government of Mauritania to increase its capacity in drug control. However, those efforts will need to be further reinforced to enable the Government to respond adequately to emerging trends in drug abuse in Mauritania and drug trafficking in and through the country. The Board remains concerned about the increase in the smuggling of drugs into Europe through Mauritania and other countries in the Sahel area of West Africa.

69. Like many countries in West Africa, Mauritania lacks the resources and capacity to effectively address the emerging problems of drug trafficking and drug abuse; the Board encourages the Government of Mauritania to step up its efforts to reduce illicit drug supply and demand and to collaborate with the Governments of neighbouring countries in that regard. The Board calls on the United Nations Office on Drugs and Crime (UNODC) and other international entities to support the capacity-building efforts of the Government of Mauritania so that the Government may make further progress towards compliance with the international drug control treaties. A mission of the Board to Mauritania is scheduled to take place in the near future.

(d) Papua New Guinea

70. The Board continues to have concerns regarding the situation in Papua New Guinea, including the lack of adequate national drug control legislation, the absence of a mechanism for Government coordination in the area of drug control and the dismal record of the Government in cooperating with the Board, in terms of providing data required under the international drug control treaties and responding to the Board's requests for information regarding the drug control situation in the country.

71. There is every indication that the illicit cultivation of and trafficking in cannabis remain widespread in Papua New Guinea. Moreover, national drug control efforts are being undermined by a lack of coordination among Government agencies. The country also suffers from inadequate law enforcement capacity. Papua New Guinea remains one of the few countries in the world that have yet to become parties to the 1988 Convention.

72. For many years, the Board has been raising issues of concern with the Government of Papua New Guinea. The Board will continue its dialogue with the Government with a view to promoting the country's compliance with the international drug control treaties. The Board urges the Government of Papua New Guinea to give priority to taking measures to strengthen drug control and calls on the members of the international community, in particular UNODC, to provide the assistance necessary to remedy the situation as soon as possible. In September 2011, the President of the Board met with the Minister for Health of Papua New Guinea to discuss issues of concern to the Board, as well as a proposed mission of the Board to that country.

3. Country missions

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

74. Since the previous report of the Board, the Board has sent missions to the following countries: Costa Rica, Czech Republic, Denmark, El Salvador, India, Libyan Arab Jamahiriya,[5] Mexico, Myanmar, Serbia, United States and Zimbabwe.

(a) Costa Rica

75. A mission of the Board visited Costa Rica in June 2011. Costa Rica is a party to all three international drug control treaties, and the Government is committed to the implementation of the provisions of those treaties. The Government has initiated legal and institutional reforms to increase the country's capacity to counter drug trafficking while ensuring the availability of narcotic drugs and psychotropic substances for medical purposes. The system for ensuring that narcotic drugs, psychotropic substances and precursors are used for legitimate purposes only functions well in Costa Rica; there have been few cases in which controlled substances have been diverted into illicit channels. The Board notes with appreciation that the Government is taking measures to improve the availability of opioid analgesics for medical purposes.

76. Because of its strategic location, Costa Rica continues to be used by traffickers as a transit country for illicit consignments of certain drugs, as well as precursors. The Board appreciates that Costa Rican authorities have taken steps to ensure that their efforts to counter such activities are coordinated with the efforts of national law enforcement authorities in other countries. Studies indicate that the prevalence of drug abuse in Costa Rica is

[5] Since 16 September 2011, "Libya" has replaced "Libyan Arab Jamahiriya" as the short name used in the United Nations.

low but increasing and that the facilities for the treatment of drug abusers are having difficulties meeting the demand for such treatment. The Board has communicated to the Government of Costa Rica comprehensive recommendations to further improve the drug control system in the country.

(b) Czech Republic

77. A mission of the Board visited the Czech Republic in November 2010. The purpose of the mission was to examine developments that had taken place since its previous mission to that country, in 2003, in particular legislative changes regarding the decriminalization of possession of drugs for personal consumption in amounts below defined thresholds, and to discuss with the competent national authorities measures for countering drug abuse and drug trafficking. The Czech Republic is a party to all three international drug control treaties.

78. The Board notes that according to the national drug control legislation of the Czech Republic, the possession of drugs for personal consumption in amounts below defined thresholds is an administrative offence, and the cultivation of plants containing narcotic drugs or psychotropic substances for personal consumption in quantities below defined thresholds is also an administrative offence. The Board has entered discussions with the Government to examine whether that legislation is in conformity with the provisions of article 3, paragraph 2, of the 1988 Convention, which requires the establishment of such acts as criminal offences.

79. The Board notes that the Government of the Czech Republic is committed to the goals and objectives of the international drug control treaties. The National Drug Policy Strategy 2010-2018 and the Drug Action Plan 2010-2012 reflect a well-balanced national policy on drug control. The Board appreciates the measures taken by the Government to counter illicit drug manufacture and trafficking by improving and strengthening the relevant provisions of national drug control legislation. The Board commends the Government for having put in place a well-organized and comprehensive network of services for the in- and outpatient treatment of drug abusers.

(c) Denmark

80. A mission of the Board visited Denmark in September 2011. The aim of the mission was to review the Government's efforts to comply with its obligations under the three international drug control conventions, to which it is a party, in particular the 1988 Convention, since the Board's last mission to that country in 2004.

81. In recent years, the estimated annual prevalence of illicit drug use among the general population and youth in Denmark has not increased, although the illicit use of some types of drugs has remained at relatively high levels. Programmes for the prevention and treatment of drug abuse are carried out by the Government. The Board welcomes the involvement of non-governmental organizations and community based groups in those programmes. The Board notes that comprehensive legislative measures and administrative policies related to drug control continue to be expanded by the Government. Although measures aimed at controlling the movement of precursors to, from and through Denmark exist, there is a need for Danish authorities to make more consistent use of the Pre-Export Notification Online (PEN Online) system, developed by the Board, to control all shipments of precursors. The Board would also appreciate an improvement in reporting on efforts in the country to counter the diversion of precursors.

(d) El Salvador

82. A mission of the Board visited El Salvador in June 2011. The Board's previous mission to that country had taken place in 2006. The competent national authorities reaffirmed their commitment to complying with the provisions of the international drug control conventions. The comprehensive national drug control strategy foresees, among other things, reforming of the legislative basis, enhanced law enforcement activities and initiatives to reduce the illicit demand for drugs. Administrative mechanisms for the control of narcotic drugs, psychotropic substances and precursor chemicals are functioning well. The Government has identified some factors impeding the availability of opioid analgesics for medical purposes, and it is taking steps to remove those impediments.

83. El Salvador continues to be used by traffickers, including *maras* (youth gangs), as a transit country for illicit consignments of cocaine and "crack" (a cocaine derivative converted from cocaine hydrochloride) from South America destined for North America. It is also a transit country for precursor chemicals used in the illicit manufacture of amphetamine-type stimulants. The Board notes the efforts made by the Government of El Salvador to prevent drug trafficking through its territory. Studies on the prevalence of drug abuse in El Salvador appear to be outdated. The Board has made comprehensive recommendations to the Government aimed at strengthening the drug control situation in El Salvador.

(e) India

84. A mission of the Board visited India in December 2010. The Board notes with appreciation that the Government of India is fully committed to the objectives of the international drug control treaties. The controls over the licit cultivation of opium poppy and the licit production of opium are strictly implemented. The extent and patterns of drug abuse in India have changed; the Government has taken steps to carry out a new national survey on drug abuse; a pilot survey has already been conducted.

85. The mission discussed with the authorities their efforts to further expand demand reduction activities and strengthen the primary prevention of drug abuse, as well as to ensure the sufficient availability of facilities for the treatment of drug abusers. Other issues discussed by the mission included the measures against the abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances, the action to eliminate the illicit cultivation of opium poppy and to prevent the illicit manufacture of synthetic drugs. The controls applied in India to the international trade in narcotic drugs and psychotropic substances are functioning well. The mission reviewed with the Government steps to improve the quality of the reporting by India on domestic licit activities related to narcotic drugs and, in particular, psychotropic substances. Also discussed were measures to ensure rational use of controlled substances, including opioid analgesics, and their availability for medical purposes.

(f) Libyan Arab Jamahiriya

86. A mission of the Board visited the Libyan Arab Jamahiriya[6] in January 2011. Noting the current situation in the country, the Board decided to postpone its consideration of recommendations on drug control in that country to an appropriate time.

(g) Mexico

87. The Board sent a mission to Mexico in October 2011. The Board notes that the Government of Mexico, a party to all three international drug control conventions, is firmly committed to the goals and objectives of those treaties. Mexico is faced with problems related to the clandestine manufacture of methamphetamine on a large scale; most of the illicitly manufactured methamphetamine is subsequently smuggled into the United States. Mexico is also faced with problems related to drug and precursor trafficking. The Government of Mexico has implemented a number of measures since the last mission of the Board, in 2005, to address those illicit activities and curb the influence of the criminal organizations involved. The legislative basis has been strengthened to enable the judiciary to better respond to drug and precursor trafficking, and further improvements of the legislative basis have been planned. Cooperation with law enforcement and judicial authorities in other countries in the Americas has increased. A number of successes have been achieved in the area of law enforcement, and the criminal organizations involved in drug and precursor trafficking have been weakened.

88. The Government of Mexico has developed a special programme of action to expand its drug abuse prevention, outreach and treatment activities. Since 2008, many Government facilities have been opened to provide services in the area of drug abuse prevention and counselling and treatment for drug addicts. The mission discussed with the competent national authorities courses of action to reduce the illicit demand for controlled substances. The Board notes the action taken by the Government to improve the availability of opioid analgesics and to address the continued problems of the illicit cultivation of cannabis plants and the illicit cultivation of opium poppy for the purpose of producing opium to be used as a raw material for illicit heroin manufacture in the country. The Board has provided comprehensive recommendations to the Government aimed at reducing the illicit supply of controlled substances while strengthening demand reduction activities in Mexico.

(h) Myanmar

89. The Board sent a mission to Myanmar in December 2010. The Board notes that the Government of Myanmar remains fully committed to the eradication of illicit opium poppy cultivation in the country, as evidenced by the consistent implementation of the 15-year Drug Elimination Plan initiated by the Government in 1999. Since the Board's last mission, in 2006, continued efforts have been made in Myanmar to address drug trafficking and abuse, and particular progress has been made in drug abuse prevention and in the treatment and rehabilitation of drug abusers.

90. The Board notes, however, that significant challenges remain. In particular, although the illicit cultivation of opium poppy and production of opium declined significantly in Myanmar during the period 1999-2006, such cultivation has increased every year since 2007 and, as a result, many of the farmers who used to grow opium poppy are likely to return to that activity. The Board is also concerned that, despite increased law enforcement efforts, Myanmar has emerged as a major

[6] Since 16 September 2011, "Libya" has replaced "Libyan Arab Jamahiriya" as the short name used in the United Nations.

illicit manufacturer of amphetamine-type stimulants, in particular methamphetamine tablets. In recent years, Myanmar has reported the seizure of a considerable amount of precursor chemicals. Trafficking in ephedrine and pseudoephedrine in the form of pharmaceutical preparations has also increased. Furthermore, limited progress has been made by the Government in addressing the existing problems in ensuring the adequate availability of opioids for medical purposes in the country.

(i) Serbia

91. A mission of the Board visited Serbia in October 2011. Serbia is a party to all three international drug control conventions and is committed to the implementation of the conventions. The Board notes with satisfaction the adoption by Serbia of a national drug control strategy and action plan, as well as a plan to create a national committee to coordinate the concerted efforts of all institutional stakeholders to implement national drug control initiatives. Serbia continues to be used as an important transit country for the smuggling of drugs along the Balkan route.

92. The Board notes that Serbian law enforcement authorities have reported successful cooperation with regional and international partners, which has led to significant seizures of illicit drug consignments and to the dismantling of international criminal syndicates. The Government has recognized the need for an appropriate assessment of Serbia's requirements for analgesics used for the treatment of pain, which remains low, and is considering adopting measures to address that issue. In recent years, the Government has initiated several programmes for the prevention of drug abuse and the treatment of drug addiction. However, Serbia does not currently have in place any rehabilitation or after-care programmes for drug addicts.

(j) United States of America

93. A mission of the Board visited the United States in April 2011. The previous mission to that country had taken place in 1998. The mission examined with the authorities the "medical" cannabis schemes that exist in some states in the United States. The Board requests the Government to ensure the implementation of all control measures for cannabis plant and cannabis, as required by the 1961 Convention as amended by the 1972 Protocol, in all states and territories falling within its legislative authority, as the United States is a party to that convention. The Government should send strong and clear messages to the public in general and youth in particular regarding the adverse health effects of cannabis abuse. The Board also encourages the Government to continue to closely monitor the situation with regard to the abuse of prescription drugs and to strengthen measures to prevent and reduce such abuse.

94. The United States has considerable experience in tackling the problem of Internet pharmacies illegally distributing narcotic drugs and psychotropic substances. The Board encourages the Government to share its knowledge and best practices in that area with the authorities of other countries facing similar challenges and with the Board. The Board appreciates the close cooperation of the authorities of the United States in precursor control and invites the Government to continue its efforts to ensure the high quality of the statistical data furnished to the Board on narcotic drugs and psychotropic substances.

(k) Zimbabwe

95. A mission of the Board visited Zimbabwe in June 2011. Owing to its central location in Southern Africa, Zimbabwe continues to be used as a transit country for illicit drug consignments. The abuse of cannabis is widespread in the country, and the abuse of some other drugs has increased, albeit from low levels. Drug traffickers have attempted to divert precursors into illicit channels via Zimbabwe. National legislation and administrative regulations provide an adequate basis for the implementation of the provisions of the international drug control treaties. The drug control structures of the Government are in place in spite of the political and economic upheavals of the past decade; however, the capacity of the drug control authorities needs to be strengthened.

96. The mission discussed with the authorities ways to enhance demand reduction activities in Zimbabwe, in particular among young people, and to ensure that primary prevention and treatment are available throughout the country for abusers of all drugs. Among the issues discussed were measures to increase the capacity of the law enforcement authorities to counter drug trafficking and to increase the availability of controlled substances, including opioid analgesics, for medical purposes.

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

97. As part of its ongoing dialogue with Governments, the Board also conducts, on a yearly basis, an evaluation of Governments' implementation of the Board's recommendations pursuant to its country missions. In 2011, the Board invited the Governments of the following five countries, to which it had sent missions

in 2008, to provide information on progress made in the implementation of its recommendations: Ethiopia, Mauritius, Romania, Ukraine and United Arab Emirates.

98. The Board wishes to express its appreciation to the Governments of Mauritius, Romania, Ukraine and United Arab Emirates for submitting the information requested. Their cooperation facilitated the Board's assessment of the drug control situation in those countries and the Governments' compliance with the international drug control treaties. Information from the Government of Ethiopia was received too late to be reviewed by the Board and the outcome of its review will be included in the annual report for 2012.

99. In addition, the Board reviewed the implementation of the Board's recommendations following its 2007 missions to Liberia and Viet Nam, which did not provide the requested information in time for review in 2010.

(a) Liberia

100. Little progress has been made by the Government of Liberia in the implementation of the Board's recommendations following its mission to that country in 2007. In view of the many challenges facing the country after a protracted civil war, its capacity to effectively deal with drug control issues remains limited. The Board notes with concern that the country has not yet ratified the 1971 Convention and that the current national drug control legislation has not been updated to meet the requirements of the international drug control treaties. Control over the licit import of narcotic drugs, psychotropic substances and precursor chemicals remains weak.

101. The Board notes that measures need to be taken to intensify and streamline the various services of law enforcement agencies in Liberia that have a mandate to act against drug trafficking, in order to avoid duplicating efforts and wasting of resources. The Board calls on the Government to establish a system for controlling precursors and other chemicals used in the illicit manufacture of drugs. That is particularly important as Liberia has already been used by traffickers for the diversion of those substances.

102. While drugs are widely abused in Liberia, the extent of drug abuse in the country is not known to the authorities. There has never been a systematic assessment of the nature, extent and patterns of drug abuse. The Board calls on the Government to carry out an assessment of drug abuse, including the collection and analysis of data on the incidence, prevalence and other characteristics of drug abuse. Such an objective assessment is indispensable for the design of programmes for the prevention of drug abuse and the treatment and rehabilitation of drug abusers.

103. The Board urges the Government of Liberia to make further progress in complying with the international drug control treaties and to consider requesting UNODC and other international bodies to provide the necessary technical assistance.

(b) Mauritius

104. The Government of Mauritius has acted on the Board's recommendations following its mission to that country in 2008, and progress has been made in a number of areas of drug control. The Board notes with appreciation that the national drug control legislation has been strengthened and that administrative measures have been taken to further improve inter-agency cooperation and the coordination of the activities of the institutions, services and agencies active in addressing the problems of drug trafficking and abuse. Drug demand reduction activities in Mauritius are well coordinated by the health authorities, and drug abuse prevention campaigns are conducted throughout the country, with the support of the drug law enforcement authorities.

105. The Government of Mauritius has strengthened national drug control capabilities, including control of sea and air boundaries, and has provided increased resources for the acquisition of relevant equipment and the training of staff. Police and customs authorities regularly carry out joint drug control activities at airports and seaports. Furthermore, collaboration with international partners at the operational level has been intensified to prevent the smuggling of drugs, notably preparations from Europe containing buprenorphine, into Mauritius.

106. The Board, while acknowledging the progress made in drug control, encourages the Government of Mauritius to continue its efforts with regard to the treatment and rehabilitation of drug abusers. With regard to the existing methadone substitution programmes that are being conducted in Mauritius, the Board invites the Government to increase the provision of psychosocial support and to find ways of guiding drug abusers towards reducing their drug intake so that they may eventually stop abusing drugs. The Board notes that in Mauritius the availability of narcotic drugs and psychotropic substances for medical purposes remains limited.

(c) Romania

107. The Government of Romania has acted on most of the recommendations made by the Board following its mission to that country in October 2008 and has made progress in a number of areas of drug control. The Board

notes that the Government has allocated more resources for the collection of statistical data to ensure that its reporting to the Board, as required under the international drug control treaties, is improved. Steps have also been taken to improve the availability of narcotic drugs and psychotropic substances for medical purposes.

108. The Board welcomes the measures taken to improve customs and border control activities to prevent drug trafficking through the territory of Romania, including the provision of customs equipment for drug detection, the development and application of a drug information system within the customs authorities and the establishment of a coordinating unit within the police for the effective implementation of the National Anti-Drug Strategy for the period 2005-2012. Adequate legislation has been adopted to bring new substances under national control, and internal and international cooperation against drug trafficking has also improved.

109. The Board notes that the Government of Romania is taking measures to strengthen its capacity to reduce illicit drug demand in the country. The Board encourages the Government to continue its efforts to ensure that further progress is made in that area, particularly with regard to the availability of facilities for the treatment of drug abusers and the establishment of reliable data on the drug abuse situation in the country.

(d) Ukraine

110. The Government of Ukraine has acted on the recommendations made by the Board following its mission to that country in May 2008 and has made progress in a number of areas of drug control. The Board notes that the Government has taken measures to increase funding for the National Narcotics Control Committee. Steps have been taken to improve the coordination between national bodies, local authorities and law enforcement agencies in order to reduce illicit drug supply and demand; the information system has also been improved. Measures have also been taken to address the abuse of tramadol.

111. Increased efforts have been made in Ukraine to limit the cultivation of opium poppy to an area of land sufficient to cover demand for poppy seeds used for culinary purposes and to prevent the diversion of poppy straw for use in illicit drug manufacture. To that end, the Government has carried out annual preventive operations, and progress has been made in breeding varieties of opium poppy with a low alkaloid content. The Board notes that the Government has taken measures to extend the use of narcotic drugs and psychotropic substances for medical purposes and invites the Government to continue its efforts in that regard.

112. The Government of Ukraine has undertaken activities to reduce drug abuse by injection and the spread of HIV/AIDS. The Board looks forward to seeing further measures taken and progress made by the Government of Ukraine in the area of demand reduction.

(e) United Arab Emirates

113. The Government of the United Arab Emirates has acted on the recommendations made by the Board following its mission to the country in January 2008 and has made progress in a number of areas of drug control. The Board notes that the Government has taken measures to make all the free trade zones on its territory subject to the laws governing the various activities related to the import and export of narcotic drugs, psychotropic substances and precursor chemicals, in accordance with article 18 of the 1988 Convention. The authorities of the United Arab Emirates have actively used PEN Online since 2009.

114. Efforts have been made by the Government of the United Arab Emirates to strengthen the control of containers at seaports and in free trade zones, with meetings being held and workshops organized for officials responsible for seaports, free trade zones and customs. A website is currently being prepared on matters related to shipments and companies. The Board welcomes the introduction of controls over pharmaceutical preparations containing ephedrine or pseudoephedrine through the introduction of an authorization requirement for the import of such preparations.

115. The Board notes various activities in the area of supply and demand reduction in the United Arab Emirates and looks forward to seeing continued progress made by the Government, particularly in collecting and communicating to the Board data on the extent and nature of the drug problem in the country, as well as in establishing a system for the detection of suspicious consignments in containers in or outside of free trade zones.

(f) Viet Nam

116. The Government of Viet Nam has acted on the recommendations made by the Board following its mission to the country in October 2007 and has made progress in a number of areas of drug control. The Board notes that increased efforts have been made to make available drugs for medical purposes. Measures have been taken to improve the country's reporting to the Board, as required under the international drug control treaties.

117. The Board welcomes the steps taken in Viet Nam to improve the treatment and rehabilitation of drug abusers

and the efforts made in participating in different projects sponsored by UNODC in that area. The Board encourages the Government to reinforce and support existing facilities as well as to undertake capacity-building in the field of treatment for drug abusers.

118. The Board notes the measures taken by the Government of Viet Nam to cooperate with neighbouring countries in strengthening regional law enforcement activities in the areas of drug control and crime prevention. The Board encourages the Government to strengthen its systems for enhancing the detection of drug trafficking.

119. The Board, while noting the increased efforts to provide the national authorities involved in drug control with adequate resources, encourages the Government of Viet Nam to pursue its efforts in that area in order to ensure that progress is made in addressing the drug problem in the country.

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

120. In an effort to achieve the aims of the international drug control treaties, in 2011 the Board conducted an evaluation of implementation of the Board's recommendations published in its annual reports for 2005, 2006 and 2007. The evaluation was based on information received from 123 countries and territories that had responded to the questionnaire developed for that purpose, as well as information available to the Board regarding treaty adherence and Governments' compliance with control measures. The Board wishes to thank the Governments of the respondent countries for their contributions.

121. The outcome of the evaluation suggests that most of the Board's recommendations have been implemented, with varying degrees of progress made in the areas of concern to the Board, including (a) treaty adherence and compliance with control measures; (b) prevention of the diversion of controlled substances; (c) reduction of illicit crop cultivation and prevention of drug trafficking; (d) prevention of drug abuse; (e) availability and rational use of narcotic drugs and psychotropic substances for medical purposes; and (f) prevention of the illegal operation of Internet pharmacies and the misuse of courier services.

122. The Board will continue to monitor the drug control situation in various countries, identify weaknesses in drug control at the national and international levels and, in cooperation with Governments, ensure full implementation of the international drug control treaties. The Board looks forward to the continued support of Governments in its endeavour to achieve the aims of those treaties.

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

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

123. Over the years, 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 have failed. In 2000, the Board invoked article 14 of the 1961 Convention as amended by the 1972 Protocol with respect to Afghanistan, in view of the widespread illicit cultivation of opium poppy in that country. 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.

124. 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 their provisions. 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). Apart from Afghanistan, the States concerned have taken sufficient remedial measures so that the Board was able to terminate action taken under those articles vis-à-vis those States.

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

125. Since having invoked article 14 of the 1961 Convention in 2000, the Board has maintained an ongoing dialogue with the Government of Afghanistan. Among other measures, the Board has undertaken three missions to Afghanistan at the political level, and three technical missions to assist the competent authorities of the country to comply with their treaty

obligations. Furthermore, at the invitation of the Board, high-level Government delegations from Afghanistan have attended its sessions on a number of occasions, as part of the continuing consultations under article 14 of the 1961 Convention.

126. Recently, in view of the continuing lack of progress made by Afghanistan in the implementation of its international obligations and commitments under the international drug control treaties, the Board has proposed to field a high-level mission to Kabul during 2011. As it was not possible to undertake that mission, the Board requested the Government of Afghanistan to send a high-level delegation to its 102nd session held in November 2011 in Vienna, to update the Board on the drug control situation in Afghanistan and measures taken and progress made by the Government in the implementation of the international drug control treaties. However, it was not possible for the Government of Afghanistan to comply with that request.

3. Current drug control situation in Afghanistan

127. In 2011, the total area under illicit opium poppy cultivation in Afghanistan increased by 7 per cent, and potential illicit opium production increased by 61 per cent, amounting to 5,800 tons. Opium poppy cultivation took place in half of the country's 34 provinces, with 95 per cent of the cultivation continuing to be concentrated in the southern and western regions. Opium poppy cultivation increased in most of the provinces of Afghanistan in 2011.

128. Progress in reducing illicit opium poppy cultivation in Afghanistan appears to be slow and fragile. The Board urges the Government of Afghanistan to take adequate measures to implement its national drug control strategy and to ensure that illicit opium poppy cultivation in the country is gradually reduced and effectively prevented, particularly through the conduct of awareness and eradication campaigns and providing alternative livelihoods to the farming community in the areas affected.

129. Afghanistan is a major grower of cannabis and one of the world's largest producers of cannabis resin. The amount of land devoted to illicit cannabis cultivation in 2010 was estimated to be 9,000-29,000 hectares (ha), compared with 10,000-24,000 ha in 2009. The number of provinces with cannabis cultivation also increased, from 17 in 2009 to 19 in 2010. Annual production of cannabis resin was estimated at between 1,200 and 3,700 tons in 2010, based on the country's high yields of up to 145 kg/ha.

130. The Board notes with concern that drug abuse continues to increase in Afghanistan. Afghanistan has one of the highest rates of opiate abuse in the world, with a current annual prevalence rate of 2.65 per cent of the population aged 15-64 years. This represents a significant increase from the rate for 2005 (1.4 per cent). Afghanistan is also facing a rapid spread of drug-related HIV/AIDS infection.

131. The Board remains concerned over the continued widespread corruption in Afghanistan and its effects on counter-narcotics efforts, security, good governance and economic development. The Board urges the Government, with the assistance of the international community, to enhance its efforts to establish a more effective, accountable and transparent administration at all levels.

4. Cooperation by the international community

132. The Board welcomes the ongoing efforts made and progress achieved by the international community in enhancing security, improving governance and stepping up reconstruction and development. Progress in these areas is essential in helping Afghanistan to improve the drug control situation in the country. The increasing capacity of the Afghan National Police in general, and the Counter-Narcotics Police in particular, should have a significant impact on the Government's efforts to counter illicit drug-related activities.

133. The Board calls upon the international community to continue their efforts to support the implementation of the Kabul process following the International Conference on Afghanistan held in Kabul in July 2010. The Board also calls upon the Government of Afghanistan and the international community to take adequate measures to ensure effective implementation of Security Council resolution 1817 (2008) on precursor control. The Board looks forward to the outcome of the conference on Afghanistan to be held in Bonn on 5 December 2011, focusing on issues of security, international commitment and political process, as well as the third Paris Pact ministerial conference, to be held in Vienna on 16 February 2012.

5. Conclusions

134. The Board reiterates that it is the Government of Afghanistan which has the primary responsibility with regard to the implementation of the international drug control treaties upon its territory. While the Board is aware of the severe obstacles currently facing the Government of Afghanistan, the Board believes that a number of important normative activities could be undertaken that would significantly contribute to improving the country's drug control situation, for instance: improved control over the licit movement of internationally controlled substances; prevention of diversion and abuse of psychotropic substances; and enhanced precursor control.

135. The Board urges the Government of Afghanistan to step up its efforts in drug control and to improve its cooperation with the Board. The Board also urges the Government of Afghanistan to take the steps necessary to accede to the 1972 Protocol amending the Single Convention on Narcotic Drugs of 1961.[7]

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

136. Each year, in addition to a report on its work, the Board publishes technical publications that provide Governments with analyses of statistical information on the manufacture, trade, consumption, utilization and stocks of internationally controlled substances, as well as analyses of estimates and assessments of requirements for internationally controlled substances.

137. The Board's reports and technical publications are based on information that parties to the international drug control treaties are obligated to submit. In addition, and pursuant to resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, Governments voluntarily provide information on drug control in order to facilitate an accurate and comprehensive evaluation of the functioning of the international drug and precursor control system.

138. The analysis of statistical data submitted by Governments should enable the Board to monitor licit activities involving internationally controlled substances in order to prevent the diversion of narcotic drugs and psychotropic substances into illicit markets. Their supply to licit consumer markets around the world, on time and in quantities needed to satisfy the countries' legitimate needs for medical and scientific purposes, can thus be accounted for. In addition, data analysis allows the Board to evaluate the overall functioning of the international drug control system. The observations of the Board, in conjunction with explanations on missing or qualitatively questionable data furnished by Governments to the Board, are used to identify malfunctions and loopholes in national control systems. Remedial measures to improve the international drug control system can subsequently be identified and recommended.

139. Through its work, the Board highlights best practices and significant achievements in drug control and alerts the international community to cases involving Governments' non-compliance with their treaty obligations. (For an account of reporting difficulties encountered by some Governments and the causes of those difficulties, see paragraphs 157-163 below.)

2. Submission of statistical reports

140. Governments have an obligation to furnish to the Board each year in a timely manner statistical reports containing information required by the international drug control conventions.

141. As at 1 November 2011, annual statistical reports on narcotic drugs (form C) for 2010 had been furnished by 161 States and territories, or 76 per cent of the States and territories requested to submit such reports. Additional Governments are expected to submit their reports for 2010. A total of 190 States and territories provided quarterly statistics on their imports and exports of narcotic drugs in 2010, representing 89 per cent of the States and territories required to furnish such statistics. The number of Governments not submitting their statistics regularly has been high in Africa, the Caribbean and Oceania. The rate of submission of statistical reports by Governments in those regions and that subregion did not improve despite repeated requests sent by the Board to the Governments concerned.

142. In 2011, several Governments did not provide the requested annual statistical reports on narcotic drugs in a timely manner, including the Governments of some countries that are major manufacturers, exporters, importers and users of narcotic drugs, such as Australia, Brazil, Canada, India, Japan and the United Kingdom. The late submission of annual statistical reports, particularly by major manufacturing and trading countries, delays the analysis of global trends by the Board. It also makes it difficult for the Board to prepare an annual report and technical publications, which it is required to do under article 15 of the 1961 Convention. The Board has contacted the Governments concerned and requested them to rectify the situation.

143. As at 1 November 2011, annual statistical reports on psychotropic substances (form P) for 2010 had been submitted to the Board by 158 States and territories, or 75 per cent of the States and territories required to furnish such statistics. In addition, 118 Governments submitted voluntarily all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the 1961 Convention, in conformity with Economic and Social Council resolution 1981/7. Only six Governments that trade in such substances failed to submit any quarterly form for 2010, which was the lowest number ever.

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

144. Similar to regional reporting deficiencies for narcotic drugs, the number of countries that have not yet submitted statistics for psychotropic substances for 2010 has remained particularly high in Africa, Central America and the Caribbean and Oceania. Some countries, including countries that are major manufacturers and exporters of psychotropic substances, such as Brazil, Colombia, Ireland and Israel, continued to experience difficulties in submitting the annual statistical report on psychotropic substances by the deadline (30 June).

145. The Board is pleased to note that in 2011 a total of 33 Governments have submitted data on consumption of psychotropic substances, which has allowed for an improved evaluation of their availability. Those data were requested for the first time pursuant to Commission on Narcotic Drugs resolution 54/6, by which the Commission sought to promote adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse.

146. As at 1 November 2011, a total of 132 States had submitted on form D annual information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. For the past five years, an average of 137 countries and territories submitted form D. However, only 62 countries and territories, on average, submitted their reports by the 30 June deadline.

147. In 2010, according to data provided on form D, 51 Governments reported having effected seizures of substances listed in Tables I and II of the 1988 Convention. A majority of those Governments provided the Board only with information about the amounts of precursor chemicals seized. However, in order to identify any changes in drug trafficking trends and modi operandi used by traffickers, further information about circumstances surrounding the reported seizures is required, pursuant to article 12 of the 1988 Convention. The Board urged all Governments to furnish information about cases involving seizures of internationally controlled substances; seizures of chemical substances not scheduled in Table I or II, but identified as having been used in illicit manufacture; stopped shipments of precursors; and dismantled illicit drug laboratories.

3. Submission of estimates and assessments

148. Pursuant to the 1961 Convention, each year State parties are obliged to provide the Board with estimates of their requirements for narcotic drugs for the following year. As at 1 November 2011, a total of 155 States and territories had submitted estimates of their requirements for narcotic drugs for 2012; that figure represents 73 per cent of the States and territories required to furnish such annual estimates for confirmation by the Board. As was the case in previous years, in accordance with article 12, paragraph 3, of the 1961 Convention, the Board had to establish estimates for those States and territories that had not submitted their estimates on time. Estimates were also established for South Sudan, which became independent in 2011.

149. In addition to estimates of requirements for narcotic drugs, pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide the Board with annual assessments of their medical and scientific requirements for psychotropic substances in Schedules II, III and IV of the 1971 Convention.

150. As at 1 November 2011, the Governments of all countries except South Sudan and of all territories had submitted assessments of their annual medical and scientific requirements for psychotropic substances to the Board. The assessments of requirements for psychotropic substances for South Sudan were, in accordance with Economic and Social Council resolution 1996/30, established by the Board in order to enable that country to import such substances for medical purposes without undue delay.

151. It is recommended that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. Following the Board's request of January 2011, 83 Governments revised fully the assessments of their requirements for psychotropic substances, and a further 71 Governments submitted modifications to assessments for one or more substances. The Governments of 15 countries and territories, in particular in Africa and Oceania, have not submitted any revision of their legitimate requirements for psychotropic substances for at least three years.

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

Board of modifications to their assessments for psychotropic substances.

153. In accordance with Economic and Social Council resolution 1995/20, Governments provide, on form D, data on their licit trade in, uses of and requirements for substances in Table I and Table II. As at 1 November 2011, more than 100 States and territories had provided information on licit trade and uses of precursors. That information enabled the Board to monitor patterns in international trade in precursor chemicals and to identify any new trends or suspicious trade transactions.

154. The Commission on Narcotic Drugs, in its resolution 49/3, requested Member States to provide the Board with estimates of their annual legitimate requirements of four substances frequently used in the manufacture of amphetamine-type stimulants, namely 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), 1-phenyl-2-propanone (P-2-P), pseudoephedrine and ephedrine and, to the extent possible, estimated requirements for imports of preparations containing those substances. The information on legitimate requirements for precursor chemicals for amphetamine-type stimulants assists the competent authorities of exporting countries in preventing exports of substances in quantities exceeding the legitimate requirements of the importing countries, which could be liable to diversion to illicit channels.

155. Both the number of Governments and the number of substances in Table I and Table II for which estimates of annual legitimate requirements are provided have steadily increased. As at 1 November 2011, 137 Governments had provided their annual legitimate requirements for at least one substance. In 2011, first-time submissions were provided by Bhutan, Christmas Island, the Cocos (Keeling) Islands, Denmark, the Gambia, the Lao People's Democratic Republic, Namibia, the Netherlands, Senegal, Singapore, Trinidad and Tobago, Ukraine and Uzbekistan.

156. The Board wishes to remind all Governments that the totals of estimates of annual medical and scientific requirements for narcotic drugs, as well as assessments for psychotropic substances, are published in its yearly technical publications on narcotic drugs and on psychotropic substances and in quarterly publications and that their monthly updates are available on its website (www.incb.org). The information on annual estimates of legitimate requirements for precursors of amphetamine-type stimulants is also available on the Board's website, where it is updated regularly.

4. Data examination and identified reporting deficiencies

157. The examination of the statistical data provided by Governments enables the Board to identify possible deficiencies in national control systems. As part of that review process, the Board is able to identify discrepancies in the data submitted by trading partners, which can indicate incorrect methodologies used for data collection or processing, overall weaknesses in drug control or possible diversion from international trade into illicit channels.

158. A number of countries are providing timely and high-quality statistical data to the Board. A common characteristic of those countries is that they have well-established national drug control agencies that not only have the human and technical resources required to carry out their responsibilities, but are also operating on the basis of appropriate legislation and administrative regulations. In particular, they are given the necessary authority to fulfil their role under the international drug control treaties. Such well-established national drug control systems contribute significantly to the good functioning of international drug control. By also providing clear and sound guidance on the requirements for engaging in the manufacture and trade of internationally controlled substances, mutually beneficial cooperation can be established between national drug control authorities and industry representatives.

159. New technological developments, in particular in the area of information technology, have been applied to enhance established drug control systems. Many Governments now use electronic systems to collect and compile data required under the Conventions, as the volume of data related to internationally controlled substances would otherwise be difficult to handle. The Board welcomed such developments, as the use of electronic tools assists Governments in meeting reporting deadlines and also contributes to the greater accuracy of the data provided. The Board, however, notes that such systems are sometimes designed or modified in a way that simplifies reporting practices. Such modifications, if not fully in line with treaty provisions, can result in systematic reporting errors. In this regard, in the course of 2011, the Board, in cooperation with competent national authorities of several interested countries, achieved significant progress in the development of an electronic import/export authorization system that is expected to facilitate mandatory reporting by Governments to the Board (see paras. 212-219 below).

160. In some countries the quality of information collected electronically from stakeholders, such as private

companies, is low and often contains errors. Regrettably, some Governments informed the Board that they could not furnish the required information because of the purported failure of manufacturers of internationally controlled substances to submit the requested data to the national competent authorities.

161. Late submission and the submission of incomplete or inaccurate data may significantly obstruct the examination and overall analysis of the data by the Board. The Board reminds the Governments of countries concerned that it is their responsibility to ensure that any electronic system they use at the national level for collecting data and reporting to the Board is set up and applied in a way that is compatible with the provisions of relevant international treaties. It is also an obligation of Governments and their competent authorities to rectify any entry or conceptual errors that may be introduced during any data-gathering or -processing stage.

162. In its resolution 54/6, the Commission on Narcotic Drugs encouraged the Board, with the support of Member States, to continue to provide assistance to competent national authorities, with the aim of improving the national reporting of statistical data, the estimation of licit requirements for narcotic drugs and the voluntary assessment of licit requirements for psychotropic substances. The Board will continue to use every opportunity within its mandate to provide assistance to Governments, as necessary, to strengthen their capacity for the control of licit activities involving narcotic drugs, psychotropic substances and precursors, including reporting. In this regard, the Board will cooperate with other international bodies, such as UNODC and the World Health Organization (WHO).

163. The Board is concerned that many parties to the 1961 Convention and the 1971 Convention, including some major producers, manufacturers, importers and exporters of internationally controlled substances, have experienced difficulties in collecting and reporting information on the manufacture of and trade in narcotic drugs and psychotropic substances, on their use for the manufacture of other substances and/or on stocks held by manufacturers. The purported reasons for delayed or inaccurate reporting, as communicated to the Board by Governments, have included inappropriate legislation, or its inadequate implementation, as well as lack of adequate resources of the national drug control authorities. The Board requests the Governments concerned to review their national legislation and administrative regulations governing manufacture of and trade in internationally controlled substances to identify whether the laws and regulations concerned are sufficient and whether they are adequately implemented. Where appropriate, Governments should take measures to strengthen their national drug control authorities in order to increase their capacity to collect high-quality data and submit those data to the Board in a timely manner.

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

1. Preventing the diversion of controlled substances

164. One of the principal aims of the international drug control regime is to prevent the diversion of controlled substances into illicit channels for subsequent sale to drug abusers or, in the case of precursor chemicals, for use in the illicit manufacture of narcotic drugs and psychotropic substances. Over the years, loopholes in the implementation of the regime were being exploited by traffickers to divert controlled substances; once those loopholes were identified, the Economic and Social Council and the Commission on Narcotic Drugs had to adopt additional control measures to close them. In the section below, the Board examines action taken by Governments to prevent diversion in accordance with the treaty provisions and related resolutions of the Council and the Commission, describes the problems that continue to exist in preventing the diversion of controlled substances and provides specific recommendations on how to deal with such problems.

(a) Legislative and administrative basis

165. Governments have to ensure that national legislation is in line with the provisions of the international drug control treaties. They also have the obligation to amend lists of substances controlled at the national level when a substance is included in a schedule of an international drug control treaty or transferred from one schedule to another. Inadequate legislation or implementation mechanisms at the national level or delays in bringing lists of substances controlled at the national level into line with the schedules of the international drug control treaties will result in inadequate national controls being applied to substances under international control and may lead to the diversion of substances into illicit channels.

166. Some Governments have experienced problems in addressing non-compliance by national stakeholders with control measures aimed at preventing diversion from domestic distribution channels, such as prescription requirements for narcotic drugs and psychotropic substances and provisions for safe storage of controlled

substances to prevent theft. In particular, the penalties applicable to individuals or companies found to be negligent or unethical have, in some cases, not been adequate to prevent persons from cooperating with traffickers in cases of diversion. The Board encourages all Governments to examine whether the penalties foreseen in their national drug control legislation are sufficient to prevent such problems and to revise their laws, as necessary.

167. The Board appreciates the fact that Governments continue to strengthen their legislation on precursors beyond the minimum outlined under the 1988 Convention and subsequent resolutions of the Commission on Narcotic Drugs, to prevent traffickers from obtaining the precursor chemicals needed for illicit drug manufacture. During 2011, many countries, among them El Salvador, Guatemala and Nicaragua, expanded their control measures to include phenylacetic acid derivatives that are not under international control, in addition to reflecting in their national legislation the recent rescheduling of phenylacetic acid from Table II to Table I. Canada also broadened its legislation to include substances that are not listed in the tables of the 1988 Convention yet might be used for the illicit manufacture of methamphetamine or methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy").

168. Pursuant to Economic and Social Council resolution 1992/29 on measures to prevent the diversion of precursor and essential chemicals to the illicit manufacture of narcotic drugs and psychotropic substances, the Board entered into a partnership with the World Customs Organization to establish a discrete tariff code for preparations containing ephedrine and pseudoephedrine in order to facilitate the monitoring of international trade in those substances and the identification of diversion attempts.

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for controlled substances

169. The system of estimates of legitimate annual requirements is an important control measure that, when properly implemented, can prevent the diversion of controlled substances from international trade. When trading in narcotic drugs, exporting and importing countries are bound by the 1961 Convention to observe limits based on the estimates of annual requirements furnished by Governments and confirmed by the Board. The system of assessments of annual requirements for psychotropic substances and the system of estimates of annual requirements for precursors were adopted by the Economic and Social Council and the Commission on Narcotic Drugs, respectively, to help Governments to identify unusual transactions that might reflect attempts by traffickers to divert controlled substances into illicit channels.

170. For the systems to be effective, Governments of importing countries should establish a mechanism to ensure that their estimates and assessments are in line with their actual requirements and that no import of controlled substances in quantities exceeding those requirements is taking place. If the actual requirements are found to have increased beyond the requirements submitted previously to the Board, importing countries should inform the Board immediately of such changes. For their part, the Governments of exporting countries should set up a mechanism that will check the estimates and assessments of importing countries against all export orders involving controlled substances and preclude exports that are not in line with legitimate requirements.

171. The Board regularly investigates cases involving possible non-compliance by Governments with the system of estimates or assessments, to identify loopholes that could lead to diversion. As in previous years, the system of estimates for narcotic drugs continues to be respected by most countries. For psychotropic substances, in 2010 the authorities of 12 countries issued authorizations for substances for which they had not established any assessments or in quantities that significantly exceeded their assessments, whereas most exporting countries paid attention to the assessments established in importing countries and did not knowingly export psychotropic substances in quantities exceeding those assessments. With regard to estimates of annual licit requirements for the four substances used in the manufacture of amphetamine-type stimulants,[8] some Governments authorized imports of those substances in quantities that were far in excess of their published legitimate annual requirements.

172. The Board encourages Governments to review at least once every three years their legitimate requirements for psychotropic substances, utilizing the guide on estimating requirements for substances under international control that have been developed by the Board, in cooperation with WHO (see paras. 238-242 below), and to inform the Board of any changes, as necessary. The Board also calls upon Governments, especially those with significant trade in (including re-export of) the four precursors and their preparations for which estimates

[8] The four substances are 3,4-MDP-2-P, pseudoephedrine, ephedrine and P-2-P. Preparations containing those substances are also used in the illicit manufacture of amphetamine-type stimulants.

were recommended, to exercise vigilance to ensure that the estimates of their annual legitimate requirements are commensurate with prevailing market conditions.

Requirement of import and export authorization

173. Another main pillar of the international drug control system is the requirement of import and export authorizations, as they allow the competent national authorities to check the legitimacy of individual transactions prior to shipment. Import and export authorizations are mandatory for a transaction involving any of the substances controlled under the 1961 Convention or listed in Schedule I or II of the 1971 Convention. The competent national authorities must issue import authorizations for transactions involving the importation of such substances into their country. The authorities of exporting countries must verify the authenticity of the import authorizations before issuing the export authorizations required to allow the shipments containing the substances to leave their territory.

174. The 1971 Convention does not require import and export authorizations for trade in psychotropic substances listed in Schedule III or IV of the Convention. To address the problem of widespread diversion of those substances from international trade in the 1970s and 1980s, the Economic and Social Council, in its resolutions 1985/15, 1987/30 and 1993/38, requested Governments to extend the system of import and export authorizations to cover all psychotropic substances. The Board appreciates the fact that the Governments of Bulgaria, El Salvador, Iraq, Mauritania, Montenegro, Myanmar, Turkey and Ukraine have recently amended their national legislation to require import authorizations for some or all of the substances in Schedules III and IV. The Board again encourages all Governments that do not yet require import and export authorizations for all psychotropic substances to extend such controls to all substances in Schedules III and IV as soon as possible and to inform the Board accordingly, pursuant to the Council resolutions mentioned above.

175. Although most countries now require import and export authorizations for the majority of the psychotropic substances in Schedules III and IV of the 1971 Convention, those controls are not yet universally applied to all of those substances. To assist Governments and prevent traffickers from targeting countries in which controls are less strict, the Board has been disseminating to all competent national authorities a table showing the import authorization requirements for substances in Schedules III and IV applied by Governments in accordance with the Economic and Social Council resolutions mentioned above. Since October 2011, that table has been published on the secure area of the Board's website, which is accessible only to specifically authorized Government officials, so that competent national authorities of exporting countries may be informed as soon as possible of changes in import authorization requirements in importing countries.

Verifying the legitimacy of import authorizations

176. The Board encourages the authorities of exporting countries to verify the authenticity of all import authorizations that they consider to be suspicious. Such action is particularly useful for authorizations using new or unknown formats, bearing unknown stamps or signatures, or not issued by a recognized competent national authority, or for authorizations of consignment consisting of substances known to be frequently abused in the region of the importing country. The Board notes with appreciation that a number of Governments, including those of Hungary, India and the United Kingdom, have established the practice of verifying, with the competent national authorities of importing countries, the legitimacy of import authorizations or bringing to their attention documents that do not fully comply with the requirements for import authorizations set out in the international drug control treaties.

177. Importing countries have also become increasingly active in implementing the import authorization system. Many Governments of importing countries inform the Board regularly of changes in the format of their import authorizations and provide the Board with samples of revised certificates and authorizations for narcotic drugs, psychotropic substances and precursor chemicals so that the Board may assist the Governments of exporting countries in verifying the authenticity of documents. Some importing countries send to the Board a copy of all import authorizations they have issued, to expedite verification of their legitimacy. The Board continues to receive requests from the Governments of exporting countries to assist in verifying the legitimacy of import authorizations, particularly when their own endeavours to receive feedback from the authorities of the importing countries have failed. If the Board does not have sufficient information to confirm the legitimacy of those authorizations, it contacts the importing country to ascertain whether the transaction is legitimate.

178. The Board wishes to remind the Governments of importing countries that it is in their interest to respond in a timely manner to requests to confirm the legitimacy of individual transactions. Failure to quickly respond in such cases may hinder the investigation of diversion attempts and/or cause delays in legitimate trade in controlled substances, thus adversely affecting the availability of those substances for legitimate purposes.

179. The Board is pleased to note that Governments have begun to recognize the importance of the rapid exchange of information between exporting and importing countries, preferably in an automatic and fully electronic manner, to prevent undue delays of legitimate trade in narcotic drugs and psychotropic substances while ensuring that the system of estimates and the system of assessments of controlled substances, as well as the import and export authorization requirements envisaged under the international drug control regime, are applied. (For action taken or planned by the international community to develop such an electronic import and export authorization system, see paragraphs 212-219 below.)

Online system of pre-export notifications for precursor chemicals

180. For precursor chemicals, the exchange of information between exporting and importing countries through the pre-export notification system has been an efficient way of identifying the legitimacy of individual consignments of precursor chemicals. The Board's PEN Online system is the main mode used to exchange such information. The number of registered users of PEN Online now stands at 126, with over 20,000 pre-export notifications sent annually to 169 countries and territories. As a cornerstone of efforts to monitor international trade in precursor chemicals and prevent their diversion, the PEN Online system could have an even more positive impact if more countries were to use the system on a more regular basis. The Board therefore again encourages all Governments that have not yet done so to register with and utilize the PEN Online system, pursuant to Security Council resolution 1817 (2008).

(c) Effectiveness of the control measures aimed at preventing the diversion of controlled substances from international trade

181. The control measures described above are effective. No recent cases involving diversion of narcotic drugs and psychotropic substances from international trade into illicit channels have been identified. Nevertheless, attempts to divert narcotic drugs and psychotropic substances from international trade continue to be detected by vigilant competent national authorities, which often work in close cooperation with the Board.

182. Falsified import authorizations continue to be used by traffickers to attempt the diversion of controlled substances. In 2011, a diversion attempt was identified through the vigilance of the competent national authorities of India, who found an import authorization allegedly issued by the Government of Malaysia for the import of midazolam to be different from the official format known to them. Midazolam, a benzodiazepine, is widely abused in East Asia. Enquiries with the Government of Malaysia confirmed that the authorization in question had been falsified and that the transaction constituted a diversion attempt. The Board trusts that Governments will investigate all such attempts to divert controlled substances so that the persons responsible may be identified and prosecuted.

183. From time to time, traffickers, sometimes with the help of corrupt individuals, pretend to be acting on behalf of Governments that allegedly have weak drug control systems. In a recent case, the Board was approached by an individual who introduced himself as a Government representative of a country in the Americas, referred to the low level of availability of narcotic drugs, particularly oxycodone, in that country and attempted to obtain from the Board information on how to increase estimates for that narcotic drug. After the Board enquired about his credentials, the individual did not proceed with the request.

184. With regard to the diversion of precursor chemicals from international trade, as a result of stronger controls and the rescheduling of substances, traffickers have been forced to seek non-scheduled precursor chemicals for use in the illicit manufacture of drugs. In order to gather more information on such developments, Operation Phenylacetic Acid and Its Derivatives (Operation PAAD) was launched in March 2011 to monitor global trade in phenylacetic acid and its derivatives, used in the illicit manufacture of amphetamine-type stimulants. That is the first operation to systematically target emerging non-scheduled substances. The operation has brought very positive results. The active participation of 63 Governments in the operation enabled 612 tons of chemicals to be seized, which otherwise could have been used to illicitly manufacture approximately 115 tons of methamphetamine hydrochloride.

185. One key conclusion drawn from Operation PAAD was that in Latin America the number of seizures involving ephedrine and pseudoephedrine had decreased, as traffickers tended to rely on non-scheduled substances such as derivatives of phenylacetic acid. Nevertheless, the use of ephedrine and pseudoephedrine now appears to be playing a greater role in illicit methamphetamine manufacture in parts of South-East Asia. Operation PAAD further highlighted the flexibility of traffickers in finding sources of chemicals to be used for the illicit manufacture of drugs, quickly substituting chemicals, source countries and trafficking routes. Specifically, during the first few months of the operation, shipments seized in Mexico were reported as having originated in China. In the second half of the operation, shipments were seized en route to Central American countries (El Salvador, Guatemala, Honduras and Nicaragua), and India emerged as an additional

country of origin. Operation PAAD also revealed the significant magnitude and sophistication of such illicit activity, in terms of both the shipments intercepted and the clandestine laboratories dismantled.

186. Since traffickers do not stop trying to divert controlled substances from international trade and they are sometimes successful in obtaining precursor chemicals in that manner, the Board reiterates its call for Governments to remain vigilant and to monitor international trade in the substances subject to the control regime laid down in the international drug control conventions and the related resolutions by using the tools mentioned above.

(d) Prevention of diversion from domestic distribution channels

187. Since it has become more difficult for traffickers to obtain narcotic drugs, psychotropic substances and precursors from international trade, the diversion of such substances from licit domestic distribution channels has become a main source for supplying illicit markets. A diverted substance may be used for illicit purposes in the country in which it was diverted, or it may be smuggled into other countries, particularly countries in which there is considerable illicit demand for the substance.

188. For many substances found to have been diverted from domestic distribution channels, there is little knowledge of the details of diversion such as the methods used by traffickers or abusers to obtain the substances in question. Frequently, seizure data provide an indication of the problems that continue to be experienced with respect to such diversion. For narcotic drugs and psychotropic substances, data on substance abuse obtained either through drug abuse surveys or from treatment and counselling centres for drug abusers also confirm the widespread availability of narcotic drugs and psychotropic substances that have been diverted from licit distribution channels. Drug abusers who seek treatment can direct the authorities to the sources of the substances in question, including pharmacies not adhering to prescription requirements, theft or unethical behaviour by patients, such as "doctor shopping". The Board recommends that Governments inform it of cases involving the diversion of controlled substances from domestic distribution channels in their countries so that the lessons learned from such diversion cases can be shared with other Governments.

189. Among narcotic drugs and psychotropic substances, the substances most frequently diverted tend to be those which are most widely used for legitimate purposes. Among narcotic drugs, these include opioid analgesics such as fentanyl, hydrocodone, hydromorphone, morphine and oxycodone. Among the psychotropic substances most frequently diverted are stimulants (amphetamines, methylphenidate and anorectics), anxiolytics and sedative-hypnotics such as benzodiazepines (especially diazepam, alprazolam, lorazepam, clonazepam, flunitrazepam and midazolam), barbiturates and *gamma*-hydroxybutyric acid (GHB).

190. With regard to precursor chemicals, the diversion of acetic anhydride from domestic distribution channels, to be subsequently smuggled into other countries, has become the most common method of obtaining that chemical for use in illicit heroin manufacture. In addition, potassium permanganate is increasingly being obtained by illicit manufacture or being substituted altogether.

191. The Board wishes to remind all Governments of their obligation under the international drug control treaties to prevent the diversion of controlled substances into illicit channels. To that end, Governments are requested to ensure implementation of the control measures foreseen in those treaties and the related resolutions of the Economic and Social Council and Commission on Narcotic Drugs and to apply appropriate sanctions to national stakeholders found to be negligent or acting in an unlawful way.

Diversion of pharmaceutical preparations containing controlled substances

192. Prescription drugs (pharmaceutical preparations containing controlled substances) are frequently diverted from domestic distribution channels. For narcotic drugs and psychotropic substances, the quantities diverted in this manner can be significant, as prescription drugs have become more important as drugs of abuse in many countries. The abuse of some pharmaceutical preparations (for instance, those containing oxycodone, fentanyl and certain benzodiazepines, such as flunitrazepam) has become so widespread that, in addition to being diverted, they are being illicitly manufactured, in order to respond to the growing illicit demand.

193. International criminal organizations are increasingly becoming involved in the diversion of pharmaceutical preparations containing controlled substances. To do that, they make use of doctors who prescribe such preparations without a legitimate medical reason or patients who receive such prescriptions by faking some symptoms of diseases requiring the preparations as medication. For example, in 2010 the national authorities of El Salvador succeeded in dismantling a criminal group that had been diverting preparations containing oxycodone from domestic distribution channels. Twenty-three doctors, two pharmacists and two administrative clerks were arrested in connection with their role in that case. Similarly, the United States has for a number of years identified and investigated

medical doctors with unreasonably high prescription levels, as well as pharmacies with unreasonably high sales of controlled substances, including opioid analgesics and benzodiazepines.

194. Narcotic drugs are also diverted in the form of preparations in Schedule III of the 1961 Convention. Those preparations are exempt from a number of control measures that otherwise have to be applied under that Convention, in particular the prescription requirement, the requirement for estimates and other control measures for international trade, as well as reporting to the Board. Among those preparations, cough syrups containing codeine, dihydrocodeine, hydrocodone, ethylmorphine and pholcodine are reported to be frequently abused, often in combination with other drugs and/or alcohol. Preparations in Schedule III are often obtained as over-the-counter products in pharmacies and other licit distribution outlets and then diverted into illicit channels.

195. The abuse of preparations in Schedule III of the 1961 Convention has led countries to take countermeasures, including the introduction of prescription requirements for frequently abused preparations in Schedule III and stricter control of licit distribution channels, including sales limitations and, in some cases, discontinuation of the distribution of such preparations or the use of substances other than narcotic drugs as the active ingredients.

Diversion and abuse of drugs used in substitution treatment

196. The diversion of substances used in substitution treatment, such as buprenorphine, methadone and morphine, continues to be a particular problem. The Board has examined this issue several times in the past, most recently in its annual report for 2010.[9] In 2011, the Board contacted the major consumer countries of buprenorphine to obtain from them information on the current extent of the diversion of buprenorphine from domestic distribution channels, including from opioid substitution programmes, as applicable, as well as on the countermeasures taken by those Governments in that regard. The information thus received has complemented the information received in 2010, when the Board asked the countries most affected by such diversion and abuse for similar data.

197. Prior to the finalization of the present report, the Board had received responses from 15 countries. According to those responses, buprenorphine continues to be frequently diverted from domestic distribution channels. Almost all of the responding countries confirmed the abuse of preparations containing buprenorphine, particularly among opioid addicts entering detoxification and substitution treatment programmes. Abuse of a preparation containing buprenorphine to which naloxone, an opiate antagonist, has been added to make it less liable to be abused has also been confirmed. A further concern is the finding that preparations containing buprenorphine have been dissolved in liquid and then injected intravenously.

198. Hard data on the extent of diversion and abuse of preparations containing buprenorphine are difficult to obtain, as are data on the extent of abuse of most prescription drugs, yet those problems appear to be increasing as a consequence of the expansion of substitution programmes in many countries and the resulting increased availability of buprenorphine. In Finland, buprenorphine abuse was found among one third of drug abusers who received treatment in 2009. In the United States, the number of emergency room visits related to the non-medical use of buprenorphine more than tripled, from 4,400 in 2006 to 14,200 in 2009, and law enforcement authorities reported a significant increase in seizures of buprenorphine.

199. Smuggling of preparations containing buprenorphine has also been reported by a number of countries. For instance, Denmark reported the seizure of such preparations at its border with Germany; investigation revealed that the tablets had been destined for the illicit market in Finland and Norway. In Finland, the majority of the buprenorphine that is abused has been smuggled out of other European countries, including Estonia, France and, increasingly, Sweden and the United Kingdom. Smuggling of Subutex (a preparation containing buprenorphine) from France into Mauritius has also been detected. In their responses, some Governments highlighted the role in such cases of unethical individuals from the medical profession and patients. Doctors were found to be negligent about prescribing the quantities needed, and patients had successfully requested more doses than required, in order to sell them to other drug abusers.

200. Responses received by the Board also suggest that most Governments have taken some measures to address problems relating to the diversion and abuse of buprenorphine. Such measures include the enactment of laws and regulations concerning substitution treatment, the monitoring of supply and distribution during such treatment, prescription monitoring systems and the provision of mandatory training for doctors who are qualified to prescribe buprenorphine. In addition, Governments have worked closely with the pharmaceutical industry to control the production, stockpiling and

[9] *Report of the International Narcotics Control Board for 2010* (United Nations publication, Sales No. E.11.XI.1), paras. 233 and 234.

distribution of preparations containing buprenorphine; however, the control measures applied to buprenorphine and its preparations vary from country to country, which makes concerted action to prevent their diversion and abuse more difficult.

201. In view of the continued abuse and diversion of preparations containing buprenorphine from domestic distribution channels, the Board urges Governments of all countries in which buprenorphine is used for licit purposes to remain vigilant and to adopt appropriate control measures while making the substance available for medical treatment. The Board also encourages Governments of those countries into which buprenorphine continues to be smuggled to closely monitor the situation and cooperate with each other in order to prevent trafficking in buprenorphine.

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

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

202. As a result of the tightening of control measures for precursors in bulk form, over the years the Board has repeatedly reported on and expressed its concerns about traffickers using pharmaceutical preparations to obtain precursors, as such preparations may be beyond the scope of existing national control measures in many countries.

203. Given their widespread use in medicine, pharmaceutical preparations containing ephedrine and pseudoephedrine (as well as pharmaceutical preparations containing other controlled precursors, such as ergometrine) enjoy special status under most national drug and precursor control systems, which specifically exclude medicinal products and pharmaceutical preparations from the control measures applicable to the precursors contained in the preparations.

204. However, in the light of extensive evidence of diversion and use of pharmaceutical preparations in illicit drug manufacturing, a number of Governments have recently strengthened, or are in the process of strengthening, their mechanisms for the control of such products. Malaysia, Thailand and the United Arab Emirates have already notified the Board of their requests to receive, through PEN Online, pre-export notifications for pharmaceutical preparations containing ephedrine and pseudoephedrine. Other countries prohibit all importation of such preparations, sometimes with the exception of specified amounts of liquid preparations for injection; those countries include Mexico and several Central American countries (Belize, El Salvador, Guatemala, Honduras and Nicaragua). Other countries, including Bhutan, the Gambia, Guinea-Bissau, Mauritius, Monaco, Myanmar, the Netherlands and Singapore, have not expressly prohibited imports but have notified the Board that they do not have any legitimate requirements for such preparations. Information on the annual legitimate requirements and prohibitions as reported by Governments for the import of such preparations is available on the Board's website (www.incb.org/pdf/e/precursors/REQUIREMENTS/INCB_ALR_WEB.pdf).

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

(a) Extending import and export licence requirements to pharmaceutical preparations containing ephedrine and pseudoephedrine;

(b) Restricting the import and/or export of pharmaceutical preparations containing ephedrine and pseudoephedrine to authorized companies;

(c) Making such preparations available only with a prescription or banning them from being sold in non-pharmaceutical outlets.

206. An important step forward in addressing the diversion of pharmaceutical preparations containing ephedrine and pseudoephedrine was made by the Commission on Narcotic Drugs in March 2011, by adopting resolution 54/8. In that resolution, the Commission acknowledged that the diversion of pharmaceutical preparations containing ephedrine and pseudoephedrine was a concern and a significant challenge for drug control authorities because such preparations might not be subject to a similar level of control as bulk ephedrine and pseudoephedrine.

207. Through its resolution 54/8, the Commission agreed to a set of measures that will improve overall control over and monitoring of the trade in pharmaceutical preparations containing ephedrine and pseudoephedrine, thus reducing the risk of diversion. The key measures on which the Commission agreed were:

(a) To include, to the extent possible and in accordance with national legislation, pharmaceutical preparations containing ephedrine and pseudoephedrine in the pre-export notifications sent through the PEN Online system;

(b) To adopt, where appropriate, regulatory frameworks to control the production, distribution and commercialization of pharmaceutical preparations containing ephedrine and pseudoephedrine, to prevent diversion, including through the sending of pre-export notifications, without impairing the availability of essential pharmaceutical preparations for medical use;

(c) To apply similar control measures for pharmaceutical preparations containing ephedrine and pseudoephedrine as those for bulk precursor chemicals.

208. Importantly, in its resolution 54/8, the Commission also encouraged Member States in which different or additional regulatory entities were responsible for control of preparations, as distinct from the bulk precursor chemicals contained in such preparations, to ensure that the government entities coordinated and cooperated in their control efforts, with the objective of maintaining seamless and effective regulatory controls over both preparations and bulk precursor chemicals.

209. The Board welcomes such collective efforts to improve a situation that continues to be exploited by traffickers. As evidenced in the 2011 report of the Board on the implementation of article 12 of the 1988 Convention,[10] the diversion of pharmaceutical preparations containing ephedrine and pseudoephedrine appears to have decreased in regions previously affected, while it has increased greatly in countries in East and South-East Asia.

210. The Board wishes to remind Governments that the PEN Online system has been designed to accommodate preparations and that several countries have been using that function for some time for the pre-notification of exports of substances in the form of pharmaceutical preparations. The Board urges all Governments to use the PEN Online system for the pre-notification of shipments of preparations containing ephedrine and pseudoephedrine.

211. To further assist efforts to strengthen the monitoring of — and to minimize diversions from — international trade in pharmaceutical preparations containing ephedrine and pseudoephedrine, the Board is liaising with the World Customs Organization to establish a discrete tariff code for such preparations.

[10] *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2011 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.12.XI.4).

Developing an international electronic import and export authorization system for substances under international control

212. Import and export authorizations are an integral part of the international drug control mechanism. Article 31 of the 1961 Convention as amended by the 1972 Protocol and article 12 of the 1971 Convention include detailed provisions concerning the requirements of import and export authorizations for narcotic drugs and psychotropic substances. A well-functioning import and export authorization system is therefore essential to enabling drug control authorities to monitor international trade in those substances and prevent diversion. In recent years, the Board has been informed, first by the Government of the Republic of Korea, and subsequently by more than 20 other Governments, including those of Colombia, Singapore and Spain, that they have utilized advancements in information and communication technology and undertaken initiatives to develop national systems for issuing import and export authorizations electronically.

213. Those national systems are designed to help national drug control authorities manage control activities and monitor international trade in narcotic drugs and psychotropic substances more efficiently. However, none of them allow the authorities to directly transmit authorizations to, or receive them from, their counterparts in other countries. In most cases, the import or export authorizations are sent in the form of hard-copy printouts. Exchange of paper documents not only raises concerns about the risk of forgery, but also increases the workload of receiving authorities, which have to verify the authenticity of export and import authorizations. In its resolution 50/7, the Commission on Narcotic Drugs urged all Member States to pay particular attention to security measures concerning import and export documents. Furthermore, none of the above-mentioned national systems provides importing countries with the possibility of endorsing the amount actually imported, as required by the 1961 Convention and the 1971 Convention.

214. In view of the above, in March 2009, the Board convened an informal meeting with interested Governments to identify their needs and requirements with regard to a possible international electronic system for facilitating the exchange of electronic import and export authorizations between the competent national authorities of importing and exporting countries. Responses from Governments confirmed a strong interest in the initiative. At a second informal meeting, organized by the Board in March 2010, during the fifty-third session of the Commission on Narcotic Drugs, it was decided that the system would be developed by UNODC, in consultation with the Board and experts from interested Governments.

215. To accelerate the development process, in February and June 2011, the Board and UNODC jointly organized two international expert group meetings. The purpose of the meetings was to identify the specific requirements for an international electronic import and export authorization system for substances under international control. All participants agreed that security should be the priority of the proposed international system, which would complement, but not replace, existing national electronic systems. The proposed system would serve as a platform for uploading and exchanging import and export authorizations between importing and exporting countries. For countries without national electronic systems, the proposed system would also allow them to generate and transmit import and export authorizations electronically and to download and print them if necessary.

216. Another important feature of the proposed international system would be automatically checking the quantity of a shipment against the latest estimate or assessment provided by the importing country for the narcotic drug or psychotropic substance in question and giving a warning message in cases involving excess imports or exports. Furthermore, the international system would provide an online endorsement function, which would allow the authorities of importing countries to verify the quantity of a shipment arriving in their territory. All of those important features would be designed to help Governments meet their obligations under the international drug control treaties and would enhance the monitoring of international trade in substances under international control and the prevention of their diversion.

217. As part of the process of developing the proposed international system, it is the Board's responsibility to ensure that the business rules of the proposed system fully comply with relevant provisions of the 1961 Convention and the 1971 Convention regarding import and export authorizations. According to the Conventions, any such system should be approved by the Commission on Narcotic Drugs, and the format and content of the import and export authorizations should meet the requirements provided for in the Conventions.

218. Despite the progress that has been achieved so far, many challenges still lie ahead. For instance, the development of the proposed international system must take into consideration the specificities of national legislation with regard to import and export authorizations for substances under international control. At the same time, the system must take into account the needs of countries that do not yet have national electronic import and export authorization systems. It should also be user-friendly and compatible with all national systems, to ensure the smooth exchange of data. Moreover, it has been recommended that the system have a modular structure. In its initial phase, the system should be able to meet the most urgent needs of Governments in respect of import and export authorizations for narcotic drugs and psychotropic substances. More advanced modules may be added to the system in the future, for example, to include precursor chemicals as well as substances not under international control. The Board is convinced that this initiative will only succeed through joint international efforts. Once it has been put into operation, the system will bring long-term benefits to all Governments and the international drug control mechanism as a whole.

219. The Board wishes to express its appreciation to every Government that has provided constructive suggestions and recommendations on the system. On the basis of their input, UNODC has produced a system requirement document, which will enable the estimation of development and maintenance costs and serve as a guideline for the development of the system. The Board and UNODC will hold further consultations with interested Governments concerning progress in the development of the system.

International cooperation in countering the covert administration of psychoactive substances related to sexual assault and other criminal acts

220. Psychoactive substances have been frequently used for the commission of sexual assault or other crimes. In 2010, the Commission on Narcotic Drugs adopted resolution 53/7 to address drug-facilitated sexual assault and other crimes. In that resolution, the Commission encouraged States to forward any relevant experiences as well as research findings to the Board and urged the Board to gather relevant information. In July 2010, the Board requested all Governments to communicate to it information on the extent of the problem, the modi operandi of the assailants and the substances used as well as the counter measures taken and planned by Governments in that regard, pursuant to Commission resolution 53/7. The findings from the replies received by 1 November 2010 were summarized in the report of the Board for 2010.[11]

221. By 1 November 2011, five additional Governments had provided relevant information on this topic to the Board, raising the total number of Governments that replied to the Board on this issue to 52. Whereas the replies received in 2011 confirm most of the findings summarized in the report of the Board for 2010, they also show that the evidence on such crime has increased throughout the

[11] *Report of the International Narcotics Control Board for 2010* ..., paras. 276-283.

world, particularly in Europe, due to better recognition of this problem by the competent authorities.

222. One worrying feature of such crimes is that the victims are often young people who are sexually assaulted or forced into prostitution. However, the information received so far is indicative rather than comprehensive, underlining the need to collect more accurate data on drug-facilitated crime. In this connection, it should be noted that only one Government informed the Board that routine analysis of blood and urine of all rape victims is required under the guidelines on how to deal with such cases. All Governments are therefore encouraged to take measures to ensure that forensic or other legal evidence is obtained whenever a drug-facilitated crime is suspected.

223. Few countries reported having recently undertaken scientific research studies on this phenomenon. The scientific research that has been undertaken shows that drug-facilitated crime is more often committed than previously assumed. For example, a recent study confirmed the presence of a range of drugs, including substances that are internationally controlled, in most cases of suspected drug-facilitated sexual assault.

224. The Board will continue to monitor the situation and will share the information it receives with Governments and international bodies, as necessary.

Control over trade in opium poppy seeds

225. Opium poppy seeds originating in areas where the cultivation of opium poppy is not permitted continue to be sold on the world market. Brokers are reported to be involved in such trade. Based on information on the total area under illicit opium poppy cultivation worldwide, such cultivation could yield tens of thousands of tons of poppy seeds each year. The sale of those opium poppy seeds is an additional source of income for illicit growers of opium poppy, thus indirectly supporting such illicit cultivation.

226. In March 2010, the Commission on Narcotic Drugs adopted resolution 53/12, entitled "Strengthening systems for the control of the movement of poppy seeds obtained from illicitly grown opium poppy crops". In that resolution, the Commission, recalling the recommendations contained in previous resolutions on that issue,[12] encouraged all Member States to import only opium poppy seeds derived from licitly grown opium poppy crops and encouraged the Governments of countries that permitted the importation of poppy seeds to obtain from the exporting country an appropriate certificate of origin as the basis for importation. Exporting countries were also encouraged to provide notification of the export of opium poppy seeds to the competent authorities of the importing countries. Furthermore, countries were urged to inform the Board of any suspicious transactions involving poppy seeds and seizures of poppy seeds derived from illicitly cultivated opium poppy. Governments of countries where opium poppy was illicitly cultivated were encouraged to cooperate closely with the Governments of neighbouring countries in order to prevent the smuggling of poppy seeds.

227. The Board notes with appreciation that some major producers of poppy seeds, including China, the Czech Republic, Hungary, Slovakia, Spain and Turkey, have identified the authorities responsible for issuing certificates of origin of poppy seeds to exporters who request such certificates. The Board invites the Governments of the other countries where opium poppy is licitly cultivated and from which poppy seeds are exported to also identify such authorities so that certificates of origin can be issued if such certificates are required in the importing country.

228. At present, only India requires a certificate of origin of poppy seeds as a condition for the approval of such imports. The Board therefore calls upon the Governments of other countries that permit the import of opium poppy seeds to implement the provisions of Economic and Social Council resolution 1999/32 and Commission on Narcotic Drugs resolutions 51/15 and 53/12 and, in particular, to require a certificate of the country of origin of the poppy seeds as the basis for importation.

229. 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 opium poppy seeds. The Board invites all Governments to inform it of any suspicious transactions involving opium poppy seeds. The Board would also appreciate being informed by Governments of any measures for the control of opium poppy seeds that are to be adopted with a view to implementing Economic and Social Council resolution 1999/32 and Commission on Narcotic Drugs resolutions 51/15 and 53/12.

2. Ensuring the availability of internationally controlled substances for medical and scientific purposes

230. Under its mandate to ensure the availability of internationally controlled substances for medical and

[12] Economic and Social Council resolution 1999/32, entitled "International regulation and control of trade in poppy seeds", and Commission on Narcotic Drugs resolution 51/15, entitled "Control of international movement of poppy seeds obtained from illicitly grown opium poppy plants".

scientific purposes, the Board carries out various activities related to the consumption of narcotic drugs and psychotropic substances. In addition, with regard to narcotic drugs, the Board also has an important role to play in the supply of raw materials required for the manufacture of all medications containing natural alkaloids, as well as all semi-synthetic narcotic drugs.

(a) Supply of and demand for opiate raw materials

231. The Board, in compliance with the functions assigned to it under the 1961 Convention and the relevant resolutions of the Economic and Social Council, 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. In order to analyse the situation regarding supply of and demand for opiate raw materials, the Board uses information from the 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. The 2011 technical report of the Board on narcotic drugs[13] contains a detailed analysis of the present situation with regard to the supply of opiate raw materials and the demand for those materials worldwide. A summary of that analysis is presented below.

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

233. Production of opiate raw materials rich in morphine, as well as of opiate raw materials rich in thebaine, continues to be above the levels required to satisfy global demand. Therefore, global stocks of opiate raw materials rich in morphine and thebaine are expected to reach a level covering global demand for a period of more than a year.

234. In order to prevent the accumulation of excessive stocks and the associated risk of diversion of opiate raw materials, in May 2011 the Board brought this development to the attention of the major producer countries and requested them to prevent excessive stock levels and to carefully examine estimates and projections of requirements for opiate raw materials for 2012.

235. Global demand for opiate raw materials rich in morphine and rich in thebaine is expected to continue to rise in the future. In addition, it is anticipated that the activities of the Board and WHO to ensure the adequate availability of opioid analgesics will contribute to the continuing rise in global demand for opiates and opiate raw materials.

236. However, producing countries need to carefully analyse projected growth rates in global demand for opioids when planning future production levels for opiate raw materials. The Board requests all producer countries to maintain their future production of opiate raw materials at a level that conforms to the actual requirements for such raw materials worldwide and to avoid keeping excessive stocks, since they might be a source of diversion if they are not adequately controlled.

(b) Other initiatives of the International Narcotics Control Board

Consumption of narcotic drugs and psychotropic substances

237. Aware of its dual responsibility under the 1961 Convention and the 1971 Convention to ensure the availability of controlled substances for medical and scientific needs while preventing their illicit production, trafficking and abuse, the Board launched in March 2011 the *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*[14] as a supplement to its annual report for 2010. The special report brought to the attention of Governments and the general public the stark contrast in consumption levels in the different regions of the world. It also contained recommendations on the availability and appropriate use of controlled drugs, national drug control systems and the prevention of diversion and abuse of such drugs. The Board appreciates the positive reactions to the special report. The Board trusts that Governments will implement those recommendations in the report which are relevant to the situation in their countries. The Board will in due time analyse, in cooperation with Governments, the extent to which the recommendations have been implemented.

Guide on Estimating Requirements for Substances under International Control

238. The Board, which is responsible for monitoring the compliance of Governments with the international drug control treaties, administers the international control regime for narcotic drugs and psychotropic substances. An essential component of the control regime is a system under which countries are requested to estimate their annual requirements for internationally controlled

[13] *Narcotic Drugs: Estimated World Requirements for 2012 — Statistics for 2010* (United Nations publication, Sales No. T.12.XI.2).

[14] United Nations publication, Sales No. E.11.XI.7.

substances for legitimate purposes and to limit the use of such substances to those estimates. If applied correctly, the system should promote access to adequate levels of controlled substances and at the same time correct excessive use of such substances.

239. A process of estimating requirements for internationally controlled substances should use systematic procedures for collecting information about the use of and the need for such substances; however several factors make it difficult for the competent national authorities of many countries to develop and apply such procedures. The most common difficulties encountered include a lack of technical knowledge, a general lack of resources, poorly developed health-care infrastructure and the absence of an institutional framework that prioritizes access to medicines for all segments of the population. As a result, many Governments submit inaccurate estimates and assessments that exceed or fall short of their actual requirements. Several Governments are not able to submit any estimates at all and rely on the estimates established by the Board.

240. The Board is of the opinion that calculating accurate estimates and assessments would help Governments to identify the levels of pharmaceutical preparations containing internationally controlled substances that are necessary for their medical services. Realizing that many Governments require support in the calculation process, the Board, in cooperation with WHO, has developed the Guide on Estimating Requirements for Substances under International Control. The Guide is to be launched in early 2012. The intent of the Guide is to assist competent national authorities in identifying the most appropriate method for calculating the quantities of internationally controlled substances required for medical and scientific purposes on their territory. To support Governments in preparing their estimates and assessments, the guide describes the system of estimates and assessments and the various methods commonly used to quantify the requirements for controlled substances for medical purposes.

241. The Board trusts that the Guide will help Governments in the process of determining the quantities of internationally controlled substances that are required each year to ensure adequate availability of those substances. This exercise will also help Governments to identify inadequacies in the national system for the supply of narcotic drugs and psychotropic substances. If Governments carry out this task every year and verify whether their consumption data reflect their estimates and assessments, they should be in a position to analyse deficiencies in their drug control systems that could lead to an undersupply or oversupply of narcotic drugs or psychotropic substances.

242. The Board hopes that the Guide will be widely used, in particular by all Governments that until now have not been in a position to calculate such estimates owing to a lack of technical expertise. The Board will provide additional information as to the use of the Guide to Governments requiring such support.

Statistical data on the consumption of psychotropic substances

243. The 1971 Convention does not foresee the reporting of statistical data on the consumption of psychotropic substances to the Board. Any evaluation of the adequacy of the availability of such substances has therefore been more problematic than for narcotic drugs. Consistent and reliable statistics on the consumption of narcotic drugs have been available for many years, as such statistics had to be compiled and furnished to the Board by all countries and territories in accordance with the 1961 Convention.

244. To promote the adequate availability of psychotropic substances globally and in specific countries, the Board therefore recommended in its report for 2010, and in the supplement to that report, that Governments should collect reliable statistical data on the consumption of psychotropic substances in the same manner as for narcotic drugs and provide the Board with those data in a timely fashion.[15] In accordance with that recommendation, the Board updated the annual statistical report on substances listed in the 1971 Convention (form P) to request the voluntary collection and submission of such data by all Governments for the first time for 2010.

245. In March 2011, the Commission on Narcotic Drugs, in its resolution 54/6, endorsed the recommendation of the Board and encouraged Member States to report to the Board data on the consumption of psychotropic substances for medical and scientific purposes, in order to enable the Board to analyse levels of consumption of psychotropic substances in an accurate manner and to promote their adequate availability.

246. The Board notes with appreciation that some Governments submitted data for 2010 on the consumption of some or all psychotropic substances used on their territory for medical and scientific purposes, pursuant to the Board's recommendation and Commission on Narcotic Drugs resolution 54/6. Among those Governments are Governments of countries that are major manufacturers and consumers of psychotropic substances, such as Finland, Germany and the United States.

[15] *Report of the International Narcotics Control Board for 2010* ..., recommendation 34; and *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs* ..., recommendation (h).

247. The Board trusts that all other Governments will soon follow suit and take measures that would allow them to collect reliable data on consumption levels of psychotropic substances on their territory and to report those data to the Board. That would greatly assist the Board in identifying unusual developments in the consumption of psychotropic substances in individual countries, with a view to recommending remedial action to ensure the adequate availability of psychotropic substances, if necessary.

Activities to support scientific analyses and research

248. Apart from internationally controlled substances required for use in medical treatment, countries also need to use such substances for scientific purposes, including product development, scientific research and forensic analysis. The use of controlled substances for test and reference samples is an example of the use of such substances for scientific purposes; it was also the subject of a publication entitled *Guidelines for the Import and Export of Drug and Precursor Reference Standards for Use by National Drug Testing Laboratories and Competent National Authorities*,[16] the preparation of which was initiated by the Board.

249. Test and reference samples are required by national drug testing and forensic laboratories that are engaged in the identification and analysis of seized materials suspected of being narcotic drugs, psychotropic substances or precursors. In March 2011, the Commission on Narcotic Drugs adopted resolution 54/3, entitled "Ensuring the availability of reference and test samples of controlled substances at drug testing laboratories for scientific purposes", in which it invited the Board and UNODC "to work closely on feasible mechanisms that will facilitate the provision of minimal but sufficient amounts of reference and test samples of controlled substances to drug testing laboratories, including through the reinforcement of existing national programmes, as appropriate, in order to support their analytical and quality assurance work". In addition, UNODC brought to the attention of the Board cases in which national laboratories continued to encounter difficulties in obtaining such samples.

250. In response to resolution 54/3 and concerns raised by UNODC, the Board has undertaken a special study on obstacles to obtaining such test and reference samples. The Board has recommended a number of measures to be taken by national authorities to ensure that national laboratories have uninterrupted access to such samples. The outcome of the study and the recommendations of the Board are reflected in the present report in the section entitled "Special topics" (see paras. 301-316 below).

251. The 1961 Convention obliges States parties to submit to the Board statistical data on the consumption of narcotic drugs. Consumption data are the most important tool for evaluating whether adequate quantities of internationally controlled substances are available in a country. While consumption data with respect to pharmaceutical preparations containing narcotic drugs are commercially available in some countries, global consumption data on narcotic drugs and data on the consumption levels of individual countries are available only to the Board. The Board recognizes that those data are a unique tool for research institutions and organizations active in the areas of treatment of pain and palliative care. These statistical data are published annually in the Board's technical publication on narcotic drugs. In recent years, the Board has frequently been requested to provide those data in electronic format. The Board acknowledges that sharing consumption data in electronic format would make it easier to carry out research projects. That would benefit not only the research institutions and organizations working with those data but also national health services and medical professionals interested in comparing consumption levels of narcotic drugs in their country with consumption levels in other countries. Ultimately, such research could raise awareness among policymakers regarding the adequacy of national consumption levels and thereby benefit patients who are in need of those medications.

252. The Board has therefore decided to establish a separate secure area on its website where reputable research institutions and organizations can register in order to have electronic access to the Board's consumption data. Registrants have to fulfil certain conditions and sign an agreement with the Board regarding the use of the data. The Board hopes that this initiative will support research institutions and organizations in their work and ultimately benefit national authorities and the general public.

Response to Commission on Narcotic Drugs resolution 54/6

253. In March 2011, the Commission on Narcotic Drugs adopted resolution 54/6, entitled "Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse", in which the Commission requested the Board to continue its efforts in the area of availability of internationally controlled drugs and encouraged the Board to take additional action. The Board will continue to pay attention to the subject of adequate availability of internationally controlled substances, as provided for in its mandate under

[16] United Nations publication, Sales No. M.08.XI.6.

the international drug control treaties. Nevertheless, the Board needs to bring to the attention of the international community the fact that the budget resources allocated at present seriously restrain the activities of the Board. The Board wishes to draw attention to the need for additional resources to carry out any additional activities and expand present activities related to ensuring adequate availability of internationally controlled narcotic drugs and psychotropic substances.

Letter to United Nations resident coordinators

254. On 4 February 2011, a joint letter signed by the President of the Board, the Director-General of WHO and the chair of the United Nations Development Group was sent to United Nations resident coordinators. In that letter, the issue of the availability of internationally controlled substances for medical use was addressed. The letter referred to the continuing shortfall in many countries with respect to the availability of internationally controlled substances required for the treatment of severe pain, mental illnesses and psychiatric disorders, opioid dependence, epilepsy and birth complications. Resident coordinators were urged to integrate the issue of access to controlled medicines into health programmes.

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

255. At the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, held in New York on 19 and 20 September 2011, the President of the Board referred to the importance of the appropriate use of internationally controlled drugs, as both overconsumption and underconsumption of those drugs created problems for public health. With regard to the use of controlled substances in the relief of pain and suffering, the President highlighted the uneven global distribution of analgesics, which left 80 per cent of the world population with limited or no access to those medicines. The President mentioned the importance of internationally controlled substances for the treatment and management of non-communicable diseases, including cancer and mental illness, as well as painful conditions associated with other non-communicable diseases, such as diabetes.

(c) Activities of intergovernmental and non-governmental organizations

256. The Board notes that the availability of internationally controlled substances, in particular the availability of opioid analgesics for pain treatment, has become a major area of interest for intergovernmental and non-governmental organizations.

257. In 2011, WHO published new policy guidelines entitled *Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines*, which replaced the guidelines it had published in 2000. The Board welcomes the publication of the new guidelines, which were developed with the support of the Board. Governments are reminded that the guidelines should always be applied with full respect for the provisions of the international drug control treaties.

258. The Board notes the increasing number of non-governmental organizations that are actively involved in promoting the availability of internationally controlled substances for medical purposes and act as advocates for the adequate availability of such substances. Their activities focus mostly on the availability of analgesics, in particular opioids, in the treatment of pain and in palliative care. Data collected and processed by the Board and published in its technical publications have been used by non-governmental organizations and research institutes to study the issue of availability globally as well as in individual countries. At the same time, the Board receives valuable information from non-governmental organizations on the situation of patients lacking adequate pain treatment and palliative care, as well as on activities carried out at the national and international levels to improve health services and access to medications for those in need of them.

(d) National activities

259. The latest consumption data on narcotic drugs submitted to the Board indicate that consumption levels of opioid analgesics for pain treatment remain low in many countries. The consumption levels are reflected in the tables of the Board's technical publication on narcotic drugs.[17] The Board has introduced a new format for the tables, which makes it easier for national authorities to verify how their country compares in the regional context and how their region compares with all other regions. Governments are encouraged to examine their national consumption levels in those tables. However, national consumption levels need to be compared not only with regard to low use of internationally controlled drugs but also with regard to overconsumption, which has been noted in a number of countries. The Board recommends that in order to adhere to the principle of appropriate use, Governments need also to identify consumption levels that may be considered excessively high and therefore inappropriate.

[17] *Narcotic Drugs: Estimated World Requirements for 2012 ...*, tables XIV.1.a-XIV.1.i.

260. The Board notes that action has been taken in a number of countries to improve the level of consumption of internationally controlled substances. In most of those countries, the action has related to the consumption of narcotic drugs, in particular opioid analgesics.

261. In Colombia, efforts continue to expand the number of pharmacies throughout the country that are open 24 hours a day, 7 days a week, to dispense opioid analgesics. Currently, there are 32 such pharmacies, one in each of the country's 32 departments. In early 2011, the Ministry of Social Protection added additional opioids (methadone, hydromorphone and morphine solution) to its Obligatory Health Plan, which means that patients who present a prescription for these medicines will receive them at no cost. A new cancer law has been adopted that calls for the competent national authority to ensure the adequacy of and the opportunity to access opioid drugs for pain management.

262. In France, a first national plan to improve the management of pain was introduced in 1998 (for the period 1998-2000), followed by a second plan in 2002 (for 2002-2005) and a third plan, for 2006-2010. At present the elaboration of a fourth plan is being discussed. The national plan includes as its main pillars the education and training of health-care professionals; prescription requirements and delivery; and the availability of narcotic drugs, including conditions governing the sector of the health service institutions (hospitals, specialists, general practitioners) from which prescriptions can be obtained and the duration for which they can be prescribed. To complement those measures, the Government of France introduced a surveillance scheme to counter diversion and abuse. These measures have led to a significant improvement in the availability of opioid analgesics in France.

263. In Georgia, recent Government decrees have expanded the number of days for which opioid pain medicines can be prescribed, the number of conditions for which they can be prescribed, the types of physicians (including village doctors) who can prescribe them and the number of opioids that can be prescribed on a single prescription form. To support the rational use of opioid pain medicines, training and education in modern pain management is taking place throughout Georgia. The procedures for procuring opioid analgesics for patients with incurable conditions were revised. Authorities are in the process of revising the national drug control law to harmonize it with current knowledge and definitions.

264. In Guatemala, there continues to be a shortage of low-cost opioids. Inexpensive morphine is available only in injectable form and only for patients who are hospitalized. To address the ongoing lack of low-cost oral morphine in Guatemala, a national expert team, in cooperation with the Pan American Health Organization (which serves as the WHO regional office for the Americas), is working to revise the requirements for importing oral morphine solution. Training efforts are planned to increase the number physicians who can lead palliative care efforts at public hospitals throughout Guatemala.

265. In November 2010, the Ministry of Health of Jamaica sponsored a national workshop attended by Government policymakers, physicians, pharmacists and nurses to increase advocacy for improved pain management and palliative care throughout the country. Following the workshop, the Ministry's chief medical officer, in an official statement, recognized the importance of opioids in pain treatment and palliative care and the need to examine the policies and legal framework surrounding opioid use. The competent national authorities also commenced an audit/survey tool to evaluate all hospitals that presently stock and dispense opioids to identify the storage and handling capabilities of each facility on the island.

266. In late 2010, Kenya faced a shortage of morphine powder owing to problems experienced by the sole supplier of morphine in that country. Collaboration among the Pharmacy and Poisons Board, the national palliative care association (Kenya Hospice and Palliative Care Association) and international experts resulted in the problem being resolved by increasing the number of importers registered to import morphine powder. In recent years, the Government of Kenya has been taking a notable interest in pain management and palliative care. In July 2010, the Ministry of Medical Services issued a directive for 10 large hospitals throughout the country to establish palliative care services with the assistance and collaboration of the Kenya Hospice and Palliative Care Association. In August 2011, the Ministry of Public Health and Sanitation and the Ministry of Medical Services launched the first-ever national cancer control strategy, which includes pain management.

267. In Nepal, with support from international experts, health-care practitioners have worked with Government and industry to address the availability of opioid analgesics. To overcome import delays, coordination of activities was established with the Department of Drug Administration of the Ministry of Health and Population and with importers and exporters.

268. The Ministry of Health of Viet Nam, in cooperation with other governmental and non-governmental organizations, conducted from 2006 to 2008 an examination of policies and programmes affecting the availability of opioids for the treatment of pain in cancer

and HIV/AIDS patients, as well as for the medical treatment of dependence among persons who abuse drugs by injection. An action plan was developed that included national guidelines on palliative care; national treatment guidelines on methadone substitution therapy for opioid dependence; extensive training for clinicians throughout the country on those topics; and a radical revision of the national opioid prescribing regulations to expand the diagnoses eligible for opioid prescriptions, increase from 5 to 30 the number of days' supply per prescription, remove maximum dosage limits and mandate opioid availability at the district level. The Ministry has provided training to hospital leaders, provincial and district public health officials and health-care providers throughout the country on the revised opioid prescribing regulations.

269. The Board appreciates these national efforts to increase the availability of controlled substances for medical and scientific purposes. Such cases may serve as examples for other national health administrations faced with similar problems. The Board wishes to remind Governments that all activities carried out to increase the availability of internationally controlled substances for medical and scientific purposes need to be balanced by activities to ensure the prevention of the diversion and abuse of such substances.

E. Special topics

1. Plurinational State of Bolivia: national policy on coca leaf

270. Over the past several years, the Board has repeatedly expressed its concern about certain aspects of drug control policy in the Plurinational State of Bolivia that contravene the international drug control conventions, notably national legislation that allows the cultivation and consumption of coca leaf for non-medical purposes, in particular coca leaf chewing. The Plurinational State of Bolivia has been a party to the 1961 Convention since 1976. As the Plurinational State of Bolivia is a major producer of coca leaf, the Board is concerned that policy developments in that country could have repercussions in other countries.

271. In the past several years, the Board has expressed its concern that the practice of chewing coca leaves and the use of other coca products without previous extraction of the alkaloids, continues in the Plurinational State of Bolivia. The Board reiterated that 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 strict control measures are applicable. Those controls include the provisions of article 4, paragraph (c), of the Convention, 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".

272. Article 49 of the 1961 Convention provides parties with the right to make a transitional reservation for the non-medical use of the substances listed in paragraph 1 of that article, which include coca leaf chewing (para. 1 (c)). Therefore, while a party may, at the time of accession and under certain conditions specified in that article, reserve the right to permit temporarily on its territory the practice of coca leaf chewing, such practice must be abolished within 25 years from the coming into force of the Convention, pursuant to paragraph 2 (e). No such transitional reservation was made by Bolivia at the time of its accession to the 1961 Convention, on 23 September 1976. However, the Board wishes to point out that, within 25 years following the entry into force of the 1961 Convention, coca leaf chewing should have been abolished in those States which had made a reservation upon ratification. Therefore, even if Bolivia would have made such a reservation in 1976, as the 1961 Convention came into force in 1964, coca leaf chewing should have come to an end in 1989 in the territories of all parties to the 1961 Convention.

273. Since 2006, the Government of the Plurinational State of Bolivia has taken a number of steps towards removing coca leaf from international control. In September 2006, the President of the Plurinational State of Bolivia addressed the General Assembly at its sixty-first session, calling on the international community to support his position to remove coca leaf from international control. On 9 January 2007, the Minister of Foreign Affairs of the Plurinational State of Bolivia addressed a letter to the Director-General of WHO requesting that Organization to take the measures necessary to implement a process of validation of the medical uses of coca leaf and their contribution to, as part of traditional medicine, public health in the Andean subregion. On 8 March 2008, in response to the launching of the report of the Board for 2007, the Permanent Mission of the Plurinational State of Bolivia to the United Nations forwarded a note to the Secretary-General on the position of the Government on the issue of coca leaf. During the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, held in Vienna in March 2009, the President of the Plurinational State of

Bolivia addressed the delegates, arguing for the removal of coca leaf from the international drug control regime and stating that the agreement to include coca leaf in Schedule I of the 1961 Convention had been a historical error and claiming that the agreement had been based on a study that was "neither serious nor scientific".

274. The Board has taken efforts to strengthen its dialogue with the Bolivian Government about the issue of coca leaf. For many years, the Board has repeatedly stated in its annual reports that the use of coca leaf in the Plurinational State of Bolivia for chewing and for the manufacture of coca tea and other products without extraction of the alkaloids goes beyond that which is permitted in the relevant provisions of the 1961 Convention, and is therefore in contravention of that State's obligations under that Convention, and that the reservation to article 3, paragraph 2, of the 1988 Convention that the Bolivian Government had made upon acceding to that Convention, does not absolve that State from fulfilling its obligations under the 1961 Convention. Furthermore, in 2007, the Board sent a mission to the country to discuss with the competent national authorities the Bolivian Government's policies on coca bush cultivation and coca leaf production. In November 2008, at the invitation of the Board, a high-level delegation from the Bolivian Government attended the ninety-third session of the Board to discuss and exchange views with the Board on issues relating to the Government's implementation of the international drug control treaties.

275. On 12 March 2009, the Permanent Mission of the Plurinational State of Bolivia to the United Nations submitted a proposal to amend article 49 of the 1961 Convention as amended by the 1972 Protocol, in accordance with the procedure established in article 47 of that Convention. In its note verbale, the Government stated that the chewing of the coca leaf was an ancestral practice of the Andean indigenous people that should not be prohibited. The Government therefore requested the deletion, from the 1961 Convention, of article 49, paragraph 1 (c), stating that "the socio-cultural practice of coca leaf cannot be permitted temporarily …"; and article 49, paragraph 2 (e), stating that "it is a serious mistake to seek to abolish coca leaf chewing within 25 years".

276. In line with article 47, paragraph 1, of the 1961 Convention, the Secretary-General communicated the Bolivian proposal, on 6 April 2009, to all parties to the 1961 Convention and to the Economic and Social Council. At its substantive session in July 2009, the Council decided to initiate the procedures set out in article 47, paragraph 1 (b) of the Convention, which provides that the parties shall be asked whether they accept the proposed amendment and also to submit to the Council any comments on the proposal. Pursuant to article 47, paragraph 2, of the Convention, if the proposed amendment would not be rejected by any one party within 18 months after it had been circulated, it should thereupon enter into force. If, however, the proposed amendment was rejected by any State party, the Council could decide, in the light of comments received from States parties, whether a conference should be called to consider such amendment. By 31 January 2011, formal rejections of the Bolivian proposal to amend the 1961 Convention were submitted by 17 States parties.[18] As a consequence of those objections, the proposed amendment did not enter into force.

277. In reaction to that development, the Government of the Plurinational State of Bolivia decided to take a hitherto unprecedented step: on 29 June 2011, the Government formally deposited with the Secretary-General an instrument of denunciation of the 1961 Convention as amended by the 1972 Protocol. In accordance with article 46, paragraph 2, of the Convention, the denunciation will take effect on 1 January 2012.

278. At the same time, the Bolivian Government announced its intention to submit a new instrument of adherence to the 1961 Convention as amended by the 1972 Protocol. The Government announced that the new instrument of adherence would contain a reservation, in conformity with article 50, paragraph 3, of the Convention, by means of which the chewing of coca leaf and the cultivation of coca bush for that purpose would be legal on Bolivian territory.

279. The Board notes with regret the step taken by the Government of the Plurinational State of Bolivia to denounce the 1961 Convention as amended by the 1972 Protocol, to which it had previously acceded. The Board is concerned that, while that course of action is technically permitted under the Convention, it is contrary to the fundamental object and spirit of the Convention. If the international community were to adopt an approach whereby States parties would use the mechanism of denunciation and re-accession with reservations to overcome problems in the implementation of certain treaty provisions, the integrity of the international drug control system would be undermined. The Board feels obliged to make Governments of States parties aware of that danger.

280. The Board will continue its dialogue with the Bolivian Government. The Board decided to send a mission to the Plurinational State of Bolivia in

[18] Bulgaria, Canada, Denmark, Estonia, France, Germany, Italy, Japan, Latvia, Malaysia, Mexico, Russian Federation, Singapore, Slovakia, Sweden, United Kingdom and United States.

December 2011 in an attempt to assist the Government in resolving any existing problems in a manner that is respectful of both the letter and the spirit of the 1961 Convention.

2. Application of the international drug control treaties in countries with federal structures

281. The international drug control treaties must be implemented by States parties, including States with federal structures, regardless of their internal legislation, on their entire territory. While all States have different legal systems and legal traditions, the Board wishes to remind the States parties of the basic principles of international law enshrined in the provisions of articles 27 (on the irrelevance of internal law) and 29 (on the application of the treaty on the entire territory of the party) of the 1969 Vienna Convention on the Law of Treaties.[19]

282. Over 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. For example, consensus among States parties had developed in favour of firm control over cannabis, a substance included not only in Schedule I but also in Schedule IV of the 1961 Convention as amended by the 1972 Protocol, which requires the most stringent control measures. The Board notes that almost all States parties have applied the strict control measures foreseen in the international drug control treaties. The almost universal application of the treaties has substantially enhanced the efforts of the international community to fight drug abuse and drug trafficking.

283. The Board notes, however, some exceptions to those developments. A number of States parties are shifting towards more lenient national drug policies that are not in line with the international drug control treaties. For example, some States parties have permitted the use of "safer crack kits", the existence of so-called "coffee shops" and the establishment and operation of so-called "drug injection rooms". The Board has warned that such policies promote social and legal tolerance of drug abuse and drug trafficking and therefore contravene the international drug control treaties.

284. The Board notes that in some countries, such policy changes took place at the state and/or provincial level, and the federal Government is consequently often confronted with challenges in complying with the international drug control treaties. In the United States, for example, although the use, sale and possession of cannabis remain illegal under federal law, an increasing number of states have approved laws attempting to decriminalize possession of cannabis for personal use and/or created exemptions for "medical cannabis". In Australia, the local authorities in the state of New South Wales permitted the establishment of a "drug injection room", despite the fact that, at that time, the national policy in Australia did not support the establishment of such facilities. In Canada, superior and appellate courts in the state of Ontario have repeatedly challenged cannabis laws at the federal level, declaring Canada's cannabis laws to be of no force or effect. In addition, while the federal Government supports the termination of the operation of Insite (a "drug injection room") in Vancouver, the Supreme Court of Canada has ruled to uphold Insite's exemption from the Controlled Drugs and Substances Act, allowing the facility to stay open indefinitely. In other cases, such as in India, the federal Government has had difficulties complying with its reporting obligations as required under the international drug control treaties because of different laws and regulations at the state level.

285. The situations described above make it difficult for the Governments of those countries to fulfil their obligations under the international drug control treaties and to ensure the implementation of the treaties on their entire territory. Some of the Governments concerned have stated 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.

286. The Board underlines 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. 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 with respect to the entire territory of each State party, including its federated states and/or provinces.

287. Moreover, according to international law, 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

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

its efforts to combat drug abuse and trafficking in narcotic drugs, psychotropic substances and precursor chemicals.

288. The Board wishes to point out that the changes in policy and legislation on cannabis are taking place predominantly in developed countries. The growing gap between declared Government policy at the international level and incomplete implementation at the national level remains a matter of concern. It is disturbing that, while many developing countries have been devoting their limited resources to eradicating cannabis plants and fighting trafficking in cannabis, certain developed countries have, at the same time, decided to tolerate the cultivation of, trade in and use of cannabis for purposes other than those provided for by the international drug control treaties. The Board wishes to remind States parties that when those treaties were adopted, the international community emphasized the principle of universality, since a breach in the international consensus by one State could endanger the implementation of the treaties by other States.

289. The Board expresses its concern about the decision of the Supreme Court of Canada, permitting a "drug injection room" to continue to operate in Vancouver. Under international law, by virtue of the hierarchy of norms, the provisions of internal law cannot be invoked to justify non-compliance with provisions of the international drug control treaties to which a State has become a party. Those treaties do not permit the use of controlled drugs for any purposes except medical or scientific purposes.

290. The Board wishes to reiterate that control measures and action against trafficking in and abuse of drugs can be effective only if carried out universally in a concerted and coordinated manner, in accordance with the international drug control treaties. The Board calls upon all States parties to take the steps necessary to ensure full compliance with the international drug control treaties on their entire territory. The structure of all States parties, whether federal, state, regional or provincial, should include a comprehensive system of intergovernmental coordination procedures, so that drug control laws and policies are consistent within each country, and that system should be continually evaluated.

3. Illegal Internet pharmacies and seizures of licitly manufactured substances ordered via the Internet and delivered through the mail

291. Over the past several years, the Board has drawn the attention of Governments to the need to work together to investigate and close down illegal Internet pharmacies and to seize substances which have been illegally ordered on the Internet and smuggled through the mail. In order to strengthen efforts to tackle this problem, the Board has worked with Governments to gain a deeper understanding of illegal Internet pharmacies and States' efforts to combat them. In particular, the Board has gathered information on the implementation of its 2009 *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*, seizures of shipments of internationally controlled substances sent through the mail and important ongoing developments in the illegal trade in internationally controlled substances over the Internet. In order to gauge the level of implementation of the guidelines, the Board sent a questionnaire to all competent authorities asking them to provide detailed information on the scope of implementation of each specific guideline. The majority of the countries whose authorities reported full implementation of the Board's guidelines are those that have in place legislation prohibiting Internet pharmacies or specifically allowing activities of Internet pharmacies under certain conditions. The Board notes that a number of countries have prohibited either all operations of Internet pharmacies or the sale of internationally controlled substances through the Internet. However, while legislation may be in place to respond to the guidelines, the level of actual implementation and monitoring varies.

292. According to the responses received, States and territories having experience in legislating and regulating activities of Internet pharmacies implemented the largest number of recommendations. Several countries mentioned that they were not in a position to fully implement all of the guidelines. The most frequently mentioned difficulties encountered were lack of a legislative framework or regulations concerning the sale of pharmaceuticals through the Internet. Furthermore, the authorities of several countries mentioned they lacked the technology, human resources and expertise to identify and counter such illegal operations. The issues relating to the lack of capacity underscore the importance of the guidelines in dealing with the sharing of expertise and the provision of technical assistance. In addition, lack of international cooperation, lack of cooperation with Internet service providers and difficulties in coordination and cooperation among various national agencies were frequently mentioned.

(a) Action to be taken

293. One of the principal suggestions made by respondents to the questionnaire was that Governments that had already implemented the guidelines should share their experiences with those that had not, in order to identify good practices. A second suggestion was that Governments that had implemented the guidelines should provide training for those that had not, in order to improve the capacity of officials to identify and counteract the activities of illegal Internet pharmacies. The responses to

the questionnaire show that the vast majority of Governments with experience in dealing with illegal Internet pharmacies have not, to date, been offering technical assistance to those Governments requiring such assistance. One example given of the technical assistance currently being offered at the international level was Project Drug.net of the International Criminal Police Organization (INTERPOL). Several Governments suggested the use of joint operations to improve procedures and controls. That might also help to respond to the concern expressed by several Governments that action against offending websites could only be taken on their territory and that websites based in other countries cannot be confronted with restrictive action.

294. One related problem that has been noted is that sometimes illegal Internet pharmacies pretend to be located in one specific country but are in fact registered in other countries or with registrars outside the country concerned, which consequently is in no position to regulate them under their national legislation. The Board is of the opinion that it would be in the interest of all countries if those that have the capability to block websites, filter Internet content and monitor website behaviour on a regular basis would not concentrate their efforts exclusively on identifying web pages that are operating from their own territory but would also identify all other offending websites and share that information with the authorities concerned. In this regard, the Board notes with concern that the implementation of its guidelines 24 and 25, aimed at ensuring timely responses to requests for cooperation from other States, as well as the elaboration of standards for the investigation and reporting of such cases, have been characterized by a relatively low rate of implementation. The Board urges Governments to implement those guidelines, as such action may significantly boost international efforts to address illegal Internet pharmacies.

295. A significant portion of illegal Internet pharmacies' activities involve smuggling their products to consumers, finding hosting space for their websites and convincing consumers that the pharmacies are, in fact, legitimate. In response, several Governments suggested that there should be increased control of mail and courier services. Some Governments suggested introducing sufficient alert and control systems at the mail entry and departure points of countries and increasing law enforcement authorities' knowledge of control requirements; however, it was recognized that the amount of mail entering and leaving a country would make this very difficult. Governments also recommended systematic identification of and cooperation with Internet service providers hosting websites that trade illegally, with a view to having the sites withdrawn. Finally, several Governments suggested community awareness campaigns ahead at providing information on buying medicines online.

296. The Board wishes to remind Governments that the recommendations contained in guidelines 7 and 8, relating specifically to legislation concerning internationally controlled substances, need to be fully implemented by all countries, as they reflect obligations of Governments as contained in the provisions of the international drug control treaties, as well as relevant Economic and Social Council resolutions. In particular, the Board notes that in the absence of universal implementation of the guidelines, illegal Internet pharmacies may be able to continue their activities by simply moving them to jurisdictions with weaker control measures. The Board wishes to reiterate that, in order for global efforts to counter illegal Internet pharmacies to be effective, all Governments must ensure that comprehensive measures are in place to prevent the operation of illegal Internet pharmacies from their territory. The Board, therefore, calls on Governments to continue to implement the guidelines, to devote efforts for improving international cooperation and to provide technical assistance to countries requiring it.

(b) Information on seizures of internationally controlled substances sent via the mail

297. In accordance with Commission on Narcotic Drugs resolution 50/11, the Board collects information on seizures of internationally controlled substances sent via the mail, including those ordered via the Internet. To date, the Board has received reports of over 12,000 seizures of internationally controlled substances sent via the mail. Although the Board requested Governments to identify, if possible, which of those seizures were ordered via the Internet, the vast majority of Governments did not have the capacity to do that.

298. Based on the information provided to the Board, the main countries and territories of origin identified for seized pharmaceutical preparations were India (accounting for 58 per cent of seized substances), followed by the United States, China and Poland. In addition to national postal services, a number of courier or express package delivery services were mentioned as being misused for the smuggling of drugs, both pharmaceutical preparations and illicit drugs. The most frequently seized licit psychotropic substances were diazepam and phentermine. The most frequently seized licit narcotic drugs were methadone and codeine; the most frequently seized precursors were ephedrine and pseudoephedrine. The most frequently seized drugs of illicit origin included cannabis, khat, amphetamine, cocaine, heroin and JWH-122 (a synthetic cannabinoid).

(c) Further developments involving illegal Internet pharmacies

299. The sale of internationally controlled substances by illegal Internet pharmacies continue and the range of media used by these Internet pharmacies appears to have broadened. After several Internet search engines disallowed the use of registered trademarks for prescription drugs in their sponsored links, illegal Internet pharmacies increasingly publicized their websites through message board and social network advertising. Illegal Internet pharmacies also have continued to advertise with spam sent via e-mail as opposed to via social networking sites; nearly 25 per cent of all spam e-mail messages are advertisements for medicines. Illegal Internet pharmacies use a number of methods to pretend to be legitimate pharmacies. The methods include providing quotes and images of purported medical doctors; and fraudulently displaying a number of logos, including the logos of national pharmaceutical regulatory bodies. According to information from WHO, over 50 per cent of medicines ordered from illegal Internet pharmacies have been found to be counterfeit.

300. Action against activities of illegal Internet pharmacies has been carried out by a number of national and international organizations and associations. This action has included certifying legitimate pharmacies and providing a register of approved Internet pharmacies that can be consulted by potential consumers. Campaigns warning of the risks of purchasing medicines from illegal Internet pharmacies have also been initiated. Those efforts to educate the general public have been conducted by Governments and the private sector. In some countries, companies in the private sector, including Internet registrars, providers of hosting space, credit companies and search engine providers, have decided to share information relating to activities of illegal Internet pharmacies to enable companies to take steps to prevent misuse of their services by such Internet pharmacies. The Board welcomes those initiatives and recommends that Governments encourage companies to deny illegal Internet pharmacies access to the legitimate business services required to carry out those activities.

4. Obstacles to the availability of internationally controlled substances for scientific purposes

301. The Board has made repeated efforts to raise awareness within the international community of the important role played by drug-testing laboratories and of the need to ensure that they are granted adequate access to the test samples they require. In the pursuit of its mandate, the Board has encouraged States to consider the adoption of measures aimed at facilitating the availability of test and reference samples, while reminding them of the need for such measures to comply with the provisions of the international drug control treaties.

302. That issue was discussed by the Board in its annual report for 2005.[20] In 2007, the Board issued the *Guidelines for the Import and Export of Drug and Precursor Reference Standards for Use by National Drug-Testing Laboratories and Competent National Authorities*,[21] in which it recognized the importance of forensic laboratories, as well as the need to ensure that such laboratories had access to the facilities and tools they need to carry out their work, including high-quality reference standards. In the guidelines, the Board identified some of the obstacles to obtaining reference samples in a timely manner that were encountered most frequently by laboratories, and guidance was provided on possible ways to remove those obstacles.

303. Since the publication of the guidelines, some progress has been made. There has been almost universal recognition on the part of States of the importance of ensuring the availability of test and reference samples, and many measures have been adopted to that end at the national and regional levels. In spite of that progress, many laboratories continue to experience difficulties and/or delays in obtaining all the test and reference samples they require.

304. Concerned by those continuing difficulties, the Commission on Narcotic Drugs adopted resolution 54/3, on ensuring the availability of reference and test samples of controlled substances at drug-testing laboratories for scientific purposes. In the resolution, the Commission requested Member States to review, in consultation with the Board and UNODC, national procedures, in order to facilitate access to internationally controlled substances for use as test and reference samples by drug-testing laboratories.

305. In its resolution 54/3, the Commission encouraged the Board to continue its efforts to ensure the adequate availability of internationally controlled substances for scientific purposes and stressed the importance of the UNODC quality assurance programme for drug analysis laboratories. In addition, the Commission invited the Board and UNODC to work together to establish feasible mechanisms for facilitating the provision of minimal but

[20] *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.2), paras. 216-218.

[21] United Nations publication, Sales No. M.08.XI.6 (available at www.incb.org/documents/Reference_standard_guidelines/reference-standards_en.pdf).

sufficient amounts of reference and test samples of controlled substances to drug-testing laboratories.

306. The Board and UNODC prepared two questionnaires to solicit information from competent national authorities and drug-testing laboratories on persistent obstacles to the availability of test and reference samples of internationally controlled substances with a view to identifying ways to remove those obstacles.

307. Responses provided by drug-testing laboratories confirm that many of them continue to encounter difficulties in obtaining the test and reference samples they require, especially if those samples are not available from domestic sources and need to be imported. The four most common difficulties reported by laboratories are related to the following: shipping, approval of imports by competent national authorities, customs clearance and costs.

308. Responses provided by competent national authorities indicate that where the procedures for applying for import authorizations are not known or not fully complied with by drug-testing laboratories, authorizations may be delayed or even denied. Common difficulties cited by competent national authorities were related to a lack of knowledge of import authorization procedures on the part of laboratories, incomplete or erroneous information provided in import authorization requests, and inadequate supporting documentation. One of the most common grounds given for the refusal of the import or export of test and reference sample material was that drug-testing laboratories do not follow established procedures and/or do not complete the forms and provide the documentation required. The Board invites competent national authorities to consider working with drug-testing laboratories to improve knowledge of import and export authorization application procedures and to establish contact points within their administrations to assist drug-testing laboratories with their applications.

309. Drug-testing laboratories indicated in the survey that the formalities associated with the approval of the import and export of test and reference samples of internationally controlled substances were a significant hindrance to the availability of the samples needed by the laboratories to complete their work. When seeking to import multiple substances from the same provider, drug-testing laboratories are often required to submit, and pay for, multiple import authorization requests, which causes delays and additional financial burdens. In some cases, import and export authorizations are valid for a limited period, and delays in approval lead to the documents expiring before the acquisition by the drug-testing laboratories is completed. In order to expedite the approval process and reduce costs, the Board invites competent national authorities to consider giving priority to processing import authorization applications that are filed by drug-testing laboratories and waiving applicable fees. Competent national authorities may also wish to provide the possibility for laboratories to request the import of several substances on the same form so that less supporting documentation is required, to ensure that import and export authorization documents are valid for a period of six months or longer, and to instruct their customs authorities to give priority to requests for shipments of test and reference samples for drug-testing laboratories.

310. Respondents to the survey addressed to drug-testing laboratories included laboratories participating in the international collaborative exercise, a component of the UNODC international quality assurance programme. Participants in this initiative reported significantly fewer difficulties and delays in obtaining test and reference samples of internationally controlled substances compared with non-participants. Drug-testing laboratories, particularly those in countries where access to test and reference samples is limited, may wish to consider participating in the international collaborative exercise programme or similar quality-assurance programmes. The Board encourages Governments that have the resources to do so to provide support and adequate resources for those initiatives.

311. The Board has noted that, if competent national authorities are unaware of the importance of test and reference samples for drug-testing laboratories or of the work done by those laboratories, they may unnecessarily delay or deny imports, thus hindering availability. The Board reminds all States that all parties involved in the acquisition of test and reference samples of internationally controlled substances should be made aware of their critical importance to the work of drug-testing laboratories and should cooperate in facilitating access to such samples. Possible awareness-raising measures may include the designation of a national coordinator for the procurement and distribution of reference samples; the institutionalization of cooperation between Government agencies, such as the formation of an inter-agency working group; and the establishment of a coordinating body for classifying new drugs that are seized and distributing samples of them to laboratories throughout the country.

312. Several competent national authorities reported that they refused imports of test and reference samples if they exceeded the estimates provided to the Board for the substances in question. Others reported that although such imports were not refused, they were delayed until a supplementary estimate for the substances in question could be sent to the Board. In order to avoid the refusal of imports on the basis of estimates that do not take into

account the needs of drug-testing laboratories, the Board invites all States parties to the international drug control conventions to consult those laboratories when establishing their estimated annual requirements of internationally controlled substances. The Board also reminds States parties that they may, at any time, submit supplementary estimates should their initial estimates need to be increased to meet unforeseen needs, including those of drug-testing laboratories.

313. The answers provided by drug-testing laboratories have confirmed that shipping difficulties continue to be a major obstacle to the availability of test and reference samples of internationally controlled substances. The vast majority of the competent national authorities that responded to the survey indicated that they did not have any procedural requirements in place for postal services and shipping companies with regard to the import and export of test and reference samples of internationally controlled substances. The Board encourages States parties to consider establishing clear requirements on the transport of test and reference samples of internationally controlled substances in order to avoid unnecessary refusals of shipments caused by vague guidelines, and to apply discretion in approval procedures. Any revised requirements should also seek to prevent the diversion of the samples by establishing safeguards, such as the use of couriers.

314. The Board notes that in suggesting possible mechanisms to facilitate access to test and reference samples, several European Union member States pointed to Council of the European Union decision 2001/419/JHA on the transmission of samples of controlled substances as a possible model from which solutions could be drawn. The decision establishes a system for the transmission of samples of controlled substances between European Union member States, subject to certain formal requirements such as that the samples be intended for use in the detection, investigation and prosecution of criminal offences or for the forensic analysis of samples. Moreover, the quantity of the sample should not exceed the quantity deemed necessary for law enforcement and judicial purposes. In its decision, the Council provided for the designation of national contact points, which could act as the sole competent bodies for authorizing the transmission of samples. The transmission of samples is agreed upon between the national contact points of the sending and the receiving States using a standardized form, and the national contact points of any transit States are also duly informed ahead of time. The decision states that samples must be transported in a secure way and it provides guidelines on which means of transport are considered secure. In seeking to identify solutions to the problem of the availability of test and reference samples at the international level, the Board invites all States to share best practices that have been adopted at the national and regional levels and that have proved effective in fostering greater availability of test and reference samples of internationally controlled substances.

315. The Board reiterates that the key to removing obstacles to the availability of test and reference samples of internationally controlled substances is awareness-raising and inter-agency cooperation and invites all States to renew their efforts to ensure that drug-testing laboratories are given the tools they need to carry out their indispensable work.

316. In summary, the survey undertaken by the Board revealed that there are a number of possible courses of action that can be taken to improve access to test and reference samples of internationally controlled substances for use by drug-testing laboratories. The guidelines prepared by the Board include recommendations for overcoming obstacles to shipping, approval of imports by competent national authorities, customs clearance and costs. The Board strongly encourages Governments to implement the guidelines in order to ensure the availability of test and reference samples of internationally controlled substances for use by drug-testing laboratories. The survey has also enabled the Board to identify a number of additional courses of action that can be followed to help to improve access to such test and reference samples. These can be found on the Board's website (www.incb.org), together with the guidelines.

III. Analysis of the world situation

A. Africa

1. Major developments

317. In 2011, a number of countries in North Africa underwent social and political change. For example, Egypt, the Libyan Arab Jamahiriya[22] and Tunisia experienced political revolutions aimed at establishing democratic societies. During such revolutions, there is a risk of drug traffickers exploiting periods in which drug law enforcement is weakened.

318. While cannabis remains the most widely cultivated, trafficked and abused drug in Africa, the smuggling of cocaine from South America through Africa and into Europe has emerged as a major threat. The amount of cocaine trafficked via Africa seemed to decrease in 2008 and 2009; however, there are indications that traffickers have simply modified their modus operandi, finding new methods for smuggling cocaine through West Africa that entail concealing the drug in maritime cargo containers. The increasing number of large seizures of cocaine hidden in such containers in or en route to West African countries in 2010 and 2011 is evidence of that development. Reports indicate increasing levels of abuse of cocaine in some countries affected by such trafficking.

319. The Security Council has recognized the threat posed by drug trafficking, which is undermining development, stability and security in West Africa. A number of special sessions of the General Assembly have been convened to address the issue of drug trafficking. In December 2010, the Secretary-General reiterated his appeal to the international community to step up its support for regional endeavours on combating the threats to peace and security as a result of trafficking in drugs and cross-border crimes.[23]

320. Heroin enters Africa through airports and seaports in East Africa. From there, it is smuggled, either directly or via West Africa, into Europe and other regions. In 2011, record seizures of heroin were effected in Kenya and the United Republic of Tanzania. Heroin is also smuggled via Mozambique into South Africa, where it is abused by the local population or smuggled into other countries in Southern Africa and elsewhere. The increasing flow of heroin entering Africa has led to increased drug abuse throughout the region, particularly in East Africa and Southern Africa.

321. Concerns that the illicit manufacture of amphetamine-type stimulants might take hold in West Africa were confirmed by the seizure of a large methamphetamine laboratory in Lagos in June 2011. Nigeria is at risk of becoming a hub for the smuggling of amphetamine-type stimulants, notably methamphetamine. In 2010, Nigerian authorities seized two shipments of amphetamine and methamphetamine totalling 63 kg. One shipment was being sent via South Africa to the United States of America, and the other was en route to Japan.

322. The countries in the Horn of Africa are enduring the worst drought in more than half a century and are at risk of experiencing massive famine. The food crisis in countries such as Ethiopia, Kenya and Somalia will leave millions of people in need of humanitarian aid and medical care. The Board requests all Governments to cooperate in facilitating the supply of medicines containing controlled substances to the affected countries in East Africa.

2. Regional cooperation

323. The African Union is implementing its Plan of Action on Drug Control and Crime Prevention (2007-2012). The Commission of the African Union is working on the main components for the Plan of Action on Drug Control and Crime Prevention (2013-2018), to be submitted to the African Union Conference of Ministers for Drug Control and Crime Prevention at its fifth session, to be held in Addis Ababa in 2012.

324. At the fourth session of the African Union Conference of Ministers for Drug Control and Crime Prevention, held in Addis Ababa from 28 September to 2 October 2010, ministers agreed to give priority to the following activities: strengthening cooperation and coordination in the fight against drugs and crime; harmonizing drug control legislation of member States by 2012; improving control over precursor chemicals; exploring the need for an African training facility for the treatment of drug dependence; and strengthening the African Union's Continental Early Warning System. In a statement presented to the Conference of Ministers, the President of the International Narcotics Control Board emphasized the need for regulatory aspects of drug control to be addressed by African States.

[22] Since 16 September 2011, "Libya" has replaced "Libyan Arab Jamahiriya" as the short name used in the United Nations.

[23] "Report of the Secretary-General on the activities of the United Nations Office for West Africa" (S/2010/614), para. 74.

325. While participating in the World Health Assembly in Geneva in May 2011, the President of the Board presented to a meeting of ministers of health from the WHO African Region a statement on the availability of internationally controlled drugs for medical and scientific purposes.

326. The efforts of member States of the Economic Community of West African States (ECOWAS) to prevent drug trafficking and abuse are coordinated within the framework of the ECOWAS action plan against drug trafficking, organized crime and drug abuse. At a meeting of the West African Police Chiefs Committee, a specialized institution of ECOWAS, held in Abuja in May 2011, ECOWAS member States agreed to combine their efforts to step up the fight against crime, at the national and international levels, and to encourage their police forces to cooperate with INTERPOL.

327. The West African Coast Initiative (WACI), launched in 2009 to support the implementation of the operational component of the ECOWAS action plan in Côte d'Ivoire, Guinea-Bissau, Liberia and Sierra Leone, held a high-level policy meeting in Dakar in June 2011. At the meeting, all four WACI member States were represented at the ministerial level. The ECOWAS Commission, United Nations agencies and INTERPOL were also represented at the meeting. Plans are being made to expand the membership of WACI to include Guinea.

328. Important international initiatives were undertaken in 2011 to counter the smuggling of cocaine across the Atlantic. The Group of Eight held a ministerial meeting in Paris in May 2011. The meeting was attended by representatives of 22 countries, including several West African countries (Ghana, Nigeria and Senegal), and ECOWAS. The participants adopted a political declaration and action plan for strengthening international cooperation, including in the areas of information-sharing, intercepting shipments at sea and coordinating technical assistance. Furthermore, the Trans-Atlantic Symposium on Dismantling Transnational Illicit Networks was organized by the United States and the European Union in Lisbon in May 2011 to strengthen international and interregional cooperation between West Africa, Europe and the Americas.

329. The 21st African Regional Conference of INTERPOL was held in Gaborone in February 2011. The Conference was attended by senior law enforcement officials from countries throughout Africa. The participants expressed support for more concerted regional action against cross-border crime in Africa, including trafficking in cannabis, cocaine, heroin and psychotropic substances, and improved sharing of information between law enforcement agencies.

330. The Twenty-first Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Addis Ababa in September 2011. The Meeting agreed on action to counter drug trafficking, including by using controlled delivery operations, and the diversion of precursor chemicals in Africa, particularly substances used in the illicit manufacture of amphetamine-type stimulants.

331. Cooperation between police drug law enforcement units of East African Community member States (Burundi, Kenya, Rwanda, Uganda and the United Republic of Tanzania) is well established. As follow-up to a conference of the Eastern African Police Chiefs Organization held in December 2010, a workshop was held in Nairobi in June 2011 on the concept of units for fighting transnational organized crime. Representatives of Djibouti, Ethiopia, Kenya, Mauritius, Uganda and the United Republic of Tanzania participated in the workshop. The participants agreed to work towards the establishment of such units in their countries.

332. INTERPOL organized a workshop on international and regional cross-border operations, in cooperation with the Southern African Regional Police Chiefs Cooperation Organization in Harare in June 2011. Participants in the workshop analysed current and emerging crime trends in Southern Africa and discussed drug law enforcement operational techniques, in particular controlled delivery.

333. UNODC addresses problems related to drug trafficking and abuse and organized crime in Africa through integrated subregional programmes. Such programmes were put in place for the countries of North Africa, West Africa and East Africa in 2009 and 2010. A similar programme is currently being developed, in cooperation with the Southern African Development Community (SADC), for the countries of Southern Africa.

334. The second phase of the UNODC Airport Communication Project (AIRCOP) was launched in January 2011. AIRCOP, which is conducted in cooperation with INTERPOL and the World Customs Organization, is aimed at establishing an international communication network among specialized units along trafficking routes leading from South America and the Caribbean through Africa to destination countries in Europe. In June 2011, a meeting of the AIRCOP Steering Committee was held in Cape Verde, with the participation of Brazil and all the African beneficiary countries (Benin, Cameroon, Cape Verde, Côte d'Ivoire, Ghana, Guinea, Kenya, Mali, Nigeria, Senegal and Togo)

and associated member States (Ethiopia and South Africa).

335. The Container Control Programme, which is implemented jointly by UNODC and the World Customs Organization, used to provide assistance to Governments of countries in Africa, Central America, South America and Central Asia in establishing effective container controls to prevent the smuggling of drugs and other contraband. In Africa, the programme has been in operation in Cape Verde, Ghana and Senegal. In March 2011, the programme became fully operational in Benin and Togo. Assessments were undertaken in 2011 to expand the programme to include Mali and Nigeria.

3. National legislation, policy and action

336. In 2010, the Government of Ethiopia established an inter-ministerial coordination committee, composed of 15 ministries and Government agencies, to step up action against drug trafficking at Bole International Airport, near Addis Ababa. Already in 2009, an inter-agency coordination team had been established to improve operational cooperation at the airport among the relevant drug law enforcement entities. An international conference on drug trafficking is to be held in Addis Ababa in January 2012 to establish contacts and facilitate cooperation between the key airports with direct flight connections to Bole International Airport, including airports in Ghana, India, Kenya, Nigeria, Pakistan, Uganda, the United Arab Emirates and the United Republic of Tanzania.

337. In Ghana, a national integrated programme against drug trafficking and organized crime was endorsed by the national authorities in 2011. Activities under the programme have already started, including the delivery of training to staff attached to the Economic and Organized Crime Office of the Ministry of the Interior of Ghana, which was recently established to combat organized crime, drug trafficking and other forms of serious crime.

338. In view of the threats posed by the smuggling of cocaine through West Africa, the Government of Guinea has made the fight against drug trafficking one of its priorities. In January 2011, it created a general secretariat attached to the Presidency with responsibility for special services and the fight against drug trafficking and organized crime.

339. In June 2011, the Government of Guinea-Bissau adopted a political declaration and an action plan on combating and preventing drug trafficking and organized crime. While in the declaration, the Government reaffirmed the commitment of Guinea-Bissau to promoting an environment free of problems related to drugs and crime, the action plan set forth the operational objectives and the activities needed to reach those objectives. The action plan complements the ECOWAS action plan against drug trafficking, organized crime and drug abuse covering the period 2008-2011. Drug trafficking remains a major threat to the development of Guinea-Bissau and has led to an increase in drug abuse in that country.

340. Comprehensive national drug and crime control plans were drawn up and approved by the Government of Ghana and the Government of Sao Tome and Principe in 2011. The Government of Nigeria, in consultation with civil society, international development partners and United Nations agencies, is in the process of preparing an integrated national drug and crime control programme for the period 2012-2014.

341. The Government of Mauritius is finalizing a national drug control master plan for the period 2012-2016.

342. The Board notes the commitment of the Government of Morocco to addressing drug abuse and developing options for the treatment of drug abusers. Under a nationwide programme set up in 1999, the Government has established four centres for the treatment of young people with addictive behaviour; in 2011, construction work began on two additional centres. The Government has also established a programme for training staff of psychiatric hospitals in the treatment of drug addiction, launched a campaign to raise the awareness of schoolchildren about the dangers of drug abuse and created drug-free school zones. Since 2010, a programme that uses methadone for substitution treatment has been in place in the country. Morocco is the first country in North Africa, as well as in the Arab world, to allow the use of methadone in the treatment of drug dependence.

343. Since the completion of the national drug control master plan for the period 2006-2011, the Central Drug Authority of South Africa has been working on a national drug control master plan for the period 2012-2017, which will address the problem of substance abuse and give priority to addressing the needs of the rural areas in the country by using community-based approaches.

344. The Government of South Africa hosted a substance abuse summit in Durban in March 2011. The summit was attended by several hundred representatives of Government entities and civil society, including the President of South Africa and other high-level Government officials. The participants adopted a number of resolutions to improve efforts to address the problem of substance abuse in South Africa.

345. A number of African States have taken further action to counter money-laundering. In December 2010, Mali became the fourth State (after Senegal, Togo and Côte d'Ivoire) to incorporate into its national legislation the West African Economic and Monetary Union (UEMOA) uniform law in the fight against the financing of terrorism. Angola, which enacted a law against money-laundering in June 2010, approved regulations for implementing that law in January 2011. The regulations provide for the establishment of a financial intelligence unit within the Central Bank.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

346. Cannabis, which grows widely throughout Africa and is also illicitly cultivated in some countries in the region, remains the most commonly abused drug on the African continent. While cannabis resin is illicitly produced mainly in Morocco, cannabis herb is illicitly produced in countries throughout the region.

347. Most of the cannabis resin illicitly produced in Morocco is destined for Europe or North Africa. The Government of Morocco has reported having continued to make efforts to combat the illicit cultivation and production of and trafficking in cannabis. According to data provided by the Government, 9,400 ha of illicitly cultivated cannabis plants were eradicated during 2010. Thus, the total area under illicit cannabis cultivation decreased from 134,000 ha in 2003 to 47,500 ha in 2010. The Moroccan drug law enforcement policy is supported by a comprehensive alternative development approach and a crop substitution programme valued at $116 million, under which socio-economic and environmental development projects have been initiated in 74 rural communities. Despite those efforts, Morocco remains a major source of the cannabis resin in Western Europe, as corroborated by data on seizures of cannabis resin reported by Governments. Data on seizures and prices in Europe suggest that the flow of cannabis resin from Morocco into the region has remained the same or has slightly decreased. The Board reiterates its call for the Government of Morocco to conduct, as soon as possible, the survey on cannabis plant cultivation and cannabis production that was to be carried out by the Government, in cooperation with UNODC, in 2010.

348. While an increased amount of cannabis resin was reported to have been seized in a number of countries in North Africa in 2009, that development did not continue into 2010. For instance, the total amount of cannabis resin seized in Morocco rose from 114 tons in 2008 to 188 tons in 2009 — the highest level on record — but fell back to 118 tons in 2010. In Algeria, the amount of seized cannabis resin also increased, to 74.6 tons in 2009 (compared with 1.7 tons in 2005) but fell to 23 tons in 2010. In contrast, the amount of seized cannabis resin increased in Egypt — from 12.8 tons in 2009 to 15.4 tons in 2010 — and in the Libyan Arab Jamahiriya — from 14.8 tons in 2006 to 23 tons in 2010.

349. Cannabis herb is illicitly produced in all subregions of Africa. In North Africa, significant production of cannabis herb is taking place in Egypt and Morocco. Cannabis plants continue to be illicitly cultivated in Egypt in the northern part of the Sinai peninsula. In Egypt, a total of 510 ha of illicit cannabis cultivation were eradicated in 2010, compared with 313 ha in 2008. Cannabis herb production is also taking place in countries in West Africa and Central Africa (notably in Ghana, Nigeria, Senegal and Togo) and in East Africa (in Ethiopia, Kenya, Madagascar, Uganda and the United Republic of Tanzania). Cannabis plants are illicitly cultivated throughout Southern Africa. The cannabis produced in South Africa is abused by the local population or smuggled into other countries. Significant quantities of cannabis herb are also illicitly produced in Lesotho, Malawi and Swaziland.

350. In 2009, 640 tons of cannabis herb were seized in Africa, or 11 per cent of the amount seized worldwide. In Africa, seizures of cannabis resin remained concentrated in a small number of countries: Egypt, Kenya, Malawi, Morocco, Nigeria, South Africa and the United Republic of Tanzania accounted for at least 90 per cent of the total amount of cannabis resin seized in Africa. In Nigeria, 175 tons of cannabis herb were seized in 2010, and in Morocco 144 tons were seized in the first 11 months of that year. South Africa is used by traffickers as a source, consumer and transit country for cannabis herb. In 2009, 126 tons of cannabis herb were seized in South Africa. According to South African authorities, an estimated 30 per cent of the cannabis herb seized in South Africa was destined for Europe.

351. While there is no evidence of illicit coca bush cultivation or illicit manufacture of cocaine in the region, parts of Africa, particularly West Africa, continue to be used for smuggling cocaine from South America into Europe. Cocaine trafficking routes leading through Africa gained strongly in importance between 2004 and 2007 but have lost some of their importance since 2008. According to estimates, the amount of cocaine trafficked via West Africa increased from 3 tons in 2004 to about 47 tons in 2007, before falling to about 21 tons in 2009.

352. In 2008, a significant shift was observed in the methods used by drug traffickers in West Africa. Most of the drugs smuggled into West Africa used to be transported by large mother ships, which unloaded the drugs onto smaller, locally owned vessels off the West African coast. Today, however, drug traffickers seem to have changed their tactics, utilizing containerized shipping to smuggle cocaine into West Africa. For most of the recent cocaine shipments detected in containers en route from South America to West Africa, the country of destination was Ghana or Nigeria. In July 2010, Nigerian authorities seized 450 kg of cocaine in the port of Lagos on a vessel originating in Chile. Two additional seizures of cocaine, totalling 275 kg, were effected in January 2011. In Ghana, 125 kg of cocaine were seized in October 2010 in a container that had originated in the United States and passed through Panama. In October 2011, a record seizure of 1.5 tons of cocaine was made in Cape Verde. In addition, in a series of seven seizures effected in Africa and the Americas in 2011, a total of over 1.4 tons of cocaine was seized; the cocaine had been concealed in consignments destined for Benin. Furthermore, 480 kg of cocaine destined for Nigeria were seized in Brazil in October 2011.

353. Traffickers also use commercial aircraft to transport cocaine to West Africa. In 2010, an increasing number of modified aircraft departed from the Bolivarian Republic of Venezuela for countries in West Africa, including Cape Verde, Guinea-Bissau, Mali, Mauritania and Sierra Leone. From West Africa, most of the cocaine that is destined for Europe is transported by air, usually by couriers on commercial air flights but also by air freight. Some cocaine from West Africa is smuggled across the Sahara into North Africa before it reaches Europe.

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

355. Illicit cultivation of opium poppy continues to take place on a small scale in Upper Egypt and on the Sinai peninsula. In Egypt, 222 ha of illicitly cultivated opium poppy were eradicated and 51 kg of opium were seized in 2010. According to the Egyptian authorities, there was no recorded instance of heroin manufacture in the country.

356. African countries are increasingly being used by traffickers to smuggle heroin into other regions. It is estimated that between 40 and 45 tons of Afghan heroin were smuggled into Africa in 2009. East Africa continues to be used as the main transit area for West Asian heroin destined for illicit markets in Europe, North America and some parts of Asia. Other countries in Africa that are major hubs for heroin trafficking include Nigeria and South Africa. The increasing flow of heroin into Africa has led to increased drug abuse throughout the region, particularly in East Africa and Southern Africa.

357. In East Africa, the United Republic of Tanzania has reported the seizure of large consignments of heroin that had been transported by sea to its coast. For instance, in December 2010, 50 kg of heroin were seized in that country; the heroin was to be smuggled into the Sudan via Nairobi. Two seizures of heroin totalling 178 kg were effected in Dar es Salaam in March and September 2011. The largest single seizure of heroin in East Africa — 179 kg — was made in the United Republic of Tanzania in February 2011. In Kenya, 102 kg of heroin were intercepted in March 2011; the heroin had been brought to that country's coastal area on a mother ship and was then collected by small speedboats. Ethiopia has become a transit area for heroin and cocaine consignments destined for illicit markets in Europe, North America and West Africa and Southern Africa. The main trafficking hub is Bole International Airport, near Addis Ababa, which connects Ethiopia to other countries in Africa and other regions. Drug trafficking routes leading from Brazil through Ethiopia to the United Republic of Tanzania were identified in 2010, and routes leading from Mali to the Philippines were identified in early 2011.

358. South Africa is an important country of destination for heroin shipments; it is also an important area for heroin consignments destined for countries in Southern Africa (notably Mauritius), countries in Europe and Australia. The international airport at Johannesburg is an important hub for illicit consignments destined for the United Kingdom of Great Britain and Northern Ireland. Heroin is smuggled through Mozambique into South Africa; once it arrives in South Africa, it is transported via Durban to the Eastern Cape, where it is abused by the

local population. Heroin is also smuggled by air courier and in air cargo via Nairobi and Addis Ababa in the direction of West Africa.

359. Nigeria has emerged as a significant heroin distribution hub in West Africa. According to estimates of Nigerian authorities, in 2009, about one half of the heroin trafficked in Nigeria was intended for the United States, 40 per cent was intended for Europe and 10 per cent was intended for China. Heroin is also transported overland from Nigeria to other West African countries before it is shipped further along air routes. For 2010, Nigeria reported having seized a total of 202 kg of heroin. Major heroin consignments recently uncovered in sea containers in West African countries include a consignment of 193 kg of heroin arriving from the Islamic Republic of Iran and seized in Nigeria in November 2010 and a consignment of 200 kg of heroin arriving from Pakistan and seized in Benin in April 2011.

360. In recent years, there has been a significant increase in the amount of heroin seized in Egypt. In 2008, Egypt seized a total of 211 kg of heroin, or two thirds of the total amount of heroin seized in Africa. That figure fell to 159 kg in 2009 but rose again in 2010, to over 222 kg.

(b) Psychotropic substances

361. The smuggling of amphetamine-type stimulants from Africa into other regions has emerged as a new threat. West Africa, in particular, is now one of the sources of the methamphetamine found on illicit markets in countries in East Asia, above all Japan and the Republic of Korea, but also Malaysia and Thailand. Since 2009, reports on the smuggling of methamphetamine from countries in West Africa, including Benin, Cameroon, Côte d'Ivoire, Ghana, Nigeria and Senegal, have increased markedly. That smuggling activity, which mainly involves the use of air couriers, and the seizure in Guinea in 2009 of equipment and chemicals used in illicit drug manufacture were considered to be indications that amphetamine-type stimulants might be illicitly manufactured in that subregion. In June 2010, the Government of the United States indicted members of a drug trafficking network for attempting to establish a clandestine methamphetamine laboratory in Liberia. Those indications were further corroborated in June 2011, when a large clandestine methamphetamine laboratory was seized in Lagos, together with crystalline methamphetamine and precursor chemicals such as toluene, acetone, sulphuric acid, sodium hydroxide, sodium iodide and phosphorus acid. The laboratory reportedly had a production capacity of 20-50 kg per cycle.

362. In North Africa, limited clandestine manufacture of amphetamine-type stimulants has been reported by Egyptian authorities for a number of years. The illicitly manufactured drugs are mainly abused by the local population. In April 2010, a clandestine methamphetamine laboratory was seized in Egypt.

363. In South Africa, significant quantities of synthetic drugs, notably methaqualone (Mandrax), methcathinone and methamphetamine, continue to be illicitly manufactured and are primarily abused by the local population. In addition, large amounts of methaqualone from East and South-East Asia are smuggled into South Africa. In April 2011, South African police seized a clandestine laboratory in Cape Town and nearly 1 ton of methaqualone powder, which would have been sufficient to manufacture about 1.6 million Mandrax tablets. Precursor chemicals were seized at the site, in amounts that would have been sufficient to manufacture an additional 2 million Mandrax tablets. MDMA ("ecstasy") is smuggled into South Africa mainly from Europe by air freight and parcel post. Illicit consignments of amphetamine-type stimulants have also been intercepted on their way from South Africa to countries in the Gulf area and East Asia; those consignments were smuggled mainly using air couriers. Illicit consignments of amphetamine-type stimulants have been seized while en route from Mozambique to South Africa; one of those consignments contained 10 kg of methamphetamine and was seized on South Africa's border with Mozambique in May 2011.

364. One serious problem in many African countries continues to be the availability of prescription drugs on unregulated markets outside the control of the health authorities. Often those drugs have been diverted or counterfeited, and they contain controlled substances, possibly amphetamine-type stimulants, as well as sedatives and tranquillizers. In some African countries, there was an increase in the total amount of such substances reported to have been seized: for instance, 2,556 kg of non-specified psychotropic substances were seized in Nigeria in 2010, compared with 712 kg in 2009; and 105,940 units of psychotropic substances were seized in Morocco in 2010, compared with 61,254 units in 2009.

(c) Precursors

365. Africa continues to be used by traffickers as an area for the diversion of precursor chemicals and as a possible destination for smuggled precursors. However, precursor trafficking patterns in Africa contrast sharply with the low number of precursor seizures made by the authorities in African countries. Few diversions or attempted

diversions of precursor chemicals were reported in Africa in 2011.

366. East Africa and West Africa, which have recently been identified as sources of illicit methamphetamine consignments bound for East Asia, continue to be vulnerable to trafficking in precursors, notably ephedrine and pseudoephedrine, used in the illicit manufacture of amphetamine-type stimulants. For instance, a series of cases involving the theft of shipments containing ephedrine and pseudoephedrine were reported at Jomo Kenyatta International Airport, at Nairobi, including a shipment of 500 kg of ephedrine destined for Nigeria that had been stolen in November 2010. Furthermore, a number of suspicious shipments of ephedrine, as well as one shipment of 500 kg of P-2-P, intended for companies in East Africa, were suspended by the exporting country pending the confirmation of the legitimacy of the transactions.

367. South Africa regularly reports the dismantling of clandestine drug laboratories, and some of the dismantled laboratories are very large. While South Africa operates a precursor control programme, most other countries in Africa lack such programmes. In South Africa, large quantities of legally imported ephedrine and pseudoephedrine are diverted to be used for the illicit manufacture of methamphetamine.

(d) Substances not under international control

368. Khat (*Catha edulis*), a substance not under international control, is cultivated in several East African countries, mainly Ethiopia and Kenya. In a number of countries — including countries in Africa — the cultivation of and trade in khat are prohibited by law. In Ethiopia, where khat is legal, one major concern of drug law enforcement authorities is the use of the khat distribution channels for the distribution of illegal drugs.

5. Abuse and treatment

369. Most countries in Africa 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, a drug abuse monitoring system based on demand for treatment. Consequently, the need for the treatment and rehabilitation of drug abusers cannot be properly assessed. Most national estimates of the prevalence of drug abuse are based on rapid assessments of drug abuse among specific groups within the drug-abusing population and a limited number of school surveys.

370. Available information suggests that cannabis remains the most widely abused drug in Africa. The estimated annual prevalence rate for cannabis abuse in Africa is the second highest of all the regions: it is estimated that between 3.8 and 10.4 per cent of the African population aged 15-64, or between 21.6 million and 59.1 million people, abuse cannabis. The estimated prevalence of cannabis abuse is higher in West Africa, North Africa and Central Africa than in the other African subregions. According to available data, in Africa cannabis abuse accounts for 64 per cent of all treatments for drug-related problems — a higher proportion than in any other region.

371. Cocaine abuse in Africa seems to be on the increase. The annual prevalence of cocaine abuse in Africa is estimated to be about 0.2 per cent of the population aged 15-64; in other words, about 1 million people in Africa are estimated to have abused cocaine in the past year. In North Africa, where the prevalence of cocaine abuse is considered to be low, cocaine abuse was reported to have increased in Algeria and Morocco. Southern Africa is the African subregion with the second largest market for cocaine: in 2009, illicit demand for cocaine was estimated at 4 tons (adjusted for purity). In West Africa and Central Africa, subregions affected by significant transit trafficking in cocaine from South America (consignments mainly destined for Europe), illicit demand for cocaine is estimated to be as high as 13 tons per year. In Africa, persons admitted for treatment for cocaine-related problems reportedly account for about 5 per cent of all persons admitted for treatment for drug abuse. According to the South African Community Epidemiology Network on Drug Use, demand for treatment for cocaine abuse has declined in South Africa over the past few years.

372. The abuse of heroin in Africa appears to have increased: 60 per cent of the countries that provided relevant information for 2009 reported an increase in the abuse of opioids. In 2009, the annual prevalence of opiate abuse in Africa was estimated at 0.2-0.6 per cent of the population aged 15-64. The prevalence of heroin abuse is higher in East Africa (particularly in Mauritius and Kenya) than in other subregions of Africa. Abuse of heroin by injection is reportedly common among drug abusers in Kenya, where nearly 43 per cent of persons who abuse heroin by injection are infected with HIV/AIDS. Increasing abuse of heroin by injection has been reported in the United Republic of Tanzania, especially in the coastal areas of that country. In the United Republic of Tanzania, it is estimated that there are

currently 25,000 persons who abuse drugs by injection, 40 per cent of whom are infected with HIV/AIDS. In Nigeria, the prevalence rate for the abuse of opiates (mainly heroin) was estimated to have increased from 0.57 to 0.70 per cent in 2009, meaning that there were between 500,000 and 600,000 heroin abusers in the country. In North Africa, the prevalence of abuse of heroin by injection is particularly high among drug abusers in Egypt. In Cairo, it is estimated that 6.8 per cent of persons who abuse drugs by injection are infected with HIV/AIDS.

373. For most parts of Africa there are limited or no reliable data available on the abuse of psychotropic substances. In South Africa, methaqualone, methamphetamine and methcathinone are the most commonly abused psychotropic substances. The annual prevalence of abuse of amphetamines is estimated by UNODC at 0.7-1.4 per cent of the adult population (persons aged 15-64) in South Africa. Methamphetamine (locally known as "tik") continues to be the primary substance of abuse for which people seek treatment in Cape Town.

374. In many African countries, the non-medical use of prescription drugs, notably buprenorphine, pentazocine and benzodiazepines, continues to cause considerable problems. In East Africa, West Africa and Central Africa, the prescription stimulants are frequently abused. In Mauritius, buprenorphine (Subutex) is abused more frequently than heroin. It is estimated that in Mauritius there are about 12,000 persons who abuse heroin or buprenorphine. Mauritius has in recent years introduced methadone maintenance treatment and a needle exchange programme. In South Africa, about 7 per cent of patients in treatment for drug abuse reported prescription opioids or tranquillizers to be their primary or secondary drug of abuse.

375. In many countries in Africa, the national health-care systems are not able to adequately meet demand for the treatment and rehabilitation of drug-dependent persons. Frequently, only a small number of drug-dependent persons can be accommodated in the psychiatric wards of general hospitals. In Africa, the treatment and rehabilitation of drug-dependent persons often depend on assistance provided by international and non-governmental organizations.

376. In some countries in North Africa, including Egypt and Morocco, capacity-building initiatives have been conducted on drug abuse prevention and the treatment of drug abusers, as well as on HIV prevention among persons who abuse drugs by injection, in communities (through community outreach programmes) and in prison settings.

377. In Kenya, a major programme on HIV prevention among persons who abuse drugs by injection has been implemented. Over 38,800 contacts with drug abusers were made in communities in Nairobi and in Coast province, and 8,500 persons have received treatment for drug dependence, on an inpatient or outpatient basis, from government hospitals or civil society organizations.

378. In January 2011, in response to an upsurge in treatment demand in Mombasa, Kenya, caused by a sudden decrease in the availability of heroin on the illicit markets in Coast province, the Government of Kenya decentralized treatment for drug dependence, so that such treatment became available in 12 health-care centres in Mombasa, and provided free access to HIV prevention and treatment services. Also in January 2011, the Government announced that it would introduce measures such as opiate substitution therapy and needle and syringe exchange programmes to further reduce HIV infection among persons who abuse drugs by injection. In February 2011, the United Republic of Tanzania initiated in Dar es Salaam a methadone maintenance programme for persons who abuse drugs by injection.

379. In South Africa, the provincial government of the Western Cape is currently implementing a project for reducing illicit drug demand that includes HIV prevention among youth. A large study is being conducted to examine the patterns and extent of drug abuse among youth in schools, as well as mental health issues and risky behaviour.

B. Americas

Central America and the Caribbean

1. Major developments

380. The region of Central America and the Caribbean, because of its strategic geographical location, continues to be used as a major transit area for smuggling drugs from South America into North America. Some Mexican drug cartels, under pressure from Mexican law enforcement authorities, have moved their drug trafficking operations to Central America, which has resulted in increased levels of violence, kidnapping, bribery, torture and homicide in that subregion. Drug trafficking organizations have increased their operations in Central America and the Caribbean, posing a serious threat to human security, affecting everyday life, in the region. Guatemala has recently been used as a transit area for smuggling cocaine

into Mexico. Central American countries have gained in importance as trans-shipment areas in recent years. Despite efforts to counter drug trafficking in Costa Rica, Honduras and Nicaragua, in 2010, those countries were, for the first time, identified as major transit countries used for smuggling drugs primarily destined for the United States. At the same time, the Caribbean has become less important as a trans-shipment area for smuggling drugs into North America; that appears to be attributable to increased maritime control in Central America and the Caribbean. In 2009 and 2010, Caribbean countries began playing an increasing role as secondary distribution points for cocaine shipments destined for Europe.

381. In Central America, the escalating drug-related violence involving drug trafficking organizations, transnational and local gangs and other criminal groups has reached alarming and unprecedented levels, significantly worsening security and making the subregion one of the most violent areas in the world. Crime and drug-related violence continue to be key issues of concern in Central American countries. Drug trafficking (including fighting between and within drug trafficking and criminal organizations operating out of Colombia and Mexico), youth-related violence and street gangs, along with the widespread availability of firearms, have contributed to increasingly high crime rates in the subregion. There are more than 900 *maras* (local gangs) active in Central America today, with over 70,000 members. According to a recent report by the World Bank, drug trafficking is both an important driver of homicide rates in Central America and the main single factor behind the rising levels of violence in the subregion. The countries of the so-called "Northern Triangle" (El Salvador, Guatemala and Honduras), together with Jamaica, now have the world's highest homicide rates.

382. The drug problem has also led to drug-related corruption, which has increasingly weakened the criminal justice systems in Central America and the Caribbean. Corruption, including among police and other law enforcement officials, has interfered with the ability of States in the region to promote development, blocking the delivery of services and distorting public spending. Drug funds and corruption in the security services have become entrenched in Central America, paving the way for other forms of organized crime, including trafficking in firearms. Corruption and limited law enforcement capacity in Central America and the Caribbean have facilitated the use of smuggling channels and drug trafficking activities. The Board encourages the Governments of countries in Central America and the Caribbean to consider regional strategies for countering the drug problem that call for concerted action in the area of crime prevention and criminal justice reform, together with regional approaches to reducing drug trafficking and controlling firearms.

383. Factors in Central America and the Caribbean region that have permitted illicit drug trafficking to grow are poverty, social inequality and lack of economic opportunities for youth, as well as emigration. Central American countries and Mexico have some of the most complex migration dynamics in the world, involving hundreds of thousands of migrants. Jamaica's vulnerable borders have been increasingly subject to infiltration by various criminal networks, which use Jamaica as a transit country and a country of destination for smuggling drugs, firearms, ammunition and migrants.

2. Regional cooperation

384. The Inter-American Drug Abuse Control Commission (CICAD) Group of Experts on Chemical Substances and Pharmaceutical Products held a meeting, in San José in August 2010 that was chaired and hosted by the Government of Costa Rica. Attending the meeting were more than 40 participants from 15 CICAD member States and observer States, including Costa Rica, the Dominican Republic, El Salvador, Guatemala and Panama. The participants acknowledged that the diversion of precursor chemicals remained an ongoing challenge and that countries in Central America faced an increasing problem involving the diversion of psychoactive pharmaceutical products. Key elements for a permit scheme were defined and permit holders were recommended to notify competent authorities of plans for export, transit or trans-shipment and, if possible, to make use of a common system, such as the PEN Online system, developed by the Board.

385. The Twentieth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, was held in Lima in October 2010. Participants discussed issues such as targeting drug trafficking by air, drug trafficking and corruption, trafficking in synthetic drugs and control of precursors. The participants noted that the region of Central America and the Caribbean had once more grown in terms of its strategic importance as a staging point for private aircraft used to transport illicit drug consignments to North America and Europe. The meeting concluded that there needed to be more international cooperation with regard to the exchange of information on the ownership and movement of private aircraft in the region. Participants also noted that pharmaceutical preparations containing ephedrine and pseudoephedrine were becoming an

increasingly significant challenge for drug control authorities.

386. Within the framework of the Santo Domingo Pact, UNODC organized for all countries of the Central American Integration System (SICA) a regional workshop on drug trafficking and urban violence, which was held in San Salvador in November 2010. The objective was to improve the participants' knowledge of the threats related to drug trafficking in Central America, as well as the main characteristics, actors and consequences of drug trafficking, with a special focus on the connections between drug trafficking and youth gangs and urban violence.

387. The Government of Trinidad and Tobago, the Caribbean Community (CARICOM) Implementation Agency for Crime and Security, UNODC and SICA held a meeting in Port of Spain in December 2010 to discuss new responses in the fight against organized crime and drug trafficking for the Caribbean, interconnections with Central America and issues related to the coordination of technical assistance.

388. A joint CICAD-CARICOM Regional Meeting with Caribbean Universities on the Drug Phenomenon was held in Kingston in March 2011. Leaders of eight Caribbean universities and representatives from governments and international organizations discussed how to prepare graduates to tackle the social, economic and criminal consequences of drug-related problems in the Caribbean, in particular in the area of demand reduction. The discussion focused on how to introduce drug-related content in under- and postgraduate curricula, to engage in community outreach activities for the promotion of healthy and sustainable lifestyles and drug abuse prevention and to carry out research on drug-related problems.

389. UNODC continued to support the development of a regional research network on drug addiction for Central America and the Caribbean, in cooperation with universities, treatment centres and ministries of health. It also supported the launching of a centre of excellence on drug demand reduction and treatment in the Dominican Republic in June 2011, which will examine problems related to drug demand reduction in communities and prison settings so as to adjust strategies and activities for drug abuse prevention, and the treatment and care of drug abusers in the region.

390. The 32nd Annual Meeting of the Conference of Heads of Government of CARICOM was organized in Saint Kitts and Nevis in July 2011. With regard to health and drug-related issues, it was announced at the meeting that the new regional Caribbean Public Health Agency (CARPHA) had recently been established to improve the delivery of health care in the subregion by merging the core functions of the five subregional health institutions: the Caribbean Epidemiology Centre, the Caribbean Health Research Council, the Caribbean Food and Nutrition Institute, the Caribbean Environmental Health Institute and the Caribbean Regional Drug Testing Laboratory. One of the main functions of CARPHA would be surveillance and health analysis, contributing to collecting national, regional and international information on diseases and behavioural change by publication of data from the Caribbean on behaviour relating to drug abuse. CARPHA will facilitate a coordinated approach regarding public health issues and the risk of outbreaks of disease in the Caribbean.

391. The Secretary-General of INTERPOL conducted a series of meetings with senior police and government officials in Central America in 2011. Visits to Belize, Guatemala and Honduras provided INTERPOL with an opportunity for direct consultations with senior officials of the national police forces and the broader law enforcement community to discuss issues concerning drug law enforcement, trafficking in persons and transnational organized crime.

392. The Workshop on Training for Timely Screening and Referral by Primary Health Care for Problems with Alcohol and Other Drug Use was organized, in Antigua, Guatemala, in September 2011 by the Organization of American States, the Pan American Health Organization and Spain. Participants included representatives of the ministries of health and national drug commissions of several Central American countries, including Costa Rica, the Dominican Republic and Guatemala. One of the objectives of the meeting was to generate favourable conditions in national drug control commissions and ministries of health for the development of integrated programmes for the timely detection and treatment of persons affected by drug abuse problems, with focus on primary care.

3. National legislation, policy and action

393. Costa Rica continued to implement its national drug control plan for the period 2008-2012, whose main strategic objective is to respond in a coordinated manner to drug-related problems by preventing drug-related crime and minimizing the negative effects of drug abuse and drug trafficking. In the area of arresting drug traffickers and dealers, the country adopted specific programmes in 2010 through the Drug Control Police of the Ministry of Public Security and the Narcotics Division of the Judicial Investigative Body. Costa Rica had adopted legislation against organized delinquency in 2009

that established legal provisions for judges to authorize the interception of communications to clarify crimes involving narcotic drugs or psychotropic substances.

394. In 2011, Cuba created the Technical Investigation Police, a new law enforcement and drug control body responsible for preventing, and reducing the impact of, international drug trafficking and its manifestations at the national level. Based on multilateral treaties to which Cuba is a party, the country continued to cooperate with intelligence services from other countries and with INTERPOL.

395. According to the World Customs Organization, in 2010 a significant fall in the number of illegal drug flights was noted in the Dominican Republic following the country's purchase of eight surveillance aircraft. In addition, the Government of the Dominican Republic created the new Passenger Risk Analysis Division at the Directorate General of Customs and reinforced its National Directorate of Drug Control as legal actions in an attempt to reduce drug trafficking in the country.

396. In 2010, the Higher Council for Public Health of the Government of El Salvador issued a prohibition on ephedrine, its salts, optical isomers and salts of its optical isomers, as well as pharmaceutical products containing such substances, with the exception of the injectable pharmaceutical form used for humans. The Council also adopted legal modifications in November 2010 concerning the listing of substances subject to control, extending the control of phenylacetic acid and its derivative salts in order to prevent the smuggling of the substance in El Salvador and its export to other countries.

397. In 2010, El Salvador adopted national legislation to ban *maras* (local gangs). The Special Law on Telecommunications Intervention was also adopted in 2010 by the Government of El Salvador. The Special Law contains measures to combat illicit activities relating to trafficking in narcotic drugs and psychotropic substances. In March 2011, the national drug control strategy, for the period 2011-2015 was drawn up by the National Anti-Drug Commission of El Salvador and adopted by presidential decree with a view to addressing demand reduction and drug control and drug-related offences. The strategy's principal aim is to reduce drug abuse and to combat drug trafficking and drug-related crime. The strategy includes a plan of action and was based on national and international drug control tools, such as the Hemispheric Drug Strategy of CICAD.

398. The Ministry of Public Health and Social Welfare of Guatemala issued a new ministerial agreement to modify the country's lists of precursors and chemical substances, which entered into force in January 2011. Phenylacetic acid and its derivatives, including its salts and esters, potassium permanganate and acetic anhydride were transferred from List Two to List One in order to strengthen the control and regulation of those substances.

399. In 2011, the Government of Panama tightened its system of control and monitoring of substances through the Chemical Control Unit of its National Commission for the Study and Prevention of Drug-Related Crimes (CONAPRED), transferring certain substances from being monitored to being controlled, such as acetic acid, methylamine and phenylacetic acid, in addition to putting under the same control monoethylamine, triethanolamine and ethanolamine.

400. In 2010, the global Container Control Programme, a joint initiative of Panama, UNODC and the World Customs Organization continued to operate at seaports in 11 countries of Central America, including Costa Rica, Guatemala and Panama, and West Africa, Central Asia and West Asia. The Programme has assisted port authorities in using modern control techniques to detect illegal goods, including illicit drugs, hidden in containers without disrupting trade in legal goods.

401. Existing evidence suggests that corruption is increased by drug trafficking and has a negative influence on the criminal justice systems of certain countries in Central America. According to the World Bank, corruption, together with crime, has been identified as one of the top five constraints to productivity and growth in Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama, despite the efforts of the Governments concerned. The International Commission against Impunity in Guatemala (CICIG) has provided a suitable channel to bring international investigative expertise to Guatemala to resolve high-profile cases and address drug-related corruption and impunity. Despite progress by the justice sectors of Central American countries since the end of the civil conflicts of the 1980s, corruption remains a significant problem in the police and criminal justice systems of El Salvador, Guatemala and Honduras, and has restricted the ability of law enforcement authorities in those countries to adequately address drug-related violence. According to the World Bank, in a survey conducted on public insecurity in Central America in 2009, the perception that local police were involved in crime (close to 50 per cent of respondents believed that they were) appeared as one of the most important contributors to feelings of insecurity; it was followed by drug trafficking and the presence of gangs.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

402. Most of the countries in Central America and the Caribbean have significant levels of production of cannabis herb. Jamaica has been the largest illicit producer and exporter of cannabis in the region. Recent reports suggest that cannabis production is destined primarily for domestic abuse in most countries. According to a recent report by CICAD, of the 12 Caribbean countries included in a study, only Jamaica and Saint Vincent and the Grenadines produced cannabis for export to other countries. The Dominican Republic was the main country of destination for cannabis.

403. Cuban authorities seized a total of 2,894 kg of cannabis and eradicated 9,451 cannabis plants in 2010. In the first six months of 2011, Cuban authorities seized 5,256 kg of cannabis and eradicated 5,822 cannabis plants. A decline in cannabis eradication was observed in the Dominican Republic in 2010, when less than 5 ha of cannabis plants were eradicated. The Dominican Republic reported having seized a total of 658 kg of cannabis herb in 2010. In Guatemala, approximately 870 tons of cannabis plants were eradicated in 2010, compared with about 430 tons in 2009. According to the World Customs Organization, in 2010 a large consignment (442 kg) of cannabis was found hidden in sea freight from Jamaica en route to Costa Rica. Jamaican authorities seized a total of 35.5 tons of cannabis herb in 2008, accounting for 70 per cent of all the cannabis seized in the Caribbean, while no data on cannabis seizures have been provided by Jamaica for 2009 or 2010. In 2010, a vessel carrying 541 kg of cannabis, with three individuals from the Bahamas on board, was intercepted by the maritime authorities of Cuba as it departed from Jamaica; the consignment had been destined for the Bahamas. Law enforcement authorities from the Bahamas, working together with their Cuban counterparts, intercepted two vessels used for drug trafficking and arrested five drug traffickers in 2011.

404. It is estimated that approximately 90 per cent of the cocaine in the United States arrived in that country via Mexico. A growing share of the cocaine arriving in Mexico first passes through countries in Central America. The value added of the cocaine flowing through the Central American corridor could be close to 5 per cent of the gross domestic product of that subregion. Drugs continue to be smuggled into the subregion primarily by sea, with drug traffickers making use of go-fast boats and submersible and semi-submersible vessels. Land transport vehicles and light aircraft have also been increasingly used by criminal groups, which take advantage of insufficient border control, including poor seaport security, and inadequately equipped law enforcement officers. The use of containers and cargo ships to smuggle drugs has become an increasing concern in the subregion.

405. Several countries in Central America and the Caribbean reported seizures of "crack" cocaine, cocaine base or cocaine salts. The largest number of such seizures worldwide — 4,173 cases — occurred in the Dominican Republic. Panama ranked fourth in the world in terms of the quantity of cocaine seized in 2009, when approximately 53,000 kg of the substance were seized. Costa Rica (20,896 kg), Nicaragua (9,800 kg) and Guatemala (6,493 kg) also reported very significant seizures of cocaine during the same year.

406. During 2010, Costa Rica significantly reduced cocaine trans-shipments along its coastal borders. The Dominican Republic continued to be used as a transit area for cocaine and heroin consignments destined for countries in other regions, including Canada, the United States and several countries in the European Union. In 2010, six cases involving cocaine trafficking were reported by the Government of the Dominican Republic; Colombia was the country of origin in all of those cases and the United States was the main country of destination. The Dominican Republic reported having seized a total of 4,526 kg of cocaine hydrochloride and 30 kg of heroin in 2010. Jamaica's importance as a country of departure for cocaine consignments also increased in 2010: 1,217 kg of cocaine were seized in that country in 2010, compared with only 44 kg in 2009. Grenada reported for 2010 that cannabis herb ranked first and cocaine second in order of prevalence of abuse in the country, with some decrease in the prevalence of abuse of cocaine powder, salt and "crack".

407. Over 11 million containers transit annually through the Panama Canal. The global Container Control Programme has helped local authorities in Panama to seize nearly 1,200 kg of cocaine since September 2009. With its regional headquarters in Panama, the Programme has 27 container control units operating throughout the world.

408. Diversion of pharmaceutical products containing narcotic drugs has been uncovered in Central America. In 2010, the police of El Salvador identified 23 doctors and 2 pharmacists involved in the diversion of oxycodone, which had been prescribed to fictitious patients.

(b) Psychotropic substances

409. The illicit manufacture of amphetamine-type stimulants is increasingly being reported by authorities in Central America and has recently emerged in Belize, Guatemala and Nicaragua, countries with little or no previous history of such illicit manufacture. In Guatemala, three clandestine laboratories for manufacturing both amphetamine and MDMA ("ecstasy") were dismantled in 2009, and five methamphetamine laboratories discovered near that country's border with Mexico were dismantled in 2011. In 2010, authorities in Nicaragua dismantled a large clandestine methamphetamine laboratory. In August 2011, the Anti-Narcotics Police of El Salvador seized 12 containers of precursor chemicals frequently used for the manufacture of synthetic drugs; an investigation revealed that the substances, which had entered the country by sea, had been intended for use in the illicit manufacture of methamphetamine or amphetamine.

410. The region of Central America and the Caribbean accounted for less than 1 per cent of global seizures of amphetamine-type stimulants in 2009 (56 kg were seized in Central America and 102 kg were seized in the Caribbean). Most of the seizures of amphetamine-type stimulants in the region in the past two years involved amphetamine. A significant change in the methods used for smuggling MDMA ("ecstasy") was observed in the Dominican Republic: in 2009 most seizures of the drug were made at airports; in 2010, however, all "ecstasy" seizures were made on roads and highways within the country. In 2009, small quantities of amphetamine-type stimulants were seized in the Bahamas ("ecstasy"), Costa Rica (methamphetamine and "ecstasy"), Cuba (methamphetamine and unspecified amphetamine-type stimulants) and El Salvador (amphetamine). Jamaica was one of the countries of destination for shipments of "ecstasy" seized in or en route from Canada.

411. The non-medical use of pharmaceutical preparations containing stimulants is widespread in Central America and the Caribbean. The abuse of sedatives in the form of prescription medicaments is a problem in Costa Rica and El Salvador. The substances in question often are obtained from pharmacies without prescription or through the Internet. There are indications that there may be smuggling of such pharmaceutical preparations among the countries in the region.

(c) Precursors

412. Countries in Central America have previously reported significant seizures of ephedrine and pseudoephedrine, but a decreasing trend has been noted since the peak in 2007/2008. In 2011, several countries in the subregion reported seizures of esters of phenylacetic acid, which can be used as substitutes for pseudoephedrine and ephedrine in methamphetamine manufacture. Those esters are currently not under international control.

413. Controls over precursors of amphetamine-type stimulants continued to be strengthened throughout Central America. In 2011, El Salvador, Guatemala and Nicaragua strengthened their existing controls over phenylacetic acid by prohibiting the import, export, production, manufacture, possession, distribution and transport of the substance. In many cases, the controls were also extended to include esters and other derivatives of phenylacetic acid.

414. Governments of countries in Central America and the Caribbean should continue to implement measures to control non-scheduled substances and substitute chemicals used in the manufacture of traditional precursors.

5. Abuse and treatment

415. Surveys suggest that about 1 per cent of all cannabis abusers worldwide are found in Central America and the Caribbean. Cannabis abuse patterns and trends in the region remain fairly unchanged. Nevertheless, Central America has experienced some increases in cannabis abuse in the past few years. It is estimated that approximately 610,000 persons in Central America and some 2.1 million persons in the Caribbean were cannabis abusers in 2009. According to a 2010 report by CICAD, there were large variations in the prevalence rates for cannabis abuse in the past year in the Caribbean: the rate ranged from approximately 1.1 per cent in Haiti to 17.5 per cent in Dominica. Among students in 12 Caribbean countries, the average age of first-time abusers of cannabis was 13 years.

416. Approximately 50 per cent of all demand for treatment for drug abuse in the region is reportedly related to cocaine abuse, while cocaine is also ranked as the main substance causing drug-induced or drug-related deaths. It is estimated that 140,000 persons in Central America and 330,000 persons in the Caribbean aged 15-64 were cocaine abusers in 2009. The prevalence of cocaine abuse in Central America and the Caribbean is above the global average: about 0.5-0.6 per cent of

the population aged 15-64 abuse cocaine in Central America and 0.4-1.2 per cent in the Caribbean.

417. According to the latest data available, the Central American countries with the highest annual prevalence rates for the abuse of amphetamine-type stimulants among the general population (aged 12-70) are El Salvador (3.3 per cent in 2005), Belize (1.4 per cent in 2005) and Costa Rica (1.3 per cent in 2006). In Central America, the prevalence of abuse of MDMA ("ecstasy") continues to be low among the general population, though it is higher among youth. Both El Salvador and Trinidad and Tobago reported an increase in "ecstasy" abuse in 2009.

418. According to a survey carried out from 2010 to 2011, in El Salvador, 12.6 per cent of the students questioned said that they had abused cannabis at least once in their lives, and the average age of first-time abusers was 19. The percentage of university students in El Salvador who said that they had abused cocaine for the first time in their lives during that period was 3.7 per cent. The tendency to abuse cocaine in El Salvador was much higher among males than among females. Some increase was reported in the number of patients treated for the abuse of cocaine and opioids, as well as for the abuse of amphetamine-type stimulants in 2010. The number of cannabis patients remained stable in 2010.

419. Grenada has a register for compiling national data on treatment for drug abuse, and every three-five years a rapid situation assessment and a school population survey are carried out nationwide. Treatment for problems associated with cannabis and cocaine abuse was offered in Grenada in 2010. Of the persons treated for drug abuse, some 48 per cent were treated for polydrug abuse. There was some decline in the number of patients receiving treatment for cannabis abuse. The average age of people receiving treatment was 25. According to the Government, no abuse of drugs by injection was detected in the country in 2010.

420. In Guatemala, authorities estimated that some 300 people required treatment for drug abuse in 2010 and that 33 per cent of the slots in the treatment facilities were for outpatients. Policies on drug abuse prevention cover drug abuse in the workplace.

421. In Central America and the Caribbean, most programmes for the treatment of drug abusers established in accordance with public policy aim to halt drug abuse. Heroin abuse is rather rare, and consequently so is substitution treatment using methadone or buprenorphine, except in Puerto Rico.

422. In Panama, the number of cases treated in officially licensed specialized treatment facilities for problems associated with drug abuse reached 1,033 in 2009, but no treatment facilities offered aftercare programmes. The Board encourages the Governments of countries in Central America and the Caribbean to consider allocating additional resources to drug abuse prevention and to implement public health and drug abuse prevention programmes with a focus on campaigns for educating youth about the dangers of drug abuse and providing appropriate treatment for drug abusers, and invites Governments to cooperate in that regard.

North America

1. Major developments

423. North America continued to have the world's largest illicit drug market in 2010. All three countries in the region continued to be characterized by high levels of illicit drug production, manufacture, trade and consumption. The scope of the drug problem in the region, as well as the vigilance of law enforcement authorities, is illustrated by the fact that in 2009, 70 per cent of all global seizures of cannabis, 70 per cent of all seizures of MDMA ("ecstasy") and 44 per cent of seizures of methamphetamine occurred in North America. The region also accounted for 99 per cent of all methamphetamine laboratories dismantled worldwide.

424. The human, social and economic costs of drug abuse in North America have been high. According to the most recent estimates, over 45,000 people in the region die of drug-related causes every year, the highest annual drug-related mortality rate in the world.

425. According to a report released in April 2011 by the National Drug Intelligence Center of the United States Department of Justice aimed at measuring the economic impact of illicit drug use in the United States, the estimated economic impact of illicit drug use on United States society in 2007 exceeded $193 billion. That figure takes into account expenditure related to criminal justice, health-care costs, loss of economic competitiveness, military readiness, educational outcomes and workforce productivity. The Canadian Centre on Substance Abuse has estimated the costs of illicit drug use to the Canadian economy to be over $8 billion per year.

426. In Mexico, the Government has budgeted security-related expenditures of approximately $10.7 billion for the fiscal year 2012. Mexico continues to be used by drug trafficking organizations as a major source of and transit country for illicit drugs. The Government has continued to take vigorous action to

disrupt drug trafficking activities, to dismantle drug trafficking syndicates and to prevent and repress drug-related acts of violence. In 2011, Mexican law enforcement officials reported significant seizures of internationally controlled substances. Faced with the Government's resolve, drug trafficking organizations have resorted to unprecedented levels of violence. According to figures released by the Government, over 35,000 people were killed in drug-related violence in the period 2006-2010, with more than 11,500 deaths in 2010 alone. In addition, drug syndicates have sought to undermine the state apparatus, including federal and state police, the criminal justice system and the media through the use of corruption, as well as threats and intimidation. The Board acknowledges the strong commitment shown by the Government of Mexico through the decisive measures it has taken to address the country's drug-related problems and encourages the Government to ensure that appropriate attention is given to prevention measures.

427. Prescription drug abuse in the United States has become the country's fastest growing drug problem. Alarming data contained in the National Survey on Drug Use and Health show that over a quarter of the population aged 12 years or older who used drugs for the first time in 2010 did so by using prescription drugs for non-medical purposes. The most recent figures available suggest that prescription pharmaceuticals were second only to cannabis as the substances abused by the largest number of new drug abusers aged 12 or older having initiated their drug abuse over the past year. Moreover, among United States youth, prescription drugs are now the second most abused type of drug, after cannabis. In addition, there has been a twofold increase in drug-induced deaths in the last 10 years, driven by prescription drugs. The abuse of prescription drugs has also been a significant problem in Canada and Mexico.

428. In seeking to implement their international drug control obligations, the Governments of Canada and the United States have faced particular challenges owing to the division of powers within their respective federal structures. In Canada, the Government lodged an appeal with the Supreme Court against a decision by the Court of Appeal of British Columbia allowing so-called "drug injection rooms" to continue to be exempted from federal drug control legislation; the appeal was rejected. In the United States, a similar issue has been the adoption of laws introducing "medical" cannabis schemes in a number of states, despite the existence of federal legislation explicitly subjecting the manufacture, sale and distribution of cannabis to criminal prosecution. The Board continues to emphasize to the Governments of all States that, in order to respect their international obligations under the drug control treaties, States must ensure the consistent implementation of those norms over the entire national territory, irrespective of their internal legal orders.

429. In the United States, 16 states and the District of Columbia have, to date, enacted legislation allowing the sale and use of cannabis for medical purposes; similar legislation is pending in an additional 10 states. The enactment of that legislation at the state level has occurred despite the existence of the Controlled Substances Act, a federal statute explicitly prohibiting the possession, manufacture and distribution of cannabis except for limited legitimate uses. The Attorney-General was asked by several United States attorneys to clarify the United States Administration's position on medical cannabis laws. In June 2011, the Deputy Attorney-General issued a memorandum reaffirming the Department of Justice's commitment to the enforcement of the Controlled Substances Act and clearly stating that individuals who cultivate, sell or distribute cannabis and those who knowingly facilitate such activities are in violation of the Act and are subject to federal enforcement, including criminal prosecution. The Board notes that the control requirements that have been adopted in the 16 states in question and in the District of Columbia under the "medical" cannabis schemes fall short of the requirements set forth in the 1961 Convention as amended by the 1972 Protocol and requests that the Government of the United States ensure the implementation of all control measures for cannabis plants and cannabis as required under that Convention in all states and territories falling within its legislative authority.

2. Regional cooperation

430. In February 2011, the President of the United States and the Prime Minister of Canada issued the declaration entitled "Beyond the border: shared vision for perimeter security and economic competitiveness", aimed at strengthening cooperation between the two countries on a number of trade and security issues, including the adoption of joint measures to combat drug trafficking. Building upon that initiative, the Governments of Canada and the United States released in March 2011 the United States-Canada Joint Border Threat and Risk Assessment, which was prepared by the border protection agencies of both countries, as well as the Royal Canadian Mounted Police. The assessment is aimed at providing United States and Canadian policymakers, law enforcement officials and other stakeholders with specific information regarding established threats along the border, including

those affecting national security and those linked to criminal enterprises.

431. The third meeting of the United States-Mexico Merida High-Level Consultative Group on Bilateral Cooperation against Transnational Criminal Organizations was held in April 2011. The Group, composed of cabinet secretaries from the United States and Mexico, aims to increase bilateral cooperation and coordinate action against transnational organized crime by building upon the implementation framework developed under the Merida Initiative. The four objectives agreed upon by the parties, called "pillars", are the disruption of organized criminal groups, the institutionalization of the rule of law, the building of a twenty-first century border and the building of strong and resilient communities. Specific actions to be undertaken in the pursuit of those objectives include optimizing the use and sharing of intelligence; broadening support for state-level justice system reforms; modernizing border infrastructure; and the initiation of a binational demand reduction study. The Board welcomes these and any other initiatives aimed at improving regional cooperation and border security in the region.

432. In their capacity as member States of the Organization of American States, the three countries in North America have continued to participate in the joint drug control initiatives under the aegis of CICAD. In May 2011, CICAD released its Hemispheric Plan of Action on Drugs, 2011-2015. The Plan of Action is aimed at supporting the implementation of the Hemispheric Drug Strategy by establishing benchmarks and priorities for the period 2011-2015, related to the following: institutional strengthening, demand reduction, supply reduction, control measures and international cooperation. In addition to coordinating joint action among CICAD members, the identification of the priorities set forth in the Plan of Action is intended to guide the adoption of drug control measures at the national level. The Plan of Action also underscores the importance of financing and training as cross-cutting issues that must be addressed to enable successful implementation of the Plan of Action.

433. The twenty-eighth International Drug Enforcement Conference was held in Cancún, Mexico, in April 2011. The Conference was attended by representatives of 75 member and 20 observer States and territories and was presided over by the Secretary of Public Security of Mexico and the Administrator of the United States Drug Enforcement Administration. During the Conference, concurrent sessions were held in order to provide delegates with topic-specific information. Deliberations also took place within regional working groups on issues related to drug trafficking organizations, money-flow strategies and chemical controls.

434. In July 2011 in Montreal, Canada, the Canadian Centre on Substance Abuse, in partnership with the Office of National Drug Control Policy of the United States, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the United States National Institute on Drug Abuse, hosted the International Drugs and Driving Symposium. The purpose of the Symposium was to build upon Commission on Narcotic Drugs resolution 54/2, in which the Commission underscored the importance of elaborating collective responses to drugged driving through evidence-based research.

3. National legislation, policy and action

435. As noted in the report of the Board for 2010,[24] the Penalties for Organized Drug Crime Act was introduced in the Canadian Senate in May 2010. The bill provided for mandatory minimum sentences for a variety of drug-related offences, including illicit drug production, trafficking, possession for the purpose of trafficking, importing, exporting and possession for the purpose of exporting. According to the bill, mandatory minimum sentences would apply in the presence of an aggravating factor, including that the crime was committed for the benefit of organized crime, in a prison, in relation to a youth or involving a youth. The Act was voted on in May 2011, but was not adopted. Since then, the newly elected Government has expressed its intention to reintroduce various legislative measures drawn from legislation that was not adopted in the previous session of Parliament, including the Penalties for Organized Drug Crime Act.

436. Also in Canada, the Act to Amend the Controlled Drugs and Substances Act (Methamphetamine and Ecstasy) entered into force in June 2011, aimed at prohibiting the possession, production, sale or importation of anything with the knowledge that it will be used to manufacture or traffic in methamphetamine or MDMA ("ecstasy"). The Act provides for penalties of imprisonment of up to 10 years less a day.

437. In September 2011, the Supreme Court of Canada handed down its judgement with respect to the applicability of the Controlled Drugs and Substances Act to a supervised drug injection facility in Vancouver. The facility had been allowed to operate due to an exemption to the application of the law for "medical or scientific

[24] *Report of the International Narcotics Control Board for 2010* ..., para. 410.

purposes" that had been granted by a previous Government. The Court ruled against the Government's decision to refuse to extend the injection facility's legal exemption, thereby allowing the facility to continue to operate. The Board reiterates that under international law, provisions of national law cannot be invoked to justify non-compliance with the international drug control treaties to which a State has become a party. The Board further reiterates its position that drug injection and consumption outlets that allow illicit drug possession and use are not in line with the international drug control conventions, to which Canada is a party.

438. The Drugs and Organized Crime Awareness Service of the Royal Canadian Mounted Police has continued its efforts under the Drug Abuse Resistance Education (DARE) programme aimed at helping schoolchildren to recognize and resist social pressure to experiment with drugs, alcohol and tobacco. In the period 2010-2011, the programme, using Royal Canadian Mounted Police officers to teach a formal curriculum to students in a classroom setting, reached nearly 81,000 students in 1,895 schools.

439. In July 2011, the President of Mexico inaugurated a state-of-the-art laboratory of forensic sciences of the Attorney-General's Office, the Laboratorio Central de Servicios Periciales, commissioned to support law enforcement and judicial authorities. The President underscored the importance of ensuring that justice for victims of crime and their families be done and emphasized the fundamental importance of forensic science in solving crime and securing convictions.

440. According to the National Commission on Human Rights of Mexico, 71 journalists have been murdered in the country since 2000, while many others have been subjected to threats and intimidation, forcing some to flee the country. In seeking to address persistent violence committed by drug trafficking groups against journalists in Mexico, UNODC has partnered with the United Nations Educational, Scientific and Cultural Organization, the Office of the United Nations High Commissioner for Human Rights, governments at the federal and state levels, media representatives and universities to hold media consultation workshops throughout 2011. The workshops were held in the nine Mexican states most affected by drug-related violence against the media. The project, developed as part of the UNODC country strategy for Mexico for 2008-2011, was aimed at forging working relationships between stakeholders and at leading to the formulation of recommendations intended to increase the security of members of the media and protect freedom of the press. The Board notes with concern the targeting of journalists in Mexico by drug trafficking syndicates and welcomes this joint initiative aimed at improving the security of journalists and at safeguarding freedom of the press.

441. In 2011, the United States Administration released an update of its National Drug Control Strategy issued in 2010. The 2011 update acknowledges important developments that occurred in 2010, including the passage of the Fair Sentencing Act and the Secure and Responsible Drug Disposal Act. The 2011 update also identifies "key populations" requiring special support in their efforts to deal with drug abuse: military personnel on active duty, veterans and their families; women and their families; college and university students; and individuals in the criminal justice system.

442. In April 2011, in response to the challenges posed by widespread prescription drug abuse, the United States Administration issued the Prescription Drug Abuse Prevention Plan, aimed at complementing its National Drug Control Strategy. The Prevention Plan sets out courses of action in four major areas: education, including through awareness-raising among youth, parents and health-care providers; the institution of prescription monitoring programmes; the establishment of proper disposal mechanisms; and the enforcement of laws and regulations governing the prescription of drugs. The strategy reiterates the objectives of reducing the annual prevalence of non-medical abuse of prescription drugs among people 12 years or older by 15 per cent and sets forth concrete measures aimed at reaching that objective, including the formulation and dissemination of model legislation; increasing funding for treatment programmes; encouraging States to adopt prescription drug monitoring programmes; and establishing programmes facilitating safe disposal. At the state level, 48 states in the United States have now enacted legislation enabling some form of prescription drug monitoring programme to assist physicians and pharmacists in monitoring the issuance of prescriptions for controlled substances, as well as to keep track of the identity of the individuals for whom they are prescribed. In the two remaining states, Missouri and New Hampshire, similar legislation is pending. The Board welcomes the adoption by the United States of a comprehensive set of measures aimed at addressing the continued widespread abuse of prescription drugs in the country and will continue to follow the progress made.

443. Also in April 2011, the second National Prescription Drug Take-Back Day was held in the United States, allowing individuals to dispose of unwanted or unused medications at thousands of collection sites across the country. The event resulted in the collection of

approximately 188 tons of unwanted or expired medications.

444. In July 2011, the United States Administration launched its Strategy to Combat Transnational Organized Crime, drawn up following a comprehensive assessment of the issue concluded in 2010. The Strategy reflects many of the findings of the assessment, including proliferation of transnational organized criminal networks; their use of corruption to co-opt or weaken governance in many states; and the growing links between terrorist networks and drug trafficking organizations. Reflecting the increasingly symbiotic relationship between drug syndicates and other criminal activities, the Strategy sets forth 56 priority actions under five distinct chapters, including one entitled "Disrupt drug trafficking and its facilitation of other transnational threats".

445. In February 2011, the Director of National Drug Control Policy in the United States issued a statement expressing his deep concern over the growing abuse of synthetic stimulants, in particular those marketed as legal substances, including designer cathinones commonly referred to as "bath salts". In response to this emerging threat, the National Conference of State Legislatures has reported that 30 states have already adopted laws banning synthetic cathinones, and 9 more have similar legislation pending.

446. In March 2011, the United States Drug Enforcement Administration took emergency administrative measures leading to the temporary placement of five synthetic cannabinoids into Schedule I of the Controlled Substances Act. That action was based on the decision of the Administrator that the placement of those substances into Schedule I was necessary to avoid an imminent threat to public safety. Pursuant to that decision, the manufacture, distribution, possession, import and export of the five substances in question will be governed by the extensive inventory of criminal, civil, administrative and regulatory provisions for substances in Schedule I as set forth in the Controlled Substances Act. At the state level, 38 states now have legislation banning synthetic cannabinoids, as recommended by the Board.

447. In August 2011, the United States Department of Justice issued a statement announcing an agreement reached with a leading Internet search engine for the forfeiture by the company of $500 million for allowing Canadian Internet pharmacies to place advertisements targeting consumers in the United States and, as a result, to export prescription drugs to the United States in violation of United States law. The forfeiture, one of the largest in United States history, represents the total of the gross advertising revenues collected by the company and of the estimated gross revenues made by the Canadian online pharmacies as a result of their sales to United States consumers. In addition to moneys forfeited, the company acknowledged its responsibility for the conduct in question and agreed to subject itself to various compliance measures in order to prevent recurrence.

448. In June 2011, at the 79th Annual Meeting of the United States Conference of Mayors, held in Baltimore, the Children, Health and Human Services Committee adopted a resolution in support of the United States Administration's 2011 Prescription Drug Abuse Prevention Plan. The resolution endorses the approaches outlined in the Prevention Plan and reiterates the importance of education and awareness initiatives, prescription drug monitoring programmes, prescription drug disposal programmes and ending improper prescription practices.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

449. Cannabis remains the most widely produced drug in the region, with vast amounts produced in all three countries. Trafficking in cannabis in North America is a regional phenomenon: a substantial proportion of cannabis produced in Mexico and some produced in Canada is destined for the United States market, though most of the cannabis produced in Canada is consumed within the country. Cannabis seizures in Canada increased significantly, from 1.3 tons in 2009 to nearly 105.3 tons in 2010.

450. In Canada and the United States, indoor cultivation persists, while in Mexico law enforcement raids have continued to reveal outdoor growth operations of an unprecedented scale and sophistication. Reflecting the sustained efforts of Mexican customs and law enforcement agencies, cannabis seizures in Mexico increased from 2,109 tons in 2009 to more than 2,248 tons in 2010. In July 2011, the National Defense Secretariat announced that the army had discovered the largest cannabis plantation ever detected in Mexico. The plantation covered almost 120 ha and could have yielded an estimated 120 tons of cannabis with a street value of approximately $160 million.

451. According to the Domestic Cannabis Eradication/Suppression Program Statistical Report of the Drug Enforcement Administration, 10.3 million cannabis plants were eradicated in the United States in 2010. In all, 92 per cent of all plants eradicated were found in the top seven cannabis-producing states (California, Kentucky, Oregon, Tennessee, Utah,

Washington and West Virginia). The total amount of cannabis seized in the United States in 2010 was approximately 1,900 tons.

452. Cocaine seizures in North America declined by approximately 43 per cent from 2005 to 2009, reflecting the decreased prevalence of the drug in the region. Of the three countries in the region, Mexico has seen by far the steepest decline in cocaine seizures, with seizures dropping from a high of over 48 tons in 2007 to 9.4 tons in 2010, the latter figure representing a decrease of over 12 tons from the 2009 level. With the exception of a spike in 2007, cocaine seizures in Canada from 2005 to 2010 declined sharply, from approximately 2,352 kg in 2005 to 1,131 kg in 2010. However, in the same period, the annual amount of cocaine seized entering Canada from the United States more than doubled, making the United States the primary transit area for cocaine smuggled into Canada. According to the Canadian Border Services Agency, the other primary countries of origin/transit for cocaine intercepted at points of entry into Canada in 2010 were Argentina, Chile, the Dominican Republic and Mexico. Canadian law enforcement sources have identified a variety of organized criminal groups involved in the smuggling of cocaine into Canada, including motorcycle gangs, Asian drug gangs, and "Italian based" organizations. In addition, there is mounting evidence to suggest that Mexican organized criminal groups, already established in Canada, are expanding their activities in the country. Reflecting decreased demand, cocaine seizures in the United States have also seen a sharp decline, from a peak of over 382 tons in 2007 to 66 tons in 2010, a 25 per cent reduction from 2009 figures.

453. The illicit cultivation of opium poppy has continued in Mexico. On the basis of available data on opium poppy cultivation, the potential manufacture of heroin in Mexico could be estimated at 9 per cent of the global total. Eradication efforts by the Government of Mexico have continued, with approximately 14 ha reported eradicated in 2009. The three primary source countries for heroin abused in North America in 2009 continued to be Afghanistan, Colombia and Mexico. According to the United States Drug Enforcement Administration, 58 per cent of the heroin seized in the United States was of Colombian origin and 39 per cent originated in Mexico. The United States-Mexico border continues to be the main entry point for heroin smuggled into the United States from Mexico by drug traffickers. The drugs are most commonly hidden in motor vehicles and are often transported by the human couriers known as "mules". In contrast, the primary source country for heroin abused in Canada continues to be Afghanistan, thought to account for approximately 78 per cent of heroin abused in the country. Afghan heroin bound for Canada is typically smuggled by Indo-Canadian, Iranian and Pakistani criminal organizations, and is transited through India, Pakistan, Turkey and, increasingly, the Islamic Republic of Iran. The amount of heroin seized in the United States from 2005 to 2010 almost doubled, from approximately 1.3 tons in 2005 to 2.42 tons in 2010. Over the same period in Canada, seizures of heroin declined from 83 kg to no seizures reported. In Mexico, seizures have dropped from just under 459 kg in 2005 to 369 kg in 2010.

454. Prescription drug abuse in North America continues to be a major problem. The most common classes of prescription drugs abused are opioids, central nervous system depressants and stimulants. Law enforcement officials have indicated that street gangs involved in trafficking in illicit drugs are increasingly involved in trafficking in prescription medications. The diversion of prescription drugs in the region has been facilitated by the fact that the substances are legal as such and has been compounded by their widespread availability. According to the 2010 National Survey on Drug Use and Health, over 71 per cent of individuals over 12 years of age having consumed prescription drugs for non-medical purposes in the previous year got the drugs from a friend or family member. In contrast, only 4.4 per cent reported getting the drugs from a drug dealer and a mere 0.4 per cent ordering them on the Internet. Given the multiple legitimate uses for prescription drugs requiring their widespread availability, policymakers in North America have tried to focus on abuse prevention. In Canada, the Controlled Drugs and Substances Act already bans the selling or giving away of prescription opioid medications, as well as procuring the same medication from more than one doctor over a short period of time without the knowledge of the medical practitioners involved. In the United States, one of the cornerstones of the Prescription Drug Abuse Prevention Plan is the establishment of disposal programmes for prescription drugs that are no longer needed.

(b) Psychotropic substances

455. According to UNODC, North America accounted for 99 per cent of all methamphetamine laboratories dismantled worldwide in 2009. Seizures of methamphetamine in the region for the same year accounted for 44 per cent of the global total.

456. There was an increase of approximately 92 per cent in the number of seizures of methamphetamine laboratories in the United States between 2007 and 2009. Over the last decade, Mexico has also become an important manufacturer of methamphetamine, as

reflected by an increase in laboratories dismantled from 21 in 2008 to 191 in 2009.

457. Although the number of methamphetamine laboratories in the United States far exceeds that in Mexico, a Mexican laboratory typically produces far greater quantities of the drug than one in the United States.

458. In 2009, seizures of MDMA ("ecstasy") in North America accounted for more than half of the global total. Canada remains a significant manufacturer of "ecstasy", which, although primarily intended for domestic use, is increasingly being trafficked to the United States, as well as expanding markets such as Australia, Japan and New Zealand.

459. Canada remains a significant source for "ecstasy" trafficked into the United States, with a resurgence of the abuse of the substance in the United States being attributed by officials to its smuggling into the country from Canada. The resurgence of the smuggling of "ecstasy" from Canada into the United States has also been illustrated by the fact that seizures of "ecstasy" consignments en route from Canada to the United States doubled between 2007 and 2008. "Ecstasy" traffickers in Canada have also reportedly expanded to new markets in Asia, the Caribbean and Mexico.

460. The Board remains concerned about unusually high consumption levels of licitly manufactured amphetamine-type stimulants and methylphenidate in the United States. These substances are used for medical purposes for the treatment of attention deficit disorder and narcolepsy. As previously noted by the Board, the diversion and abuse of pharmaceutical preparations containing such substances are often linked to high consumption levels of those preparations. The Board requests Governments to ensure that the control measures set forth in the 1971 Convention are fully implemented. As the Board has stated on numerous occasions, the education of doctors and other health-care professionals on the rational use of psychoactive drugs is of paramount importance to the prevention of drug abuse, including of prescription drugs.

(c) Precursors

461. Owing to the more stringent controls placed on precursors of amphetamine-type stimulants by the Government of Mexico over the past few years, there is evidence to suggest that some of the illicit manufacturing of drugs using precursors has been displaced to countries in Central America. However, precursor chemicals have continued to be smuggled into the country for use in the illicit manufacture of drugs. Efforts to control the diversion of precursor chemicals have been complicated by the fact that the chemicals in question have numerous legitimate uses.

462. In order to continue to manufacture MDMA ("ecstasy"), traffickers in Canada obtain the required precursor chemicals from sources in other countries, mostly China and India. Most of the precursor chemicals smuggled into Canada are also used in that country. However, Canada is also increasingly being used as a transit country for some precursor chemicals, which are smuggled into the United States for use in the illicit manufacture of methamphetamine. In 2010, ephedrine replaced 3,4-MDP-2-P as the precursor chemical most commonly seized at points of entry into Canada. Given the scope of "ecstasy" manufacture in Canada, border authorities have concluded that either large quantities of 3,4-MDP-2-P are entering the country undetected or alternative precursor chemicals are being used.

(d) Substances not under international control

463. In 2011, precursor traffickers continued their widespread use of substances that are not under international control but that have similar uses to substances that are currently under international control. Those substances include derivatives of phenylacetic acid, particularly esters. Hundreds of tons of those substances have been reported seized in North America through Operation PAAD.

464. In July 2011, the Mexican authorities reported a seizure of 60 tons of ethyl phenylacetate being transported in three containers having originated in China. Although the substance is not under international control, it is subject to national control measures and according to Mexican officials was intended to be used as a precursor chemical in the illicit manufacture of drugs.

465. In 2010, 12.7 tons of khat was seized at the Canadian border, with an estimated street value of 6.4 million Canadian dollars. Approximately 85 per cent of the substance was transited through the United Kingdom on its way to Canada, twice the proportion in 2009. In addition, Canadian border officials reported seizures of 1.8 tons of ketamine in 2010, the largest amount in six years. Of that amount, approximately 99 per cent originated in China and India.

466. Despite increased national regulatory and legislative action aimed at prohibiting the sale and distribution of designer cathinones and synthetic cannabinoids, many of those substances remain uncontrolled in parts of North America and continue to be widely available to abusers.

5. Abuse and treatment

467. The Board notes that the human, economic and social costs of widespread illicit drug use in North America are staggering. In the United States, drug-related deaths now outnumber deaths caused by firearms in the country as a whole, while drug-induced deaths have now surpassed motor vehicle accidents as the single leading category of injury-related death in 17 states and the District of Columbia.

468. As mentioned above, the estimated economic impact of illicit drug use on United States society, taking into account expenditure related to criminal justice and health care, as well as losses of economic competitiveness, military readiness, educational outcomes and productivity, exceeded $193 billion in 2007. According to the National Drug Intelligence Center, this figure validates the approach taken in the United States Administration's National Drug Control Strategy, which is based on the reduction of supply through law enforcement activities; community-based prevention programmes; and the diversion of non-violent drug users to special treatment programmes.

469. As the United States is the largest cocaine market in the world, the decrease in demand there has had a tangible effect on global consumption, which has continued to decrease. However, 37 per cent of all cocaine abusers worldwide are still found in North America. While a steady decline in the use of cocaine has been noted in the region since 2006, the prevalence rate among the population aged 15-64 remains nearly five times the global average.

470. In addition to the threat posed by prescription drugs containing psychotropic substances, North America continues to be affected by widespread illicit synthetic drug manufacture and abuse. According to the most recent data reported in the *World Drug Report 2011*,[25] an estimated 3.5 million North Americans used amphetamine-type stimulants in the previous year, the third highest prevalence rate in the world.

471. In April 2011, the United States Department of Health and Human Services released its *Treatment Episode Data Set* regarding national admissions to substance abuse treatment services for the period 1999-2009.[26] The data reveal that 96 per cent of the 1,963,089 admissions to treatment for substance abuse were attributable to the following five substance groups: alcohol (42 per cent), opiates (21 per cent), cannabis (18 per cent), cocaine (9 per cent) and methamphetamine/amphetamines (6 per cent). According to the data, only 8 per cent of admissions into treatment for opiate abuse in 1999 were related to substances other than heroin. By 2009, that figure had increased to 33 per cent. Also in the period 1999-2009, the proportion of admissions for cannabis abuse rose from 13 to 18 per cent. The average age of those admitted for cannabis abuse was 24 years, and 74 per cent of those admitted were male. The proportion of admissions for cocaine or "crack" abuse declined by 5 per cent, from 14 per cent in 1999 to 9 per cent in 2009. The average age of those admitted for cocaine or "crack" abuse was also significantly higher than those admitted for cannabis abuse (40 years of age for individuals who smoked cocaine; 36 years of age for all others). Admissions for the abuse of methamphetamine/amphetamines represented 4 per cent of total admissions in 1999, and, after reaching 9 per cent in 2005, declined to 6 per cent in 2009. Among adolescents (persons aged 12-17), 86 per cent of admissions related to cannabis as a primary or secondary substance of abuse. Nearly half (49 per cent) of all adolescents entering treatment were referred through the criminal justice system.

472. Recent data suggest that Canada's five-year National Anti-Drug Strategy, launched in 2007 with the aim of reducing the illicit supply of and demand for drugs, has begun to show results. Health Canada released the results of the Canadian Alcohol and Drug Monitoring Survey for 2010. According to the Survey's findings, substance abuse in Canada has decreased for most substances while remaining stable for psychoactive pharmaceuticals. The proportion of Canadians 15 years of age or older reported having used cannabis in their lifetime decreased from 42.4 per cent in 2009 to 41.5 in 2010. Although the percentage of respondents acknowledging cannabis abuse in the past year increased slightly, from 10.6 per cent in 2009 to 10.7 per cent in 2010, the latter figure represents a 3.4 per cent decrease from 2004 figures. Moreover, past-year cannabis abuse by youth (persons 15-24 years of age) saw a significant decrease of just under 12 per cent, from 37.0 per cent in 2004 to 25.1 per cent in 2010. Among the same age group, use of cocaine or "crack", "speed", hallucinogens, "ecstasy" and heroin also dropped significantly, from 11.3 per cent in 2004 to 7.0 per cent in 2010. Despite these positive developments, the rate of drug abuse by persons in the age group 15-24 remains significantly higher than the rates reported for adults aged 25 years or older, including three times as high for cannabis (25.1 per cent, compared with 7.9 per cent) and

[25] United Nations publication, Sales No. E.11.XI.10.

[26] United States of America, Department of Health and Human Services, *Treatment Episode Data Set (TEDS): 1999-2009 — National Admissions to Substance Abuse Treatment Services* (Rockville, Maryland, Substance Abuse and Mental Health Services Administration, 2011).

nine times as high for all other drugs (7.9 per cent, compared with 0.8 per cent).

473. The Board notes the growing evidence to suggest that already high and rising prevalence rates of cannabis abuse among youth are in large part attributable to decreases in the perception of risks associated with cannabis abuse. According to survey data from the United States, among students in their final year of secondary school (ages 17-18), the perception that regular cannabis use is harmful decreased from 52.4 per cent in 2009 to 46.8 per cent in 2010. Among those aged 12-17, only 30 per cent perceived a "great risk" in smoking cannabis once a month, while 24.1 per cent of respondents in the same age group reported not being exposed to drug abuse prevention messages other than those in schools. According to the United States Department of Health and Human Services, that perception may be influenced by the debate surrounding the use of cannabis for purportedly medical purposes.

474. Police-reported crime statistics in Canada for 2010 indicate that although the country's overall crime rate declined by 5 per cent from that of 2009, drug-related crime in the same period increased by approximately 10 per cent, owing primarily to a greater number of cannabis offences. Of the 108,600 police-reported drug offences committed in Canada in 2010, 52 per cent were related to cannabis possession, representing a 13 per cent increase over 2009. In contrast, police observed a decrease of approximately 10 per cent in drug-impaired driving cases, as well as a 5 per cent decrease in cocaine offences.

475. Approximately 25 tons of pure heroin was consumed by abusers in the Americas in 2009. Of that amount, 22 tons, representing 88 per cent of the total, is estimated to have been abused in North America. Heroin consumption in the United States alone was pegged at 21 tons, making the United States the third top consumer of heroin. In Canada, 1.3 tons of heroin was reportedly consumed.

476. The amount of opium abused in Mexico was relatively small, at 100-150 kg. While the number of heroin abusers in the Americas as a whole is estimated by UNODC to be 1.67 million, the vast majority of them are found in North America, including 1.2 million in the United States, 114,000 in Canada and 50,000-60,000 in Mexico.

477. Data from the United States relative to the abuse of oxycodone reveal that there were just under 600,000 new non-medical users of the drug aged 12 years or older in 2010, with an average age of first use of 22.8 years, in line with 2009 figures.

478. In May 2011, the Arrestee Drug Abuse Monitoring Program (ADAM II) released its 2010 annual report. The programme, sponsored by the United States Office of National Drug Control Policy, is a drug-related survey aimed at collecting information on individuals who have recently been arrested, a group often not adequately represented in other surveys but whose importance for drug control policymakers is great. The survey reveals that 50 per cent of federal and state inmates had used drugs within the one-month period prior to committing the offence for which they were arrested and that nearly one third of state prisoners and one quarter of federal prisoners had taken drugs at the time of the offence. The report also highlights important differences between respondents to ADAM II and members of the population at large having participated in the National Survey on Drug Use and Health. Among those differences is the fact that recent arrestees participating in ADAM II were much more likely to be unemployed, to be living in transient housing, to be more involved with crime and to have had more exposure to illegal drugs.

South America

1. Major developments

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

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

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

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

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

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

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

2. Regional cooperation

485. In 2010, CICAD, UNODC and the subregional system for information and research on drugs, comprising Argentina, Bolivia (Plurinational State of), Chile, Colombia, Ecuador, Peru and Uruguay, jointly published a comparative study on the relationship between drugs and crime among adolescent law offenders. The study presented, for the first time in the region, an assessment of the problem of drug use in relation with criminal offences committed by the adolescent population in Bolivia (Plurinational State of), Chile, Colombia, Peru and Uruguay. The study underlined the lifetime prevalence of drug use among juvenile law offenders, which is significantly higher than the lifetime prevalence of drug use among youth in general. The highest lifetime prevalence of cannabis use among juvenile law offenders (80 per cent) was reported in Chile and Peru.

486. Guyana and Suriname participated in the comparative study of drug use among secondary school students in the Caribbean countries. According to the results of the study, published in 2010, of all the countries surveyed, Guyana reported the highest past-year prevalence rates for the use of MDMA ("ecstasy"), cocaine and "crack".

487. CICAD and EMCDDA released *Building a National Drugs Observatory: a Joint Handbook* in October 2010. The handbook, based on the experience of the two bodies in their respective geographical areas, provides a practical guide relevant for all regions and adaptable to a wide range of national and institutional settings.

488. In addition, CICAD and EMCDDA signed a workplan for cooperation covering the period 2011-2013 whose objectives include strengthening regional and international monitoring systems; harmonizing and developing indicators in the areas of drug supply and demand; and supporting the establishment of national drug monitoring centres and drug information networks.

489. In 2011, CICAD released a hemispheric report that evaluates progress in drug control in the Americas in the period 2007-2009. According to the report, almost all countries in the Americas conducted surveys to determine the prevalence of drug use in at least one specific population, including the student population. In particular, the country surveys warn of a low age of initiation in drug use, as well as a low degree of perception among young people of the risk of drug use, in particular recreational use of cannabis herb and cocaine. In addition, the CICAD secretariat compiled drug laws and regulations from 34 countries in the Americas and made that compilation available on the CICAD website.

490. A technical coordination meeting, organized by CICAD and UNODC, was held in Santiago in March 2011. Argentina, Chile and Uruguay were among those represented at the meeting. Participants in the meeting reviewed the situation with respect to trafficking in and abuse of amphetamine-type stimulants, available data on the phenomenon and strategies to enhance existing structures for sharing pertinent information. While the problem of illicit manufacture of, trafficking in and abuse of amphetamine-type stimulants had not yet reached large proportions in those countries, participants in the meeting agreed that it was necessary to closely monitor the situation. The Board supports the efforts of UNODC and CICAD to assist Governments in their efforts to generate, manage, analyse and report data on the illicit manufacture of, trafficking in and abuse of amphetamine-type stimulants. The Governments of the countries in South America are encouraged to commit adequate resources to support their capacity to identify synthetic drugs, including psychoactive substances that are not currently internationally controlled.

491. In December 2010, the European Commission approved the Cooperation Programme on Drug Policies between Latin America and the European Union (COPOLAD). The 42-month programme supports a number of complementary activities, including training in the areas of farming and integrated rural development; prevention and investigation of the diversion of precursors; drug abuse prevention; and treatment of drug abusers. At the coordination meeting held in Buenos Aires in May 2011, Argentina, Brazil, Chile, Peru and Uruguay adopted a work agenda for 2011 aimed at the development of the Programme's component on strengthening national drug observatories.

492. In the period 2010-2011, UNODC, through its project on prevention of the diversion of drug precursors in Latin America and the Caribbean, promoted cooperation between the private sector and competent national authorities and supported the implementation of a training programme on investigation and cross-border cooperation among the law enforcement authorities of the countries in the region, including Argentina, Bolivia (Plurinational State of), Brazil, Colombia, Ecuador and Venezuela (Bolivarian Republic of).

493. At the Twentieth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held in Lima from 4 to 7 October 2010, participants reported on the latest drug trafficking trends and distribution networks and links between drug trafficking and other forms of organized crime. In the area of combating drug trafficking and corruption, the Meeting, inter alia, recommended that Governments in the region put forward initiatives to promote and develop transparent electoral competition with a view to preventing drug trafficking from interfering in politics. The Meeting's working group on trafficking in synthetic drugs and control of precursors recommended that Governments should take steps to evaluate existing legislation and procedures for managing the import, export and sale of pharmaceutical preparations containing ephedrine and pseudoephedrine in countries where such controls were not already in place.

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

3. National legislation, policy and action

495. Pursuant to its national comprehensive plan to combat abuse of "crack" and other drugs, the Government of Brazil in 2011 initiated the deployment of regional reference centres that will promote the training and certification of professionals engaged in networks for comprehensive health care and social assistance, working with users of both "crack" and other drugs and with their families.

496. The National Strategy on Drugs and Alcohol, 2011-2014, launched by the Government of Chile, seeks both to reduce illicit drug use in the country and to mitigate the social and health consequences of drug abuse. In particular, the strategy's goals include the reduction by 15 per cent of the annual prevalence rate for cannabis use among the school-age population and the reduction by 10 per cent of the annual prevalence of cocaine use among the school-age population.

497. In August 2010, the Government of Chile launched the National Security Plan 2010-2014 ("Safe Chile"). In the period 2010-2011 in the framework of the National Security Plan, the Government sponsored several initiatives to counter drug trafficking, including the development of a new national strategy addressing drug trafficking. The drug control strategy, among other things, is aimed at substantially reducing the availability of drugs in Chile by effectively hampering their entry into the country and dismantling drug trafficking organizations.

498. In 2010, an amended law on the prevention, detection and eradication of money-laundering and the financing of crime entered into force in Ecuador. In addition, a national plan for drug abuse prevention for the period 2011-2015 has been drafted and is before the Government of Ecuador for its approval.

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

500. In December 2010, the National Commission for Development and Life without Drugs (DEVIDA) of Peru published a study on the social and economic impact of the abuse of psychoactive substances in Peru. The study estimated the cost of the illicit use of drugs (excluding alcohol and tobacco) in Peru to be $192 million per year. The cost attributable to licit and illicit drug use includes lost labour costs and lost productivity, direct governmental costs and health-care costs. In 2011, the Government of Peru approved the national plan against money-laundering and the financing of terrorism in order to further strengthen, in cooperation with the private sector, the prevention and investigation of money-laundering and related crime.

501. The stated objectives of the drug abuse prevention programme entitled "For Sports" launched by the Government of Uruguay in April 2011 are to encourage teenagers and young athletes to develop their athletic ability and realize their psychological potential, thus reducing the risk factors liable to lead to drug abuse. The programme will be sponsored by competent national authorities, in cooperation with a non-governmental organization and UNODC, and will be implemented by national sport associations.

502. In 2011, the National Drug Board of Uruguay approved the national drug control strategy for the period 2011-2015. The strategy, among other things, proposes to promote international debate on current drug control policies.

503. In 2010, the Government of the Bolivarian Republic of Venezuela promulgated the Organic Law on Drugs. The law, among other things, recognizes drug abuse as a medical condition requiring treatment and includes treatment and social integration measures within the ambit of the applicable penal procedure.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

504. Due to the lack of relevant data, the area of illicit cannabis cultivation in South America could not be accurately assessed. Indirect indicators, including eradication reports, seizures and drug abuse reports, have been used to determine approximately the magnitude of the cannabis problem in the region. In 2009, seizures in South America accounted for 10 per cent of global seizures of cannabis herb. Most cannabis illicitly produced in the region seems to be destined for domestic markets of the producing countries, while a portion of the cannabis is trafficked within other countries of the region.

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

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

507. In the period 2004-2006, Colombian authorities seized an average of 130 tons of cannabis herb per year; in the period 2007-2009, that figure rose to about 215 tons per year. In 2010, such seizures of cannabis herb further increased, amounting to 262.5 tons, 53.5 tons more than in 2009. According to the National Narcotics Directorate (DNE) of Colombia, the level of tetrahydrocannabinol (THC) in cannabis seized in the department of Cauca ranged from 8 to 20 per cent.

508. The area under illicit cannabis cultivation in Peru is not known. However, seizures of cannabis plants increased gradually in the country, from 20 tons in 2005 to 137.5 tons in 2009. In 2010, that figure dropped to 9 tons, the lowest amount of cannabis plant seized in the country in a decade. Seizures of cannabis plant increased in 2011, totalling 133 tons from January to mid-August. Contrary to the situation with cannabis plant, seizures of cannabis herb almost doubled in Peru, from 2.1 tons in 2009 to 3.9 tons in 2010.

509. In the Plurinational State of Bolivia, seizures of cannabis plant and cannabis herb rose gradually, from 125 tons in 2006 to 1,900 tons in 2009. In 2010, seizures amounted to about 1,100 tons.

510. In 2010, seizures of cannabis herb declined in Ecuador (to 2.5 tons) and Uruguay (to 0.4 tons).

511. Although more research is needed to improve comparability of data for all components of cocaine manufacture, analysis of data published by UNODC

indicates a gradual decrease in the total area under illicit coca bush cultivation in the past 25 years, from a peak of 288,400 ha reported in 1990 to an estimated 154,200 ha in 2010. To increase the accuracy and comparability of the data published in its reports, UNODC, in cooperation with Governments, is reviewing coca leaf to cocaine conversion ratios.

512. In 2010, the use of higher-resolution imagery enabled the Colombian authorities, for the first time, to include in their calculation of the area of illicit coca bush cultivation fields smaller than 0.25 ha. According to UNODC, the area under illicit coca bush cultivation (adjusted to include small fields) decreased in Colombia, from 73,000 ha in 2009 to 62,000 ha in 2010 (a decrease of 15 per cent). Illicit coca bush cultivation decreased in all major growing areas of the country. In 2010, 43,792 ha of illicitly cultivated coca bush were manually eradicated in the country (a decrease of 27 per cent), and an additional 101,939 ha were subject to aerial spraying.

513. In Peru, the area under illicit coca bush cultivation in 2010 was approximately the same as in Colombia: the area under illicit coca bush cultivation in Peru increased for the fifth year in a row, from 48,200 ha in 2005 to 61,200 ha in 2010 (about 1,300 ha, 2 per cent more than in 2009). According to DEVIDA, the increased illicit cultivation of coca bush in Peru in recent years can be attributed to increased global demand for cocaine and the intensive eradication of coca bush in neighbouring countries, which has caused the displacement of coca bush cultivation to Peru.

514. From 2006 to 2009, the area of eradicated illicit coca bush in Peru ranged from 10,025 ha to 11,056 ha per year, and thus exceeded the minimum eradication goal (10,000 ha per year). In 2010, 12,033 ha of illicit coca bush were eradicated in the country. According to the Government of Peru, the portion of the national budget allocated to addressing the drug problem increased sharply, from $7.4 million in 2008 to $69 million in 2010. The Government increased the 2011 budget for the fight against illicit drugs to almost $100 million. However, the Government is concerned that, due to limited financial support from the international community, the national resources allocated for activities to counter illicit drugs may not be sufficient to contain the displacement of illicit coca bush cultivation to Peru.

515. In the Plurinational State of Bolivia, illicit coca bush cultivation gradually increased in the period 2005-2009, from 25,400 to 30,900 ha. In 2010, the area under illicit coca bush cultivation in the country remained stable, at 31,000 ha. The small decrease of 2 per cent in the region of Yungas (accountable for 66 per cent of the illicit coca bush cultivation in the country) was offset by an increase of 4 per cent in the Chapare region. Bolivian Law No. 1008 of 19 July 1988 sets 5,000 ha as the minimum area of illicitly cultivated coca bush to be eradicated per year. From 2006 to 2009, the area of eradicated illicitly cultivated coca bush in the Plurinational State of Bolivia ranged from 5,070 to 6,340 ha per year. In 2010, the total area of eradicated coca bush increased to 8,200 ha.

516. The Board reiterates its call for the international community to enhance its assistance, including expertise and financial resources, provided to countries in South America in order to overcome the problem of illicit drug crop cultivation and the illicit manufacture of cocaine. The Board urges the Governments of Bolivia (Plurinational State of), Colombia and Peru to step up the measures to reduce the total area under illicit coca bush cultivation and to counter illicit cocaine manufacture and trafficking, in cooperation with the Governments of other countries and international organizations, including United Nations entities.

517. Global seizures of cocaine were stable in the period 2006-2009, ranging between 690 and 732 tons per year (amounts unadjusted for purity). Since 2006, the location of cocaine seizures has shifted from the consumer markets in North America and Europe to the source areas in South America. South America accounted for a total of 317 tons of seized cocaine in 2006 (44 per cent of the world total for that year) and 442 tons in 2009 (60 per cent of the world total). Some secondary distribution countries in South America seem to have increased in importance as transit countries for cocaine shipments. The smuggling of cocaine through West Africa continues to be significant, although the amount of cocaine seized in that subregion each year has decreased since 2007.

518. Countries in North America, notably the United States, Europe and South America are the largest illicit markets for cocaine. Cocaine manufactured in Colombia is mainly shipped to illicit markets overseas. Cocaine manufactured in Bolivia (Plurinational State of) and Peru, in addition to being used to supplying the illicit markets in Europe, is widely used within South America, notably in the countries of the Southern Cone. The illicit market for cocaine in the United States has declined significantly in recent years. Nevertheless, with an estimated annual consumption of 150-160 tons of cocaine, it continued to be the largest illicit market for cocaine in 2009. Authorities of the United States estimate that some 90 per cent of the cocaine used in North America originates in Colombia. The amount of cocaine used in Europe has doubled over the past decade, even though data for the past few years show that there are signs of use levelling off at the recent, higher levels

(estimated at about 120 tons). The origin of the cocaine used in Europe seems to be more evenly distributed among the main cocaine-manufacturing countries; Bolivia (Plurinational State of), Colombia and Peru.

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

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

521. According to the Venezuelan authorities, the amount of cocaine seized in their country gradually decreased from a peak of 58.4 tons in 2005 to 24.8 tons in 2010. The decline in seizures can be partly attributed to a substantial decrease in the potential manufacture of cocaine in neighbouring Colombia in the same period. In 2011, the Venezuelan National Anti-Drug Office (ONA) stated that it expected cocaine trafficking through the Bolivarian Republic of Venezuela to decrease. The Board wishes to encourage the Government to continue its efforts to combat drug trafficking at the national and regional levels.

522. In countries in South America, in particular Colombia, traffickers have continued using self-propelled submersible and semi-submersible vessels of unorthodox construction to minimize the risk of being detected while smuggling cocaine from the region. Vessels seized by the authorities are capable of transporting as much as 12 tons of contraband more than 2,000 kilometres. The vessels were designed to enable the crew, upon detection, to easily destroy the contraband, usually by scuttling the vessels or sinking the contraband, thereby making it more difficult to prosecute the smugglers owing to the lack of evidence. In February 2011, the Colombian navy seized such a submersible before it could be loaded. Advanced technology, including a modern navigation system, would enable the submersible, which was made of fibreglass and reinforced with carbon fibre, to navigate completely submerged under the sea surface and thus make it virtually undetectable. Attempts to use submersible and semi-submersible vessels for drug trafficking continued throughout 2011, as corroborated by the seizure of two submersibles and one semi-submersible in Colombia in September and October 2011.

523. In 2009, 319 laboratories illicitly manufacturing cocaine hydrochloride were dismantled in Bolivia (Plurinational State of), Colombia and Peru. Clandestine cocaine laboratories were also reported in other countries in South America, including Argentina (36 laboratories), Ecuador (10 laboratories) and Venezuela (Bolivarian Republic of) (26 laboratories).

524. Maceration pits and coca paste and coca base laboratories continued to be detected in all three of the main countries used for illicit coca production; however, cocaine hydrochloride laboratories were found mainly in Colombia. Of a total of 2,651 illicit drug and precursor laboratories dismantled in Colombia in 2010, 2,369 laboratories had been processing coca paste or coca base and a further 254 had been manufacturing cocaine hydrochloride. Many of the cocaine hydrochloride laboratories were found near areas used for producing coca leaf.

525. In Peru, the number of dismantled laboratories for processing coca paste increased from about 650 in 2007 to about 1,200 in 2009. In 2010, that number rose even further, to 1,300.

526. In the Plurinational State of Bolivia, the number of destroyed maceration pits and laboratories for processing coca paste and manufacturing cocaine hydrochloride increased from 2009 to 2010. There are indications that the efficiency of clandestine laboratories manufacturing cocaine in that country has increased in recent years. However, further research is needed to determine the ratios for the conversion of coca leaf to cocaine in order to better assess the current efficiency of those laboratories not only in the Plurinational State of Bolivia but also in Colombia and Peru.

527. In 2010, five illicit laboratories processing coca paste originating in Colombia and Peru were dismantled in Ecuador. That development and the seizure of semi-submersible vessels close to the coast of the country in recent years indicate a further integration of the country into the regional drug trafficking networks.

528. Illicit opium poppy cultivation continues to take place in South America on a small scale. According to the Government of Colombia, such cultivation decreased

gradually in that country, from 6,500 ha in 2000 to 341 ha in 2010. The area of illicitly cultivated opium poppy in 2010 (341 ha) could yield a maximum of 1 ton of heroin, which is less than the estimated amount of the drug used in the region in one year (2 tons). Illicit opium poppy cultivation was also reported to be taking place on a small scale in Ecuador and Peru.

529. In South America, seizures of both opium and heroin declined from 2005 to 2009. Laboratory analysis of heroin seized in Colombia in 2009 indicates that a portion of the 735 kg seized that year came from the stocks accumulated in past years in the country. In 2010, seizures of heroin were reported by Argentina (6 kg), Colombia (337 kg) and Venezuela (Bolivarian Republic of) (53 kg). In Ecuador, a total of 853 kg of heroin was seized — the largest total amount of seized heroin reported in the region in 2010. According to the Ecuadorian authorities, about 50 per cent of the heroin seized in the country had been destined for the United States and a further 20 per cent had been destined for Spain.

(b) Psychotropic substances

530. In South America, the drug problem is mostly associated with the illicit manufacture of plant-based drugs, in particular cocaine. However, in recent years, authorities of countries in South America have detected attempts by traffickers to illicitly manufacture amphetamine-type stimulants, including MDMA ("ecstasy") and methamphetamine, in the region. The most recent seizure of a laboratory illicitly manufacturing "ecstasy" in the region was reported in Argentina in 2010. In 2008, the World Customs Organization reported that South America was not only the destination of amphetamine-type stimulants smuggled from other regions but also the source of amphetamine-type stimulants seized in Europe. Although currently there is insufficient information to confirm that the illicit manufacture of amphetamine-type stimulants in the region has continued, seizures of methamphetamine, purportedly smuggled out of South America, via Europe, for a destination in East Asia in 2010, indicate that the threat of the illicit manufacture of and trafficking in amphetamine-type stimulants in South America cannot be underestimated.

531. The Board continues to be concerned over the unusually high levels of consumption of licitly manufactured stimulants (anorectics) and benzodiazepines in some countries in South America, particularly Argentina (stimulants and benzodiazepines) and Uruguay (benzodiazepines). There are indications that pharmaceutical preparations containing such substances not only are abused in those countries but are also smuggled into neighbouring countries. The Board requests the Governments concerned to remain vigilant, ensure the implementation of the prescription requirement, educate doctors about the rational use of controlled drugs and use prescription monitoring programmes to identify unethical behaviour by doctors or patients.

(c) Precursors

532. Potassium permanganate remains the key oxidizing agent used in the manufacture of cocaine hydrochloride. However, the extent of its illicit use and the methods of its diversion in South America seem to have changed in the past few years.

533. Several indirect indicators suggest that the amount of potassium permanganate destined for use in the illicit manufacture of cocaine might have declined in the main cocaine-manufacturing countries, owing in particular to decreased coca bush cultivation in South America, the apparent emergence of cocaine laboratories in other countries in the region and recent changes in the methods used for processing coca leaf into cocaine. The suspected decline in traffickers' demand for potassium permanganate can partly be corroborated by the detection in Peru of the use of a modified process for the illicit manufacture of cocaine, which, according to the competent national authorities, leaves out the oxidation phase, in which potassium permanganate is required.

534. In the past five years, no diversion of potassium permanganate from international trade involving a country in South America has been reported to the Board. In Colombia, most of the potassium permanganate used by traffickers is illicitly manufactured.

535. In the period 2004-2007, an average of 13 laboratories illicitly manufacturing potassium permanganate were dismantled in Colombia each year, and 100-170 tons of potassium permanganate were seized. In the period 2008-2010, the number of dismantled potassium permanganate laboratories in Colombia declined, ranging from two to four each year. In that period, Colombia seized an average of 30.3 tons of potassium permanganate per year, while Peru seized 0.9 tons and Ecuador seized 0.6 tons.

536. The diversion of ephedrine and pseudoephedrine, in the form of raw material as well as pharmaceutical preparations, continues to present a risk in the Americas. Since 2009, seizures of ephedrine or pseudoephedrine have been reported by Argentina, Brazil, Chile, Colombia and Venezuela (Bolivarian Republic of). Pursuant to the

CICAD Hemispheric Plan of Action on Drugs, 2011-2015, countries in the Americas committed themselves to adopt measures to prevent the diversion of pharmaceutical preparations used in the illicit manufacture of amphetamine-type stimulants.

5. Abuse and treatment

537. Cannabis has remained the primary drug of abuse throughout South America. The annual prevalence of cannabis abuse among the population aged 15-64 years was in the range of 2.9-3.0 per cent in 2009, corresponding to between 7.4 million and 7.6 million cannabis abusers. The prevalence of cannabis abuse in South America, as in other regions, tends to be higher among youth than among the general population. According to a national survey on drug abuse among secondary school students published in Uruguay in October 2010, of students who had abused cannabis, about 40 per cent had abused the substance before the age of 15 years. The survey also found that about 40 per cent of those students who had experimented with cannabis use at least once in their life had continued abusing the substance.

538. The prevalence of cocaine abuse in South America is higher than the global average. The latest data indicate that following years of increases, the abuse of cocaine in the region has started to stabilize, although at a higher level. In 2009, UNODC estimated the annual prevalence of cocaine abuse among the general population worldwide aged 15-64 years to be between 0.3 and 0.5 per cent. In South America, the annual prevalence of cocaine abuse was in the range of 0.9-1.0 per cent, corresponding to about 2.4 million cocaine abusers. According to UNODC, the highest rates of annual prevalence of cocaine abuse in South America were reported by Argentina (2.6 per cent in 2006), Chile (2.4 per cent in 2008) and Uruguay (1.4 per cent in 2006).

539. According to the ninth national survey on drug abuse among the general population (persons 12-64 years old) in Chile published in June 2011, the past-year prevalence of abuse for most drugs, including cannabis and cocaine, decreased from 2008 to 2010. The past-year prevalence of cocaine abuse (including abuse of cocaine paste) declined from 2.2 to 0.9 per cent.

540. Despite the indications that its abuse is stabilizing, cocaine continues to be the primary drug of abuse among persons treated for drug problems and ranks as the substance most frequently cited as cause of drug-induced or related death in South America.

541. The annual prevalence of opioid abuse (mainly non-medical use of prescription opioids) in South America is estimated to be between 0.3 and 0.4 per cent of the adult population, corresponding to 850,000-940,000 people aged 15-64. The Plurinational State of Bolivia (0.6 per cent), Brazil (0.5 per cent) and Chile (0.5 per cent), continue to have high rates of opioid abuse. In South America, codeine-based preparations are among the most commonly abused opioids. Demand for treatment for opioid abuse in the entire region has remained stable over the past few years. In 2009, 9.6 per cent of treatment cases were related to opioid abuse.

C. Asia

East and South-East Asia

1. Major developments

542. Illicit opium poppy cultivation and opium production continued to increase in East and South-East Asia in 2010. In Myanmar, the world's second largest opium producer, illicit opium poppy cultivation had increased for four consecutive years since 2007. Illicit opium production increased from 330 tons in 2009 to 580 tons in 2010, representing 16 per cent of global opium production in 2010. The Lao People's Democratic Republic also reported a significant increase in illicit opium poppy cultivation in 2010. The lucrative profits associated with such cultivation were the main driving force behind the increased opium poppy cultivation. Moreover, according to UNODC, in Myanmar the erosion of food security in rural areas might trigger a further increase in such cultivation. The Board urges the Governments of the Lao People's Democratic Republic and Myanmar to take the necessary action to reduce illicit opium poppy cultivation. The Board also calls upon the international community to provide assistance to those two countries in order to effectively address that challenge.

543. Seizures of methamphetamine in East and South-East Asia continued to increase in 2010. Large-scale illicit trafficking in methamphetamine was reported, particularly in the area encompassing China, the Lao People's Democratic Republic, Myanmar and Thailand. In China, methamphetamine seizures increased by 50 per cent from 2009 to 2010; approximately 45 per cent of the total seizures in the country were effected in Yunnan Province, bordering Myanmar, which suggests that methamphetamine is being smuggled out of Myanmar. In the Lao People's Democratic Republic, methamphetamine seizures reached a record 24.5 million tablets in 2010, most of which originated in Myanmar and was smuggled into Thailand through that country's border with the Lao

People's Democratic Republic. In Thailand, a record number of 50 million methamphetamine tablets were seized in 2010, an increase of 88 per cent over 2009. Most of the methamphetamine had been smuggled out of neighbouring countries, entering Thailand through the country's northern and north-eastern borders.

544. There is serious concern over the increased level of drug trafficking through East and South-East Asia by West African and Iranian organized criminal groups. China (including Hong Kong), Indonesia, Japan, Malaysia, the Philippines, the Republic of Korea, Singapore and Thailand reported trafficking in heroin, cocaine and methamphetamine by traffickers with connections to organized drug trafficking groups from West Africa and the Islamic Republic of Iran. Those criminal groups established trafficking networks in South-East Asia and usually used drug couriers from Ghana, Nepal, Nigeria, Pakistan, the Philippines and Thailand.

545. Trafficking in and increasing abuse of ketamine, a substance not under international control, is a prominent problem in East and South-East Asia. Ninety-nine per cent of all ketamine seizures worldwide in 2009 took place in Asia. In 2010, China reported ketamine seizures totalling nearly 5 tons. Indonesia, Japan, Malaysia, Singapore, Thailand and Viet Nam also reported seizures of ketamine. Ketamine is illicitly manufactured in China, although India is also an important source of ketamine seized in the region. The growing abuse of ketamine is of particular concern in Hong Kong, China, where ketamine is the second most widely abused drug following heroin. The growing popularity of ketamine in the region may be partly attributed to its low price compared with MDMA ("ecstasy") and its wide availability due to the fact that few States have placed it under national control.

546. Indonesia is facing an emerging challenge posed by the illicit manufacture and abuse of MDMA ("ecstasy"). According to a recent survey, "ecstasy" is the third most commonly abused drug in the country. Seizures of "ecstasy" tablets increased by 38 per cent from 2009 to 2010. Fifteen clandestine "ecstasy" laboratories were dismantled in 2010. It appears that 90 per cent of the "ecstasy" seized in the country was supplied by domestic illicit manufacture. The scale of illicit manufacture of "ecstasy" in Indonesia raises concern that the country may become a main source of that drug in the region.

2. Regional cooperation

547. In May 2011, the ministerial meeting of the Signatory Countries of the 1993 Memorandum of Understanding on Drug Control was held in Vientiane. At the meeting, representatives of Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam reviewed the latest trends in drug trafficking and abuse in the region and endorsed the Subregional Action Plan on Drug Control (revision VIII) for the period 2011-2013, which provides a strategic outline for the collaborative efforts of the six signatory countries and UNODC in addressing the challenges posed by illicit drugs.

548. The twenty-first Anti-Drug Liaison Officials' Meeting for International Cooperation was held in Jeju Province, Republic of Korea, in May 2011. The meeting was attended by drug control officials from 21 countries in East and South-East Asia, Europe and North America, as well as experts from the Association of Southeast Asian Nations (ASEAN), the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific, the Board, UNODC and the World Customs Organization. The annual meeting provided participants with an important forum in which to share the latest developments and trends in trafficking in illicit drugs and precursors and to examine ways to strengthen intelligence-sharing and regional and international cooperation in drug control.

549. ASEAN continued to promote cooperation pertaining to drug control in the region. At the eleventh meeting of ASEAN Senior Officials on Transnational Crime, held in Singapore in July 2011, combating drug trafficking, in particular trafficking in methamphetamine, was highlighted as a priority of ASEAN in the near future. Participants in the meeting also called for strengthening cooperation between ASEAN and INTERPOL. In addition, ASEAN and India and Pakistan are holding ongoing consultations on how to effectively combat trafficking in opiates and precursors.

550. Countries in East and South-East Asia continue to enhance cooperation and share expertise in treatment and rehabilitation for drug abusers. The Regional Conference on Drug Prevention Best Practices was held in Hanoi in October 2010. Representatives from 20 countries in the Asia-Pacific region attended the Conference, which was aimed at sharing good practices in drug abuse prevention and providing a forum for prevention practitioners to use to exchange information. At the fifth Asian Recovery Symposium, held in Jakarta in December 2010, 250 participants from 16 countries in Asia worked to develop strategies to enhance knowledge and skills relating to the treatment and rehabilitation of drug abusers.

551. Regional training for law enforcement authorities that combat illicit drugs plays an important role in capacity-building and intelligence-sharing in East and South-East Asia. In November 2010, a regional seminar on cooperation against West African syndicate operations was organized by UNODC in Bangkok. Seminar participants reviewed the serious threat posed to the region by drug traffickers and established a network of senior law enforcement officials for sharing information on the operations of transnational organized criminal groups. In August 2011, the eighth Regional Training Course on Precursor and Chemical Control was held in Bangkok. The course provided participants with an overview of the latest trends in trafficking in precursors in Asia and facilitated the exchange of information and intelligence among law enforcement officers responsible for precursor control.

552. China continued to enhance bilateral cooperation with the Lao People's Democratic Republic and Myanmar in alternative development initiatives to replace illicit opium poppy cultivation. By the end of 2010, China had assisted the Lao People's Democratic Republic and Myanmar in the implementation of 200 alternative development programmes. At the tenth China-Thailand Bilateral Meeting on Drug Control Cooperation, held in June 2011, the two countries reviewed the recent drug trafficking threat posed by West African drug traffickers and identified a drug trafficking route by air from Bangkok to Kunming, China, which was increasingly being used by traffickers. In November 2010, a memorandum of understanding was signed between the Republic of Korea and Viet Nam to establish the Asia-Pacific Information and Coordination Centre for Preventing and Combating Drug Crimes in Viet Nam. In 2010 and 2011, Japan, the Republic of Korea and Thailand provided technical training on drug control and drug abuse prevention to officers from Cambodia, Indonesia, the Lao People's Democratic Republic and Viet Nam.

3. National legislation, policy and action

553. In November 2010, the Government of Cambodia and UNODC jointly organized the country's first workshop on capacity-building for community-based drug abuse treatment services, including HIV/AIDS prevention.

554. China adopted legislation and control measures to promote the treatment of drug abuse and prevent the use of the Internet in trafficking precursors. In September 2010, the Government of China strengthened measures to control online trading in precursors, requiring entities that sell precursors through the Internet to be registered. In June 2011, China adopted legislation on treatment and rehabilitation for drug abusers, replacing regulations on compulsory treatment for drug abusers that had been adopted in 1995. The new legislation encourages drug addicts to voluntarily undergo treatment and enter rehabilitation programmes and encourages the strengthening of the role of communities and families in the rehabilitation of drug abusers. The new legislation also requires rehabilitation centres to provide drug addicts with consultation and education on the prevention of HIV/AIDS and other contagious diseases.

555. Indonesia adopted its national drug control strategy for the period 2010-2014, focusing on three areas: preventing drug abuse, enhancing treatment and rehabilitation services and combating drug trafficking in particular by organized criminal organizations. In that framework, a national policy on rehabilitation was formulated. In addition, programmes for alternative development and community empowerment were launched in 2010 and 2011 in the areas affected by illicit cultivation of cannabis plant.

556. In November 2010, the National Police Agency of Japan adopted the "Major enhancement plan on anti-drug measures" to effectively combat the problem of increasing trafficking in and abuse of methamphetamine. The main objectives of the plan were to fight drug trafficking involving the use of the Internet and couriers and to strengthen international cooperation aimed at disrupting organized drug trafficking groups.

557. The Government of the Lao People's Democratic Republic adopted a national drug control master plan for the period 2009-2013 with the assistance of UNODC. The plan comprises nine components including drug demand reduction and HIV prevention, control of precursor chemicals, institutional capacity-building and international cooperation to address transnational drug trafficking. A national drug law enforcement strategy is being developed by the Government of the Lao People's Democratic Republic with the assistance of UNODC.

558. Since 2009, the Government of Myanmar has been implementing the final five-year phase of its 15-year Drug Elimination Plan, aimed at eliminating illicit opium poppy cultivation. In view of the emerging challenges posed by increased illicit opium poppy cultivation and the illicit manufacture of and trafficking in amphetamine-type stimulants in Myanmar, the Board urges the Government of Myanmar to continue its efforts and take additional measures to ensure the successful implementation of the Drug Elimination Plan.

559. In November 2010, the Government of Thailand launched the third phase of its "Five Fences" national drug control strategy, a comprehensive strategy targeting drug-related issues in border areas, communities, schools and families. Other initiatives were carried out in 2010 by the Government of Thailand in cooperation with private organizations and civil society, including the "To Be Number One" awareness-raising campaign and the creation of a national demand reduction task force to promote drug treatment services for drug abusers.

560. In September 2010, the Government of Viet Nam issued a decree on the strengthening of family-based and community-based drug treatment and rehabilitation services. In March 2011, the Ministry of Public Security of Viet Nam adopted measures to improve the collection and analysis of drug-related data. In June 2011, the Government of Viet Nam adopted the national strategy on drug control and prevention for the period ending in 2020. Based on that strategic document, the national target programme for the period 2011-2015 was developed to address drug-related issues in the country.

561. Several countries in the region have adopted control measures for substances not under international control. Hydroxylamine hydrochloride, a precursor used in the manufacture of ketamine, was placed under national control in China in 2009. Singapore has placed *N*-benzylpiperazine (BZP), 3-Trifluoromethylphenylpiperazine and mephedrone under national control. The Republic of Korea has added mephedrone, BZP derivatives such as methylbenzylpiperazine and a number of synthetic cannabinoid receptor agonists, notably JWH-018, CP 47497 and homologues, to the list of nationally controlled substances. Benzyl cyanide, a substance found to have been used in the illicit manufacture of amphetamine-type stimulants, was also placed under national control in the Republic of Korea. The Government of the Philippines has included nalbuphine hydrochloride in its list of controlled drugs.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

562. Illicit opium poppy cultivation in Myanmar, the Lao People's Democratic Republic and Thailand continued to increase in 2010. A survey jointly conducted by the Government of Myanmar and the Government of China revealed that illicit opium poppy cultivation in Myanmar in 2010 was estimated at about 29,000 ha, representing an increase of 18 per cent over 2009 (while a UNODC survey showed a higher estimate of 38,100 ha). As a result of that increased cultivation, opium production in Myanmar increased significantly in 2010. In the Lao People's Democratic Republic, an estimated 3,000 ha of illicit opium poppy were cultivated in 2010, an increase of 58 per cent compared with 2009. Thailand also reported an increase in illicit opium poppy cultivation, from 211 ha in 2009 to 289 ha in 2010.

563. Opium poppy eradication continued to be carried out in East and South-East Asia. In Myanmar, a total of 8,268 ha were eradicated in the period 2009-2010; that was twice the area eradicated in the period 2008-2009. About 65 per cent of the total eradication took place in Shan State, which accounted for more than 90 per cent of opium production in Myanmar. Difficulty in reaching some areas of opium poppy cultivation remained a challenge for local law enforcement authorities. The authorities of the Lao People's Democratic Republic eradicated approximately 580 ha of illicit opium poppy cultivation in 2010, comprising nearly 20 per cent of that year's estimated total cultivation. In Thailand, 278 ha were eradicated, an increase of 38 per cent compared with 2009.

564. Illicit cannabis cultivation and cannabis seizures were reported by many countries in East and South-East Asia. In Indonesia, illicit cannabis cultivation was concentrated mainly in the area of Aceh Province. In 2010, 178 ha of cannabis were eradicated, a decrease of 25 per cent from 2009. Approximately 22 tons of cannabis herb were seized in the country. In Japan, there were an increasing number of incidents of people obtaining cannabis seeds through the Internet for indoor cultivation. In the past decade, identified cases of illicit cultivation of cannabis grew significantly, from 57 cases in 2001 to 254 cases in 2009. In the Lao People's Democratic Republic, seizures of cannabis amounted to 3.5 tons in 2010, an increase of 260 per cent from 2009. In the Philippines, illicit cannabis cultivation is usually located in the mountainous areas of the country. In 2010, 207 illicit cannabis cultivation sites were eradicated, the greatest number since 2005. Approximately 2,400 kg of cannabis were seized. Viet Nam reported small-scale cannabis cultivation. In addition to illicit domestic cultivation, cannabis continued to be smuggled from North America and South Asia into China (including Hong Kong), Japan and Thailand.

565. Heroin smuggled within East and South-East Asia and West Asia continues to be a significant problem. In recent years, heroin originating in West Asia has been smuggled by air via South Asia or the Middle East to East and South-East Asia. In some cases, heroin was smuggled from countries in West Africa, notably Nigeria. West African criminal groups were increasingly using female

drug couriers from Thailand to smuggle heroin from Thailand into other countries in East and South-East Asia. Heroin from the area known as the Golden Triangle was smuggled primarily by land routes into cities in southern China; part of the heroin was smuggled onward to Hong Kong, China. In 2010, approximately 5.3 tons of heroin were seized in China, of which about 19 per cent (580 kg) originated in West Asia. In Myanmar, most of the illicit manufacture and seizures of heroin took place in Shan State, which borders China, the Lao People's Democratic Republic and Thailand. In 2010, only one clandestine heroin laboratory was dismantled in Myanmar.

566. Reported cocaine seizures in Asia accounted for only 0.1 per cent of the global total. However, recent seizures in China (including Hong Kong), Indonesia, Japan and the Philippines indicate that traffickers have been targeting emerging markets in the region. South America is the primary source of cocaine seized in the region. In 2010, China seized a shipment of 2 tons of cocaine that was being transported by sea to provinces on its south-eastern coast. In September 2011, authorities in Hong Kong, China, seized over 560 kg of cocaine concealed in shipping containers, the largest cocaine seizure ever reported in Hong Kong. Part of the seized cocaine is believed to have been destined for the illicit market in mainland China. Indonesia reported seizures in 2010 of cocaine originating in Colombia. The seized cocaine shipments had departed from Australia and the United States. In Japan, while cocaine abuse is not common, seizures of cocaine have slowly increased since 2006.

567. In the Philippines, a record 342 kg of cocaine were seized in 2010, an increase of 32 per cent over 2009. In view of the country's limited illicit market for cocaine, the Philippines may be at risk of becoming a transit country for cocaine consignments destined for other countries.

(b) Psychotropic substances

568. The region of East and South-East Asia continues to be one of the main regions used for the illicit manufacture of methamphetamine. There are indications of large-scale methamphetamine manufacture in the so-called Golden Triangle. In 2010, China reported the seizure of 378 clandestine laboratories, the majority of which had been illicitly manufacturing methamphetamine and other synthetic drugs such as ketamine. In Indonesia, 13 clandestine drug laboratories were dismantled in 2010, some of which had been simultaneously manufacturing methamphetamine and other drugs, such as MDMA ("ecstasy"). In June 2010, authorities in Japan arrested two non-nationals on suspicion of illicitly manufacturing methamphetamine — the first such incident in Japan since 1995. Philippines also reported the seizure in 2010 of small clandestine laboratories illicitly manufacturing methamphetamine on a small scale.

569. The amount of methamphetamine seized in East and South-East Asia increased significantly, from 94 million tablets in 2009 to 133 million tablets in 2010. In China, a record 9.9 tons of methamphetamine were seized in 2010, a significant increase of 50 per cent compared with the amount seized in 2009. Methamphetamine originating in Myanmar constituted a significant portion of the total amount of methamphetamine seized. In Yunnan Province of China, which borders Myanmar, a record 4.3 tons of methamphetamine were seized in 2010, an increase of 36 per cent compared with 2009. In Thailand, a record 50 million methamphetamine tablets were seized in 2010, an increase of 88 per cent from 2009. Seizures of crystalline methamphetamine in Thailand tripled, from 210 kg in 2009 to 680 kg in 2010, the largest amount reported since 1998. There are indications that large quantities of methamphetamine had been trafficked from Myanmar to China and Thailand. Along the porous northern and north-eastern borders of Thailand, many "drug shelters" were used by drug traffickers to store illicit drugs temporarily after they were smuggled into Thailand and before they were transported to other parts of the country. The Government of the Lao People's Democratic Republic reported having seized a total of 24.5 million methamphetamine tablets in 2010, the largest amount ever reported in the country.

570. Methamphetamine smuggling routes appear to have diversified. In Thailand, methamphetamine was smuggled into the country not only through the well-established northern routes, but also increasingly through the Lao People's Democratic Republic, across the Mekong river. Additionally, the Lao People's Democratic Republic was used as a transit country for smuggling methamphetamine from Myanmar into Cambodia, where the drugs then entered Thailand across the Thai-Cambodian border. In addition to being smuggled within East and South-East Asia, methamphetamine from North America, West Africa and West Asia is increasingly being smuggled. Authorities in East and South-East Asia reported smuggling of methamphetamine by air passengers and in air cargo in large quantities. The Lao People's Democratic Republic, Malaysia, the Republic of Korea, Singapore and Thailand have been used as transit countries for methamphetamine shipments destined for other countries in the region. Female drug couriers were

identified in several seizures in Japan, Malaysia, the Philippines and Thailand.

571. In Indonesia, the amount of MDMA ("ecstasy") seized has fluctuated in recent years, reaching a peak of over 1 million tablets in 2007 and 2008. Seizures decreased significantly, to 0.3 million tablets in 2009 but increased by 38 per cent, to 0.42 million tablets, in 2010. Domestic illicit manufacture continued to account for most of the "ecstasy" tablets seized in Indonesia. In 2010, 15 "ecstasy" clandestine laboratories were destroyed in the country. In Malaysia, 110 kg of "ecstasy" were seized in 2010.

572. Another growing concern in East and South-East Asia relates to trafficking in benzodiazepines, owing to the growing demand for the use of these substances for non-medical purposes. In Malaysia, a total of 350 kg of benzodiazepine tablets were seized in 2010; most of the tablets had been smuggled out of India. Also in 2010, Thailand reported frequent seizures of diazepam and nimetazepam tablets smuggled in postal parcels or sold through illegally operating Internet pharmacies. In 2010 and the first quarter of 2011, authorities in Hong Kong, China, seized about 220,000 benzodiazepine tablets, a portion of which had been concealed in a parcel sent from Taiwan Province of China.

(c) Precursors

573. China continues to report significant seizures of precursor chemicals. In 2010, about 870 tons of precursors under national control were seized in China. In an operation in Sichuan Province, Chinese authorities dismantled four drug syndicates involved in the illicit manufacture of methamphetamine using pharmaceutical preparations containing ephedrine. During the operation, four clandestine laboratories were destroyed and 12 tons of pharmaceutical preparations containing ephedrine and 58 kg of methamphetamine were seized.

574. In response to stricter control over raw ephedrine and raw pseudoephedrine, traffickers have increasingly resorted to pharmaceutical preparations containing ephedrine and pseudoephedrine. In Myanmar, approximately 4.5 million tablets containing ephedrine and pseudoephedrine were seized in 2010. The majority of those precursors had been smuggled out of other countries, including China, India and Thailand. Large quantities of tablets containing pseudoephedrine were seized in Thailand, mainly along its border with Myanmar.

(d) Substances not under international control

575. Large seizures of ketamine continued to be reported. In 2010, approximately 5 tons of ketamine were seized in China, accounting for most of the total seizures in East and South-East Asia. In an operation in 2010, Chinese authorities dismantled two clandestine laboratories for processing ketamine and seized over 200 kg of ketamine.

576. Traffickers continue to obtain and use precursors not under international control for the illicit manufacture of drugs. In 2010, China seized 49 tons of precursors not under international control. Since 2010, there have been significant seizures of phenylacetic acid esters, which are not under national control and can be easily transformed into phenylacetic acid for use in the manufacture of amphetamine-type stimulants. Most of the seized shipments had departed from China and had been destined for Mexico and countries in Central America. The Republic of Korea detected the use of benzyl cyanide in a clandestine laboratory manufacturing amphetamine-type stimulants; the laboratory was dismantled in 2010.

5. Abuse and treatment

577. Cannabis abuse is reported by many countries in East and South-East Asia. It is the most commonly abused drug in Indonesia, mainly due to its easy availability, and the second most commonly abused drug in Brunei Darussalam, Japan and Thailand. The increasing abuse of cannabis among young people is of particular concern in Brunei Darussalam and Japan.

578. The abuse of heroin has been declining in the region. However, it continues to be the most widely abused drug in China, Malaysia, Myanmar, Singapore and Viet Nam. In China, a 2010 national survey revealed that heroin was the primary drug of abuse for 69 per cent of all registered drug abusers in the country. In Viet Nam, heroin is the first drug of abuse among the 149,900 registered drug abusers; about 83 per cent of drug addicts in the country abused heroin, and more than 54 per cent of those who abused heroin were between 30 and 45 years old.

579. Methamphetamine remains the most common drug of abuse in several countries in the region, including Brunei Darussalam, Cambodia, Japan, the Lao People's Democratic Republic, the Philippines, the Republic of Korea and Thailand. Growing abuse of methamphetamine, particularly among young people, is reported by China, Malaysia, Myanmar, Singapore and Viet Nam. In Brunei Darussalam, a 2010 school survey revealed that methamphetamine was the most common

drug of abuse among students. In China, of a total 1.5 million registered drug abusers in 2010, 28 per cent abused synthetic drugs, in particular crystalline methamphetamine; that percentage has been steadily increasing since 2007. In Japan, crystalline methamphetamine is the most common drug of abuse; in 2010, about 75 per cent of all drug-related offences involved methamphetamine abuse. In Myanmar, there has been a continued increase in the abuse of amphetamine-type stimulants, which is the third most commonly abused drug in the country. In Thailand, the growing abuse of crystalline methamphetamine has been a worrying trend, partly due to the increasing availability of the drug in the region. In 2010, approximately 88 per cent of all drug abusers who received treatment in Thailand were methamphetamine abusers.

580. The abuse of benzodiazepines (such as alprazolam, estazolam, midazolam, nimetazepam) continues to be a concern in Brunei Darussalam; Hong Kong, China; Indonesia; Malaysia; and the Philippines. In Hong Kong, China, the abuse of these substances is particularly common among young heroin addicts, who wish to prolong the effect of heroin and ease withdrawal symptoms. In Indonesia, benzodiazepines are the third most commonly abused drug group. In Malaysia, benzodiazepines are becoming more popular among young drug abusers. The abuse of benzodiazepines, in particular nimetazepam, rank fifth among the most commonly abused drugs in Malaysia.

581. The high prevalence of HIV among people who abuse drugs by injection is a serious concern in China, Myanmar, Thailand and Viet Nam. In China, 24 per cent of people infected with HIV were infected through drug abuse by injection. In Myanmar, the prevalence of HIV among people who abused drugs by injection was estimated at 36-38 per cent. In Thailand, the prevalence rate among that group stood at 48-52 per cent for the period 2008-2009.

582. The abuse of ketamine is an ongoing problem in the region. Ketamine is the second most commonly abused drug in Hong Kong, China, and the third most commonly abused drug in mainland China. In Hong Kong, China, ketamine is the primary drug of abuse among young drug abusers under the age of 21: nearly 84 per cent of drug abusers of that age group abused ketamine in 2009. Indonesia, Malaysia, Myanmar and Viet Nam also reported abuse of ketamine, in particular among young people.

583. In China, compulsory treatment centres, together with community-based treatment units, provided drug treatment and rehabilitation services to about 360,000 drug abusers in 2010, a significant increase from 2009. In Japan, as at June 2010, there were about 560 health and mental health centres, which had provided an average of 11,000 drug-related consultations per year since 2007. In Myanmar, there are 66 drug treatment centres with a total daily bed capacity of 450. Between 1999 and 2009, a total of 11,100 registered drug abusers in the country were treated, mostly for heroin and opium abuse. In recent years there have been an increasing number of admissions to the Yangon Mental Health Hospital for psychiatric problems related to abuse of amphetamine-type stimulants. In the Philippines, about 70 per cent of drug abusers were treated for methamphetamine abuse in 2010. In Viet Nam, most drug treatment services are provided by the more than 120 compulsory treatment centres throughout the country. In 2010, approximately 35,000 drug abusers received treatment in Viet Nam.

584. Opioid substitution treatment (mainly methadone maintenance treatment) is available in many countries in the region, including Cambodia, China, Indonesia, Malaysia, Myanmar, Thailand and Viet Nam. Cambodia opened its first methadone maintenance treatment centre in 2010. In China, there are a total of 700 methadone maintenance treatment clinics and over 200 methadone dispensary services, which have provided treatment to over 290,000 drug abusers. Mobile methadone treatment vehicles have been put into service in remote areas. In Myanmar, eight methadone maintenance treatment sites have been established since 2006 and have provided treatment to over 1,100 heroin abusers. In Viet Nam, methadone maintenance treatment is expected to provide treatment to 80,000 heroin addicts by 2015.

585. Limited drug treatment services and the shortage of qualified health-care professionals have greatly restricted the development of programmes for the prevention and treatment of drug abuse in many countries in the region. In particular, there seems to be a lack of specific treatment facilities for abusers of amphetamine-type stimulants, although the number of methamphetamine abusers is growing in several countries.

586. Another challenge for countries in the region is the lack of monitoring and reporting of data on drug abuse among the general population, mainly due to limited resources and lack of expertise. Drug abuse surveys undertaken have often targeted specific populations, such as drug abusers that registered with authorities or entered treatment and rehabilitation services, thus leaving large sectors of the population unexamined. Although the amount and the quality of drug abuse information in the region have greatly improved in recent years, more research and analysis on trends in drug abuse are needed

to tailor prevention and treatment initiatives. The Board notes that UNODC has established the Drug Abuse Information Network for Asia and the Pacific in cooperation with ASEAN and China Cooperative Operations in Response to Dangerous Drugs and has received valuable drug-related data from participating countries. The Board encourages UNODC to continue to provide technical assistance in drug abuse data collection and analysis and encourages greater regional cooperation in that respect.

South Asia

1. Major developments

587. South Asia is experiencing increasing problems related to the abuse of and trafficking in prescription drugs and over-the-counter pharmaceutical preparations containing narcotic drugs and psychotropic substances. Their low cost, high profit margin and easy availability, as well as the misperception that they are less harmful than illicitly manufactured drugs, are the main reasons for the increasing abuse and trafficking. Most of the prescription and over-the-counter drugs that are abused are obtained in local pharmacies. However, some of the drugs are smuggled, in particular out of India and into neighbouring countries. In addition, South Asia is a major source of most of the pharmaceutical preparations containing narcotic drugs and psychotropic substances that are sold throughout the world by illegally operating Internet pharmacies. Although all the countries of South Asia have a regulatory regime in place that includes prescription requirements for controlled pharmaceuticals, gaps still remain in the proper implementation and monitoring of compliance by pharmacies.

588. The majority of the heroin found in South Asia has been smuggled out of Afghanistan, although a small amount has been illicitly manufactured locally. Most of the opium that is illicitly produced in the region is abused by inhalation or smoking. However, the abuse of drugs by injection is increasing in South Asia and has reached significant proportions in Bangladesh, India and Nepal. Drugs abused by injection in the region include heroin, prescription opioids and mixtures with other controlled substances. The abuse of drugs by injection has contributed to an increase in the HIV and hepatitis C infection rates. In response to that development, drug substitution treatment programmes have been introduced in Bangladesh, India, Maldives and Nepal, although they remain limited in scope.

589. International drug trafficking organizations continue to use South Asia as a base for illicit manufacture of and trafficking in amphetamine-type stimulants, largely because of the wide availability of precursor chemicals in that region. Abuse of amphetamine-type stimulants in the region is also increasing, and that has caused a great deal of public concern. Illicit manufacture of all types of amphetamine-type stimulants has been detected; the detected manufacturing sites have ranged from small-scale kitchen laboratories to large-scale manufacturing facilities. Bangladesh and India continue to be used by transnational organized criminal groups to divert precursors of amphetamine-type stimulants, because of the wide availability of the precursors ephedrine and pseudoephedrine in those countries. However, possibly as a result of existing national and international mechanisms for the control of legitimately manufactured precursors or because of increased demand, drug traffickers have begun to looking for additional supply channels. A more recent development is the extraction of ephedrine and pseudoephedrine from pharmaceutical preparations in clandestine laboratories.

2. Regional cooperation

590. South Asian countries continue to participate in cooperative drug control activities organized by the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific. In November 2010, the eleventh Training for Women Counsellors on Treatment and Rehabilitation took place in Chennai, India. A total of 27 female drug treatment practitioners from South-East Asia and South Asia attended the training, which covered topics ranging from detoxification methodology and addiction counselling to group therapy and ethical issues. In June 2011, the Colombo Plan, together with the Bureau of International Narcotics and Law Enforcement Affairs of the United States and UNODC, organized a South Asia regional training course for addiction treatment professionals on treatment and rehabilitation in Male.

591. The Narcotics Control Bureau of India has entered into a bilateral agreement on mutual cooperation with the authorities in Bangladesh, with the aim of reducing illicit demand for and preventing trafficking in narcotic drugs, psychotropic substances and precursors. The two countries will cooperate and exchange information to suppress the activities of international criminal syndicates engaged in drug trafficking.

592. Cooperation between India and Pakistan in drug-related matters continues. At a meeting held in March 2011 in New Delhi, the Home Minister of India and the Minister of the Interior of Pakistan agreed that, as part of their cooperation in combating drug trafficking,

the Narcotics Control Bureau of India and the Anti-Narcotics Force of Pakistan would hold annual talks. A memorandum of understanding on the reduction of illicit drug demand and the prevention of trafficking in narcotic drugs, psychotropic substances and precursor chemicals was signed in Rawalpindi, Pakistan, by the Narcotics Control Bureau and the Anti-Narcotics Force in September 2011.

593. India has established joint working groups on counter-terrorism with 26 partner countries, the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation, of which Bangladesh, Bhutan, Nepal and Sri Lanka are members, and the European Union; drug-related offences are one of the key issues discussed at the meetings of the working groups.

594. The United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS for Asia and the Pacific held a meeting on the abuse of drugs by injection and HIV/AIDS in New Delhi in February 2011. The topics covered included the regional strategy for harm reduction in Asia and the Pacific for the period 2010-2015 and the increasing abuse of pharmaceutical drugs in the region.

595. The World Bank organized a regional workshop on opioid substitution therapy in Maldives in September 2011. The objective of the workshop was to identify the critical factors contributing to effective and sustainable opioid substitution therapy programmes and allowing for the scaling up of those programmes.

3. National legislation, policy and action

596. In March 2011, the Demand Reduction Division of the Bhutan Narcotic Control Agency organized an awareness-raising programme for school principals and school counsellors in order to explain key aspects of the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of 2005; to educate them on the dangers of drug abuse, with the aim of incorporating a programme for drug abuse prevention in the school activities; and to enable them to facilitate the early detection of drug abuse and provide counselling services for students. A workshop for participants from treatment centres, drop-in centres and a hospital for the treatment and rehabilitation of drug abusers was held in Thimphu in May 2011.

597. In Bangladesh, the authorities are conducting a campaign to raise public awareness about the dangers of abusing narcotic drugs. As part of the campaign, 10,000 copies of materials on behavioural change, covering, among other subjects, drug abuse, have already been distributed in Bangladesh. The material is being distributed at national drop-in centres for educating female drug abusers and female sexual partners of male drug abusers. Bangladesh has also started to use mobile courts to try drug-related cases.

598. The Narcotics Control Bureau of India carries out capacity-building for drug law enforcement authorities in various government agencies at the state and national levels. The subjects covered include investigative techniques, financial investigations and precursor control. In 2010, the Bureau organized 54 such training courses, which were attended by 2,311 persons from various agencies, including state police forces, the Central Board of Excise and Customs and the Border Security Force.

599. The Department of Revenue of the Ministry of Finance of India has been developing a national policy on narcotic drugs and psychotropic substances, in consultation with other relevant ministries and Government agencies and state governments. The policy will set out a strategy for tackling the illicit drug trade and will provide guidance to the various Government bodies and non-governmental organizations. The Ministry of Social Justice and Empowerment of India is also developing a national policy on the reduction of illicit drug demand.

600. In February 2011, a notification from the Government of India resulted in ketamine being added to the list of psychotropic substances controlled under the Narcotic Drugs and Psychotropic Substances Act, 1985.

601. In October and November 2010, the Department of Drug Prevention and Rehabilitation Services of Maldives, UNODC and non-governmental organizations held a workshop in Male that provided training on, inter alia, understanding, preventing and treating drug abuse. Furthermore, the Department's Methadone Maintenance Treatment Clinic and UNODC organized a training programme on methadone maintenance treatment in Male at the end of November 2010. The Department, with support from UNODC, organized training programmes on outpatient treatment for non-governmental and community-based organizations at various locations throughout the country in June and October 2010.

602. The Government of Maldives recently launched the country's first national drug abuse survey; a national research organization will carry out the survey in partnership with the Ministry of Health and Family.

603. The Drug Control Law Enforcement Unit of the Ministry of Home Affairs of Nepal, in association with UNODC, held a national narcotic control orientation programme in Kathmandu in June 2011. The programme

was designed to provide drug law enforcement personnel with the knowledge and skills needed to identify controlled drugs and to use investigative techniques, as well as with information on legal issues pertaining to drug law enforcement.

604. The National Dangerous Drugs Control Board of Sri Lanka is implementing a series of programmes on drug abuse prevention that includes the use of local administrators to raise the awareness of all sectors of society about the problems associated with drug abuse. It has also expanded its counselling and outreach programmes for drug abusers. The outreach programme is designed to provide treatment services for drug abusers and members of high-risk groups. Among other things, outreach officers encourage drug abusers to seek treatment; outreach officers also gather information on drug abuse and conduct activities aimed at raising awareness of and preventing drug abuse. In 2010, Sri Lanka established the Precursor Control Authority, which regulates, monitors and issues licences for international trade in and use of precursors.

605. With the support of international agencies such as WHO and UNODC, the Governments of countries in South Asia are taking steps to strengthen capacity in the area of illicit drug demand reduction. In addition to preventing drug abuse and raising awareness about the dangers of drug abuse, Governments of South Asian countries have provided training courses on illicit drug demand reduction for a range of professionals working in the areas of prevention and treatment of drug abuse.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

606. The illicit cultivation of cannabis plants is widespread in South Asia. In India, 681 ha of cannabis plants were eradicated in 2010, and 95 ha were eradicated in the first half of 2011. In Sri Lanka, the authorities have estimated that about 500 ha of land are used for illicit cannabis cultivation. India reported having seized a total of 173 tons of cannabis herb in 2010. The authorities of countries that have significant illicit markets for cannabis resin have identified Nepal as one of the major sources of the cannabis resin found on those illicit markets. Illicit consignments of cannabis resin from Nepal are transported overland to India and China and then by cargo couriers from India to Bangladesh and then to Europe and North America. According to estimates by the Indian authorities, half of the cannabis resin in India in 2009 originated in that country, and the other half had been smuggled out of Nepal. Significant quantities of cannabis resin continue to be seized in India. In 2010, India reported having seized a total of 4.3 tons of cannabis resin; for the first half of 2011, 2.66 tons were reported to have been seized in that country.

607. In Bangladesh, the total amount of seized cannabis increased from about 2.1 tons to about 3.7 tons between 2009 and 2010. In Sri Lanka, cannabis accounts for the majority of drug-related arrests. In 2010, Sri Lankan authorities seized 114 tons of cannabis plants and 23 kg of cannabis resin.

608. Heroin originating in Afghanistan is smuggled through Pakistan into South Asian countries. According to UNODC, of the 40 tons of heroin available in South Asia in 2009, 25 tons had been smuggled out of Afghanistan, and the remaining 15 tons had been illicitly manufactured in India; moreover, nearly two thirds of those 40 tons of heroin were abused in the region, and the remainder was smuggled into Africa, Europe, East and South-East Asia and North America. Drug traffickers in South Asia prefer to traffic Afghan heroin, due to its higher purity level, rather than heroin illicitly manufactured in South Asia.

609. Illicit cultivation of opium poppy takes place in several parts of India. Virtually all of the opium abused in India has been illicitly produced in that country. In India, the total area under illicit opium poppy cultivation is estimated to be at least 7,500 ha. In 2010, a total of 1,022 ha of illicitly cultivated opium poppy were eradicated by Indian authorities. According to UNODC, there is some diversion from licit opium production. India reported having seized a total of 1.83 tons of opium, 25 kg of morphine and 766 kg of heroin in 2010; for the first half of 2011, 871 kg of opium, 26 kg of morphine and 230 kg of heroin were reported to have been seized.

610. In 2009, almost all of the heroin in Bangladesh and the vast majority of the heroin in Nepal originated in India; in Sri Lanka, some of the heroin originated in Afghanistan and some originated in India. In Bangladesh, 148 kg of heroin were seized in 2010, an increase of 9 per cent compared with 2009. In Sri Lanka, it is estimated that, during the period 2005-2009, an average of 763 kg of heroin were available on the street each year. In Sri Lanka, 143 kg of heroin were seized in 2010, an increase of 76 per cent compared with 2009. Most of the heroin in Sri Lanka has entered that country from India or Pakistan and has been smuggled via south India to the western coast of Sri Lanka aboard fishing boats. Illicit heroin consignments are also transported from Sri Lanka to Maldives.

6.11 Cocaine trafficking remains limited in South Asia. In India, cocaine is trafficked in small quantities by

courier; Indian authorities reported having seized a total of 23 kg of cocaine in 2010 and 3 kg in the first half of 2011. Sri Lankan authorities seized a total of 4 kg of cocaine in 2010.

612. In South Asia, trafficking in pharmaceutical preparations containing narcotic drugs is on the rise. Pharmaceutical preparations containing dextropropoxyphene and cough formulations containing codeine are smuggled out of India and into neighbouring countries, mainly Bangladesh, Bhutan and Nepal. The Board requests the Governments of countries in South Asia to cooperate in order to prevent the smuggling of pharmaceutical preparations.

(b) Psychotropic substances

613. Illicit manufacture of amphetamine-type stimulants has been reported in Bangladesh, India and Sri Lanka. Those illicitly manufactured amphetamine-type stimulants are, at least in part, trafficked to destinations outside of South Asia; for example, crystalline methamphetamine (commonly called "ice") illicitly manufactured in the region is trafficked to East and South-East Asia and Oceania. Countries in South Asia regularly report seizures of amphetamine, methamphetamine and MDMA ("ecstasy"). South Asia is also used as a transit area for transporting illicit consignments of amphetamine-type stimulants from South-East Asia to other destinations. Methamphetamine tablets originating in Myanmar are increasingly being smuggled into Bangladesh, India and Nepal; almost all of the methamphetamine available on the illicit market in Sri Lanka has been smuggled into the country by air. In Bangladesh, seizures of tablets known as "yaba", containing methamphetamine and caffeine, increased in 2010.

614. In India, most of the amphetamine and methamphetamine available on the illicit market in tablet form has been smuggled into the country. By contrast, most of the amphetamine and methamphetamine available on the illicit market in powder form has been illicitly manufactured in the country. Two laboratories that had been illicitly manufacturing amphetamine-type stimulants were dismantled in Mumbai in August 2010. East and South-East Asia, Europe and North America have all been cited as the final destinations of the illicitly manufactured amphetamine-type stimulants that are smuggled out of India. Courier and postal services have been used for smuggling amphetamines.

615. In India, a total of 47 kg of amphetamine were seized in 2010; and 4 kg were seized in the first half of 2011. Most of the seizures of amphetamine and methamphetamine tablets in India are effected in the north-eastern part of the country, in the area bordering Myanmar. Most of the seizures of MDMA ("ecstasy") in India are reported in Goa, a popular tourist destination in the south-western part of the country.

616. Pharmaceutical preparations containing benzodiazepines such as diazepam, alprazolam and lorazepam, as well as buprenorphine, are abused in and smuggled out of India into neighbouring countries, in particular Nepal, and into the United States and countries in Europe. Alprazolam and diazepam are also used as adulterants and cutting agents in the illicit manufacture of heroin in India. The authorities in India reported having seized a total of 20 kg of illicitly manufactured methaqualone in 2010 and 14 kg in the first half of 2011. Bangladesh reported an increase in the amount of buprenorphine seized, from about 19,000 ampoules in 2009 to about 23,000 in 2010.

(c) Precursors

617. The fact that India is one of the world's largest manufacturers of ephedrine and pseudoephedrine and the chemical and pharmaceutical industries in other countries in South Asia are growing has resulted in the region being targeted for diversion by traffickers, although the number and volume of reported cases involving diversion of precursors are now smaller than in the past. India continues to be among the countries most often cited as a source of seized illicit shipments of ephedrine and pseudoephedrine. Pharmaceutical preparations containing ephedrine and pseudoephedrine originating in India and Bangladesh continue to be seized in, for example, Central America, although the volume of such seizures has decreased.

618. India seized 1.85 tons of ephedrine, 0.36 ton of pseudoephedrine and 81 litres of acetic anhydride in 2010; in the first half of 2011 it seized 402 kg of ephedrine. India has also reported the illicit manufacture of ephedrine: in October 2010, 93 kg of ephedrine were seized when an illegal factory in the state of Maharashtra was raided, and 238 kg of ephedrine were seized in a raid at an illegal factory in the state of Gujarat.

619. In Nepal, the pharmaceutical industry is developing fast and the absence of legislative controls on precursor chemicals may be exploited by traffickers. Precursors of amphetamine-type stimulants have also been smuggled out of China into Nepal. The Board urges Governments of countries in South Asia to remain vigilant in their efforts to prevent the diversion of precursor chemicals and to ensure that regulatory capacity keeps pace with developments in industry.

(d) Substances not under international control

620. There has been an increase in the smuggling of ketamine, a substance not under international control, out of India and into countries in East and South-East Asia and North America. Licit manufacture of ketamine takes place in India and some ketamine is diverted from licit manufacture and trade into illicit channels; large-scale unlicensed manufacture is also taking place in the country. Ketamine is used as an adulterant in the illicit manufacture of MDMA ("ecstasy") in East and South-East Asia and as an ingredient in tablets sold as "ecstasy" in East and South-East Asia. In response to those developments, India placed ketamine under national control as a psychotropic substance in February 2011.

621. Authorities in India have seized ketamine uncovered at airports, during domestic transportation and sea cargo and parcels sent by courier. A single seizure of 5 kg of ketamine was made in Maldives in 2009. Ketamine is popular among drug traffickers because ketamine trafficking has a high profit margin and, until recently, ketamine could be transported freely within India, as there were no domestic controls over the substance.

5. Abuse and treatment

622. The drug that is abused most often in South Asian countries is cannabis — usually in the form of cannabis herb and, to a lesser extent, cannabis resin. Recent data on the prevalence of cannabis abuse are available only for Bangladesh (3.3 per cent of the population aged 15-64) and Sri Lanka (1 per cent).

623. Data on the prevalence of opioid abuse are currently available only for Bangladesh (0.4 per cent of the population aged 15-64) and Sri Lanka (0.1 per cent), although opioid abuse has also been reported in Bhutan, India and Nepal. The smoking of opium continues to be a traditional practice in India, a country in which the level of opium abuse is one of the highest in Asia. "Chasing" (inhaling the vaporized form) and smoking are the most popular routes of administration among drug abusers in South Asia, although some have switched to abusing drugs by injection and that practice is spreading rapidly. Drug abuse by injection has reached significant levels in Bangladesh, India (estimated at 0.02 per cent of the population) and Nepal (estimated at 0.01 per cent of the population); heroin and buprenorphine are commonly abused by injection in those countries. Other drugs of choice that are abused by injection in South Asia are either other opioids or a combination of buprenorphine and antihistamines or sedatives, mostly benzodiazepines. In Bhutan, Maldives and Sri Lanka, only a very limited number of cases of drug abuse by injection have been recorded. In Sri Lanka, it is estimated that only 2 per cent of the heroin-abusing population abuse that drug by injection. Drug abuse by injection is increasing in Maldives. The Board notes the plans of the Government of India to conduct a new national drug abuse survey and encourages the Government to carry out the survey as soon as possible.

624. In India, the most abused pharmaceutical preparations are cough formulations containing codeine and various benzodiazepines, including diazepam, alprazolam, nitrazepam and lorazepam, and analgesics, including buprenorphine and dextropropoxyphene. The abuse of pharmaceutical preparations in India is facilitated by the failure of many pharmacies to comply with prescription requirements. In addition, some of the preparations abused in India are preparations in Schedule III of the 1961 Convention, for which a prescription is not mandatory. The Board urges the Government of India to strengthen measures to ensure that pharmacies comply with prescription requirements and ensure that over-the-counter pharmaceutical preparations are not diverted to be used for non-medical purposes. Dextropropoxyphene is abused to a significant extent in Nepal and to a much lesser extent in Bangladesh, Bhutan and Sri Lanka. In Bangladesh, the abuse of phensedyl (codeine-based cough syrup) continues.

625. "Yaba", a methamphetamine tablet that also contains caffeine, is the synthetic drug most commonly abused in Bangladesh; its abuse has reportedly become widespread in urban areas of the country, particularly in Dhaka. The growing abuse of amphetamine-type stimulants has also been reported in metropolitan areas of India. There has been some increase in the abuse of amphetamine-type stimulants in Sri Lanka.

626. Cocaine abuse in South Asia is still limited and mostly reported to occur among members of the more affluent segments of society. Polydrug abuse is common among drug abusers in most countries in the region.

627. The Ministry of Health and Family Welfare of India runs, through its hospitals, 122 detoxification centres for drug abusers. India currently has 376 detoxification and rehabilitation centres and 68 counselling centres for drug abusers, which are run by voluntary organizations funded by the Ministry of Social Justice and Empowerment. The Government supports a further 100 counselling centres at its primary health centres and hospitals for drug abusers who require long-term rehabilitation. Buprenorphine maintenance treatment is available to about 4,800 patients

in India. India is currently conducting a feasibility study on methadone maintenance treatment. As part of the study, such treatment will be provided to 500 drug abusers.

628. In June 2011, the Ministry of Health and Family of Maldives launched a toll-free national helpline for drug abusers and their families and communities. The Maldives Department of Drug Prevention and Rehabilitation Services, in collaboration with UNODC, opened the first rehabilitation centre for female drug abusers in the country. The centre provides both outpatient and inpatient treatment services for drug abuse.

629. The National Dangerous Drugs Control Board of Sri Lanka operates four residential treatment centres and outreach programmes for drug-dependent persons, providing services for 80 per cent of those receiving treatment for drug addiction in the country. Treatment at the centres consists of a residential stay of three months, which includes activities consistent with a drug-free lifestyle.

630. Treatment for drug abuse is generally not provided in prisons in South Asia. One exception is a prison in Tihar, India, where opioid substitution therapy is provided.

West Asia

1. Major developments

631. West Asia remains the epicentre of illicit opium poppy cultivation; it is also a significant hub for cannabis cultivation. In 2010, 125,000 ha of opium poppy were cultivated in West Asia, which accounted for nearly two thirds of global opium poppy cultivation. Nearly all of the opium poppy cultivation in the region occurs in Afghanistan, with a small amount taking place in the bordering areas of Pakistan. In Afghanistan, opium poppy cultivation increased somewhat in 2011 over 2010; however, opium production increased by more than 60 per cent during the same period, as the 2010 yields had been affected by an opium poppy disease. Large increases in opium prices, combined with planned decreases in the International Security Assistance Force (ISAF), could lead to increases in both the cultivation of opium poppy and the production of opium beyond 2011, in particular as opium poppy yields return to normal levels.

632. According to the second survey of cannabis cultivation, conducted jointly by UNODC and the Ministry of Counter-Narcotics of Afghanistan, *Afghanistan: Cannabis Survey 2010*, the number of households cultivating cannabis plants increased by nearly one fifth in 2010 in relation to 2009. The results of the survey indicate that Afghanistan most likely produces more cannabis resin ("hashish") than any other country in the world, with more than half of the country's provinces producing cannabis. Lebanon has become an important source of cannabis resin. According to UNODC, Lebanon was the world's third largest source of cannabis resin during the period 2007-2009.

633. The prolonged political instability and the escalating security concerns that prevail in parts of West Asia could indirectly contribute to a worsening of the drug trafficking situation in the countries concerned, resulting in less vigilance and awareness of illegal activities. Criminal organizations are quick to take advantage of such situations, intensifying illegal activities of all kinds, including drug trafficking.

634. There are indications of increased trafficking in various types of stimulants in West Asia. Trafficking in cocaine has been reported throughout the region. The total amount of seized cocaine quadrupled to 289 kg between 2000 and 2009. Several countries in the region reported large seizures of cocaine in 2010 and in the first quarter of 2011. Authorities identified new routes used for smuggling methamphetamine consignments through West Asia; those consignments were destined primarily for East Asia. The Islamic Republic of Iran reported a sharp increase in the number of illicit methamphetamine laboratories dismantled in 2010. Countries in the Middle East, in particular Jordan and Saudi Arabia, continue to be affected by large-scale amphetamine trafficking; sizeable seizures of amphetamine tablets sold as Captagon tablets continue to be reported. In Saudi Arabia, which remains the main country of destination for Captagon tablets, clandestine manufacture of Captagon tablets has been detected for the first time.

635. The non-medical use of prescription drugs containing internationally controlled substances is a growing problem reported in many countries in the Middle East. Prescription drugs containing psychotropic substances, including sedatives such as diazepam and alprazolam, are being diverted from licit distribution channels in those countries.

2. Regional cooperation

636. The annual ministerial meeting of the UNODC-facilitated Triangular Initiative, held in Islamabad in November 2010, brought together ministers from Afghanistan, Iran (Islamic Republic of) and Pakistan to strengthen cooperation in addressing drug trafficking. The participants committed themselves to expanding the

sharing of information on drug trafficking via the joint planning cell in Tehran; organizing additional joint operations along border areas; enhancing legal cooperation in drug-related matters; and the establishing of fully operational border liaison offices to increase law enforcement cooperation. In February 2011, the first inter-agency border liaison office aimed at curbing the flow of illicit drugs was opened at the Khyber Pass border between Afghanistan and Pakistan.

637. As part of the Triangular Initiative, the Governments of Afghanistan, Iran (Islamic Republic of) and Pakistan held the sixth meeting of senior officials in Tehran in May 2011. The goal of the meeting was to review the progress made in implementing the recommendations and actions agreed upon at the ministerial meeting held in November 2010, to discuss joint operations and the establishment of various border liaison offices and to present a comprehensive cross-border communication plan to participants. Since 2009, 10 joint or simultaneous drug control operations have been conducted under the auspices of the Triangular Initiative, resulting in the seizure of 6 tons of drugs.

638. Drug control and crime prevention are part of the agenda of the Cooperation Council for the Arab States of the Gulf (also known as the Gulf Cooperation Council), whose member States have developed common strategies to curb drug trafficking and have stepped up their efforts in that area. Country representatives meet annually to coordinate and strengthen their efforts to combat various forms of organized crime, including drug trafficking. In particular, representatives of the drug control departments of the member States of the Gulf Cooperation Council gather to share intelligence they have compiled.

639. The twenty-first joint council and ministerial meeting of the European Union and the Gulf Cooperation Council was held in Abu Dhabi in April 2011. During the meeting, ministers underlined the importance of strengthening cooperation in various areas, including in drug control, in order to contribute to security and stability in the Middle East.

640. During a meeting of the Board of Directors of the Gulf Cooperation Council's Criminal Information Centre to Combat Drugs, held in Doha in June 2011, discussions focused on drug trafficking and cooperation among the member States of the Gulf Cooperation Council in combating drug-related problems. In particular, participants stressed the need to strengthen the collection of information, the exchange of law enforcement information, and the storage, analysis and sharing of such information between members, which all assist considerably in the criminal investigation of drug-related cases. In that context, the establishment of an information technology platform for member States of the Gulf Cooperation Council, with the support of UNODC, was considered a positive step towards enhanced cooperation.

641. UNODC also intends to establish cooperation between the Gulf Cooperation Council and other regional organizations, such as the Central Asian Regional Information and Coordination Centre (CARICC), the joint planning cell (Afghanistan, Iran (Islamic Republic of) and Pakistan) and the Paris Pact initiative, in order to prevent organized crime and drug trafficking in West Asia.

642. As part of its activities aimed at combating trafficking in narcotic drugs, psychotropic substances and their precursors, CARICC held the third session if its Council of National Coordinators in Bishkek in March 2011. The member States of CARICC — Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan — coordinate their fight against drug trafficking at the national and regional levels. The Council adopted decisions on enhancing operational cooperation among the competent authorities of CARICC member States in combating drug-related crime, focusing on transnational criminal groups active in running the illicit supply chains for Afghan opiates through CARICC member States. As a result of those decisions, a number of international operations, including controlled delivery operations, were coordinated by CARICC. In addition to CARICC member States, authorities from many other countries, in the Americas, Asia and Europe participated in the operations.

643. In May 2011, an agreement was signed by the ministers of the interior of Bahrain and the United Arab Emirates to promote security cooperation between the two countries in many areas, including drug control.

644. Under the auspices of the Paris Pact initiative, an expert group on addressing legal frameworks and cross-border cooperation held a meeting in Islamabad in June 2011. The meeting was attended by 71 experts representing 23 Governments and five regional and international organizations. The objective of the meeting was to identify existing legal and operational gaps and to support cross-border controlled deliveries and joint operations at the regional level. The experts noted that there was no legal framework in place for the use of special investigative techniques, including controlled delivery; that technical working groups needed to prepare standard operating procedures; and that there was a need

to establish secure communication links to ensure real-time sharing of information.

645. The UNODC regional programme on drug control, crime prevention and criminal justice reform for the Arab States (covering the period 2011-2015) was launched in December 2010. Partnerships essential to successful implementation of programmes have been created between UNODC and various regional organizations such as the League of Arab States and the Gulf Cooperation Council. Within the framework of the programme, steps are being taken to address the needs of States in terms of security and development. In that context, UNODC was specifically requested to develop an integrated cooperation programme for the Occupied Palestinian Territory and Yemen.

646. The International Drug Policy Consortium and the National Rehabilitation Centre of Abu Dhabi organized a seminar on drug control policy in the Middle East and North Africa in January 2011. Participants — including non-governmental organizations, academics and government representatives from Afghanistan, Egypt, Lebanon, Pakistan, Saudi Arabia, Tunisia, the United Arab Emirates and Yemen, together with a representative of the Palestinian Authority — exchanged views on drug control policy challenges facing the region.

647. UNODC and the Organization for Security and Cooperation in Europe hosted the Second Regional Workshop on International Cooperation in Criminal Matters, in Almaty in July 2011. The Workshop was attended by representatives of Afghanistan, Australia, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, the Netherlands, Pakistan, the Russian Federation, Tajikistan and Uzbekistan, and facilitated capacity-building of national criminal justice systems to improve national and international legal cooperation and information exchange between law enforcement agencies in countries in West Asia and Central Asia. The workshop also provided further capacity-building and technical assistance on extradition, mutual legal assistance, measures to prevent money-laundering, and the locating, tracing, freezing and seizing of the proceeds of crime.

648. The quadrilateral meeting of the Presidents of Afghanistan, Pakistan, the Russian Federation and Tajikistan was held in Dushanbe in September 2011. At this, the third in a series of meetings, the Heads of State discussed issues and cooperation in areas such as security, and combating drug trafficking and transnational organized crime. The Presidents agreed to cooperate with each other in the fight against the illicit production, smuggling and abuse of drugs and to prevent traffickers from using Afghanistan as a transit country and country of destination for precursors. A commitment was made to expand cooperation to include other regional and international organizations, including the United Nations, the Organization of Islamic Cooperation and the Shanghai Cooperation Organization.

3. National legislation, policy and action

649. In 2010, the Government of Afghanistan amended article 41 of the Counter-Narcotics Law criminalizing the use of land for illicit drug crop cultivation. Under the new law, any person guilty of cultivating one acre (0.405 ha) of opium poppy could face up to three months' imprisonment, while the cultivation of one acre of cannabis plants could result in up to two months' imprisonment. Cultivating larger areas of drug crops could result in longer sentences. In addition, anyone who organizes, encourages or compels another person to illicitly cultivate opium poppy and/or cannabis plant could receive prison sentences that are twice as long as those outlined above.

650. Lebanon is in the process of drafting a new national HIV/AIDS strategy that will include the provision of comprehensive harm reduction services for drug addicts. The strategy will focus on the population groups that are most at risk, including prisoners and those abusing drugs by injection, and will facilitate access to services, in addition to fighting stigma and discrimination.

651. A workshop aimed at developing an integrated cooperation programme on drug control, crime prevention and criminal justice reform (covering the period 2011-2015) for the Occupied Palestinian Territory was organized by the Palestinian Authority and UNODC in January 2011.

652. Non-medical use of prescription drugs containing internationally controlled substances is a growing problem, and some measures have been taken to address it. The Board notes with satisfaction the preparation by the health authorities of the Occupied Palestinian Territory of a protocol that will deal in particular with narcotic drugs and psychotropic substances.

653. Representatives of UNODC and the Government of the Islamic Republic of Iran met in Tehran to develop, in consultation with members of the Mini-Dublin Group and the Presidency of the European Union, a multilateral programme of technical cooperation in drug and crime control for the period 2011-2014. In addition, UNODC launched a new country programme in March 2011 to support national efforts to counter problems related to drugs and crime by promoting United Nations standards and international best practices and by facilitating bilateral, regional and international cooperation. The

programme focuses on three areas: trafficking and border management; drug demand reduction and HIV control; and crime, justice and corruption.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

654. Seizures reported in West Asia increased greatly for most classes of controlled drugs between 2000 and 2009. During that period, the amount of opium seized more than tripled, from 199 to 645 tons; seizures of heroin more than doubled, from 23 to 50 tons; seizures of cannabis resin increased from 170 to 311 tons; and seizures of cocaine quadrupled (albeit at a much lower level) from 68 to 289 kg.

655. According to UNODC, there were 131,000 ha of illicitly cultivated opium poppy in Afghanistan in 2011, an increase of 7 per cent over 2010. Afghanistan alone accounted for nearly two thirds of global opium poppy cultivation. In 2011, only 17 of the country's 34 provinces were poppy-free,[27] compared with 20 in 2010. The decrease in the number of opium-free provinces was the result of increased opium poppy cultivation in Baghlan and Faryab provinces, in the north, and Kapisa province, in the east. In some provinces, the increase in opium poppy cultivation was related to the deteriorating security situation.

656. An estimated 5,800 tons of opium were produced in 2011, significantly more than in 2010 (3,600 tons). In 2010, opium production reached only half the level of 2009 due to significantly lower crop yields: opium poppy capsules were fewer in number and smaller because of a combination of an opium poppy disease and poor weather.

657. After many years of decreasing, the price of opium increased sharply in 2010, continuing through mid-2011, and that made the cultivation of opium poppy more attractive to farmers. In mid-2011, the farm-gate price of dry opium[28] increased to $241 per kilogram, an increase of 43 per cent over 2010. This is the highest price per kilogram since 2004. However, gross income from opium poppy cultivation more than doubled between 2010 and 2011, increasing from $4,900 to $10,700 per hectare. Nearly 60 per cent of the farmers surveyed in 2011 cited the high price of opium as the main reason for growing opium poppy. It was also noted that villages that had not received agricultural assistance from the government in 2011 were more likely to grow opium poppy than villages that had received such assistance.

658. Security conditions in Afghanistan continued to be linked to illicit cultivation of opium poppy, in particular in the southern and western provinces of Afghanistan. According to UNODC, most villages with poor security were involved in such cultivation. The number of security incidents in Afghanistan has increased every year since 2003; most of the incidents have occurred in the southern and south-western provinces. Planned decreases in ISAF in 2011 could affect security in parts of the country and, combined with opium price increases, could result in increased opium production beyond 2011. The Board calls upon the international community to continue to assist, in a coordinated manner, the Government of Afghanistan in its drug control efforts.

659. The second survey of cannabis cultivation in Afghanistan, conducted jointly by the Ministry of Counter-Narcotics and UNODC, was released in June 2011. The survey found that the number of households cultivating cannabis plants had increased by 18 per cent in 2010 from 2009. The results of the survey suggest that it is likely that Afghanistan produced more cannabis resin than any other country, with yields estimated at 127 kg per hectare, significantly higher than the yields of other large producers of cannabis resin such as Morocco (40 kg per hectare). Although overall cannabis production levels had remained unchanged since 2009, the number of provinces producing cannabis increased from 17 to 19 in 2010, or more than half of the country's 34 provinces. Farm-gate prices of cannabis increased dramatically in 2010, regardless of the grade of the product. In 2010, farmers' gross income from cannabis cultivation was estimated at $9,000 per hectare, resulting in a comparably lucrative product when compared with opium poppy ($10,700 per hectare) or alternative crops such as wheat ($770 per hectare). Most cannabis is cultivated in the insecure southern part of the country, where most opium is also produced.

660. According to the report on the eradication of illicitly cultivated crops, issued jointly by the Ministry of Counter-Narcotics and UNODC, by mid-2011 more than 3,810 ha of opium poppy had been eradicated in Afghanistan, a significant increase over the figure for the first half of 2010. Increased eradication efforts were noted in the southern provinces of Helmand and Kandahar. In 2010, only 2,316 ha of illicitly cultivated opium poppy were eradicated, the lowest level in five years. In 2010, in contrast with previous years, no illicit crop eradication

[27] "Poppy-free provinces" are provinces in which the total area under opium poppy cultivation is less than 100 ha.

[28] Average farm-gate price weighted by the production of dry opium at harvest time, whereby "harvest time" represents differing periods in mid-2011 depending on the region, typically occurring from May to July.

campaigns were carried out in Afghanistan by national authorities; such eradication efforts were initiated only by provincial governors. The Government of Pakistan reported having eradicated 1,053 ha of opium poppy during the growing season 2010/2011.

661. Illicit cultivation of cannabis plants continued in some areas throughout the Middle East, in particular in Lebanon. According to officials in the Occupied Palestinian Territory, some illicit cultivation of cannabis, although limited, occurred in the West Bank.

662. While the number of reported seizures of cannabis resin continued to increase in the Middle East, the quantities seized have decreased since 2008. In addition to Lebanon, Yemen has become an important source of cannabis resin, as revealed by the seizures made in some countries. In Kuwait, however, almost all the seized cannabis resin originated in Iraq.

663. Trafficking in and abuse of cannabis herb are still relatively limited in the Middle East. Almost all seizures of cannabis in that subregion were made in Saudi Arabia, followed by Jordan. All of the cannabis herb seized in Saudi Arabia originated in Yemen.

664. Opiates from Afghanistan are smuggled via Iran (Islamic Republic of), Pakistan or countries in Central Asia. Of the estimated 365 tons of heroin smuggled out of Afghanistan in 2009, about 44 per cent was smuggled via Pakistan, 32 per cent via the Islamic Republic of Iran and 25 per cent via various Central Asian countries. An estimated 1,050 tons of opium were also smuggled into the Islamic Republic of Iran.

665. Most of the opium seized in countries in the Middle East, predominantly in the United Arab Emirates, had been smuggled out of the Islamic Republic of Iran in passenger luggage.

666. Although the number of heroin seizures in the Middle East increased in 2010, the quantities seized more than halved compared with previous years. Most of the heroin seizures involved persons travelling from Pakistan to Saudi Arabia and the United Arab Emirates.

667. Several countries in Central Asia reported a deteriorating drug control situation, citing increased trafficking in opiates and cannabis from Afghanistan as the main problem. Uzbekistan reported increased drug trafficking, as the total number of drug seizures in 2010 increased by 35 per cent over the previous year, owing in large part to cannabis seizures totalling 1,732 kg and 565 kg of cannabis resin. The sharp rise in seizures of cannabis stems from production in Afghanistan, as most of the seizures have occurred in border areas. A total of 1,004 kg of heroin were seized, an increase of 33 per cent from 2009.

668. There are indications that cocaine trafficking is increasing throughout West Asia, with cocaine seizures increasing by 76 per cent from 2000 to 2009. Several countries in the region reported significant cocaine seizures in 2010 and the first part of 2011. Turkish authorities seized a total of 302 kg of cocaine in 2010, an increase of 226 per cent over the previous year. Further increases in cocaine seizures were reported by the Turkish authorities in the first five months of 2011. According to the World Customs Organization, Lebanese authorities seized 133 kg of cocaine in 2010 in a maritime freight consignment originating in Colombia that had transited through Belgium, representing one of the single largest reported seizures of cocaine in West Asia. Colombian cocaine also reaches Israel by boat: in April 2011, 250 kg of cocaine were seized by Israeli law enforcement services and customs. In Pakistan, the first significant seizure of cocaine was reported in October 2010, when authorities in the port of Karachi seized a container with 226 kg of cocaine coming from Suriname and destined for Lahore, Pakistan. While the amounts are not large when compared with seizures in some other regions, the increase is cause for concern as to the potential development of a future market.

(b) Psychotropic substances

669. West Asia has experienced considerable growth in trafficking and seizures of amphetamines, with seizures increasing between 2000 and 2009 from 4 to 27 tons. One matter of particular concern is the emergence of illicit methamphetamine manufacture, trafficking and abuse in the region. The emergence of several new methamphetamine trafficking routes in West Asia, used for smuggling the drug into countries in East Asia, has also been reported.

670. The Islamic Republic of Iran reported a significant increase in the number of clandestine methamphetamine laboratories dismantled in the country: 166 such laboratories were dismantled in 2010. The abuse of methamphetamine in the country has also spread, as has major drug trafficking. Methamphetamine continues to flow from the country both directly and via routes through neighbouring countries (the Syrian Arab Republic, Turkey and the United Arab Emirates), bound primarily for Indonesia, Japan, Malaysia and Thailand.

671. According to seizure data reported by law enforcement authorities in the United Arab Emirates, the amount of crystalline methamphetamine smuggled into the country has increased. Between January and

May 2011, such seizures amounted to 122 kg, compared with 41 kg in 2010. The number of nationals of African countries involved in the smuggling of crystalline methamphetamine through Dubai, United Arab Emirates, seems to be growing; in most cases, the drug was concealed in luggage destined for East Asia.

672. Countries in the Middle East, in particular Saudi Arabia, continue to be the main market for amphetamine sold as counterfeit Captagon tablets. In 2010, the volume of amphetamines seized in those countries amounted to 10 tons, mainly reported by Saudi Arabia (8 tons compared with 13 tons the previous year) and the Syrian Arab Republic. Saudi Arabia thus accounted for 80 per cent of the total weight seized, followed by the Syrian Arab Republic (15 per cent). In 2010, Jordan, the United Arab Emirates, Bahrain, Qatar and Kuwait (in ascending order) reported seizures of quantities ranging between 9 and 267 kg.

673. Jordan and the Syrian Arab Republic are reportedly the main countries of origin of the seized amphetamine, whereas Saudi Arabia was the main country of destination, as in previous years. Captagon tablets are mostly detected in vehicles or in freight consignments.

674. Cooperation between the Saudi Arabian Anti-Narcotics Administration and the Turkish security services led to the seizure and destruction in September 2009 of a large laboratory in Turkey that had been illicitly manufacturing Captagon tablets. The laboratory had a production capacity of 200 million Captagon tablets per year.

675. In Saudi Arabia, the first clandestine laboratory for illicit manufacture of Captagon tablets was dismantled in June 2010. Tabletting machines, punches, chemicals and Captagon tablets were seized during the operation. The Board is concerned about illicit manufacture of amphetamine in the Middle East.

676. Benzodiazepines such as diazepam, clonazepam and nitrazepam are trafficked in West Asia. Seizures of tablets containing those substances were made in Kuwait, Qatar and Saudi Arabia. In Kuwait, 16 per cent of the demand for treatment for drug abuse is associated with the abuse of sedatives, including those under international control.

(c) Precursors

677. In West Asia, there continues to be significant illicit demand for acetic anhydride for use in heroin manufacture. However, the amount of acetic anhydride that is reported to be seized each year is but a tiny fraction of the amount needed to manufacture the 375 tons of heroin estimated to be abused worldwide each year. This may be partly attributable to the difficulties in reporting seizures during the ongoing conflict. For example, official press releases from ISAF cite several multi-ton seizures of precursor chemicals commonly found in illicit drug manufacturing laboratories throughout Afghanistan. However, in most cases, specific details, such as the type and quantity, are not reported. As seized precursor chemicals are typically burned on site, the opportunity to collect forensic and other information to support backtracking investigations, is lost. The Board urges the Government of Afghanistan, with assistance from the international community, to improve systems for the collection, management and reporting of information in accordance with article 12 of the 1988 Convention with regard to seized precursor chemicals. Until such time, the Board calls on the Governments concerned and regional and international entities (e.g. CARICC, ISAF and UNODC) operating in and around Afghanistan to share such information with the Board via the established Project Cohesion mechanism so as to facilitate international efforts to counter trafficking in precursors.

678. In December 2010, cooperation between Slovak and Turkish authorities resulted in the seizure of 10 tons of acetic anhydride — enough to manufacture between 2.5 and 10 tons of heroin, depending on the processing method used. That was one of the largest reported seizures of that precursor chemical since the publication of the report of the Board for 2010.

679. In March 2011, authorities in Tajikistan seized 404 kg of acetic anhydride and 7.3 tons of sulphuric acid destined for Afghanistan. In that same month, authorities in the Russian Federation arrested members of an organized criminal group and seized 800 kg of acetic anhydride en route to Afghanistan via Tajikistan. Tajik authorities are cooperating with Russian authorities in the prosecution of those responsible for the illicit consignments.

680. Since 2006, many countries in West Asia have reported considerable increases in their annual legitimate requirement for imports of ephedrine and pseudoephedrine, precursors that can be used in the illicit manufacture of methamphetamine. For example, Iran (Islamic Republic of), Pakistan and the Syrian Arab Republic are now among the countries with the highest annual legitimate requirements for pseudoephedrine in the world. In 2010, Iranian and Pakistan authorities reported a growing number of significant seizures of ephedrine; that increasing trend continued into 2011.

681. In recent years, countries in the Middle East, in particular Iraq, have been targeted for the diversion of precursor chemicals such as ephedrine, pseudoephedrine and acetic anhydride. Numerous suspicious shipments to the subregion have been stopped.

682. The Board continues to be concerned by the high annual legitimate requirements for the import of P-2-P reported by the Government of Jordan. Jordan's annual legitimate requirements, amounting to 60 tons, are the highest of any country, and three times that of the next largest requirement, that of the United States (18 tons). Of the 70 countries reporting to the Board annual legitimate requirements for P-2-P, 52 require the substance in quantities of only 1 kg or less. The Board urges the Government of Jordan to review its annual legitimate requirements for P-2-P and ensure that those requirements are based on legitimate end-use.

683. The Board encourages countries in West Asia to review their annual legitimate requirement methodologies and estimates for the import of precursors of amphetamine-type stimulants and to ensure that their requirements are for legitimate end-use.

(d) Substances not under international control

684. Seizures of substances not under international control, in particular khat, continue to be reported in the Middle East. A total of 246 kg of khat was seized in 2010, almost all by the customs services in Yemen. Air freight consignments of khat were destined for Malaysia, the Sudan and the United States.

5. Abuse and treatment

685. The estimated annual prevalence of opiate abuse in West Asia is one of the highest in the world. The abuse of opiates continues to be a significant problem in countries in the region, in particular Afghanistan and neighbouring countries. According to UNODC estimates, in 2009 the prevalence of opiate abuse in Afghanistan was among the highest in the region. Past year prevalence of opiate abuse among the general population aged 15-64 was 2.3-3 per cent. Comparable levels were also found in the neighbouring Islamic Republic of Iran, where UNODC estimates that, in 2010, 1.8-2.8 per cent of the general population had abused opiates in the past year.

686. Many countries in Central Asia have high levels of opiate abuse, as shown by data on persons admitted for treatment, and the proportion of persons who abuse opiates in the form of heroin is increasing. In Central Asia, between 75 and 97 per cent of persons entering facilities for the treatment of drug abuse do so primarily for the abuse of opiates. The proportion of heroin abusers among officially registered drug abusers in Central Asia has increased since 2004, with the proportion of those registered at dispensaries in 2009 ranging from 44 per cent in Kyrgyzstan to 81 per cent in Tajikistan. According to UNODC, drug abusers in countries in West Asia (excluding Turkey) consumed an estimated 43 tons of heroin in 2009, accounting for approximately 12 per cent of global consumption of that drug.

687. Central Asian countries have some of the fastest-growing levels of HIV infection, with drug abuse by injection accounting for over 60 per cent of cases with HIV infection. The health of drug abusers is also affected by blood-borne infections such as hepatitis C; in some countries in the subregion, the prevalence of hepatitis C infection among persons who abuse drugs by injection is as high as 40 per cent.

688. In Kyrgyzstan, the situation with respect to drug abuse worsened as a result of the increased availability of opium and heroin originating in Afghanistan, a spillover effect of the transit in that country. Abuse of drugs has become more widespread: the number of registered drug-dependent persons has increased sharply in the past decade, totalling 10,171 in early 2011. Increasing abuse of opioids has been accompanied by increasing abuse by injection and increased infection with blood-borne diseases such as hepatitis and HIV/AIDS. According to the Government of Kyrgyzstan, in the first quarter of 2011 there were 726 HIV-positive persons registered in the country, of whom 423 abused drugs by injection. Law enforcement officials reported an increase of 50 per cent in drug-related offences in the first half of 2011 compared with the first half of 2010.

689. Since November 2009, UNODC has been implementing an evidence-based family skills training programme in selected Central Asian countries in order to prevent drug abuse, HIV/AIDS and crime and delinquency among young people by improving the capacity of families to take better care of their children. As a result of ongoing project activities, the texts of the evidence-based family skills training programme, Families and Schools Together, have been translated and culturally adapted and have been implemented at selected local institutions in Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan. So far, 128 planners and practitioners from 15 pilot schools in the four countries have been trained in the effective implementation of the eight-week programme.

690. Cannabis continued to be abused in most countries in the Middle East, with a rising trend reported in Jordan and Lebanon.

691. The prevalence rates for abuse of opiates remained low in the countries on the Arabian Peninsula, with heroin being the main opiate abused. Opiates were also the main substances causing drug-related deaths, with rates ranging from 4.6 per million people aged 15-64 in the United Arab Emirates to 44.3 per million in Bahrain.

692. Programmes for the treatment and prevention of drug abuse, as well as for raising awareness about the risks of drug abuse by injection, are increasing in number in the Middle East. In coming years, UNODC intends to expand its programmes on HIV prevention and care for drug abusers, including in prison settings.

693. In 2010, the Government of the Islamic Republic of Iran authorized the use of tincture of opium nationwide as part of an expansion of maintenance treatment, which also includes the use of methadone and buprenorphine. The expansion was approved after a pilot project had been evaluated by the Government. In 2009, the Government estimated that some 668,000 persons had received treatment for drug-related problems, of whom 184,000 had received some form of maintenance treatment.

694. The pilot programme initiated by the Ministry of Health of Lebanon, offering buprenorphine substitution treatment for persons addicted to opioids, continued. UNODC supported the development of clinical guidelines and operating procedures for the programme, including, in particular, monitoring activities to prevent any diversion from the treatment programme.

695. The National Rehabilitation Centre in Abu Dhabi treats patients for poly-substance abuse that includes opiates, cannabis, psychotropic substances and alcohol. The Centre doubled its bed capacity in 2009, and an outpatient facility was launched in mid-2010. The outpatient clinic treats about 450 patients a month. The authorities are planning to open a 200-bed centre by 2014, which will also include a section for women. Most patients come to the Centre voluntarily.

696. A 2010 qualitative study by UNODC examining the social and economic impact of drug abuse on families in four cities in Pakistan pointed to the profound financial, physical and psychological burden on wives of drug-abusing husbands. Most of the women interviewed had become the sole providers in their families, earning in most cases less than $60 a month, as their drug-abusing husbands were often unemployed. The financial situation of the families of drug abusers had a negative effect on family nutrition and education and prevented spouses from obtaining adequate treatment for their drug-abusing husbands. One quarter of the spouses of drug abusers interviewed reported being subjected to physical violence (26 per cent) or sexual violence (23 per cent) and were found to be extremely vulnerable to being infected with HIV.

697. With the exception of Israel, few countries in West Asia have reported performing regular direct or indirect nationally representative surveys of drug abuse among the general population, making it difficult to assess the severity, comparability and change in drug abuse levels in the region. Although Turkey has never performed a nationally representative survey of drug abuse among the general population, a pilot study on the prevalence of drug abuse was carried out in the Ankara region in 2010. Results indicated that, among persons aged 15-64, past-month abuse of sedatives/tranquillizers without prescription was 2.9 per cent, and past-month abuse of cannabis was 0.8 per cent. A 2010 regional study of Istanbul students found lifetime prevalence of cannabis abuse to be 3.3 per cent, MDMA ("ecstasy") abuse to be 1.6 per cent, amphetamine abuse to be 1.4 per cent and cocaine abuse to be 1.0 per cent.

698. The seventh national epidemiological survey on the prevalence of drug abuse among youth in Israel was conducted in 2009. It showed that, among other things, an increase in the proportion of persons aged 12-18 who reported having abused drugs in their lifetime.

D. Europe

1. Major developments

699. There is not much evidence of a decrease in the level of cannabis abuse in most countries in Europe and indeed in a small number of countries an increasing trend in such abuse has been seen. The illicit cultivation of cannabis plants in Western and Central Europe has increased dramatically. Cannabis plants are increasingly being illicitly cultivated on an industrial scale, mainly indoors, and with the involvement of organized criminal groups. In such cases, the THC content of the cannabis plants has been high. Indoor cultivation of cannabis plants for personal use is tolerated in some countries, which is not in compliance with the international drug control conventions. Cannabis seizures in Europe have decreased in recent years, possibly as a result of increased numbers of seizures in North Africa, the key source of cannabis resin. A decreasing trend in seizures of cannabis resin was evident in many countries in Europe, while seizures of cannabis herb increased in some countries in recent years with trends varying between countries.

700. The abuse of cocaine has stabilized in recent years, although at a relatively high level, in most countries in Western and Central Europe. The spread of cocaine abuse

in South-Eastern and Eastern Europe appears to have continued. Cocaine is the primary drug of abuse in almost one fifth of new treatment cases in the European Union, and Europe remains the world's second-largest cocaine market. Diversification of the routes used for smuggling cocaine into Europe has been noted. Although the smuggling of drugs into Europe through West Africa has decreased in recent years, the total amount of cocaine smuggled into Europe has not decreased and is at the high level of previous years. Cocaine trafficking routes leading into Europe have diversified, and cocaine trafficking via North Africa has increased. While decreases in cocaine seizures in Portugal and Spain have been reported in recent years, cocaine is increasingly being smuggled through South-Eastern and Eastern Europe, in particular along the Balkan routes. Large illicit consignments of cocaine have arrived at ports on the coasts of the Adriatic Sea and the Black Sea, from where it is transported overland to the western part of Europe. The liberalization of trade in the region and the presence of established transnational criminal networks have facilitated that expansion. Criminal organizations from various subregions, including South-Eastern Europe, have established operational bases in South America, maximizing their profits by obtaining the cocaine directly from the producers.

701. In Europe, there is no overall decreasing trend in the abuse of amphetamine-type stimulants; in fact, some increases have been reported in a small number of countries. The abuse of MDMA ("ecstasy") has remained stable, with decreasing levels of abuse in some countries. In recent years, known manufacture of "ecstasy" in Europe has decreased. The illicit manufacture of amphetamine is increasing in Europe. While amphetamine remains the most abused amphetamine-type stimulant in Europe, seizures of methamphetamine in Western and Central Europe increased fivefold between 2004 and 2009, and the substance is believed to be replacing amphetamine in the northern part of the region.

702. The variety of substances abused in Europe continues to grow, with a record level of new substances identified in 2010, many of them not under international control. To address the situation, many countries in Europe have placed specific substances under national control. In December 2010, in response to the increased abuse of mephedrone, the Governments of States members of the European Union decided that the substance should be placed under national control.

2. Regional cooperation

703. In June 2011, operation Channel West was carried out as part of operation Channel 2011, under the aegis of the Collective Security Treaty Organization. More than 46,300 law enforcement officers and special service agents from Belarus, Kazakhstan, Latvia, Lithuania, Poland, the Russian Federation and Ukraine were involved in the operation, establishing 4,437 joint operational groups in border areas and at rail stations, airports and road transport facilities. Their joint efforts led to the seizure of about 3 tons of drugs and more than 197 kg of precursor chemicals during the operation.

704. The third stage of Operation Sentinel 2010 took place in October 2010; it was aimed at counteracting the smuggling of narcotic drugs and psychotropic substances in Eastern Europe and Central Asia. Customs authorities of Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Ukraine and Uzbekistan participated in the operation. During the operation, seizures amounted to approximately 42 tons of narcotic drugs and psychotropic substances.

705. In December 2010, the Fourth Meeting of the Civil Society Forum on Drugs in the European Union was held in Brussels, focusing on developments in the drug control situation in Europe and drug control policy.

706. Under the aegis of EMCDDA, a number of regional events have been held recently to address drug-related issues, including a meeting in Lisbon in January 2011 on policies and practice in the treatment of cannabis abuse in Europe and also the first international multidisciplinary forum on new drugs, held in Lisbon in May 2011.

707. At a meeting held in Naples, Italy, in February 2011, the Euro-African Conference of chiefs of police addressed, as a key priority, the issue of drug-trafficking routes. During the meeting, a working group on drug trafficking was established and recommendations were made to conduct joint capacity-building and training projects for law enforcement agencies, to facilitate the harmonization of legal provisions and to encourage the sharing of intelligence.

708. In March 2011, a conference of ministers of justice and of the interior of the States participating in the South-East European Cooperation Process was held in Budva, Montenegro, on the theme "Strengthening cooperation in the fight against organized crime in South-East Europe". The participants adopted the Budva Declaration on Strengthening Regional Cooperation and Coordination in the Fight against Organized Crime in South-East

Europe, as well as the Common Declaration and Action Plan 2011-2013.

709. In May 2011, the Transatlantic Symposium on Dismantling Transnational Illicit Networks, organized by the European Union and the United States in Lisbon, addressed, inter alia, drug-related problems. Participants highlighted the need for cooperation at all levels, including through a number of operational initiatives such as intelligence-sharing, mutual legal assistance, mechanisms for tracing proceeds of crime and promotion of the implementation of international instruments.

710. The eighteenth European Cities against Drugs Mayors' Conference on Drugs was held in Varna, Bulgaria, in May 2011. Under the theme "Europe against drugs: unity in diversity", the participants discussed ways to enhance the effectiveness of measures taken to counter drug abuse and its related social and health consequences in European cities.

711. In the political declaration adopted at the Group of Eight Ministerial Meeting on the Fight against Transatlantic Cocaine Trafficking, held in Paris in May 2011, States made a commitment to intensifying cooperation regarding the global drug problem, including drug trafficking and transatlantic trafficking in cocaine. The Meeting adopted an action plan aimed at strengthening cooperation, calling for effective implementation of the international drug control conventions as the cornerstone of the international drug control system, improving the sharing of intelligence, intensifying maritime cooperation, addressing the destabilizing effects of drug trafficking and improving international legal cooperation mechanisms to target and confiscate criminal assets. In addition to the Group of Eight countries, the Meeting was also attended by representatives of countries from regions and subregions directly affected by transatlantic trafficking in cocaine (Latin America and the Caribbean, West Africa and the Sahel, and Europe), as well as international and regional organizations.

712. The European Commission hosted a conference on the theme "Building an EU consensus for minimum quality standards in the prevention, treatment and harm reduction of drugs" in Brussels in June 2011. The conference participants discussed the preliminary findings of a study by the Commission on the development of a European Union framework for minimum quality standards and benchmarks in drug demand reduction.

3. National legislation, policy and action

713. In December 2010, the Government of Bulgaria issued an ordinance on the terms and procedure for issuing licences to conduct activities with narcotic drugs used for medical purposes, as regulated by the Law on the Control of Narcotic Substances and Precursors. The ordinance stipulates the terms and procedure for issuing licences to conduct activities involving manufacture, processing, storage, domestic trade, import, export and transit, transfer and transportation of narcotic drugs and medicinal products containing narcotic drugs.

714. In May 2011, Croatia, with the support of EMCDDA, launched its first general population survey on drugs. The survey covered 4,000 individuals and examined the prevalence and patterns of abuse of psychoactive substances in Croatia, as well as attitudes towards drugs among different population groups. The analysis of the results and the final report are expected to be available by the end of 2011.

715. In September 2011, the Ministry of Health of France banned the sale of *gamma*-butyrolactone (GBL) and 1,4 butanediol, two substances that metabolize in the body into *gamma*-hydroxybutyric acid (GHB) (one of the "date-rape drugs"), a substance that has been a scheduled narcotic drug in France since 1999. The decision was aimed at addressing the significant increase in the abuse of the two substances.

716. In November 2010, the Parliament of Lithuania approved the National Programme on Drug Control and Prevention of Drug Addiction 2010-2016. In the same month, the Parliament passed a resolution on combating new psychoactive substances. In April 2011, the Drug, Tobacco and Alcohol Control Department was established as a Government body.

717. In December 2010, the Government of the Republic of Moldova adopted the National Anti-Drug Strategy 2011-2018 and the Action Plan for 2011-2013 to implement the National Anti-Drug Strategy. The Strategy was developed in line with European Union standards to strengthen the fight against drug trafficking and abuse. The drug policy of the Republic of Moldova is based on four pillars: primary prevention; treatment and rehabilitation; harm reduction; and drug supply reduction. In July 2011, the Government approved the creation of the National Anti-Drug Committee to oversee implementation of the Strategy.

718. In May 2011, the Council of Ministers of the Netherlands expressed its agreement on planned measures to reduce nuisance and drug tourism by linking access to so-called "coffee shops" with a membership

pass, setting a maximum number of members per "coffee shop" and restricting membership to citizens of the Netherlands over 18 years of age. If the measures are implemented, the minimum permissible distance of "coffee shops" from schools will be increased to 350 metres. However, at the time of publication of this report, the issue had not yet been regulated. While the Board notes that this would be a positive move, its position continues to be that such "coffee shops" are in violation of the provisions of the international drug control conventions.

719. The Netherlands Expert Committee on the List System of the Opium Act, in its June 2011 report entitled "Drugs in lists", recommended that cannabis with a THC content greater than 15 per cent be placed on List I of the Opium Act. If this recommendation is implemented, the punishment for trafficking in cannabis with a THC content exceeding that level would be increased and "coffee shops" would not be allowed to sell such cannabis. In October 2011, the Government of the Netherlands expressed its intention to place cannabis with a THC concentration of 15 per cent or greater on List I of the Opium Act. As at 1 November 2011, the Board had not yet been informed of any regulation on this issue.

720. In November 2010, a new law came into force in Poland to address the rapidly growing supply of psychoactive substances not controlled under national legislation. The new law modifies the Act on Countering Drug Addiction, introducing a modified definition of "substitute drug" and prohibiting the manufacture, promotion and introduction of such substances. The law also modifies the Act on State Sanitary Inspection, enabling state sanitary inspectors to withdraw a substitute drug from the market for up to 18 months in order to assess the safety of the substance if there is a justified suspicion that the substance may pose a health threat.

721. In December 2010, the Government of Romania approved the Action Plan 2010-2012 for the implementation of the National Anti-Drug Strategy 2005-2012. The Strategy covers areas such as the reduction of illicit drug supply and demand, international cooperation, evaluation and inter-agency coordination.

722. In Serbia, the Law on Psychoactive Controlled Substances, which came into effect in January 2011, stipulates the conditions under which controlled psychoactive substances can be imported, exported, cultivated, manufactured and traded. EMCDDA is currently implementing a project aimed at strengthening Serbia's capacity in the area of collection of data on drug-related issues, with the goal of establishing a national centre for monitoring drugs and drug addiction.

723. In Slovakia, the law governing narcotic drugs and psychotropic substances was amended in February 2011, and over 40 substances identified in products freely sold as "legal highs", mainly synthetic cannabinoids and mephedrone, were included in the schedules of controlled substances.

724. In March 2011, the Government of Sweden adopted an integrated strategy for alcohol, narcotic drugs, doping and tobacco policy for the period 2011-2015. The overall objective of the strategy is a society free of drug abuse, with reduced alcohol-related medical and social consequences and reduced tobacco use. The strategy incorporates measures on supply and demand reduction, as well as measures on treatment and international cooperation.

725. Drug Strategy 2010 of the United Kingdom, covering a four-year period, was released in December 2010. The Strategy focuses on reducing demand, restricting supply and assisting people in recovering from drug dependence. The Strategy covers prescription and over-the-counter medicines and provides for the establishment of a forensic early warning system for new psychoactive substances. A number of measures aimed at addressing precursor chemicals, organized crime, use of the Internet and money-laundering are also outlined in the document. The National Treatment Agency for Substance Misuse will cease to exist, its principal functions being transferred to Public Health England, a new public health service within the Department of Health.

726. In July 2011, the Government of the United Kingdom introduced a temporary ban on the import of phenazepam, a benzodiazepine not under international control. The ban will remain effective until the substance is fully controlled under the Misuse of Drugs Act 1971. According to the assessment of the Advisory Council on the Misuse of Drugs, phenazepam has no medical use in the United Kingdom but is widely available through illegal Internet pharmacies and is sometimes sold as counterfeit diazepam tablets known as "Valium".

727. In December 2010, the ministers of justice of the European Union decided that mephedrone should be subject to control measures and criminal penalties. That decision was based on a report by the Scientific Committee of EMCDDA assessing the risks of mephedrone, which found that mephedrone could cause acute health problems and possibly lead to dependency and called for further research on that substance. At the time of the decision, 15 member States of the European Union had already placed the substance under national control.

728. In October 2011, the European Commission announced a number of steps to be taken to enhance the European Union drug control policy, including by, inter alia, proposing new legislation targeting cross-border drug trafficking, improving the definition of offences and sanctions and introducing stronger reporting obligations for European Union member States. The steps also include the presentation of indicators for monitoring drug markets, drug-related crime and supply reduction; examining means of strengthening European Union rules on production of and trade in precursor chemicals; and enhancing international cooperation against the diversion of precursor chemicals. The Commission recognized the need to extend and improve drug-related services, including prevention, and will promote improved implementation of key indicators in drug demand reduction. The Commission will propose strengthened legislation on new psychoactive substances aimed at enhancing the monitoring and assessment of substances, enabling a faster response to the emergence of substances, better aligning laws to cover the wide variety of substances and providing more sustainable responses to the emergence of new psychoactive substances.

729. Also in October 2011, the Council of the European Union adopted a European pact against synthetic drugs, in which it recognized the problems posed by the consumption and illicit manufacture of and trafficking in synthetic drugs in the European Union. The pact outlines actions to be taken to counter the production of and trafficking in synthetic drugs, tackling new psychoactive substances and training for law enforcement services in detecting, examining and dismantling clandestine laboratories.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

730. In Western and Central Europe, the illicit cultivation of cannabis plants, especially indoors, has increased dramatically over the past few decades. It is an area in which the involvement of organized criminal groups is growing. As noted by the authorities of the Czech Republic and Slovakia, the indoor cultivation of cannabis plants on an industrial scale has been increasing in those countries. In the Czech Republic, the THC content of cannabis illicitly cultivated indoors may be as high as 30 per cent, and a record number of 145 indoor cultivation sites were detected in 2010 (compared with 84 in 2009). In Germany, indoor cultivation of cannabis plants increased from 2009 to 2010, while outdoor cultivation decreased over the same period. Of the illicit cultivation sites detected in Germany, 22 indoor sites and 1 outdoor site had a capacity of more than 1,000 cannabis plants. In Hungary, there was a large increase in the number of indoor sites in 2009, followed by a decrease in 2010.

731. Cannabis illicitly produced from plants grown in Albania, as well as in Kosovo,[29] is supplied by criminal groups in South-Eastern Europe and smuggled into Greece, Hungary, Italy, Slovenia and Turkey. Cannabis from Afghanistan, India and Pakistan is also being smuggled into Eastern and South-Eastern Europe via the Balkan routes.

732. In 2009, Afghanistan and India were often reported as countries of origin of cannabis resin seized in Europe. According to the World Customs Organization, the amount of cannabis resin reported seized by customs authorities in Europe decreased to 180 tons in 2010 from 203 tons in 2009, with Morocco being the main country of origin. Most of the cannabis resin reported to have been seized by customs authorities in Europe had been smuggled through Spain into Belgium, France, Germany, the Netherlands and the United Kingdom. The largest single seizure of cannabis resin reported to the World Customs Organization in 2010 (23.5 tons) was made in Spain on a vessel destined for the Netherlands. The amount of cannabis resin seized by customs authorities in Eastern and South-Eastern Europe increased significantly in 2010, to 813 kg (the result of eight seizures).

733. According to the World Customs Organization, the largest single seizure of cannabis herb by customs authorities in Europe in 2010 (2.6 tons) was made in Belgium; the cannabis herb had arrived from Ghana and had been destined for Poland. According to the Organization, Albania and Serbia were the main sources of cannabis herb seized by customs authorities in Eastern and South-Eastern Europe. Hungarian customs authorities seized 312 kg of cannabis herb that had been concealed in a lorry arriving from Serbia; the consignment had been destined for Italy. In Albania, six seizures of cannabis herb, totalling 315 kg, were made by customs authorities.

734. Europe is the world's second-largest market for cocaine, accounting for almost a third of global cocaine consumption; Western and Central Europe account for 95 per cent of Europe's share. However, Europe's share of global cocaine seizures — currently about 10 per cent — is declining. While the amount of cocaine seized has been decreasing in European countries in which the level of cocaine seizures has traditionally been high, such as

[29] All references to Kosovo in the present publication should be understood to be in compliance with Security Council resolution 1244 (1999).

Portugal and Spain, an increasing trend in cocaine seizures has been reported in other European countries, including Austria, the Czech Republic, Germany, Greece, Poland, Romania, the Russian Federation and Ukraine.

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

736. According to the World Customs Organization, the volume of cocaine seized by the customs authorities in Eastern Europe rose dramatically in 2010. Ukraine and the Russian Federation were the main countries of destination for cocaine shipments in Eastern and South-Eastern Europe. In July 2010, more than 582 kg of cocaine was seized in the port of Odessa, Ukraine, having arrived from the port of Arica in Chile. Also in July 2010, customs authorities in Ukraine uncovered 1,193 kg of cocaine in a consignment that had been sent from the Bolivarian Republic of Venezuela. Bolivia (Plurinational State of), Chile and Venezuela (Bolivarian Republic of) were the main countries from which cocaine was shipped to Eastern Europe in 2010. Cocaine shipments from Ecuador to the Russian Federation appear to be an ongoing trend.

737. Most of the cocaine entering Europe arrives by sea, mainly in Spain, where half of the cocaine seizures in the region are made, and in the Netherlands. Spain reported the largest single seizure of cocaine by customs authorities in Europe in 2010: 2.6 tons of cocaine were detected on a vessel near the Canary Islands. However, cocaine is increasingly being trafficked through South-Eastern Europe by air freight. In May 2011, nearly 1 ton of cocaine and 160 kg of cannabis resin were seized in Albania; the cocaine had been diluted in 13 tons of palm oil and shipped from Colombia via Belgium.

738. In 2010, 6 per cent of the cocaine seized at airports in Europe had transited West Africa, whereas 93 per cent had come from the Americas. In addition, there was an increase in the smuggling of cocaine into Europe via North Africa or along the Balkan routes. Countries in the Caribbean have been increasingly used for the secondary distribution of cocaine destined for Europe.

739. Almost 90 per cent of the heroin originating in Afghanistan and seized in Central Asian countries in 2010 had been destined for the Russian Federation. Other countries in Eastern Europe receive heroin mainly from the Russian Federation and, to a smaller extent, the Balkan routes, which remain the main corridor used for smuggling heroin into European countries. About 63 per cent of all heroin seizures in Europe are made in South-Eastern Europe. While heroin seizures in Western and Central Europe have remained largely stable since 2005, they have doubled in South-Eastern Europe.

740. There is increasing diversity in the methods and routes used for smuggling heroin into Europe. According to the World Customs Organization, in 2010 the quantity of heroin seized in Europe that had been smuggled along the northern Balkan route (via Turkey to Bulgaria, Romania, Hungary and then Austria) decreased compared with the quantity that had been smuggled along the southern Balkan route (into Italy via Greece, Albania or the former Yugoslav Republic of Macedonia), whereas the quantity that had been smuggled into Europe along the so-called "silk route" (via Central Asia) remained relatively stable. Africa is becoming the predominant transit area for smuggling heroin by air into Europe, while some heroin consignments from Turkey have been trafficked by air into Western and Central European countries.

741. The opium seized by customs authorities in Western and Central Europe was mainly from Iran (Islamic Republic of) and Turkey. In 2010 French authorities seized opium-saturated twigs sent in several postal and courier shipments from the Lao People's Democratic Republic and Thailand. The largest seizure of opium poppy straw (661 kg) in Eastern Europe in 2010 was made by the customs authorities of Belarus; the opium poppy straw was uncovered in a lorry arriving from Poland. Seizures of opium poppy straw in small quantities were reported by customs authorities in Poland and the Russian Federation in 2010.

(b) Psychotropic substances

742. The amount of amphetamines reported to have been seized by customs authorities in Western Europe in 2010 was small compared with recent years. Between 60 and 90 sites for the large-scale manufacture of synthetic drugs, especially amphetamine and MDMA ("ecstasy"), have been dismantled annually in member States of the European Union in recent years. The illicit manufacture of amphetamine in Europe is believed to be increasing. Illicit manufacture of amphetamine in Europe occurs mainly in Belgium, the Netherlands and Poland, though some also occurs in Estonia, Germany and Lithuania. Of the 16 clandestine drug laboratories dismantled in Poland in 2010, 14 had been used for the illicit manufacture of amphetamine. Seizures by customs authorities of amphetamines originating in Estonia,

Lithuania and Poland decreased in 2010, seizures of amphetamines in Austria decreased in 2010 by 65.7 per cent compared with 2009 and the quantity of the amphetamines seized in Germany decreased for the first time in eight years. Despite those decreasing trends, an increase in seizures of amphetamines was observed in Hungary in 2010. In May 2011, a group of 10 people, including 2 physicians, were arrested in Belgrade after a clandestine laboratory manufacturing amphetamine was uncovered near the city; the bulk of the illicitly manufactured amphetamine had been destined for the Middle East, and a small proportion was to be abused by the local population.

743. The illicit manufacture of methamphetamine in Europe continues to be limited. However, EMCDDA reports that methamphetamine has appeared as a possible substitute for amphetamine in the northern part of the region. Over 300 sites used for illicit methamphetamine manufacture were dismantled in the Czech Republic in 2010, a decrease from the record levels of over 400 sites in 2006 and 2008; that decrease was partly attributable to the strengthened controls over pharmaceutical preparations containing ephedrine implemented since 2009. The illicit manufacture of methamphetamine also occurs in Lithuania and Poland. Facilities for the illicit manufacture of methamphetamine were also dismantled in Austria, Germany, Slovakia and Poland. Most of the 16 illicit drug laboratories dismantled in Germany in 2010 were small sites used for the synthesis of methamphetamine.

744. A significant reduction in illicit manufacture of MDMA ("ecstasy") is reported to have occurred in recent years in Europe; the reduction has been attributed by the European Police Office (Europol) to shortages of the precursor chemical 3,4-MDP-2-P and has been linked with the emergence of new psychoactive substances. However, there are concerns that the reduction in "ecstasy" manufacture may be only temporary. There is a trend towards replacing MDMA ("ecstasy") with piperazine derivatives such as 1-(3-chlorophenyl)piperazine (*m*CPP), as evidenced in Austria and the United Kingdom, where there has been an increase in the number of samples containing piperazines.

(c) Precursors

745. In 2010, for the first time, two laboratories that had been illicitly manufacturing P-2-P, which is used in the illicit manufacture of amphetamine, were dismantled in Poland. In Bulgaria a total of 21 tons of acetic anhydride was seized in 2010. In April 2011, 6.5 tons of acetic anhydride were seized in Hungary, resulting in the dismantling of an organized criminal group. The "masking" of P-2-P, a liquid used in the illicit manufacture of amphetamine, into the powder P-2-P bisulphate prior to importation into the European Union is a new method used by traffickers in the region. In some countries in the region, such as Poland, illicit manufacture of amphetamine involves the manufacture of P-2-P using "pre-precursors" such as phenylacetic acid and benzyl cyanide.

746. Seizures of traditional precursor chemicals of MDMA ("ecstasy") are reported to have declined in recent years in Europe. However, there recently have been numerous seizures of 3,4-MDP-2-P-glycidate, from which 3,4-MDP-2-P, a precursor chemical of "ecstasy", can be manufactured. Since the middle of 2010, seizures of 3,4-MDP-2-P-glycidate have been made in several European countries, including Denmark, the Netherlands and Slovakia. In some of those cases, China was identified as the origin of the shipments.

(d) Substances not under international control

747. The illicit manufacture, trafficking and abuse of "designer drugs" are of increasing concern in Europe. Some 41 new psychoactive substances were identified in 2010 through the European Union early warning system, an increase over 2009 when 24 new substances were reported, and a record number for the early warning system. The substances identified in 2010 included synthetic cannabinoids, synthetic cathinones, arecoline (a plant-based substance) and synthetic derivatives of substances such as cocaine, phencyclidine and ketamine. In 2010, for the first time, a laboratory for the illicit manufacture of synthetic cannabinoids was uncovered in Germany.

748. Retail outlets that specialize in selling new psychoactive substances have rapidly emerged in several countries in Europe. In 2010, EMCDDA identified 136 Internet retail sites selling new psychoactive substances, most of which were based in Germany, the Netherlands and the United Kingdom, while some were based in France, Hungary and Poland. In Hungary, the rate of seizures of mephedrone increased from 1-5 seizures per month to over 100 seizures per month between April and June 2010. According to the World Customs Organization, the number of seizures of GBL reported by customs authorities continued to increase; in 2010, seizures of GBL were effected mostly in Norway and Switzerland, and the main countries of departure were the Netherlands and Poland.

749. According to the World Customs Organization, the amount of khat reported seized by customs authorities in Europe in 2010 increased to about 49 tons, and over 1 ton

of khat was seized in each of the following countries: Denmark, Finland, Germany, Norway, Sweden and Switzerland. The seized khat had reportedly been shipped from countries where it is not under control, such as the Netherlands and the United Kingdom. The United Kingdom has been reported as the main source of shipments of khat seized by customs authorities in North America; those shipments were, for the most part, detected in the postal system. According to the World Customs Organization, khat shipped from the Netherlands has been transported mainly to Germany and Scandinavian countries.

5. Abuse and treatment

750. Cannabis is the most commonly abused drug in the member States of the European Union: annual prevalence of cannabis abuse is estimated at 6.7 per cent among the population aged 15-64 (the rate ranges from 0.4 to 14.3 per cent in various countries). The highest annual prevalence rates for cannabis abuse among adults in the European Union were reported in Italy (14.3 per cent), the Czech Republic (11.1 per cent) and Spain (10.6 per cent), while the lowest levels were reported in Romania (0.4 per cent), Malta (0.8 per cent) and Sweden (1.2 per cent). Monthly prevalence of cannabis abuse in the European Union is on average 3.6 per cent of adults and, in 14 countries for which data were reported, one fifth of those who had abused cannabis in the previous month had abused the drug on at least 20 of the preceding 30 days. Cannabis abuse in the European Union is concentrated among persons aged 15-24 years (average annual prevalence: 16 per cent).

751. The prevalence of cannabis abuse in Europe is relatively stable or declining in some countries, although increasing levels of cannabis abuse have been reported in recent years in countries such as Bulgaria, Estonia, Finland and Sweden. According to the latest information available to the Board, in the United Kingdom, annual prevalence of cannabis abuse among adults in England and Wales decreased from 7.9 per cent in the period 2008-2009 to 6.6 per cent in the period 2009-2010. In Norway, the proportion of the population under 35 years of age who had abused cannabis within the previous 30 days decreased from 4.5 per cent in 2004 to 2.1 per cent in 2009.

752. Cocaine is the second most prevalent drug of abuse in Europe. Europe accounts for almost one third of global consumption of cocaine. The amount of cocaine abused in Europe, which almost doubled from 1999 to 2009, has stabilized in recent years. Some 90 per cent of the cocaine abuse in Europe is concentrated in Western and Central Europe, where 1.2 per cent of adults aged 15-64 have abused the drug in the past year. The prevalence of cocaine abuse ranged from 0 per cent to 2.7 per cent in various countries, the highest prevalence rates being in Italy, Spain and the United Kingdom, and lowest in Greece and Romania. According to the latest information available, in Eastern and South-Eastern Europe, the annual prevalence of cocaine abuse in 2009 ranged from 0.1 to 0.3 per cent of the population aged 15-64.

753. Europe represents the largest share of the global opiate market. The abuse of heroin is the biggest drug problem in Europe in terms of morbidity and mortality. The annual prevalence of abuse of opiates, mainly heroin, in Europe is estimated at 0.6 per cent of the population aged 15-64. The overall prevalence of abuse of opioids in Western and Central Europe is estimated to be stable to increasing. The number of new admissions for treatment for opiate abuse has been increasing in some countries. The number of drug-induced deaths have also increased. In Eastern and South-Eastern Europe, the annual prevalence of abuse of opiates is higher than in Western and Central Europe, estimated to be about 0.9-1.0 per cent of the population aged 15-64. According to the latest information available, in the Russian Federation, there were an estimated 1.7 million opiate abusers in 2010, consuming about 70 tons of the estimated total of 73 tons of opiates consumed in Eastern Europe. In Ukraine, there are about 370,000 opiate abusers.

754. The abuse of amphetamines and MDMA ("ecstasy") has been stable in Europe as a whole, with some increases in the abuse of those substances in a small number of countries, including Bulgaria and the Czech Republic. In Western and Central Europe, the annual prevalence of abuse of amphetamines is 0.7 per cent among the population aged 15-64 and 1.1 per cent among the population aged 15-34. In Eastern and South-Eastern Europe, the annual prevalence of abusers of amphetamines-group substances was 0.2-0.5 per cent in 2009. Methamphetamine abuse in Europe is limited mainly to the Czech Republic, although the abuse of the substance also occurs in Austria, Germany, Slovakia, the Baltic countries and some Nordic countries. The annual prevalence of abuse of "ecstasy" in Europe is 0.7 per cent among those aged 15-64. In most countries in Europe, the abuse of "ecstasy" has remained stable or has declined.

755. A survey published in 2011 of young people in Europe aged 15-24 found that 5 per cent of respondents had abused substances that were not under control, with higher rates reported for Ireland (16 per cent), Latvia (9 per cent), Poland (9 per cent), the United Kingdom (8 per cent) and Luxembourg (7 per cent). Sixty-four per cent of the respondents indicated that they would use the Internet to obtain information about illicit drugs. The

survey results indicated that the abused substances had been obtained from friends (54 per cent), purchased at specialized shops (33 per cent) or purchased over the Internet (7 per cent).

756. According to EMCDDA, an estimated 1 million people receive treatment for drug abuse in the European Union each year. In the European Union, the average age of people entering treatment for drug abuse is increasing: 20 per cent of people entering such treatment are over 40 years of age.

757. Opiates are the main problem drug among persons receiving treatment for drug abuse in Europe. According to EMCDDA statistics, in the European Union, opiates account for 51 per cent of new cases requiring such treatment; opiates are followed by cannabis (23 per cent), cocaine (17 per cent), stimulants other than cocaine (5 per cent) and other drugs. EMCDDA statistics covering 19 countries in Europe revealed that the demand for treatment for heroin abuse has been increasing in many countries in recent years and that about half of problematic opioid abusers receive opioid substitution treatment. The number of new treatment cases for which cannabis is the main drug of abuse is declining in most countries. In the United Kingdom, however, the number of people under 18 years of age who are being treated in England for cannabis abuse has increased by over 40 per cent since the period 2005-2006.

758. During the period 2004-2008, drug-induced deaths accounted for, on average, 4 per cent of all deaths among people aged 15-39 in the European Union, and three quarters of those drug-induced deaths were caused by opioids. According to the latest reports by EMCDDA, the decrease of 23 per cent in drug-related deaths in the period 2000-2003 was reversed between 2003 and 2008-2009, with over half of the reporting countries in Western and Central Europe recording an increase in the number of drug-induced deaths between 2007 and 2008. In the United Kingdom, drug-related deaths decreased by 6.2 per cent from 2008 to 2009; and the number of deaths caused by cocaine fell sharply in 2009 after peaking in 2008. Deaths caused by the abuse of cocaine in conjunction with other drugs accounted for 21 per cent of drug-related deaths. According to EMCDDA, 30-50 per cent of HIV-positive persons who abuse drugs by injection in Western and Central Europe are unaware that they have been infected with HIV; and the prevalence of drug abuse by injection in Europe is estimated at 2.5 per 1,000 adults aged 15-64.

759. Polydrug abuse remains a key problem in Europe. In many European countries, more than a quarter of the people entering treatment for drug abuse reported having concurrently abused cocaine and heroin. In Europe, cocaine (including "crack" cocaine) was the most frequently reported secondary drug of abuse among persons entering treatment for drug abuse. Many people undergoing treatment for cannabis abuse also reported the abuse of alcohol or other drugs.

760. The European Union Integrated Project Driving under the Influence of Drugs, Alcohol and Medicines, in which the degree of impairment caused by psychoactive drugs and their impact on road safety were studied, revealed that among all seriously injured drivers sampled between 2007 and 2010 in Belgium, Denmark, Finland, Italy, Lithuania and the Netherlands, the most prevalent substances identified after alcohol were THC (0.5-7.6 per cent) and benzodiazepines (0-10.2 per cent). The study also found that, among drivers killed in the period 2006-2009 in Finland, Norway, Portugal and Sweden, the most prevalent substances sampled were benzodiazepines (1.4-13.3 per cent), amphetamines (0-7.4 per cent) and THC (0-6.1 per cent).

E. Oceania

1. Major developments

761. An increase in the smuggling of cocaine into Oceania has posed a new challenge to drug control efforts in that region. In Australia, the number of cocaine-related offences has increased significantly in the past decade. The 2010 National Drug Strategy Household Survey report of the Australian Institute of Health and Welfare reveals that the annual prevalence rate of cocaine abuse in that country is higher than ever before. Large shipments of cocaine from South and Central America continue to be detected at the Australian border. Furthermore, according to the Australian law enforcement authorities, availability of cocaine has increased nationwide, despite the fact that the price of cocaine in Australia is significantly higher than in many other countries of the region. New Zealand, Fiji and Tonga have also reported an increase in cocaine seizures.

762. Organized crime syndicates are actively involved in drug trafficking in Oceania. Evidence shows that West African drug syndicates have established a significant presence in the region by trafficking heroin and methamphetamine into Australia and New Zealand. Furthermore, Mexican, Central American and South American crime syndicates have been identified as responsible for the smuggling of large shipments of cocaine into Australia. East and South-East Asian organized crime groups continue to maintain an advantage in smuggling crystalline methamphetamine

into Oceania. Sophisticated concealment methods used by organized crime syndicates are posing a significant challenge to detection by law enforcement authorities.

763. Increased abuse of pharmaceutical preparations for non-medical purposes (mainly over-the-counter and prescription analgesics containing narcotic drugs) is another notable trend in Oceania. In Australia, the annual prevalence rate of abuse of such preparations among persons aged 14 years and older increased considerably, from 3.7 per cent in 2007 to 4.2 per cent in 2010, the second highest rate since 1995. The most widely abused preparations are analgesics: 73 per cent of abusers of such preparations used over-the-counter analgesics in the past 12 months. The number of seizures of benzodiazepines for non-medical use has also increased significantly in the past two years. Illegal Internet pharmacies and diversion from licit distribution channels continue to be the main sources of supply of benzodiazepines. In New Zealand, the abuse of pharmaceutical preparations containing morphine or codeine is becoming more common.

764. The Board welcomes the accession of the Marshall Islands to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 in November 2010. However, the Board notes that nine States in Oceania have yet to become parties to the international drug control treaties. Many of those countries have become trans-shipment areas and destinations for trafficked drugs and precursors. Their long coastlines have facilitated drug trafficking activities, and the growing abuse of cannabis and amphetamines has also become a concern. The Board has urged all States concerned, namely the Cook Islands, Kiribati, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu, to accede to the international drug control treaties to which they are not yet parties without further delay.

2. Regional cooperation

765. The Australasian Chemical Diversion Congress 2010 was held in Perth, Australia, in December 2010. The Congress, which is held annually, brought together experts from countries in the region of Asia and the Pacific to develop effective solutions to the increase in the illicit manufacture of drugs, which is directly linked to the diversion of precursor chemicals. Participants in the Congress called for close cooperation between law enforcement authorities, other government agencies and the chemical and pharmaceutical industry. In February 2011, a conference on the theme "Resilience in the Pacific: addressing the critical issues" was held in Wellington with the participation of senior officials of the Pacific Islands Forum secretariat and the Government of New Zealand. The conference highlighted drug trafficking as a threat to safety and security in the region and participants called for cohesive efforts in addressing that threat.

766. The annual meeting of the Pacific Drug and Alcohol Research Network for 2011 was held in Fiji in August 2011. Representatives from 12 countries in the region and delegates from the World Health Organization and research institutes attended the meeting. Participants presented information on current drug- and alcohol-related issues affecting their countries. The meeting highlighted the importance of strengthening drug-related research and data collection and analysis in the region, including through the implementation of a regional cannabis survey with the assistance of UNODC and regional organizations.

767. The Australian Federal Police continued to expand the Pacific Police Development Programme in 2010. The programme supports capacity-building initiatives in various countries in the region, including Nauru, Papua New Guinea, Samoa and Tonga. Under the programme, various training workshops on practice and procedures in the area of criminal investigation and forums to enhance forensic capacity have been held across the region. In 2010, the Government of New Zealand continued to provide the drug control authorities of Fiji and Tonga with technical and financial assistance.

768. The traffic in drugs and precursors from East and South-East Asia has a serious impact on Oceania. In 2010, New Zealand and China signed a joint declaration with a view to reducing the smuggling of pharmaceutical preparations containing pseudoephedrine from China to New Zealand. In March 2011, the Australian Federal Police signed a memorandum of understanding with the National Narcotics Board of Indonesia with the aim of making efforts to combat drug trafficking more effective.

3. National legislation, policy and action

769. In February 2011, the Government of Australia endorsed a national drug strategy for the period 2010-2015, the three pillars of which are demand reduction, supply reduction and harm reduction. Within the framework of the strategy, seven "sub-strategies" will be updated or developed to address specific priorities, such as the abuse of pharmaceutical preparations for non-medical purposes and the strengthening of drug-related data collection and analysis.

770. Recognizing the serious threat posed by organized crime in Australia, the Government of Australia has introduced a series of countermeasures. In December 2010, the Commonwealth Organized Crime

Response Plan 2010-2011 was adopted with the aim of guiding national action to combat three forms of organized crime identified as priority risks, namely money-laundering, trafficking in and abuse of amphetamine-type stimulants and identity crime. In February 2011, the Government of Australia passed the Crimes Legislation Amendment Bill 2010 to ensure that law enforcement agencies have the powers necessary in order for them to carry out their tasks to disrupt organized crime. Furthermore, multi-agency teams responsible for investigating organized crime have been established across Australia.

771. In April 2011, new national guidelines on the remediation of sites used for the illicit manufacture of drugs were introduced in Australia. The guidelines set out a step-by-step process to be followed by law enforcement agencies in determining the remediation of contaminated sites, since 71 per cent of clandestine laboratories in Australia are found in residential areas and thus pose serious potential health and environmental risks. In July 2011, the Customs Act was amended to allow accredited customs officers to use body-scanning technology as one of the means of detecting drug couriers who conceal drugs internally.

772. In February 2011, the New Zealand Police updated its methamphetamine control strategy, which focuses on disrupting methamphetamine supply chains through intelligence-led operational activities. In August 2011, the Misuse of Drugs Amendment Act, which establishes that pharmaceutical preparations containing ephedrine or pseudoephedrine may be purchased only with a prescription, was approved by the Parliament of New Zealand.

773. Although countries in Oceania have not reported widespread abuse of synthetic cannabinoid receptor agonists that are not under international control, a recent increase in the availability of such substances and in reports of adverse effects associated with their abuse have led to increased public concern. As a result, in August 2011, the Government of New Zealand temporarily banned 43 products containing synthetic cannabinoids for a period of 12 months pending assessment by the health authorities as to whether those substances should be controlled. Several states in Australia have prohibited the sale of products containing synthetic cannabinoid receptor agonists.

774. In view of the increasing availability and abuse of new psychoactive substances, the Government of Australia has required import authorizations for 11 substances not under international control as of December 2010. These substances included alkoxyamphetamines, BZP and 4-methylmethcathinone (mephedrone), the so-called "designer drugs" in the groups of stimulants and piperazines. Ketamine, a substance not under international control, was classified as a controlled substance in New Zealand in May 2010.

775. The Government of Fiji, with the assistance of UNODC, has established a national learning centre against money-laundering that provides computer-based training to law enforcement officials in that country. The Government of the Marshall Islands is funding a project for the period 2009-2013 to reduce substance-abuse problems in communities and to develop prevention strategies at the national and community levels. In Solomon Islands, a national youth policy for the period 2010-2015 has been drawn up, of which one of the key pillars is to reduce youth crime, including drug-related offences.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

776. Cannabis continues to be the most commonly seized drug in Oceania. In Australia, it accounted for 70 per cent of drug seizures and for 76 per cent of the volume of drugs seized nationwide from July 2009 to June 2010. Nearly six tons of cannabis were seized, compared to 5.5 tons seized during the period July 2008-June 2009. From July 2009 to June 2010, the Australian customs authorities seized about 20 kg of cannabis, most of which was concealed in mail. The United States was the main country of embarkation for those shipments, followed by the United Kingdom and Papua New Guinea. Widespread domestic cultivation remains the main source of cannabis in Australia. According to the Australian authorities, there is a well-established link between criminal groups and large-scale commercial cultivation of cannabis in Australia. Between July 2009 and June 2010, three clandestine laboratories used for the extraction of cannabis oil were detected and dismantled.

777. Illicit cultivation of cannabis plant is the primary source of cannabis supply in New Zealand. In 2010, nearly 160,000 cannabis plants were eradicated, a similar number having been seized in 2009. In addition, 820 kg of cannabis herb were seized. The Netherlands was the main country of embarkation for shipments of cannabis herb seized at the New Zealand border, followed by the United Kingdom and France. The New Zealand authorities indicate that organized criminal groups have been linked with the large-scale cultivation and distribution of cannabis in New Zealand.

778. According to UNODC, cannabis plant is cultivated widely in Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu. Some varieties of cannabis illicitly cultivated in those countries are regarded as some of the most potent available worldwide. Eradication campaigns have been carried out in Fiji and Solomon Islands.

779. The quantity of heroin seized in Australia decreased by 35 per cent from 295 kg during the period July 2008-June 2009 to 192 kg during the period July 2009-June 2010. However, preliminary data for the period from July 2010 to June 2011 indicated that heroin seizures had increased significantly compared with the period July 2009-June 2010. In November 2010, the Australian authorities detected and seized a shipment from Malaysia containing 168 kg of heroin, the fifth largest heroin seizure in Australian history. South-East Asia and West Asia remain the key source regions for heroin trafficked into Australia. Cambodia and Viet Nam have become major transit countries for heroin destined for the Australian market. Between July 2009 and June 2010, most seized shipments of heroin departed, in descending order, from Cambodia, Viet Nam, Afghanistan, Singapore and Pakistan. During the same period, shipments that had departed from Bangladesh, India and Nigeria were also seized, which indicates that traffickers are looking for new trafficking routes.

780. West African criminal groups have developed a significant presence in smuggling heroin into Australia. They have established their networks in Pakistan, India and countries in South-East Asia. Furthermore, nationals of East and South-East Asian countries continue to be involved in the Australian heroin market. It is expected that organized criminal groups will continue to target Australia as a destination for heroin, mainly as a consequence of increased opium production in South-East Asia and high heroin prices in Australia.

781. Large seizures of opium are not commonly reported in Oceania. However, recent seizures show that opium is increasingly being trafficked into Australia and New Zealand from the Islamic Republic of Iran. In March 2011, a shipment from the Islamic Republic of Iran containing 170 kg of opium was detected by the Australian customs authorities. The drug was concealed in 200 glass jars labelled as tomato paste. In May 2011, a further 10 kg of opium was detected in air cargo from the Islamic Republic of Iran. New Zealand also reported seizures of opium, the bulk of which had been trafficked from the Islamic Republic of Iran via India and Thailand.

782. There are indications that the cocaine market in Australia is expanding. From July 2009 to June 2010, a total of 782 kg of cocaine was seized in Australia, most of which had originated in Colombia and Peru. Cocaine shipments seized at the Australian border arrived from a variety of countries, chiefly from countries in North America and to a lesser extent from Central America and South America. During the same period, Nigeria emerged as a major embarkation country for cocaine shipments destined for Australia. Mexican, Central American and South American criminal groups have been involved in trafficking cocaine into Australia. In a joint operation carried out in October 2010, the Australian law enforcement agencies seized 464 kg of cocaine at a small sea port in Queensland, the third largest quantity of cocaine ever seized in Australia. Three traffickers with links to organized crime syndicates in Australia and South America were arrested after the cocaine was transferred from a large vessel in the Pacific Ocean to a small craft, which was used to transport the drugs to a non-commercial port. In May 2011, a joint operation led to the disbanding of a drug syndicate operating in Australia, Colombia and Panama and the seizure of 50 kg of cocaine suspended in barrels of hydraulic oil. In September 2011, a shipment of 270 kg of cocaine that had departed from Brazil was seized in Melbourne, Australia.

783. The quantity of cocaine seized in New Zealand has also increased, from 3 kg in 2009 to nearly 10 kg in 2010. Until recently, cocaine demand in New Zealand had been limited and New Zealand had been used as a transit country for cocaine shipments destined for Australia. However, it appears that the bulk of the cocaine seized in 2010 was intended to supply the New Zealand market. Most of the cocaine seized was carried by drug couriers arriving on flights from South America. Internal concealment, a method not commonly seen in New Zealand previously, has become a common modus operandi. Between September 2010 and April 2011, the New Zealand Customs Service detected seven drug couriers who were carrying drugs, including cocaine, methamphetamine and opium, internally.

784. In 2011, the law enforcement authorities of Fiji and Tonga seized small amounts of cocaine, some of which were believed to be destined for other countries.

(b) Psychotropic substances

785. Trafficking in amphetamine-type stimulants continues to be a serious concern in Australia. The illicit domestic manufacture of such substances remains robust. A record 585 clandestine laboratories used for the manufacture of amphetamine-type stimulants (other than MDMA ("ecstasy")) were dismantled between July 2009

and June 2010, compared with 297 during the period July 2008-June 2009, an increase of 97 per cent. In addition, 17 clandestine "ecstasy" laboratories were dismantled between July 2009 and June 2010. In June 2011, the Australian authorities dismantled one of the largest clandestine laboratories — with the capacity to manufacture up to 70 kg of methamphetamine and comparable quantities of "ecstasy" — ever to have been discovered in Australia. The operation resulted in the arrest of five criminals and the seizure of more than 2.5 tons of precursors. The criminals operating the laboratory were identified as the principal organizers of a drug syndicate involved in the manufacture and distribution of methamphetamine and "ecstasy" in Australia.

786. A small proportion of amphetamine-type stimulants seized in Australia continues to be smuggled from abroad. From July 2009 to June 2010, South Africa and Spain were the two main embarkation countries for shipments of such substances destined for Australia, followed by China (including Hong Kong). Seizure data for the period July 2009-June 2010 indicate that Singapore was used as a significant transit point for such shipments en route to Australia. Crystalline methamphetamine was smuggled primarily by post and by drug couriers travelling on commercial flights. Australian criminal groups with links to criminal groups based in East and South-East Asia maintain an advantage in trafficking crystalline methamphetamine into Australia. The quantity of amphetamine-type stimulants seized in Australia fell from 1,640 kg during the period July 2008-June 2009 to 671 kg during the period July 2009-June 2010, a decrease of 59 per cent. However, in May 2011, the Australian authorities seized 239 kg of methamphetamine, the largest quantity of that substance ever seized in Australia.

787. In New Zealand, the quantity of methamphetamine seized in 2010 reached 30 kg, about 65 per cent of which was trafficked from abroad. For the first time, the United Arab Emirates was identified as the main embarkation country for methamphetamine shipments bound for New Zealand via Australia, Hong Kong and Indonesia in 2010. In 2011, two shipments of methamphetamine, one from South Africa and the other from Hong Kong, China, were found to have been smuggled with the involvement of West African criminal groups. In addition, drug couriers from South-East Asia continue to smuggle crystalline methamphetamine into New Zealand. Given that New Zealand legislation on precursors used in the manufacture of amphetamine-type stimulants has been strengthened, it is likely that the smuggling of methamphetamine into New Zealand will continue to increase.

788. In New Zealand, clandestine laboratories are another important source of illicitly manufactured amphetamine-type stimulants. In 2010, a total of 130 clandestine laboratories were dismantled, the majority of which had manufactured methamphetamine. Some were used for the extraction of pseudoephedrine from pharmaceutical preparations. Operation Hammerhead of the New Zealand Police led to the detection of laboratories used for the manufacture of methamphetamine, MDMA ("ecstasy") and other drugs. In a separate operation carried out by the New Zealand Police in February 2011, a large methamphetamine manufacturing and supply chain was successfully disrupted, a clandestine methamphetamine laboratory was dismantled, 30 people were arrested and large quantities of methamphetamine were seized.

789. During the period 2009-2010, more than 15,000 methamphetamine tablets were seized by authorities in Fiji. Samoa and Tonga also reported methamphetamine seizures during the same period.

790. The quantity of MDMA ("ecstasy") seized in Australia decreased by 50 per cent from the period July 2008-June 2009 to the period July 2009-June 2010, consistent with falling demand for the substance in that country. All of the shipments seized were of less than 1 kg. Canada was the primary embarkation country for "ecstasy" shipments destined for Australia, followed by Taiwan Province of China, the United States and Ireland. Domestic manufacture of "ecstasy" continues to be reported in Australia. Between July 2009 and June 2010, 17 clandestine "ecstasy" laboratories were destroyed.

791. In Australia, the non-medical use of benzodiazepines is an ongoing problem. The number of seizures of unauthorized imports of benzodiazepines increased substantially from 206 seizures during the period July 2008-June 2009 to 585 during the period July 2009-June 2010. Most of those shipments were ordered through illegal Internet pharmacies and dispatched by mail from India, Thailand, the United Kingdom and Pakistan. Benzodiazepines were also diverted from domestic licit distribution channels, inter alia, through over-prescription, forged prescriptions and the practice of obtaining prescriptions for controlled substances from multiple physicians ("doctor shopping").

(c) Precursors

792. In Australia, legislative changes are making it increasingly difficult for traffickers to divert ephedrine and pseudoephedrine. Trafficking in ephedrine and

pseudoephedrine into Australia decreased significantly from July 2009 to June 2010. While East and South-East Asian countries (mainly China and Viet Nam) continue to be the main source countries of ephedrine and pseudoephedrine seizedat the Australian border, Egypt was identified as the embarkation country of two shipments of ephedrine and pseudoephedrine seized in 2009 and 2010. In spite of a decrease in the quantity of those substances seized at the border, the large number of clandestine laboratories manufacturing amphetamine-type stimulants that have been detected in Australia shows that precursors continue to be diverted from various domestic sources. Between July 2009 and June 2010, 44 clandestine laboratories used solely for the extraction of ephedrine and pseudoephedrine from pharmaceutical preparations were identified.

793. The New Zealand national action plan for tackling methamphetamine resulted in fewer seizures of ephedrine and pseudoephedrine in 2010. A total of 967 kg was seized at the New Zealand border during that year, representing a decrease of 20 per cent from the record 1.2 tons seized during 2009. However, seizure data for the first four months of 2011 showed that ephedrine and pseudoephedrine continued to be trafficked from abroad in the form of pharmaceutical preparations. Between January and April 2011, at least 194 kg of ephedrine and pseudoephedrine were seized by the New Zealand Customs Service. In April 2011, a large shipment of tablets containing a total of 68 kg of pseudoephedrine was seized in New Zealand. While China remains a major source country, there are signs of an increasing diversity of sources for ephedrine and pseudoephedrine smuggled into New Zealand. At the same time, it appears that traffickers are adapting their modi operandi, increasingly smuggling small but multiple packages. Another notable trend is that some clandestine laboratories manufacturing amphetamine-type stimulants that were dismantled in New Zealand used alternative methods that do not require the use of ephedrine or pseudoephedrine, such as the use of P-2-P and the extraction of ephedrine from ephedra.

794. Evidence shows that Fiji is emerging as both a transit area and a final destination for illicit shipments of pseudoephedrine. Over the course of 2009 and 2010, at least eight shipments of pharmaceutical preparations containing pseudoephedrine were seized in Fiji en route to New Zealand. In July 2010, one of the largest recorded shipments of pharmaceutical preparations containing pseudoephedrine was seized in Fiji. The shipment had arrived from China via Australia and New Zealand. That seizure pointed to the possibility of domestic manufacture of amphetamine-type stimulants in Fiji. Very few seizures of precursors have been reported by countries in Oceania other than Australia, Fiji and New Zealand, and the extent of precursor trafficking in those other countries is unknown.

(d) Substances not under international control

795. While demand for ketamine and GBL is very limited in Oceania, seizures of those substances continue to be reported. In Australia, 22 shipments of ketamine and 44 of GBL were seized between July 2009 and June 2010, most of which had been smuggled in mail. In New Zealand, abuse of GBL is particularly common both in nightclubs and at private parties. In April 2011, New Zealand customs officers detected two packages containing a total of 1.2 litres of GBL concealed in nail polish bottles that had arrived from the United States.

796. In New Zealand, some 45,000 "ecstasy" tablets were seized in 2010, nearly three times as many as in 2009. However, forensic analysis continues to show that such tablets contain very little or no MDMA; instead, they consist mainly of other substances, such as BZP, mephedrone, ketamine and caffeine. A clandestine laboratory dismantled in New Zealand in 2010 was found to have manufactured "ecstasy" tablets containing substances other than MDMA. The laboratory appeared to have been supplying significant quantities of "ecstasy" tablets on the New Zealand market.

5. Abuse and treatment

797. Cannabis remains the drug most commonly abused in Oceania, mainly owing to its availability and low price. In Australia, the annual prevalence rate of cannabis abuse increased from 9.1 per cent in 2007 to 10.3 per cent in 2010, following a steady decline between 1998 and 2007. A total of 1.9 million people were estimated to have abused cannabis in 2010. More than 50 per cent of the population aged 30-39 years had abused cannabis at some time in their lives, a proportion similar for both males and females within that group and higher than that of any other age group. In New Zealand, while there has been a decline in cannabis abuse among the general population in the past few years, the annual prevalence rate of such abuse among persons aged 15-45 years stands at 18 per cent.

798. MDMA ("ecstasy") is the second most widely abused drug in Australia. For the first time since 1995, the annual prevalence of "ecstasy" abuse in Australia decreased from its peak of 3.5 per cent in 2007 to 3 per cent in 2010, a rate nonetheless among the highest worldwide. Such abuse was highest among the population aged 20-29 years, of whom some 10 per cent had used

"ecstasy" in the previous 12 months. Abuse of amphetamine and methamphetamine has continued to decrease in Australia in recent years, the annual prevalence rate of such abuse falling slightly from 2.3 per cent in 2007 to 2.1 per cent in 2010.

799. In New Zealand, MDMA ("ecstasy") is the second most commonly abused drug. A survey conducted in 2009 showed that persons who frequently abused "ecstasy" had used several other illicit drugs in the previous six months, including cannabis (89 per cent of respondents) and lysergic acid diethylamide (LSD) (47 per cent of respondents).

800. Cocaine abuse in Australia has been increasing steadily since 2004 and reached its highest level in 2010. Among persons aged 14 or older, the annual prevalence rate of cocaine abuse rose significantly, from 1.6 per cent in 2007 to 2.1 per cent in 2010 (i.e., the number of abusers of cocaine increased by 100,000). That increase was largely the result of an increase in abuse of that substance among females aged 20-29 years, from 3.1 per cent in 2007 to 5 per cent in 2010. A recent survey in Australia also reveals that cocaine abuse has increased significantly among persons living in large cities, persons with higher academic qualifications, employed persons and persons of the highest socio-economic status. In New Zealand, cocaine abuse has increased since 2003. Fiji, Samoa and Solomon Islands also reported abuse of cocaine.

801. The Australian authorities reported increased abuse of pharmaceutical preparations for non-medical purposes in 2010. In terms of lifetime prevalence, males are more likely than females to have used such preparations for non-medical purposes. The rate of abuse of tranquillizers is high among persons aged 20-29 years. In New Zealand, abuse of heroin illicitly manufactured using pharmaceutical preparations containing morphine or codeine (known as "homebake heroin") is becoming more common.

802. It is estimated that between 14,500 and 25,000 persons abuse drugs by injection in countries of Oceania other than Australia and New Zealand; of that total, an estimated 1.4 per cent are infected with HIV. In French Polynesia, persons who abuse drugs by injection account for 11.7 per cent of the total population infected with HIV; in New Caledonia, they account for 10 per cent of that total and in the Federated States of Micronesia, 3.2 per cent.

803. In Australia, cannabis was the second most common substance of abuse (after alcohol) for which treatment was sought during the period July 2008-June 2009, accounting for 23 per cent of the total number of persons treated, followed by heroin (10 per cent), amphetamine-type stimulants (9 per cent), benzodiazepines (1.5 per cent), methadone (1.5 per cent), MDMA ("ecstasy") (1 per cent) and cocaine (0.3 per cent). The majority of persons who received treatment were aged 20-39 years. Overall, counselling has remained the most common treatment type (37 per cent), followed by detoxification (16 per cent). Of those who received treatment, 67 per cent were male, except in the case of treatment for abuse of benzodiazepines.

804. The number of Australians receiving opioid substitution treatment continues to rise, and the proportion of older persons within that group is increasing. On a randomly selected day in June 2010, a total of 46,000 persons were receiving opioid substitution treatment, an increase of more than 2,600 persons compared with 2009, consistent with the increase in substitution treatment in recent years. Of the total number of persons receiving such treatment, the proportion of persons aged 30 years and older increased from 72 per cent in 2006 to 82 per cent in 2010. Males accounted for about two thirds of the total number of persons treated in 2010. Consistent with previous years, approximately 70 per cent of persons treated in 2010 received methadone, while 30 per cent received buprenorphine or a combination of buprenorphine and naloxone. Opioid substitution treatment is also available in prisons in Australia.

805. In New Zealand, there are a variety of drug abuse treatment services targeting different population groups, including hospital-based or specialized services that incorporate detoxification and substitution therapy and services offered by non-governmental organizations that provide counselling, support and residential and intensive day treatment programmes. The Department of Corrections funds drug treatment units in prisons. There are also some services for the treatment of children and youth who abuse alcohol or drugs. In addition, the Community Alcohol and Drug Services (CADS) provides cost-free services relating to the abuse of alcohol and other drugs to people living in the Auckland region.

806. The Government of New Zealand has taken initiatives to increase the capacity of services for the treatment of drug abuse to treat abusers of methamphetamine. Since November 2009, a total of 80 additional residential treatment beds have been established and have served nearly 280 new admissions. In November 2010, the Government of New Zealand developed guidelines for interventions and treatment for the problematic use of methamphetamine and other amphetamine-type stimulants. The purpose of the guidelines is to provide health-care workers with practical

information on potential treatment options that can be used in a variety of settings and contexts.

807. With regard to other countries in Oceania, data from UNODC and school surveys conducted in some of those countries indicate that the abuse of cannabis and amphetamine-type stimulants, in particular among young people, remains a concern. School-based prevention activities appear to be developing, and treatment, where available, appears to be part of services relating to general and mental health. However, no comprehensive data are available with regard to the extent and nature of drug abuse among the general population in those countries. Lack of drug abuse research and surveillance makes it difficult for the Governments of those countries to devise effective and targeted prevention and treatment policies and strategies. The Board therefore encourages the Governments of Australia and New Zealand to continue to share expertise and provide assistance in establishing routine monitoring of patterns and trends in drug abuse in other parts of Oceania.

IV. Recommendations to Governments, the United Nations and other relevant international and regional organizations

808. The Board monitors the implementation by Governments of the three international drug control conventions and examines the functioning of the international drug control system at the national and international levels. Based on its assessment, the Board makes recommendations to Governments and international organizations to support the implementation of the conventions.

809. The present chapter highlights the key recommendations contained in chapters II and III of this report. The recommendations contained in chapter I are not included in chapter IV. Additional specific recommendations to address the control of precursors are contained in the 2011 report of the Board on the implementation of article 12 of the 1988 Convention.[30] The Board encourages Governments and relevant international and regional organizations to examine all the recommendations made by the Board and to implement them without delay, as appropriate. The Board calls on the Governments concerned to inform the Board of their action in response to the recommendations.

A. Recommendations to Governments

810. The recommendations to Governments are grouped according to the following subject areas: treaty accession; treaty implementation and control measures; and prevention of illicit drug production, manufacture, trafficking and abuse.

1. Treaty accession

811. The 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention are the framework of the international drug control system. The accession of all States and the universal implementation of the provisions of the conventions are a basic prerequisite for effective drug control worldwide.

Recommendation 1: The Board notes that a total of 16 States[31] have not yet become parties to all of the international drug control treaties. In addition, **Afghanistan** and **Chad** need to accede to the 1972 Protocol. **The Board urges the Governments concerned to take the steps necessary to accede to all the international drug control treaties without further delay.**

Recommendation 2: The Board welcomes the accession of the Marshall Islands to the 1988 Convention in November 2010. However, the Board notes that nine States in Oceania have yet to become parties to the international drug control treaties. Many of those countries have become trans-shipment areas and destinations for trafficked drugs and precursors. Abuse of cannabis and amphetamines has also increased in the region. **The Board therefore urges again the Cook Islands, Kiribati, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu to accede, without further delay, to those international drug control treaties to which they are not yet parties.**

2. Treaty implementation and control measures

812. Universal accession to the three international drug control treaties is necessary but not sufficient to address drug-related problems. In addition, it will require universal implementation of all the provisions of the treaties and the effective application of the necessary control measures by all Governments.

Recommendation 3: Some Governments do not submit statistical reports on internationally controlled substances as required under the international drug control treaties. This lack of compliance with reporting obligations could be an indication that those Governments are not fully able to exercise the treaty-mandated controls over the movement of scheduled substances. **The Board reminds those Governments of their treaty obligations and encourages them to take steps that would allow them to improve their reporting performance in the future.**

Recommendation 4: Certain parties have not fully complied with their obligations under the international drug control treaties, as some of their state and/or provincial legislative and judicial structures have implemented action contrary to the treaties. **The Board**

[30] *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2011* (United Nations publication, Sales No. E.12.XI.4).

[31] Cook Islands, Equatorial Guinea, Haiti, Holy See, Kiribati, Liberia, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Somalia, South Sudan, Timor-Leste, Tuvalu and Vanuatu.

calls upon the States parties concerned to take all necessary measures to ensure that state and/or provincial policies and measures do not undermine efforts to combat drug abuse and trafficking in narcotic drugs, psychotropic substances and precursor chemicals.

(a) Narcotic drugs and psychotropic substances

Recommendation 5: In March 2011, the Board launched a special report entitled *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*,[32] as a supplement to its annual report for 2010. In its special report, the Board brought to the attention of Governments and the general public the stark contrast in consumption levels in the different regions of the world. The special report also contained recommendations on availability, appropriate use, national control systems and prevention of diversion and abuse of controlled drugs. **The Board encourages Governments to implement those recommendations contained in the special report which are relevant to their country. The Board will in due time analyse, in cooperation with Governments and WHO, the level of implementation of those recommendations.**

Recommendation 6: The Board has developed, in cooperation with WHO, a guide on estimating requirements for substances under international control, which will be launched in 2012. The intent of the guide is to assist competent national authorities in identifying the most appropriate method for calculating the quantities of internationally controlled substances required for medical and scientific purposes in their country. **The Board expects the guide to be used by all Governments, in particular those that until now were not in a position to calculate their estimates of narcotic drugs and assessments of psychotropic substances, for lack of technical expertise.**

Recommendation 7: The Board notes with appreciation that some Governments had submitted for 2010 data on the consumption of some or all psychotropic substances used on their territory for medical and scientific purposes, pursuant to the Board's recommendation and Commission on Narcotic Drugs resolution 54/6. **The Board encourages all other Governments to follow suit and take measures that would allow them to collect reliable data on consumption levels of psychotropic substances on their territory and to report those data to the Board.**

Recommendation 8: Traffickers have not stopped trying to divert narcotic drugs or psychotropic substances from international trade. **The Board reiterates its call for Governments to remain vigilant and to monitor international trade in the substances subject to the control regime laid down in the international drug control conventions and the related resolutions. In particular, Governments should ensure implementation of the system of estimates and assessments, extend the import and export authorization requirement to all substances in Schedules III and IV of the 1971 Convention and verify the authenticity of all import orders that they consider to be suspicious with the competent authorities of the importing countries, or with the Board.**

Recommendation 9: Many internationally controlled substances have been found to be diverted from domestic distribution channels. **The Board therefore requests Governments to thoroughly investigate the sources of the diverted substances and to inform the Board of the results of their investigations.**

Recommendation 10: Some Governments have experienced problems in addressing non-compliance by national stakeholders with some of the control measures aimed at preventing diversion from domestic distribution channels. The penalties that are applicable to individuals or companies found to be negligent or unethical were in some cases inadequate to prevent persons from cooperating with traffickers. **The Board encourages all Governments to examine whether the penalties foreseen under their national drug control legislation are sufficient to deter such problems and, if not, to revise their laws accordingly.**

Recommendation 11: One growing problem is the diversion of preparations containing buprenorphine from domestic distribution channels, to be subsequently abused in the countries of diversion or smuggled into other countries where there is illicit demand for them. **The Board urges Governments of all countries in which buprenorphine is used for licit purposes to remain vigilant and to adopt appropriate control measures, while making the substance available for use in medical treatment. The Board also encourages Governments of those countries into which buprenorphine continues to be smuggled to take action against such smuggling and to closely cooperate with the other countries concerned in order to prevent trafficking in buprenorphine.**

(b) Precursors

Recommendation 12: The pre-notification of export of precursors is an important tool in the international

[32] United Nations publication, Sales No. E.11.XI.7.

precursor control system. Some countries, however, do not have in place domestic systems that would allow them to provide, prior to exporting precursor chemicals, notifications to the countries importing the chemicals. **The Board urges all Governments to make sure that they are informed of any proposed export of precursors and to provide pre-export notifications, particularly to importing countries that have officially requested such notifications. Exporting countries are encouraged to systematically use the PEN Online system for all transactions, as the system is capable of sending pre-export notifications to all countries, including countries not yet registered with the system, via an integrated fax or e-mail option.**

Recommendation 13: **Exporting countries are urged to ensure that their exports do not violate the applicable laws and regulations of the importing countries.**

Recommendation 14: **In cases where there are grounds to believe that a shipment is suspicious, the Government of the exporting country should release the shipment only after receiving confirmation from the competent authority of the importing country.**

Recommendation 15: **Governments of importing countries that have not yet done so should invoke article 12, paragraph 10 (a), of the 1988 Convention, which requires exporting countries to notify them prior to exporting precursors to their territory.**

Recommendation 16: Some Governments of importing countries are not reviewing and responding to pre-export notifications where necessary. In addition, significant amounts of precursors are intended for re-export but not all subsequent transactions appear to be traceable through the PEN Online system. **Importing countries are reminded to provide timely feedback to exporting countries, if requested to do so, by using the reply function of the PEN Online system.**

Recommendation 17: Multilateral international cooperation is essential to identifying and responding to emerging trends in trafficking in precursors, illicit manufacture of drugs and new methods of diversion. In the framework of Project Cohesion and Project Prism, such cooperation and the dissemination of related information have provided tangible results, as evidenced most recently by Operation PAAD. Criminal trafficking organizations are becoming more and more resourceful, organized and adept at circumventing the growing number of control measures that have been introduced. **The Board therefore urges Governments to actively contribute to the multilateral operations and activities under Project Cohesion and Project Prism, including by sharing strategic intelligence and offer information on suspicious orders, stopped shipments and seized precursors in real time.**

Recommendation 18: As the controlled precursors that have traditionally been used have become more costly to source, drug trafficking organizations have rapidly adapted to the situation by obtaining intermediates, "pre-precursors", made-to-order chemicals or pharmaceutical preparations and natural products containing the controlled precursors. In March 2011, the Commission on Narcotic Drugs adopted resolution 54/8, in which it outlined measures to address the issue of pharmaceutical preparations containing ephedrine and pseudoephedrine. **The Board welcomes the increased focus on shipments of ephedrine and pseudoephedrine in the form of pharmaceutical preparations and encourages Governments to implement the measures outlined in Commission on Narcotic Drugs resolution 54/8. In addition, Governments, in cooperation with industry, are encouraged to apply more flexible approaches to identifying suspicious orders and preventing the diversion of new precursor chemicals. Where necessary, legislation should be introduced to allow for the investigation and prosecution of cases where such new chemicals are used in the illicit manufacture of drugs.**

Recommendation 19: Each year, the Board prepares its report on the implementation of article 12 of the 1988 Convention, and that report contains recommendations to Governments on the control of precursors. **The Board calls on Governments to implement the recommendations contained in the 2011 report of the Board on the implementation of article 12 of the 1988 Convention.**[33]

3. Prevention of illicit drug production, manufacture, trafficking and abuse

813. Parties to the international drug control treaties have an obligation to limit to legitimate purposes the production, manufacture, export, import and distribution of, trade in and use of internationally controlled substances and to prevent their diversion and abuse.

Recommendation 20: The Board notes with concern that the total area under illicit opium poppy cultivation in Afghanistan increased by 7 per cent in 2011 and that half of the country's 34 provinces were involved in such cultivation. Potential illicit opium production also increased significantly, by 61 per cent, between 2010 and

[33] *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2011 ...*

2011. Progress in reducing illicit opium poppy cultivation in Afghanistan appears to be slow. **The Board urges the Government of Afghanistan to take adequate measures to implement the National Drug Control Strategy and to ensure that illicit poppy cultivation in the country is reduced and effectively prevented, particularly through awareness and eradication campaigns, while providing alternative livelihoods for the farming community. Efforts should be made to sustain the progress already achieved.**

Recommendation 21: East and South-East Asia continues to be one of the main regions in which methamphetamine is illicitly manufactured. There are indications that methamphetamine has been illicitly manufactured on a large scale in the so-called Golden Triangle, as the amount of methamphetamine seized in the region increased in 2010. Furthermore, there is significant smuggling of methamphetamine within the region and from North America, West Africa and West Asia. The abuse of methamphetamine in East and South-East Asia has been increasing, particularly among young drug abusers. **The Board urges Governments of countries in the region to devise appropriate and effective strategies to address the threats posed by trafficking in and abuse of methamphetamine and to strengthen regional cooperation in that regard.**

Recommendation 22: The abuse of prescription drugs (pharmaceutical preparations containing controlled substances) has become one of the fastest growing drug problems in several regions. **The Board urges all Governments to enact comprehensive measures aimed at stemming the abuse of prescription drugs, in particular through the establishment of awareness-raising initiatives targeting the general public and health-care providers; the introduction of prescription monitoring programmes; the establishment of proper disposal mechanisms; and the enforcement of laws and regulations on prescribing drugs.**

Recommendation 23: Countries in Central America and the Caribbean have reported significant drug abuse. Organized criminal groups continue to use Central America and the Caribbean as a major trans-shipment area for illicit drug consignments. **The Board hopes that the Governments of countries in Central America and the Caribbean will consider allocating additional resources to drug abuse prevention and the implementation of public health and drug abuse prevention programmes, focusing on campaigns for educating youth about the dangers of drug abuse and providing appropriate treatment for drug abusers. In addition, the Board encourages the Governments of countries in the region, with the assistance of international organizations, to consider concerted action in the area of crime prevention and criminal justice reform, as well as regional strategies to reduce drug trafficking.**

Recommendation 24: Authorities of countries in South America have detected illicitly manufactured amphetamine-type stimulants, including MDMA ("ecstasy") and methamphetamine. **The Board calls on Governments of countries throughout the region to be aware of the risk that their countries might be used for the illicit manufacture of amphetamine-type stimulants and to take appropriate measures to prevent such illicit activity from taking place in their countries.**

Recommendation 25: In recent years, the main cocaine-manufacturing countries, in particular the Plurinational State of Bolivia, have also reported increasing seizures of cannabis. In 2009 and 2010, a total of about 3,000 tons of cannabis plant and herb were seized in the Plurinational State of Bolivia. In the past few years, increased seizures of cannabis herb were reported by Colombia and Peru. **The Board calls on the Governments of those countries to determine, in cooperation with UNODC, the magnitude of and current trends in the illicit cultivation of cannabis plant on their territory and to further strengthen their efforts to combat such cultivation.**

Recommendation 26: The Board remains concerned about the increasing illicit cultivation of cannabis plant, in particular indoors, that continues to be reported by a number of countries in Europe. **The Board calls on Governments to take effective measures to address that problem.**

Recommendation 27: Smuggling of drugs through Africa has become a serious threat to the development, stability and security of African countries. Cocaine from South America is trafficked through countries in West Africa, while heroin enters Africa through airports and seaports in East Africa. As a result, the abuse of those drugs is increasing in the African countries affected by such trafficking. **The Board calls on the Governments of the African countries concerned to take effective measures to combat the smuggling of cocaine and heroin through their territory and to strengthen regional and interregional cooperation in that regard. Furthermore, the Board encourages the Governments of African countries to take appropriate measures to support the prevention of drug abuse and the treatment and rehabilitation of drug abusers.**

Recommendation 28: The Board has taken note with concern of recent reports indicating that the illicit manufacture of amphetamine-type stimulants might take hold in West African countries, including Nigeria. **The**

Board calls on the Governments of countries in West Africa to be aware of that risk and take the measures necessary to address the problem.

Recommendation 29: The smuggling of pharmaceutical preparations containing precursors continues in countries in South Asia and East Asia. **The Board urges the Governments of countries in Asia to cooperate on a regional basis and to remain vigilant in order to prevent the diversion of such pharmaceutical preparations. Those Governments should also make sure that their regulatory capacity keeps pace with developments in industry.**

Recommendation 30: Many Governments have reported that they have fully or almost fully implemented the Board's *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*.[34] However, there has been relatively slow progress in responding to requests from other States for cooperation and in elaborating standards of investigation and reporting. **The Board urges all Governments to put in place comprehensive measures to prevent the operation of illegal Internet pharmacies from their territory. In particular, Governments should continue to implement the Guidelines, improve international cooperation in that regard and provide technical assistance to countries requiring such assistance.**

Recommendation 31: In some countries, companies in the private sector, including Internet registrars, providers of hosting space, credit companies and search engine providers, have decided to share information relating to activities of illegal Internet pharmacies, in order to enable companies to take steps to prevent the misuse of their services by illegal Internet pharmacies. **The Board recommends that Governments encourage companies to deny illegal Internet pharmacies access to the legitimate business services required to carry out those activities.**

Recommendation 32: 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 recalls Economic and Social Council resolution 1999/32 and Commission on Narcotic Drugs resolutions 51/15 and 53/12 and requests the Governments of countries in which opium poppy is illicitly cultivated to cooperate closely with the Governments of their neighbouring countries, in order to prevent the smuggling of opium poppy seeds. The Board invites all Governments to inform it of any suspicious transactions involving opium poppy seeds.**

Recommendation 33: The Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (General Assembly resolution 66/2, annex) calls for, inter alia, the strengthening of country-level surveillance and monitoring systems. **The Board encourages Governments to include substance use disorders in their strategies for addressing non-communicable diseases, including in their national health surveillance and monitoring systems.**

B. Recommendations to the United Nations Office on Drugs and Crime and to the World Health Organization

814. UNODC is the primary United Nations entity responsible for providing technical assistance and coordination in drug control matters for Governments and other organizations. The treaty-based function of WHO is to provide recommendations, based on medical and scientific assessments, regarding changes in the scope of control of narcotic drugs under the 1961 Convention and psychotropic substances under the 1971 Convention.

Recommendation 34: Limited capacity in many low-income countries prevents them from meeting their obligations under the international drug control treaties and communication with those Governments remains problematic. **The Board therefore urges UNODC and other relevant international entitites to provide assistance in the form of training and capacity-building for the competent authorities of countries that require such assistance, in order to enable them to fully participate in the international monitoring and control of narcotic drugs, psychotropic substances and precursor chemicals.**

Recommendation 35: The Board notes that there is a growing variety of "emerging drugs of abuse" throughout the world, in particular in Europe. **The Board urges WHO and UNODC to review that development and undertake specific measures to address the problem.**

Recommendation 36: **The Board calls upon WHO, UNODC and other relevant international organizations to support Governments in their efforts to include substance use disorders and access to internationally controlled medicines in their national strategies for addressing non-communicable diseases (see also recommendation 33 above).**

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

C. Recommendations to other relevant international organizations

815. International organizations also assist in international drug control efforts. 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, such as INTERPOL and the World Customs Organization.

Recommendation 37: The Board notes with concern that limited capacity in many low-income countries prevents them from meeting their obligations under the 1988 Convention. **The Board therefore invites all relevant international organizations, including INTERPOL and the World Customs Organization, to provide assistance in the form of training and capacity-building for competent authorities of low-income countries to enable them to fully participate in the international precursor control mechanism, including by monitoring and determining the legitimacy of relevant transactions, thus preventing those countries from being targeted for the diversion of precursors.**

Recommendation 38: In West Asia, there continues to be significant illicit demand for acetic anhydride, which is used in heroin manufacture. However, only small amounts of acetic anhydride are reported to have been seized each year in the region. The seized acetic anhydride is often burned on site, thus losing the opportunity to collect forensic details and other information that would have been useful in backtracking investigations and identifying those responsible for the diversion of that precursor. **The Board calls on regional and international organizations, such as CARICC, to assist the Government of Afghanistan and the other Governments concerned so that such information can be shared with the Board via the established Project Cohesion mechanisms, with a view to facilitating international efforts to counter precursor trafficking.**

Recommendation 39: Progress in enhancing security, improving governance and stepping up reconstruction and development is essential to helping the Government of Afghanistan to improve the drug control situation in that country. **The Board calls on the international community, in particular United Nations entities, to continue its efforts to support the Government-led counter-narcotics activities in Afghanistan, including in the areas of agricultural development, interdiction, demand reduction, eradication and public information, as well as the effective implementation of Security Council resolution 1817 (2008) on precursor control.**

(*Signed*)
Hamid Ghodse
President

(*Signed*)
Sri Suryawati
Rapporteur

(*Signed*)
Pavel Pachta
Acting Secretary

Vienna, 11 November 2011

Annex I

Regional and subregional groupings used in the report of the International Narcotics Control Board for 2011

The regional and subregional groupings used in the report of the International Narcotics Control Board for 2011, 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
Libya[a]
Madagascar
Malawi
Mali
Mauritania
Mauritius
Morocco
Mozambique
Namibia
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa
South Sudan[b]
Sudan
Swaziland
Togo
Tunisia
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

[a] Since 16 September 2011, "Libya" has replaced "Libyan Arab Jamahiriya" as the short name used in the United Nations.
[b] By its resolution 65/308 of 14 July 2011, the General Assembly decided to admit South Sudan to membership in the United Nations.

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
Lebanon
Oman

Azerbaijan
Bahrain
Georgia
Iran (Islamic Republic of)
Iraq
Israel
Jordan
Kazakhstan
Kuwait
Kyrgyzstan
Pakistan
Qatar
Saudi Arabia
Syrian Arab Republic
Tajikistan
Turkey
Turkmenistan
United Arab Emirates
Uzbekistan
Yemen

Europe

Eastern Europe

Belarus
Republic of Moldova
Russian Federation
Ukraine

South-Eastern Europe

Albania
Bosnia and Herzegovina
Bulgaria
Croatia
The former Yugoslav Republic of Macedonia
Montenegro
Romania
Serbia

Western and Central Europe

Andorra
Austria
Belgium
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Holy See
Hungary
Iceland
Ireland
Italy
Latvia
Liechtenstein
Lithuania
Luxembourg
Malta
Monaco
Netherlands
Norway
Poland
Portugal
San Marino
Slovakia
Slovenia
Spain
Sweden
Switzerland
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

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, Honours Committee, Royal College of Psychiatrists, United Kingdom (since 2006).

Recipient of the following degrees, qualifications and awards: Doctor of Medicine (M.D.), Islamic Republic of Iran (1965); Diploma Psychological Medicine (D.P.M.), United Kingdom (1974); Doctor of Philosophy (Ph.D.), University of London (1976); and Doctor of Science (D.Sc.), University of London (2002). Fellow of the Royal College of Psychiatrists (F.R.C.Psych.), United Kingdom (1985); Fellow of the Royal College of Physicians (F.R.C.P.), London (1992); Fellow of the Royal College of Physicians of Edinburgh (F.R.C.P.E.), Edinburgh (1997); Fellow of the Faculty of Public Health Medicine (F.F.P.H.), United Kingdom (1997); Fellow of the Higher Education Academy (F.H.E.A.), United Kingdom (2005); International Fellow, American Psychiatric Association (APA) (2009). Honorary Fellow, Royal College of Psychiatrists (R.C.Psych.) (2006); Honorary Fellow, World Psychiatric Association (2008). Member of the World Health Organization (WHO) Expert Advisory Panel on Alcohol and Drug Dependence (since 1979); Adviser, Joint Formulary Committee, British National Formulary (since 1984); Honorary Consultant Psychiatrist, St. George's and Springfield University Hospitals, London (since 1978); Honorary Consultant Public Health, Wandsworth Primary Care Trust, London (since 1997). Consultant Psychiatrist, St. Thomas's Teaching Hospital and Medical School, London (1978-1987); member, rapporteur, chairman and convener of various WHO and European Community expert committees, review groups and other working groups on drug and alcohol dependence; M. S. McLeod Visiting Professor, Southern Australia (1990); Honorary Professor, Peking University (since 1997).

Author or editor of over 350 scientific books and papers on drug-related issues and addictions, including the following books: *The Misuse of Psychotropic Drugs*, London (1981); *Psychoactive Drugs and Health Problems*, Helsinki (1987); *Psychoactive Drugs: Improving Prescribing Practices*, Geneva (1988); *Substance Abuse and Dependence*, Guildford (1990); *Drug Misuse and Dependence: The British and Dutch Response*, Lancashire, United Kingdom (1990); *Misuse of Drugs* (3rd ed.), London (1997); *Young People and Substance Misuse*, London (2004); *Addiction at Workplace*, Aldershot (2005); *International Drug Control into the 21st Century*, Aldershot (2008); *Ghodse's Drugs and Addictive Behaviour: A Guide to Treatment* (4th ed.), Cambridge (2010); *International Perspectives on Mental Health*, London (2011); *Substance Abuse Disorders: Evidence and Experience*, Chichester, United Kingdom (2011); Editor-in-Chief, *International Psychiatry*; Honorary Editor-in-Chief, *Chinese Journal of Drug Dependence*; member of the Editorial Board, *International Journal of Social Psychiatry*; member of the Editorial Board, *Asian Journal of Psychiatry*. Convener of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. Chairman, Association of Professors of Psychiatry of the British Isles (since 1991); Chairman, Association of European Professors of Psychiatry; Director, National Programme on Substance Abuse Deaths (since 1997); member of the International Association of Epidemiology (since 1998).

Member of the International Narcotics Control Board (since 1992). Member of the Standing Committee on Estimates (1992). President of the Board (1993, 1994, 1997, 1998, 2000, 2001, 2004, 2005, 2008, 2010 and 2011).

Galina Korchagina

Born in 1953. National of the Russian Federation. Deputy Director of Research at the National Centre for Research on Drug Addiction, Ministry of Health and Social Development, Russian Federation (since 2010).

Leningrad Paediatrics Institute, Russian Federation (1976); Doctor of Medicine (2001). Doctor, boarding school, Gatchina, Leningrad region, (1976-1979). Head of the Organizational and Policy Division, Leningrad Regional Drug Clinic (1981-1989); Lecturer, Leningrad Regional Medical Academy (1981-1989); Head Doctor, City Drug Clinic, St. Petersburg (1989-1994); Assistant Lecturer (1991-1996) and Professor (2000-2001), Department of Social Technologies, State Institute for Services and Economics; Assistant Lecturer (1994-2000), Associate Professor (2001-2002) and Professor (2002-2008), Department for Research on Drug

Addiction, St. Petersburg Medical Academy of Postgraduate Studies; Chief Professor and Head of the Department for Medical Research and Healthy Lifestyles, Herzen State Pedagogical University of Russia (2000-2008); Professor, Department for Conflict Studies, Faculty of Philosophy, St. Petersburg State University (2004-2008); member of numerous associations and societies, including: Association of Psychiatrists and Drug Addiction Specialists of Russia and St. Petersburg; Kettil Bruun Society for Social and Epidemiological Research on Alcohol; International Council on Alcohol and Addictions; International Society of Addiction Medicine: head of the sociology of science aspects of medical and biological research section of the Research Council on the Sociology of Science and the Organization of Scientific Research, St. Petersburg Scientific Centre of the Russian Academy of Sciences (2002-2008). Author of more than 100 publications, including more than 70 works published in the Russian Federation, chapters in monographs and several practical guides. Award for excellence in health protection, awarded by the Ministry of Health of the Union of Soviet Socialist Republics (1987). Consultant, Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (since 2006); co-trainer, WHO programme "Skills for change" (since 1995); participant in meetings of the Commission on Narcotic Drugs (2002-2008); expert on the epidemiology of drug addiction, Pompidou Group of the Council of Europe (1994-2003); temporary representative, WHO (1992-2008).

Member of the International Narcotics Control Board (since 2010). Vice-Chair of the Standing Committee on Estimates (2011).

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 and 2011), Vice-Chair (2008) and Chair (2009) of the Standing Committee on Estimates. Second Vice-President (2009) and First Vice-President (2010) of the Board.

Melvyn Levitsky

Born in 1938. National of the United States. Retired Ambassador in the United States Foreign Service. Professor of International Policy and Practice and Senior Fellow, International Policy Center, Gerald R. Ford School of Public Policy, University of Michigan (since 2006). Faculty Associate, Center for Russian and East European Studies, Faculty, Advisor, Weiser Center for Emerging Democracies, University of Michigan. Member of the Operating Committee, Substance Abuse Research Center, University of Michigan.

United States diplomat for 35 years, serving as, inter alia, Ambassador of the United States to Brazil (1994-1998); Assistant Secretary of State for International Narcotics Matters (1989-1993); Executive Secretary and Special Assistant to the Secretary of the United States Department of State (1987-1989); Ambassador of the United States to Bulgaria (1984-1987); Deputy Director, Voice of America (1983-1984); Deputy Assistant Secretary of State for Human Rights and Humanitarian Affairs (1982-1983); Director, Office of United Nations Political Affairs, Bureau of International Relations (1980-1982); Officer-in-Charge for Bilateral Relations, Office of Soviet Union Affairs (1975-1978); Political Officer, United States Embassy in Moscow (1973-1975); Consul, United States consulates in Frankfurt, Germany (1963-1965), and Belem, Brazil (1965-1967). Professor of International Relations and Public Administration, Maxwell School of Citizenship and Public Affairs, Syracuse University (1998-2006). Recipient of several United States Department of State Meritorious and Superior Honor Awards, Presidential Meritorious Service Awards and the United States Secretary of State's Distinguished Service Award. Member of the Washington Institute of Foreign Affairs, the American Academy of Diplomacy and the American Foreign Service Association. Member of the Advisory Board, Drug Free America Foundation. Member of the Institute on Global Drug Policy. Member of the Board, Global Panel of the Prague Society. Member of the Public-Private Working Group on Sale of Controlled Substances via the Internet

(Harvard University Law School). Distinguished Fellow, Daniel Patrick Moynihan Institute of Global Affairs, Maxwell School of Citizenship and Public Affairs, Syracuse University. Member of the University of Michigan Substance Abuse Research Center. Listed in *Who's Who in American Politics, Who's Who in American Government* and *Who's Who in American Education.*

Member of the International Narcotics Control Board (since 2003). Chairman of the Committee on Finance and Administration (2004). Chairman of the Working Group on Strategy and Priorities (2005).

Marc Moinard

Born in 1942. National of France. Retired law officer. School of Political Sciences, Paris; Paris Law Faculty; Faculty of Arts, Poitiers. Public Prosecutor, Beuvais (1982-1983); Public Prosecutor, Pontoise (1990); Public Prosecutor, Lyon (1990-1991); Public Prosecutor, Bobigny (1992-1995); Public Prosecutor in the Court of Appeal, Bordeaux (1999-2005), introducing major reforms into the legal system involving: the creation of centres for legal advice and mediation; the provision of legal advice in deprived areas; the establishment of a new system of cooperation between the courts and the police services allowing for the immediate handling of criminal offences; and the creation of a new category of judicial personnel — assistant prosecutors.

Senior administrative posts in the Ministry of Justice: Director of Record Offices (1983-1986); President of the teaching board, National School of Clerks to the Court; Director of Legal Services; member of the Board of Directors, French National School for the Judiciary; Representative of the Minister of Justice in the Supreme Council of Justice (1995-1996); Director, Criminal Matters and Pardons (1996-1998); President, French Monitoring Centre for Drugs and Drug Addiction; Secretary-General, Ministry of Justice (2005-2008); President, Law and Justice Mission, responsible for the reform of the judicial map; President, Commission on Information Technology and Communication; Head of the International Affairs Service, Ministry of Justice. Lecturer, Paris Institute of Criminology (1995-2005); President, Fondation d'Aguesseau, a welfare body. Recipient of the following awards: Commander of the National Order of Merit; Commander of the Legion of Honour.

Member of the International Narcotics Control Board (since 2010). Member of the Committee on Finance and Administration (2011). Member of the Standing Committee on Estimates (2011).

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). Member of the Special Advisory Board, World Bank (2010-2012). 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 (since 2009). Member of the Committee on Finance and Administration (2010).

Lochan Naidoo

Born in 1961. National of South Africa. Family Practitioner, Durban, South Africa (since 1985).

Bachelor of Medicine and Bachelor of Surgery (MBChB), University of Natal, South Africa (1983). Professional in Residence Programme: Hanley Hazelden (1995); Member of the South African Medical Association (since 1995); Member and Vice-Chairman of the Bayport Independent Practitioners Association (1995-2000). Certified Chemical Dependency Counsellor, National Board of Addiction Examiners (NBAE) (1996); Member of the American Society of Addiction Medicine (1996-1999). Diploma in Business Management, South African Institute of Management (1997). Founding member, International Society of Addiction Medicine (1999); Programme Designer and Principal Addictions Therapist of the Jullo Programme, a multi-disciplinary treatment model for primary, secondary and tertiary prevention of addiction disorders and dual diagnoses (since 1994); Clinical Director, Serenity Addiction Treatment Unit, Merebank, Durban, South Africa (since 1995). Member of the KwaZulu-Natal Managed Care Coalition (since 1995); Member of the Durban South Doctors' Guild (since 2000); Honorary Lecturer, Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, South Africa (since 2005). Curriculum Committee undergraduate Lifestyle Medicine, University of KwaZulu-Natal (since 2005). Drafter of the National Detoxification Policy and Procedure for the Department of Health of South Africa (2006); designer of the Roots *connect* software program, an Internet-driven emotional and addiction psychoeducation delivery system (2007); Member of the Opiate Advisory Board of South Africa (2006-2008); Member of the Board, Central Drug Authority of South Africa (2006-2010); Member of the Governance Committee, Central Drug Authority of South Africa (2006-2010). Member of the Expert Committee on Opiate Treatment (2007-2008); Central Drug Authority representative to the Western Cape Province, South Africa (2007-2010); established "Roots HelpPoints" for early intervention and primary prevention among high-risk individuals (2008). Co-author of "Guidelines for opiate treatment in South Africa", *South African Medical Journal* (2008). Member of the Suboxone Advisory Board (2009). Co-author of "Suboxone update", *South African Medical Journal* (2010); Designer of "Rehab*Flow*" cloud computing software for addiction and co-morbidity management (2010); Management Committee Member of eThekweni District Mental Heath and Substance Abuse Forum (2010). Rehabilitation and addictions trainer for health-care practitioners. Medical educator for undergraduate and postgraduate medical practitioners (since 1995); Patron of Andra Maha Sabha of South Africa; founder, Merebank West Community Coalition (1995). Trustee, Merebank Community Trust (2000-2005).

Member of the International Narcotics Control Board (since 2010). Member of the Standing Committee on Estimates (2011). Member of the Committee on Finance and Administration (2011).

Rajat Ray

Born in 1948. National of India. Professor and Head of the Department of Psychiatry and Chief, National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi.

Graduate of Medicine (MBBS), Medical College in Calcutta (1971). M.D. (Psychiatry), AIIMS (1977). Member of the faculty, Department of Psychiatry, National Institute of Mental Health and Neuro Sciences in Bangalore (1979-1988). Author of several technical reports and articles in peer reviewed national and international journals. Assistant Editor, *Addiction Biology*. Member of the International Advisory Board, *Mental Health and Substance Use: Dual Diagnosis*. Recipient of research support from various bodies at the national level (such as the Ministry of Health and Family Welfare and the Indian Council of Medical Research) and the international level (such as the United Nations Office on Drugs and Crime (UNODC) and WHO). Member of a study on HIV/AIDS, a collaborative project of NDDTC, AIIMS and the Center for Interdisciplinary Research in Immunology and Disease, University of California, Los Angeles (UCLA), United States of America. Member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems. Member of the expert group to discuss mental health and substance use disorder at the primary care level, an activity of the WHO Regional Office for South-East Asia. Member of the WHO expert group on regional technical consultation to reduce harmful use of alcohol. Coordinator of various activities in India on substance use disorder, sponsored by WHO (since 2004). Member of the National Drug Abuse Control Programme, India, and the Technical Guidelines Development Group on Pharmacotherapy of Opioid Dependence, a joint project of UNODC and WHO. Member and Chairperson of the Technical Resource Group on Injecting Drug Use, a project of the National AIDS Control Organization. Member of the project advisory committee on the prevention of transmission of HIV among drug users in South Asian Association for Regional Cooperation (SAARC) member States, a project of the UNODC Regional Office for South Asia. Member of the Subcommittee on Postgraduate Medical Education, Medical Council of India. Chairperson, Working Group on Classification of Substance — Related and Addictive Disorder, International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders (2011); Principal investigator, WHO Project "Web-Based Intervention (Portal) for Alcohol and Health", Geneva

(since 2010); principal investigator, NDDTC, Global Fund to Fight AIDS, Tuberculosis and Malaria Round 9 and Nodal Regional Resource and Training Centre; Principal Coordinator, National Policy and Twelfth Five-Year Plan of India, covering the period 2012-2017, areas relating to control of alcohol and drug problems, Ministry of Social Justice and Empowerment, Government of India; Principal Investigator, opioid substitution therapy in India: issues and lessons learned, a joint project of NDDTC, AIIMS, the National AIDS Control Organisation, the government of Punjab and the Department for International Development (UK aid) — Technical Assistance Support Team, targeted intervention (since 2010); member of the Expert Committee on Psychotropics and New Drugs, Drug Controller General of India (2011). Reviewer and contributor, *Indian Journal of Medical Research*, official publication of the Indian Council of Medical Research (since 2010).

Member of the International Narcotics Control Board (since 2010). Member (2010) and Chair (2011) of the Standing Committee on Estimates. Second Vice-President of the Board (2011).

Viroj Sumyai

Born in 1953. National of Thailand. Retired Assistant Secretary-General of the Food and Drug Administration, Ministry of Public Health of Thailand, and clinical pharmacologist specializing in drug epidemiology. Professor, Mahidol University (since 2001).

Bachelor of Science degree in Chemistry (1976), Chiang Mai University. Bachelor's degree in Pharmacy (1979), Manila Central University. Master's degree in Clinical Pharmacology (1983), Chulalongkorn University. He then took apprenticeship in narcotic drugs epidemiology at St. George's University of London in England in 1989. Doctor of Philosophy, Health Policy and Administration (2009), National Institute of Administration. Member of the Pharmaceutical Association of Thailand. Member of the Pharmacological and Therapeutic Society of Thailand. Member of the Thai Society of Toxicology. Author of nine books in the field of drug prevention and control, including *Drugging Drinks: Handbook for Predatory Drugs Prevention* and *Déjà vu: A Complete Handbook for Clandestine Chemistry, Pharmacology and Epidemiology of LSD*. Columnist, *Food and Drug Administration Journal*. Recipient of the Prime Minister Award for Drug Education and Prevention (2005).

Member of the International Narcotics Control Board (since 2010). Member of the Standing Committee on Estimates (since 2010). Chair of the Committee on Finance and Administration (2011).

Sri Suryawati

Born in 1955. National of Indonesia. Coordinator, Master Degree Program for Medicine Policy and Management, Gadjah Mada University. Senior Lecturer in Pharmacology/Clinical Pharmacology (since 1980); supervisor for more than 120 master's and doctoral theses on medicine policy, the rational use of medicines, clinical pharmacokinetics, pharmacoeconomics and pharmaceutical management.

Pharmacist (1979). Specialist in pharmacology (1985); doctoral degree in clinical pharmacokinetics (1994). Former Director of the Centre for Clinical Pharmacology and Medicine Policy Studies, Gadjah Mada University (2002-2010). Former Head of Clinical Pharmacology, Faculty of Medicine, Gadjah Mada University, Indonesia (1999-2006 and 2008-2009). Member of the WHO Expert Advisory Panel for Medicine Policy and Management. Member of the Executive Board of the International Network for the Rational Use of Drugs (INRUD). Member of the WHO Expert Committee on the Selection and Use of Essential Medicines (2002, 2003, 2005 and 2007). Member of the WHO Expert Committee on Drug Dependence (2002 and 2006). Member of the United Nations Millennium Project Task Force on HIV/AIDS, Malaria and Tuberculosis and Access to Essential Medicines (Task Force 5) (2001-2005). Consultant in essential medicine programmes and promoting rational use of medicines in Bangladesh (2006-2007), Cambodia (2001-2008), China (2006-2008), Fiji (2009), the Lao People's Democratic Republic (2001-2003), Mongolia (2006-2008) and the Philippines (2006-2007). Consultant in medicine policy and drug evaluation in Cambodia (2003, 2005 and 2007), China (2003), Indonesia (2005-2006) and Viet Nam (2003). Facilitator in various international training courses in medicine policy and promoting the rational use of medicines, including WHO and INRUD courses on promoting the rational use of medicines (1994-2007), training courses on hospital drugs and therapeutics committees (2001-2007) and international courses on medicine policy (2002-2003).

Member of the International Narcotics Control Board (since 2007). Member (2008 and 2011), Vice-Chair (2009) and Chair (2010) of the Standing Committee on Estimates. Second Vice-President of the Board (2010). Rapporteur (2011).

Camilo Uribe Granja

Born in 1963. National of Colombia. Medical Director, Maldonado Editorial Foundation, ILADIBA, Bogota; Director Toxicology Unit, Clínica de Marly, Bogota (since 1990); Toxicologist, Clínica Palermo, Bogota (since 1994); Scientific Director, Unidad de Toxicología Integral (UNITOX), Hospital Infantil Universitario de San José (since 2008); Chief Coordinator, Clinic Toxicology, Hospital Infantil Universitario de San José, Bogota.

Medical doctor, Surgery, Faculty of Medicine, University of Our Lady of the Rosary (1989); specialization in clinical toxicology, Faculty of Medicine, University of Buenos Aires (1990); specialization in occupational toxicology (1997), University Teacher's Certificate (1998), diplomas in hospital management (1998) and high-level social security administration (1999), High-Level Public Administration School (ESAP). Diploma in toxicological emergencies, University of Our Lady of the Rosary, FUNDASALUD (1998); diploma in higher education tuition, University of Our Lady of the Rosary. Forensic medical doctor, toxicologist, technical coordinator and manager in several hospitals and institutions. Medical Director, Hospital of San Martín, Meta, Colombia (1988); Head of Medical Attention, Caja de Previsión Social de Comunicaciones (CAPRECOM), Meta and national territories (until 1990); Regional Director, CAPRECOM, Bogota (until Dec. 1992); Scientific Director, Toxicology Clinic, toxicology advisory centre, "Guillermo Uribe Cualla" (1991-2005); Director, Clinical Toxicology, Clínica Fray Bartolomé de las Casas (until Jan. 1991); Toxicology Doctor, Clínica San Pedro Claver (1990-1991); President, Tropical Medicine Institute Corporation "Luis Patiño Camargo" (until 1992); Medical Coordinator and (since 1993) Director, National Emergency Network; Director, Toxicology Department, Hospital de Occidente Kennedy, Bogota (1993-1998); Director, Toxicology, Health Department, District of Bogota (1993-1999); Director, Health Services Management Programme, ESAP (until 2001); Member of the Steering Committee of Drugs and Food Control Administration, National Institute of Food and Drug Monitoring (INVIMA) (1994-2001); Director-General, INVIMA (2001-2002); Secretary, Colombian Medical Association, Cundinamarca and Bogota sections (until 2002); Director-General, Nueva Clínica Fray Bartolomé de las Casas, Bogota (2002-2003); Adviser to the toxicology office, United States Department of State (until 2005); Adviser in Toxicology, National Narcotics Directorate (DNE) of Colombia (until 2005). President, Colombian Association of Toxicology and Drug Abuse (ACOTOFA) (since 1992); Vice-President (1988-1990 and 1995-1998) and President (2003-2009), Latin American Toxicology Association (ALATOX); Vice-President, International Union of Toxicology (IUTOX) (2005-2007 and 2007-2009). Author of numerous works, including: the chapter on benzodiazepines in *Therapeutic Compendium of the Colombian Internal Medicine Association* (1992); *Criminal Intoxication with Scopolamine-Like Substances*; *Handbook on Toxicological Emergency Management*; and *Manual on the Treatment of Intoxication by Plaguicides* (1995). Recipient of numerous awards, including: award for academic records and qualifications, Iberoamerican Congress of Toxicology (Bicongretox), Spanish Association of Toxicolgy (AETOX) (1993); and honourable mention for services to Colombian society in the field of toxicology, First International Congress of Toxicology, University of Antioquia (1996). Full member, National Medicine Academy, Member of the Public Health Committee, Member of the Mental Health Committee. Participant in numerous professional conferences and seminars, including: XVIII International Congress of Internal Medicine, Bogota (1986); 35th Annual Meeting, Society of Toxicology, Anaheim, California (1996); Pan-American Congress of Neuropsychopharmacology and International Seminar on Addictive Diseases, Bogota (1998). National Congress on Heroin: A Challenge for Mental and Public Health, Medellin (2008); and International Congress on Synthetic Drugs (2009). Head of the Law Faculty, Pontificia Universidad Javeriana (1990-2006); Industrial Toxicology Professor, Colombian Security Council (until 1993); Postgraduate Professor, Fundación Universitaria Luis Amigó; and Instructor of Toxicology, Faculty of Medicine, National University of Colombia.

Member of the International Narcotics Control Board (since 2005). Member (since 2009), Vice-Chair (2006 and 2007) and Chair (2008) of the Standing Committee on Estimates. Member (since 2007) and Chair (2010) of the Committee on Finance and Administration.

Raymond Yans

Born in 1948. National of Belgium. Graduate in Germanic philology and in philosophy (1972).

Belgian Foreign Service: Attaché, Jakarta (1978-1981); Deputy-Mayor of Liège (1982-1989); Consul, Tokyo (1989-1994); Consul, Chargé d'affaires, Luxembourg (1999-2003); Head of the Drug Unit, Ministry of Foreign Affairs (1995-1999 and 2003-2007); Chairman of the Dublin Group (2002-2006); Chairman of the European Union Drug Policy Cooperation Working Group during the Belgian Presidency of the European Union; charged with the national coordination of the ratification and implementation process of the Convention on Psychotropic Substances of 1971 and the United Nations Convention

against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1995-1998); liaison between the Ministry of Foreign Affairs and the National Police for drug liaison officers in Belgian embassies (2003-2005); participation in the launching by the European Union Joint Action on New Synthetic Drugs of an early warning system to alert Governments to the appearance of new synthetic drugs (1999); active in the creation of the Cooperation Mechanism on Drugs between the European Union, Latin America and the Caribbean (1997-1999). Author of numerous articles and speeches including: "The future of the Dublin Group" (2004) and "Is there anything such as a European Union Common Drug Policy" (2005). Member of the Belgian delegation to the Commission on Narcotic Drugs (1995-2007); all the preparatory sessions (on amphetamine-type stimulants, precursors, judicial cooperation, money-laundering, drug demand reduction and alternative development) for the twentieth special session of the General Assembly; European Union Seminar on Best Practices in Drug Enforcement by Law Enforcement Authorities, Helsinki (1999); Joint European Union/Southern African Development Community Conferences on Drug Control Cooperation, Mmabatho, South Africa (1995) and Gabarone (1998); United Nations Office on Drugs and Crime/Paris Pact round tables, Brussels (2003), Tehran and Istanbul (2005); meetings of the High-level Dialogue on Drugs between the Andean Community and the European Union, Lima (2005) and Vienna (2006).

Member of the International Narcotics Control Board (since 2007). Member of the Standing Committee on Estimates (2007-2010). Member of the Committee on Finance and Administration (2007-2010). Rapporteur (2010). First Vice-President of the Board (2011).

Yu Xin

Born in 1965. National of China. Clinical Professor of Psychiatry, Institute of Mental Health, Peking University (since 2004). Licensed Psychiatrist, China Medical Association (since 1988). Founding President, Chinese Psychiatrist Association (2005-2008); Chairperson, Credential Committee for Psychiatrists, Ministry of Health of China; President-elect, Chinese Society of Psychiatry (since 2006); Vice-President, Management Association for Psychiatric Hospitals (2009); Vice-Chairman, Alzheimer's Disease, China (since 2002).

Bachelor of Medicine, Beijing Medical University (1988); Fellow in Psychiatry, University of Melbourne, Australia (1996-1997); Fellow in Substance Abuse, Johns Hopkins University (1998-1999); Doctor of Medicine (M.D.), Peking University (2000); Senior Fellow in Social Medicine, Harvard University (2003). Residency in psychiatry (1988-1993) and Psychiatrist (1993-1998), Institute of Mental Health, Beijing Medical University; Head, Associate Professor of Psychiatry, Geriatric Psychiatrist, Department of Geriatric Psychiatry, Institute of Mental Health, Peking University (1999-2001); Assistant Director (2000-2001) and Executive Director (2001-2004), Institute of Mental Health, Peking University. Author and co-author of numerous works on various topics in psychiatry, such as psychopharmacology, early intervention of schizophrenia, mental health and HIV/AIDS and drug use, mental health outcome of harmful alcohol use, neuropsychology of mental disorders, neuroimaging of late life depression, late onset psychosis, and assessment, treatment and care for dementia. Editor of several textbooks, including *Geriatric Psychiatry, Textbook of Psychiatry for Asia and Psychiatry for Medical Students*. Recipient of the Outstanding Clinician Award, Beijing Medical University, and the Innovation and Creation Award, Beijing Medical Professional Union (2004). Member of the expert group for the section on analgesics and sedatives of the State Food and Drug Administration (since 2000). Evaluator of the effectiveness of methadone clinics. Leader of a project to follow up the neurocognitive and mental functioning of patients infected with HIV/AIDS as a result of intravenous drug abuse. Chief Psychiatrist, National Community Mental Health Service Programme. Senior consultant, Chinese Association on Tobacco Control. Senior consultant, Chronic Pain Treatment Programme.

Member of the International Narcotics Control Board (since 2007). Chairman of the Committee on Finance and Administration (2009). Member (since 2007) and Vice-Chair (2010) of the Standing Committee on Estimates.

About the International Narcotics Control Board

The International Narcotics Control Board (INCB) is an independent and quasi-judicial control organ, established by treaty, for monitoring the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Composition

INCB consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as Government representatives. Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (WHO) and 10 members are elected from a list of persons nominated by Governments. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with INCB, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. INCB has a secretariat that assists it in the exercise of its treaty-related functions. The INCB secretariat is an administrative entity of the United Nations Office on Drugs and Crime, but it reports solely to the Board on matters of substance. INCB closely collaborates with the Office in the framework of arrangements approved by the Council in its resolution 1991/48. INCB also cooperates with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially the International Criminal Police Organization (INTERPOL) and the World Customs Organization.

Functions

The functions of INCB are laid down in the following treaties: the Single Convention on Narcotic Drugs of 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

2009: Primary prevention of drug abuse

2010: Drugs and corruption

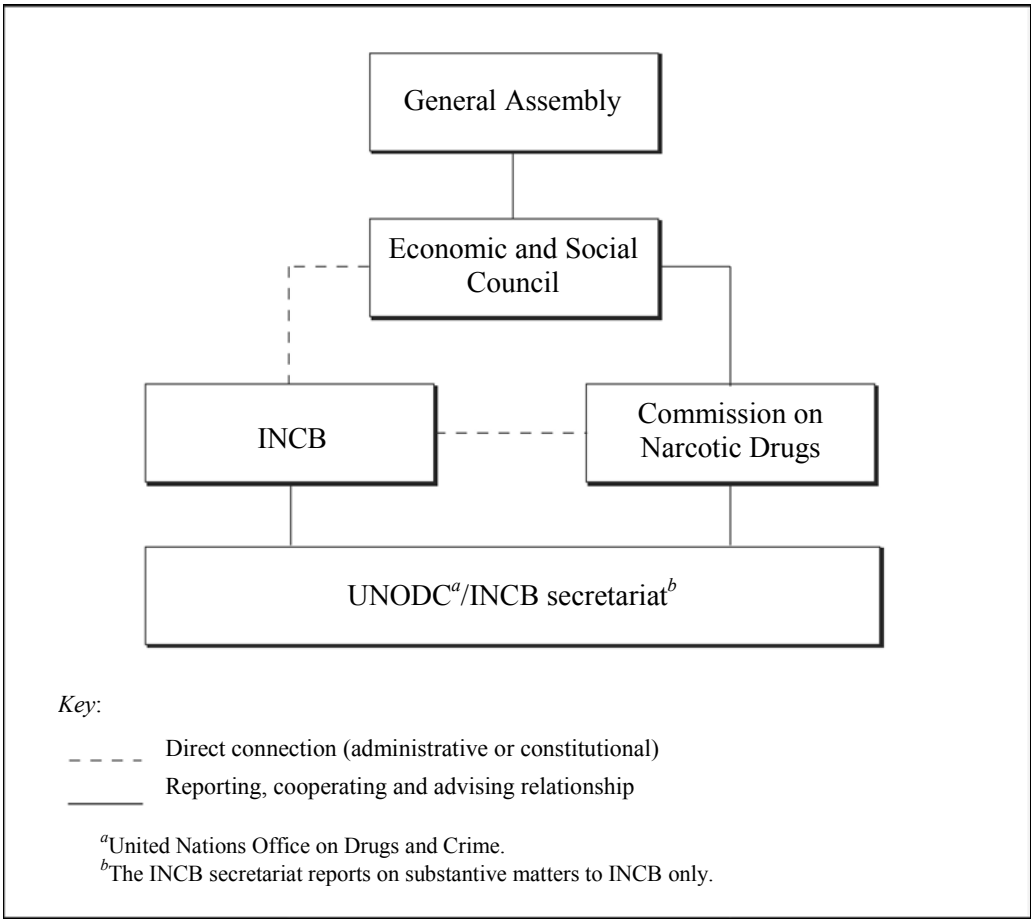
Chapter I of the report of the International Narcotics Control Board for 2011 is entitled "Social cohesion, social disorganization and illegal drugs".

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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