



INTERNATIONAL NARCOTICS CONTROL BOARD

2008

PRESS KIT

Annual Report



EMBARGO

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MESSAGE FROM THE PRESIDENT

In 1909, one hundred years ago, drugs were unregulated and widely abused. Consumption of opiates in China alone was estimated to be more than 3,000 tons of morphine equivalent, far in excess of global illicit and licit consumption today. In the United States, about 90 per cent of narcotic drugs were used for non-medical purposes.

The International Opium Commission, convened in 1909 in Shanghai, China, set out to change that situation and spurred efforts to create an international drug control system. This was the starting point for an international treaty system which today rests on the three main international drug control treaties: the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Multilateral drug control should be considered one of the greatest achievements of the 20th century. All major States in the world are party to the international drug control Conventions. The Board assists Governments in their efforts to control drugs by managing an ever expanding global control system. The number of internationally controlled substances has increased from a few dozen to more than 200 today.

The system has effectively curtailed diversions of narcotic drugs from the licit to the illicit market. Controls over psychotropic substances have brought about a substantial reduction in the prescription of barbiturates and other hypnotics. These successes have forced traffickers to resort to illicit drug manufacture.

To pretend that challenges do not exist would be to deny reality. The Board has called on Governments to make availability of narcotic drugs for medical purposes a priority public health issue. As a result of the under-utilization of these drugs in many countries, the World Health Organization (WHO) estimates that at least 30 million patients and a possible 86 million suffer untreated moderate to severe pain annually. Governments should make use of the WHO Access to Controlled Medications Programme to improve the availability of drugs for medical purposes.

Treatment of drug addicts should be in line with sound medical practice and should not be used as an instrument to establish or maintain social control. Drug substitution programmes have their place in drug policy – not necessarily as the ultimate goal but as an interim stage that would eventually lead to the development of a healthy, drug-free lifestyle. Drug substitution programmes should be supported by psychosocial care.

Governments must also seriously address the other questions of demand reduction, particularly prevention of drug abuse. We should recall the clear message of the Special Session of the General Assembly in 1998: Drugs represent a danger for our societies and drug control, control of both demand and supply, is the collective responsibility of all nations.





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The international community may wish to review cannabis, which, over the years, has become more potent and is associated with an increasing number of emergency room admissions.

Drug regulations are no panacea and regulations alone cannot eliminate illicit drug trafficking and abuse. I can therefore understand that the question is raised whether it would be more economical to do away with all drug regulations and leave it to market forces to regulate the situation. I believe that this is the wrong question, similar to questioning whether it is economical to try to prevent car accidents or to treat infectious diseases. History has shown that national and international control of drugs can be effective and it is therefore the choice to be made.

Hamid Ghodse

President of the International Narcotics Control Board



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Centennial of the Drugs Control System

INTERNATIONAL DRUG CONTROL CONVENTIONS A MAJOR ACHIEVEMENT OF INTERNATIONAL COOPERATION, SAYS INCB

Challenges remain, particularly on access to controlled medicines, inconsistent application of provisions over cannabis, and drug abuse prevention

VIENNA, 19 February 2009 (*United Nations Information Service*) – Drug control Conventions have reached major achievements, but face many challenges, the Vienna-based International Narcotics Control Board (INCB) stated today.

The achievements and challenges of the three drug control Conventions – the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances – are the focus of the first chapter of the INCB Annual Report 2008, launched today in Vienna, Austria.

Achievements

The international control system for narcotic drugs can be considered one of the twentieth century's most important achievements in international cooperation, the INCB Report states. Over 95 per cent of United Nations Member States are party to the three Conventions – covering 99 per cent of the world's population – making them some of the most widely accepted international instruments in the world.

The number of substances controlled under the 1961 and 1971 Conventions have risen steadily and licit demand for drugs controlled by the Conventions has soared: Global consumption of morphine rose from less than five tons in 1987 to 32.6 tons in 2006. Despite this considerable increase in volume, no cases of diversion from licit trade to the illicit traffic of narcotic drugs were detected in 2007. Some progress has also been made towards reaching the goals set at the United Nations General Assembly Special Session on Drugs in 1998.

Challenges

On challenges that should be addressed by the international community, the Report points to the fact that at the time the 1961 and 1971 Conventions were drawn up, neither HIV nor the hepatitis C virus had been identified and it was not until the adoption of the Declaration on the Guiding Principles on Drug Demand Reduction of 1998 that specific international policy guidelines were introduced to reduce the demand and reduce the adverse consequences of drug abuse to individuals and society.

Although the access to controlled medicines, including morphine and codeine, is considered by the World Health Organization (WHO) to be a human right, it is virtually non-existent in over 150 countries. The WHO estimates that at least 30 million patients and possibly as many as 86 million annually suffer from untreated moderate to severe pain.



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Another challenge is the inconsistent implementation of cannabis control provisions. Cannabis has become the most widely used illicit drug worldwide and in the last two decades more potent forms have been developed that contain tetrahydrocannabinol (THC) levels considerably higher than were common during the 1980s. This development may be associated with the increased demand for cannabis-related treatment services in several countries. There are also indications that cannabis use may be associated with an increased risk of psychotic disorders and schizophrenia.

Given that cannabis tends to be the first and most widely used illicit drug, the issue of cannabis is closely related to primary prevention for young people. Youth is particularly vulnerable to marketing pressures and the importance of image. The challenge for Governments is to identify and disseminate appropriate policies that encourage individuals to value and manage their own life. Within the last 10 years, progress in drug abuse prevention has been “modest at best”, the United Nations Commission on Narcotic Drugs argues.

Another alarming development highlighted in the Report concerns “rogue” Internet pharmacies, which are promoting drug abuse among vulnerable groups, in particular youth. Cybercrime is of particular concern, as drug traffickers are among the main users of encryption for Internet messaging and by this means evade law enforcement, coordinate shipments of drugs and launder money. A coordinated, global response is needed to meet this challenge.

Recommendations

The INCB encourages Governments to make greater investments in preventing drug abuse, especially with regard to youth and vulnerable groups, and to utilize the experiences and best practices tested in a variety of settings.

In order to alleviate unnecessary suffering of millions of patients, the Board encourages Governments to stimulate the rational use of opioid analgesics, where their consumption is low. Governments might consider working with the pharmaceutical industry with a view to making high quality opioid analgesics more affordable to the poorest countries.

The INCB Report 2008 concludes that the “international drug control system has stood the test of time with credit, but it is not perfect. It is undoubtedly capable of improvement, and procedures for modification exist for this purpose.” The Board invites Governments “to adopt constructive approaches to overcoming obstacles rather than seeking individual solutions that may undermine the coherence and integrity of the whole system.”



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REGIONAL HIGHLIGHTS

Africa

The International Narcotics Control Board (INCB) Annual Report states that cocaine destined mainly for illicit markets in Europe is increasingly smuggled through Africa. West Africa has become one of the world's major hubs for smuggling cocaine from South America into Europe. The number of cocaine seizures on the high seas of the Gulf of Guinea and on the African mainland has increased, as well as the levels of abuse of cocaine in some transit countries.

Cannabis still is the most abused drug in Africa: it is estimated that the substance is abused by over 42 million people in the region. Africa produces 26 per cent of all cannabis worldwide. Morocco remains one of the world's largest producers of cannabis resin, although cannabis herb is illicitly produced in countries throughout Africa.

East Africa is the main transit route for smuggling heroin from South-West Asia into Africa, mainly through the major airports of Addis Ababa and Nairobi. From East Africa, the heroin is smuggled into Europe and North America – mainly through countries in West Africa (especially Côte d'Ivoire, Ghana and Nigeria). The abuse of heroin has become alarming in some East and Southern African countries, in particular Kenya, Mauritius, South Africa and Zambia.

Another problem in the region is that counterfeit pharmaceutical preparations are available on the unregulated markets. The situation remains unresolved partly because of ineffective administrative mechanisms and insufficient resources for the proper enforcement controls such as licensing and inspection of distribution channels.

In recent years, Africa has emerged as a major area used for the diversion of ephedrine and pseudoephedrine. Those substances, called precursors, are used in the illicit manufacture of methamphetamine, especially in the Americas. Amphetamines are increasingly abused across Africa, in particular in South Africa. The number of amphetamine abusers in Africa is estimated by UNODC at 2.3 million, accounting for about 9 per cent of the world total.

The Board calls on the international community to assist African countries to strengthen the drug control system, particularly to verify the legitimacy of all shipments of precursors destined for Africa as well as to establish appropriate mechanisms for control over those substances.

Americas

Central America and the Caribbean

Central America and the Caribbean continue to be a major route for illicit drugs from South America on the way to North America and Europe. Since maritime drug trafficking routes are increasingly being monitored, drug traffickers are making use of low-flying light aircraft.



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Street gangs called *maras* continue to be associated with international drug trafficking networks. Mexican organized crime networks have been recruiting gang members from El Salvador and Guatemala. Many gangs in Central America have links with other gangs and criminal groups in the United States.

The Report shows that trafficking of controlled substances containing ephedrine and pseudo-ephedrine is increasing in Central America. Criminal organizations take advantage of the lax control of sales near Mexico's southern border to acquire drugs containing these precursors.

As a result of rising drug trafficking activity, drug abuse is on the rise in some countries of Central America and the Caribbean. For example, in the Dominican Republic drug abuse is increasing and crime has also escalated. Drug traffickers are often paid in drugs, thus expanding the local drug trafficking networks and increasing the local demand. The Government of the Dominican Republic is tackling corruption among drug control authorities. 5,000 members of the National Drug Control Directorate have been reprimanded and expelled from the institution since 2006, some of them on drug trafficking charges.

Jamaica continues to be the main source of cannabis in the region, while Guatemala is the only country in Central America with significant illicit opium poppy cultivation. Abuse of ecstasy, originating from Europe and Canada, is rising in Jamaica, especially in the tourist areas. The Board notes with concern the lack of published studies on drug abuse in Central America and the Caribbean and welcomes the initiative of the Inter-American Observatory on Drugs, which has announced that it is preparing a comparative study of the drug situation in Central America.

The Board encourages national authorities to vigorously deal with international drug trafficking networks including where the street gangs are involved and to take other measures such as passing legislation introducing civil forfeiture and anti-corruption programmes. They should also expand and continue activities in the field of drug control.

North America

The growing violence among drug cartels and between drug traffickers and law enforcement officers is a major problem in North America. The Government of Mexico faces violent opposition by drug cartels to its attempts to fight organized crime and drug trafficking.

Surpassed only by cannabis, the number of persons in the United States who abuse prescription drugs is now greater than the total number of persons abusing cocaine, heroin, hallucinogens, ecstasy and inhalants. The abuse of prescription drugs among youth is of particular concern.

Cocaine and its derivative "crack" are still easy to obtain on the illicit market in Canada. Abuse of cocaine laced with methamphetamine has been identified as an emerging trend in that country. Canada has become a primary source of supply of MDMA (ecstasy). Unprecedented amounts of Canadian ecstasy were seized in other countries. In the United States and in Canada heroin abuse is stable at a relatively low level.

In 2007, an estimated 35.7 million people in the United States aged 12 or older (14.4 per cent), had used illicit drugs. However, an encouraging sign is the decline in overall illicit drug use among youth and young adults. Since 2001, there has been a decrease of 24 per cent in teenage drug abuse (12-17 years). Similarly the abuse of drugs by young adults (18-25 years) has decreased with the exception of pain relievers. In Canada and Mexico abuse of cocaine, cannabis and methamphetamine has increased. It is alarming that in Mexico children start using drugs at an age of 8-10 years.



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Addressing the United States, the INCB reiterates its call to take measures to tackle the issue of direct-to-consumer advertising, which may promote medically unjustified consumption of pharmaceuticals in the United States as well as in other countries and should therefore be stopped.

South America

Colombia remains the world's largest producer of coca leaf. According to UNODC, despite the continuation of eradication efforts, illicit cultivation of coca bush increased by 27 per cent. The forced manual eradication of coca bushes in Colombia was hampered by violent attacks by armed and criminal groups using firearms and anti-personnel mines to protect illicit crops.

Colombia accounts for 55 per cent of the total area under illicit coca bush cultivation in South America, followed by Peru (29 per cent) and Bolivia (16 per cent). The Board notes with concern that in September 2008, the Bolivian Government signed an agreement with coca growers of the Yungas allowing them to cultivate larger extensions of coca bush than those already permitted in the Chapare.

International criminal groups continue to use Venezuela as one of the main departure areas for illicit drug consignments leaving the region of South America. According to UNODC, the smuggling of cocaine through this country has increased significantly since 2002.

According to Europol, drug trafficking networks in South America cooperate in temporary joint ventures established on an ad hoc basis. They are making use of specialists in all sectors of their criminal activities, ranging from chemists, to skippers, pilots, trained couriers and financial experts. The South American trafficking organizations also exploit the unstable social and economic situation and weak drug control mechanisms in some African countries.

Cannabis is the most abused drug in Argentina, Bolivia, Chile, Ecuador, Peru and Uruguay. According to the first comparative study on drug abuse among the general population in six South American countries, the highest lifetime prevalence of abuse of cannabis, 27.1 per cent, was found in Chile and the lowest, 4.0 per cent, in Peru.

In the past few years, most South American countries have reported increasing abuse of cocaine, probably a spillover effect of drug trafficking throughout the region. Several countries in the southern part of South America previously used as transit areas by drug traffickers have been used more and more for drug processing. That shift has resulted in the increased availability of inexpensive semi-refined cocaine derivatives, such as cocaine base and coca paste (*paco*), in the local markets. Several countries in South America report an increase in the non-medical use of psychotropic substances in the past year, in particular sedatives and tranquillizers. The increased abuse of so-called "date rape drugs" that can be used to assist criminal in the commission of sexual assault is a concern.

Asia

East and South-East Asia

A large amount of illicit drugs is smuggled into East and South-East Asia from outside the region, mainly from Canada and West Asia. Most drugs seized by authorities were found in shipments and with air passengers, but significant seizures of cannabis originating in the Lao People's Democratic Republic



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have been found hidden in motor vehicles. National authorities in East and South-East Asia continue to report significant seizures of drugs smuggled through the postal system.

While heroin continues to be the most widely abused drug in China, Malaysia and Viet Nam, a significant increase in the abuse of amphetamine-type stimulants was also reported. Ketamine is the most commonly abused psychotropic substance in the whole region and the drug of choice for 73 per cent of drug abusers under the age of 21 in the Hong Kong (SAR) region.

The Philippines have the highest annual prevalence of abuse of amphetamines in the world: 6 per cent of the population abused those substances in the past year. Cambodia, Lao People's Democratic Republic, Malaysia and Thailand, among others, also have a high rate of abuse of such substances.

The unsafe practice of sharing needles among drug abusers remains one of the main causes of HIV transmission in many countries in South-East Asia.

The Board notes that Governments in East and South-East Asia continue to strengthen national drug control legislation and improve the provision of treatment and rehabilitation services for drug abusers. In particular, China has adopted a law that includes provisions on voluntary community-based treatment and rehabilitation for drug abusers.

South Asia

Large seizures of amphetamine-type stimulants and their precursors in South Asia in recent years point to the emergence of an illicit market for those substances. However, South Asian countries could also be used as transit areas between manufacturing hubs in East Asia and the rapidly growing illicit markets in the Arabian Peninsula. It is feared that the widespread availability of those substances may lead to an increase in their abuse in South Asia.

Increasingly large seizures of "yaba", tablets containing a mixture of caffeine and methamphetamine have been reported in Bangladesh, where the drug has gained popularity among young people. Most of the "yaba" circulating in Bangladesh is smuggled out of neighbouring countries such as Myanmar.

Recent survey data from several South Asian countries indicates that the HIV transmission rate is still high among persons who abuse drugs by injection. In India, the prevalence of HIV infection among injecting drug users in 2006 was estimated at a national average of 8.71 per cent, compared with 0.36 per cent in the general adult population.

In the region of Dhaka, Bangladesh, the rate rose from 1.4 per cent in 2000 to 7 per cent in 2006 and in Kathmandu, Nepal, was still high in 2007, at 34 per cent, but had decreased from a peak of 68 per cent in 2003.

Pharmaceutical preparations diverted from licit manufacture in India continue to be widely abused in South Asia. Drugs smuggled into neighbouring countries include pethidine and codeine-based cough syrups. In 2007 drug control authorities in Bangladesh made a record seizure of more than 70,000 tablets containing codeine.

While Nepal is the most important producer of cannabis resin in South Asia, the amount originating in India is also noteworthy. India is the main producer of opium poppy to meet the world's licit



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requirement in opioids. However, Indian counter-narcotics forces eradicate large areas of opium poppy, which grows wild or is illicitly cultivated.

West Asia

Illicit opium poppy cultivation in Afghanistan dropped by 19 per cent from its record level of 193,000 ha in 2007 to 157,000 ha in 2008, due to the efforts of the Government of Afghanistan and the international community. Despite those successes, Afghanistan continues to account for by far the largest share of the world's illicit opium poppy cultivation. Due to the higher crop yield, actual opium production dropped by only 6 per cent, from 8,200 tons in 2007 to 7,700 tons in 2008. The Board urges the Government of Afghanistan and the international community to ensure that farming communities involved in illicit crop cultivation are provided with sustainable, legitimate livelihoods.

Illicit opium poppy cultivation takes place in Pakistan and appears to be increasing. While the Government of Pakistan remains determined to eradicate such illicit cultivation, most of it takes place in remote areas near the Afghan border where the Government has difficulties in enforcing national laws.

In Central Asian countries, the rate of abuse of opiates continues to increase and HIV/AIDS transmission is growing faster than anywhere else in the world, through the sharing of needles among injecting drug users.

The countries in the southern Caucasus are increasingly used as transit areas for illicit consignments of drugs, mainly opiates from Afghanistan, resulting in increased drug abuse in these countries as well. New routes for trafficking in drugs, including heroin from countries outside of West Asia, appear to be opening through countries in the Arabian Peninsula. These new routes lead through countries such as Jordan, Syrian Arab Republic and the United Arab Emirates. Several countries in the region are used as trans-shipment points for drug trafficking, including Jordan and the Syrian Arab Republic. Cannabis from Lebanon is smuggled into Jordan, heroin on its way to Israel.

The United Arab Emirates still face difficulties to implement controls over drugs and precursors in its free trade zones. The country should take adequate measures against drug trafficking in all territories under its jurisdiction.

Europe

Cannabis is the most widely abused drug in Europe. About 71 million people (aged 15-64 years) have tried cannabis in their lifetime and about 7 per cent have used it in the last year. Europe is not only the largest illicit market for cannabis resin but also the second largest market for cocaine in the world.

Large consignments of cocaine from South America are smuggled into Europe by sea, often through West African countries. The smuggling of cocaine through Eastern European countries has significantly increased over the past few years. This reflects a new trend in cocaine trafficking, whereby more and more cocaine is being transported to illicit markets in Western Europe via the so-called Balkan Route, the route traditionally used for trafficking in opiates.



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The heroin available on illicit markets in Europe originates in Afghanistan and has been smuggled into Europe along one of two major routes: the Balkan route; or the so-called “silk route”, via Central Asia into the Russian Federation and from there to countries in Europe.

Europe remains the region with the second largest illicit market for opiates. In Eastern Europe, this market continues to expand. According to UNODC estimates, there are about 2 million abusers of opiates in Eastern Europe. The abuse of opiates increased in the Russian Federation and other countries in Eastern Europe, as well as in countries in South-Eastern Europe along the Balkan route. Furthermore, it appears that the abuse of heroin has become more widespread among younger drug abusers in Western Europe.

Treatment for heroin abuse in residential facilities, formerly the predominant treatment for such abuse in many European countries, is less common today. Most treatment now takes place on an outpatient basis. About 53 per cent of the outpatient treatment clients are treated for the abuse of opiates and the rest are treated for the abuse of other drugs, in particular cannabis (22 per cent) and cocaine (16 per cent). The number of people seeking treatment for the abuse of drugs, in particular opiates, is higher in Eastern Europe than in Western Europe.

Significant quantities of the precursor chemicals required by illicit drug laboratories in Afghanistan—where they are used in the illicit manufacture of heroin—smuggled through countries in South-Eastern and Eastern Europe. The Board encourages Member States to increase cooperation in order to counter illicit drug production and trafficking in Afghanistan, including by strengthening the monitoring of international trade in precursor chemicals.

Oceania

Cannabis continues to be illicitly cultivated in Oceania and is widely abused throughout the subregion. Abuse of cannabis is reported to be particularly high in Australia, Micronesia (Federated States of), New Zealand and Papua New Guinea.

A recent increase in drug trafficking from Canada to Australia has been noted. China is still the main source for methamphetamine in New Zealand, but trafficking in that substance from Canada has recently increased.

Illicit substances including cannabis, cocaine, heroin and precursor chemicals were seized in Fiji, Papua New Guinea and Vanuatu during 2007, confirming concerns that countries in Oceania other than Australia and New Zealand are also vulnerable to drug trafficking.

In Australia seizures of cocaine and also of amphetamine-type stimulants significantly increased in the period 2006-2007, compared to 2005-2006. Seizures of substances not under international control continued in Oceania. The primary method for transportation is still the postal system.



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WEST AFRICA NOW MAJOR HUB FOR SMUGGLING COCAINE FROM SOUTH AMERICA INTO EUROPE, SAYS INCB

Vienna, 19 February (*United Nations Information Service*) – Cocaine consignments destined mainly for illicit markets in Europe are increasingly smuggled through West Africa. More and more cocaine seizures have been effected on the high seas of the Gulf of Guinea and on the African mainland, indicating that West Africa has become an important transit and stockpiling area for cocaine consignments from Latin America destined for Europe.

Almost all countries in West Africa are affected, particularly Cape Verde, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Nigeria, Senegal and Sierra Leone. Governments of countries in the region reported seizures of cocaine totalling about 3 tons in 2006 and over 6 tons in 2007; whereas in 2005, the total amount of cocaine seized in Africa was barely 1 ton.

Cocaine trafficking through Africa continued unabated in 2008. In January 2008, the French navy seized 2.5 tons on board a Liberian fishing vessel off the coast of Liberia. In Sierra Leone, 700 kilograms of cocaine were seized on an aircraft arriving from Venezuela, and 300 kilograms of cocaine were seized in Ghana in a motor vehicle coming from Guinea. However, these quantities represent only the tip of the iceberg. According to UNODC estimates, about 27 per cent (or 40 tons) of the cocaine abused annually in Europe has passed through West Africa.

The emergence of West Africa as a transit area for cocaine trafficking may have several causes. The geographical location of West Africa makes it an ideal staging post for trans-shipping cocaine consignments from Latin America to the growing cocaine markets in Europe. Traffickers generally target countries with weak governmental structures that have limited capacity to defend themselves against drug trafficking and its consequences, such as corruption and drug abuse. The Board has serious concerns that drug trafficking undermines political, economic and social structures, weakening the control of governments over their territories and institutions.

Several Governments in West Africa have taken action to address the problem. In Senegal, a new law adopted by the Parliament provides for increased penalties for drug trafficking. Similar legislation is before Parliament in Nigeria. At the subregional level, Governments have acted within the framework of the Economic Community of West African States (ECOWAS). A high-level ECOWAS Conference held in Praia in October 2008 adopted a regional action plan identifying regional initiatives to be undertaken to address the issue.

INCB notes that the international community has responded to the surge in cocaine trafficking in West Africa. Following a call by the Security Council to the Government of Guinea-Bissau to address the continued growth in drug trafficking which threatens peace and security in Guinea-Bissau and the sub-region, the international community committed funds to support drug control efforts in that country. INCB calls upon the international community to provide Governments of countries in West Africa with all the assistance necessary to tackle the problem.



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LACK OF SECURITY MAIN OBSTACLE TO STOP OPIUM GROWING IN AFGHANISTAN, SAYS INCB

Vienna, 19 February (*United Nations Information Service*) – Despite the shrinking cultivation areas of opium poppy in Afghanistan, the country still is the source of over 90 per cent of the illicit opium in the world. The International Narcotics Control Board (INCB) warned today that the lack of security is severely hampering the efforts to tackle the drug problem. In its Annual Report released today, INCB exposes the increasing danger for those involved in eradication in the country. During the harvesting season 2007/2008, 78 persons working in opium eradication lost their lives in Afghanistan, a sixfold increase over the previous season.

In 2008, the total eradicated areas accounted only for 10 per cent of the target set for that year. In spite of the poor progress in eradication, opium cultivation declined by 19 per cent. Although the total area under cultivation is decreasing, INCB notes that the drug trade is a scourge spreading nationwide and the drug abuse situation is worsening. Drug abuse is a serious concern in Afghanistan, where 1.4 per cent of the population abuses opioids. The large scale smuggling of Afghan opiates has resulted in a wide range of social ills, including organized crime, corruption and drug abuse. For example, Iran (Islamic Republic of) has, for a number of years, had the highest rate of opiate abuse in the world.

But opium cultivation is not the only problem. Cannabis cultivation has also increased as this crop has become more lucrative. INCB urges the Government of Afghanistan to give priority to stopping this alarming trend and to provide farmers with sustainable options of legitimate livelihoods.

While INCB welcomes the progress achieved by Afghanistan and the international community in preventing the diversion of acetic anhydride, the main chemical used to manufacture heroin, heroin manufacture appears to be on the rise and the diversion of chemicals continues. INCB is concerned that the control mechanisms currently in place may not be enough. In its Report, the Board recommends to the Government of Afghanistan to enhance the capacity of its national authorities to stem the diversion of chemicals.

INCB urges full implementation of Security Council resolution 1817, adopted in June 2008. That resolution calls upon all Member States, in particular those producing chemical precursors, those neighbouring Afghanistan and the countries on trafficking routes, to eliminate loopholes used by criminal organizations to divert precursor chemicals from international trade.

In its Report, INCB reiterates its call to the Government of Afghanistan to take immediate measures to address the drug problem while it continues consultations with the country. INCB has invoked article 14 of the Single Convention on Narcotic Drugs of 1961 against Afghanistan. Article 14 is invoked only in exceptional cases of critical and continuous treaty violations. Under article 14, INCB can ultimately recommend an embargo against a country to the Economic and Social Council, if the Government fails to take corrective actions.



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INCB WARNS ABOUT NEW CHANNELS OF DIVERSION FOR AMPHETAMINE-TYPE STIMULANTS

Vienna, 19 February (*United Nations Information Service*) – Criminal organizations often pose as fictitious companies to obtain the chemicals they need to manufacture illicit drugs. In its Annual Report released today, the International Narcotics Control Board warns about the new channels of diversion of ephedrine and pseudoephedrine, the chemicals used in the manufacture of amphetamine-type stimulants (ATS) such as methamphetamine, amphetamine and MDMA (ecstasy).

According to INCB, traffickers place orders with legitimate trading companies, using falsified authorizations to import pharmaceuticals containing ephedrine and pseudoephedrine into developing countries, where controls over chemicals are lax or non-existent. In 2008, African countries imported significant quantities of those substances, quantities that exceeded their yearly medical and scientific requirements. In Ethiopia, for example, criminals used falsified licences to order shipments of pseudoephedrine and ephedrine, totalling 12.5 tons. Numerous suspicious shipments that went to Africa had Mexico as a final destination, where methamphetamine production supplies the large market in the United States.

Since the Government of Mexico has prohibited the import of ephedrine and pseudoephedrine, trafficking of those substances appears to have spread south of the Mexican border. The demand for pharmaceuticals containing pseudoephedrine has increased in Belize, El Salvador and Honduras. In Argentina, authorities seized 1.2 tons of ephedrine in 2008. In its Report, INCB urges all Governments to pay close attention to commercial transactions of chemicals, as traffickers keep exploiting the loopholes in international trade to obtain the raw materials needed to supply their drug labs.

Canada has become a primary source of supply of MDMA (ecstasy) found on the illicit market in that country and in the United States. Chemicals are smuggled from China into the country and Canadian-manufactured drugs have been seized in Japan and Australia. In the United States, total seizures of MDMA manufactured in Canada have quadrupled: from 1.1 million doses in 2004 to 5.2 million in 2006.

In 2008, INCB supported international initiatives targeting trafficking of ATS precursor chemicals that led to the seizure of a total of 37.1 tons of ephedrine and pseudoephedrine, therefore preventing a potential manufacture of over 23 tons of methamphetamine from reaching the streets.

INCB notes that abuse of ATS is worsening in several regions of the world. In many countries on the Arabian Peninsula, abuse of ATS is on the rise. Abuse of counterfeit “Captagon” tablets containing mostly amphetamine is particularly widespread. Seizures of ATS have risen sharply in Saudi Arabia indicating a possible surge in its abuse.

The 2008 INCB Annual Report examines the manufacturing and abuse of ATS and other drugs, specifically by region and issues recommendations to countries on how to address the drug problem.



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 INCB are persons who, by their competence, impartiality and expertise, 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



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the proper functioning of the system of control over the licit movement of narcotic drugs and psychotropic substances, including 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.

