D. Europe

Major developments

496. Europe remains a major source of illicitly manufactured synthetic drugs, abused widely by young people both within and outside the region. The Board is concerned about the easy availability of synthetic drugs throughout the region. In central and eastern Europe, a noticeable increase in the illicit manufacture and abuse of amphetamine-type stimulants has been reported. The Board calls for more cooperation among countries in the region in order to effectively address those problems. Europe remains the second largest illicit market for cocaine in the world, after North America.

497. In the past decade, the countries in central and eastern Europe have experienced a significant increase in drug abuse and illicit trafficking. While cannabis remains the most widely abused drug, the availability of opiates originating in south-west Asia has increased. Authorities in some countries are concerned by the appearance of “open-drug scenes”, which is a new phenomenon in central and eastern Europe.

498. Drug trafficking in Europe often involves organized criminal groups. For example, Russian law enforcement authorities reported that the number of drug-related crimes committed by such groups increased sixfold from 1996 to 2000. Drug trafficking in the region continues to be in the hands of transnational organized criminal groups. International drug trafficking organizations are increasingly smuggling more than one type of drug.

499. Some countries in western Europe have decriminalized offences related to the possession and abuse of controlled drugs and openly tolerate the abuse of drugs, particularly cannabis and MDMA (Ecstasy). The Governments of those countries should consider whether that is the proper strategy for achieving the targets set by the General Assembly at its twentieth special session, in particular the target of significantly reducing drug abuse by the year 2008. So far, none of the Governments concerned have been able to provide to the Board information showing that the application of such measures reduces the demand for illicit drugs.

500. As long as there is no significant reduction of the demand for cannabis in most parts of western Europe, where cannabis abuse is increasingly tolerated, the success of all eradication efforts made by Governments outside of Europe is bound to be limited.

Treaty adherence

501. Since the last report of the Board was published, Albania has ratified the 1961 Convention and the 1988 Convention and Belarus and Ukraine have acceded to the 1972 Protocol amending the 1961 Convention. Of the 44 States in Europe, 43 are parties to the 1961 Convention, 42 are parties to the 1971 Convention and 41 States and the European Community are parties to the 1988 Convention.

502. The Holy See, Liechtenstein and Switzerland remain the only States in Europe that have not yet ratified the 1988 Convention.

503. The Board notes with satisfaction that Albania, the only State in Europe that was not a party to any of the international drug control treaties, has acceded to the 1961 Convention and to the 1988 Convention. The Board encourages Albania to become a party to the 1971 Convention as well.

Regional cooperation

504. On their way to becoming integrated into the European Union, a number of countries in central and eastern Europe benefit from assistance provided by institutions of the European Union. For example, the Phare programme has been active in providing assistance to strengthen the capacity of law enforcement authorities to deal with drug-related and cross-border crime and to develop chemical controls. Regional cooperation could be further fostered by including the surrounding States in those efforts, in particular in efforts aimed at strengthening criminal intelligence capabilities and the exchange of information at the regional level. CIS member States operate a common database on drug-related cases, created under a multilateral intergovernmental agreement on cooperation in combating the trafficking in narcotic drugs, psychotropic substances and precursors.

505. Another example of subregional cooperation are the activities of the centre for combating transborder crime, established by the Southeast European Cooperative Initiative in Bucharest, which serves as a focal point for sharing information, including information on drug trafficking, among countries in the subregion.
Member States of the European Union have started to implement the European Union Action Plan to Combat Drugs (2000-2004), a political framework guiding the activities of the European Union in the field of drug control. The Board appreciates the fact that the European Commission, in cooperation with the European Monitoring Centre for Drugs and Drug Addiction, has begun examining existing drug coordination arrangements in the member States of the European Union, with a view to further strengthening them. The Board encourages each presidency of the European Council to focus its programme on the implementation of the Action Plan, in order to ensure its full implementation by the end of 2004.

National legislation, policy and action

A new law on the medical use of analgesics entered into force in Italy in March 2001. The law significantly simplifies the procedures for the prescription of opioids. Prescriptions no longer have to be handwritten and they may cover medication for a period of up to 30 days of treatment (the previous maximum period was eight days). Opioids needed to meet urgent requirements may now be held and transported by doctors and can be administered in the patient’s home. Sanctions for violation of administrative procedures on the prescription of opioids were significantly reduced. The new law should enable an increase in the medical use of opioids in Italy, which has one of the lowest average levels of consumption of narcotic analgesics in Europe.

In Germany, regulations amending the Narcotics Prescription Regulation in order to increase security and control of drugs used in maintenance programmes went into effect in June 2001. Physicians who prescribe substitution drugs for heroin addicts must show that the addicts qualify for drug substitution therapy. In addition, all prescriptions of substitution drugs will be registered in a central register. The Board welcomes the efforts by the Government of Germany to curb the diversion of drugs used in maintenance programmes and encourages the Governments of other countries with drug maintenance programmes to take similar steps.

According to a new law that entered into force in Luxembourg in May 2001, prison sentences are no longer given for the abuse of cannabis or the possession of cannabis for personal abuse. Prison sentences might still be applied, however, if cannabis is abused in the presence of minors, in schools or at the workplace. Similarly, effective July 2001, penal sanctions in Portugal no longer apply to the illicit use, possession and acquisition for personal abuse of all drugs; instead, those offences are now subject to administrative sanctions such as fines or other limitations of rights. The Board would like to remind States that article 3, paragraph 2, of the 1988 Convention requires each party to that Convention to establish as a criminal offence under its domestic law, when committed intentionally, the possession, purchase or cultivation of narcotic drugs or psychotropic substances for personal consumption contrary to the provisions of the 1961 Convention, the 1961 Convention as amended by the 1972 Protocol, or the 1971 Convention, keeping in mind that parties have to meet their fundamental obligation under all three conventions to limit the use of controlled substances to medical and scientific purposes.

The Board wishes to reiterate that the establishment of drug injection rooms, where addicts can abuse drugs obtained from illicit sources, under direct or indirect supervision of the Government, is contrary to the international drug control treaties.

The Board notes that most countries in central and eastern Europe have made substantial steps towards developing their national drug control legislation, as well as in upgrading their administrative and coordination structures. That is partly related to the process of expanding the membership of the European Union, as many candidate countries have adjusted their drug control measures and begun to adapt their legislation to meet the standards of the European Union. Although the process varies in intensity throughout central and eastern Europe, most Governments have elaborated and implemented in a more consistent manner multidisciplinary national drug control strategies.

The Board urges the Government of the Russian Federation to complete the adoption and promulgation of all remaining regulations for ensuring the full implementation of the 1997 law on narcotic drugs and psychotropic substances.

Even when legal and institutional frameworks are in place, Governments’ capacities to implement effectively the adopted measures remain limited in central and eastern Europe. The problem is largely at the working level and it stems from limitations in
financial, material and human resources. Some authorities experience difficulties related to lack of, for example, legislation on the use in courts of evidence collected during controlled deliveries or legislation on the substitution of drugs during such operations. Since relevant legislative texts have already been drafted, the Board invites the Governments concerned to finalize their adoption.

514. The Board welcomes the entry into force of legislation on precursor control in Slovakia in January 2001. The Board wishes to reiterate its call to the Governments of Albania and Croatia for the adoption of such legislation, the drafts of which have already been prepared.

515. As a matter of principle, the Board wishes to underline the importance of effective legislation on the control of precursors and other chemicals used in illicit drug manufacture. Such legislation should also provide for sanctions that will have the appropriate deterrent effect on trafficking in such chemicals.

516. The Board appreciates the adoption of legislation against money-laundering in Poland in January 2001 and in the Russian Federation in August 2001. The Board invites the Governments of the Republic of Moldova and Ukraine to accelerate the adoption of such legislation.

517. In May 2001, a comprehensive action plan aimed at, inter alia, intensifying the criminal investigation and prosecution of cases involving synthetic drugs, particularly MDMA (Ecstasy), in the period 2002-2006, was presented by the Government of the Netherlands. The action plan foresees research on the neurotoxic effects of synthetic drugs and the implementation of campaigns for the prevention of drug abuse. The action plan also calls for considerable funds to be devoted to improving the handling of criminality related to synthetic drugs as well as strengthening international legal assistance and cooperation. In this regard, the Board requests the Government of the Netherlands to cooperate closely with the Government of China in order to prevent the smuggling into western Europe of chemicals used in the clandestine manufacture of stimulants. Those chemicals are mainly manufactured in China for licit purposes.

518. In May 2001, the Government of Ireland adopted a national drug control strategy for the period 2001-2008 entitled “Building on Experience”. The overall objective of the strategy is to significantly reduce the harm that drug abuse causes to individuals and society through concerted efforts focusing on the reduction of illicit drug supply and on drug abuse prevention, treatment and research. The strategy sets concise targets and specifies key performance indicators.

519. In Germany, a project on the administration of heroin to addicts is expected to commence in late 2001. In the project, about 1,200 heroin addicts in seven cities will be monitored over a three-year period to investigate whether management with heroin is a suitable way of retaining them in the addicts’ support system in order to eventually move them towards abstinence. In addition to health outcomes, social and criminological effects are to be studied. The Board trusts that any such project rests on scientifically and medically sound protocols. The Board wishes to emphasize the importance of formally involving WHO in the evaluation of the results. Furthermore, the Board, recalling the experience of Switzerland, wishes to reiterate its reservations towards such maintenance programmes.

520. There are substitution treatment programmes for heroin addicts in all 15 member States of the European Union, where it is estimated that over 300,000 addicts receive drug substitution care from general practitioners, treatment centres, methadone clinics or similar outlets. As there is no information on how those programmes have influenced the illicit market for heroin, the Board invites Governments of member States of the European Union to assess the impact of such programmes on the illicit market for and the abuse of heroin.

521. Albania, which faces growing problems concerning illicit drug production and drug abuse, has undertaken some primary and secondary prevention activities but needs to finalize a comprehensive national strategy for reducing illicit drug demand. In Bulgaria, a five-year national programme for the prevention, treatment and rehabilitation of drug addicts was adopted. In Latvia, the authorities have started a programme aimed at reducing illicit drug demand among young people. As such programmes are often short of funds, the Board invites Governments of countries in central and eastern Europe to allocate sufficient resources to such demand reduction activities.
522. In its report for 1999, the Board again encouraged countries in eastern Europe to establish drug abuse information systems and to collect data on the prevalence of drug abuse in that subregion. The Board is therefore pleased to note that progress has been made in that area by, for example, expanding the multi-city network of the Pompidou Group to include the countries in central and eastern Europe. In Latvia and the Russian Federation, research on drug availability was finalized, providing useful information on the drug situation in those countries.

523. Because of the evidence that organized criminal networks are involved in drug trafficking, government activities against organized crime and corruption are of particular importance. The Board therefore welcomes anti-corruption measures and campaigns that have taken place in several countries in central and eastern Europe.

Cultivation, production, trafficking and abuse

Narcotic drugs

524. Cannabis remains the most widely abused and trafficked drug in Europe. Much of the cannabis available in Europe is grown in the region. Despite some eradication efforts and large seizures effected by the authorities, Albania has continued to be a major source for cannabis herb. Indoor cannabis cultivation continues in Europe, facilitated by the unrestricted sale of cannabis seeds and growing accessories in so-called “hemp shops” and on the Internet. Unless Governments take action, there will continue to be no significant reduction in cannabis cultivation and abuse in the region.

525. In 2001, illicit opium poppy cultivation was discovered for the first time in Albania. In several other countries in central and eastern Europe, the illicit cultivation of opium poppy has continued on a small scale.

526. The Balkan route continues to be the main route used to smuggle heroin into Europe. There has been an increase in the flow of Afghan heroin into the Russian Federation. Most countries in central and eastern Europe, having been used for a long time as transit countries, are now facing serious problems of heroin abuse. HIV infection and hepatitis C infection are spreading among injecting drug abusers in many countries. At the beginning of the 1990s, most of the registered drug addicts in CIS member States and the Baltic States abused home-made substances prepared from poppy straw (“kompot” or “liquid heroin”). There have been numerous reports that addicts in Estonia, Latvia, Lithuania, the Russian Federation and Ukraine have replaced such home-made substances with more potent drugs, particularly heroin, in part because it is more readily available.

527. Most of the cocaine in Europe has been smuggled into the region through transit countries in South America or the Caribbean. The most significant entry point in Europe for cocaine consignments continues to be Spain, followed by the Netherlands; however, Portugal is also increasingly being used as an entry point, as indicated by an increase in cocaine seizures in that country. Drug trafficking organizations have continued to use countries in central and eastern Europe for transporting consignments of cocaine to western Europe. The extent of abuse of cocaine in that part of central and eastern Europe remains limited, mainly because of the relatively high price of the drug on local markets.

Psychotropic substances

528. Seizures of MDMA (Ecstasy) and similar synthetic drugs increased during 2000 throughout western Europe. A particularly large number of seizures were effected in France, Germany and the United Kingdom. In France, the number of seizures doubled in 2000. The authorities in Bulgaria, the Czech Republic, Estonia, Romania, the Russian Federation and Ukraine have reported a marked increase in the abuse of MDMA (Ecstasy). MDMA (Ecstasy) continues to be smuggled out of some countries in western Europe and into North America. Western Europe remains the source of most of the MDMA (Ecstasy) seized throughout the world.

529. Seizure statistics for 2000 show a decline in amphetamine seizures in Europe for the second year in a row. As in past years, the principal source country was reported to be the Netherlands, although several laboratories were located in countries in eastern Europe, particularly in Poland.

530. In August 2001, the national law enforcement agency of Switzerland discovered and dismantled a major methamphetamine trafficking ring, the first of its kind in Europe, which had been smuggling methamphetamine from South-East Asia into Europe. The discovery shows that the traffic in stimulants between
Asia and Europe goes in both directions. The illicit manufacture of methamphetamine has continued in the Czech Republic, where 14 laboratories for manufacturing that substance were seized in 2000. The methamphetamine manufactured in the Czech Republic is mainly sold on the illicit market in that country, though some of it is smuggled into Germany. Despite resolute action by the regulatory and law enforcement authorities in the Czech Republic, ephedrine, the main precursor for methamphetamine, continues to be available in that country. A clandestine laboratory manufacturing methamphetamine was also discovered in Bulgaria.

531. In addition to the widespread abuse of amphetamine and MDMA (Ecstasy), the abuse of methamphetamine, which was not previously a concern, is spreading in several parts of Europe. For example, the number of methamphetamine abusers in Poland has increased. The abuse of methamphetamine is becoming more common, particularly among women and young people, reportedly because of its low price and the variety of methods by which it can be abused.

532. In CIS member States, there continues to be concern over the large-scale abuse of home-made ephedrine. The drug is made from over-the-counter preparations containing ephedrine and from plants of the genus Ephedra, which grow in abundance in Central Asia.

533. Very few European countries have data on the abuse of prescription drugs, and the Board again calls on Governments to examine this issue further, in order to detect and counteract possible overconsumption and abuse of such substances. The Board is concerned that, for example, studies conducted in Germany have shown that more than one third of all parents are willing to cure their children’s problems in school with prescription drugs.

Missions

534. The Board sent a mission to Croatia in May 2001. Branches of the Balkan route, leading through Bosnia and Herzegovina to Croatia, are increasingly being used for trafficking in illicit drugs, mostly heroin and cannabis but also synthetic drugs and cocaine. The Board encourages the Croatian authorities to establish close cooperation with their counterparts in Bosnia and Herzegovina and Yugoslavia in order to develop a comprehensive regional approach to counteracting such criminal activities. The increasing involvement of organized criminal groups in drug trafficking activities in Europe has made it necessary for law enforcement officers to receive training in investigative and surveillance techniques, as well as in the installation of sophisticated technical equipment.

535. The Board notes with appreciation that, in Croatia, the Commission to Combat Drug Abuse has become fully operational and is planning to prepare a national strategy on narcotic drugs. The Board hopes that the national strategy will cover all aspects of illicit drug supply and demand reduction, including law enforcement cooperation and programmes for the treatment and prevention of drug abuse, as well as a system for controlling the licit manufacture of and trade in narcotic drugs, psychotropic substances and precursors.

536. The Board notes with appreciation the achievements of the Croatian health authorities in the treatment of drug addicts and in strategies for drug abuse prevention. Treatment programmes in Croatia are of a high standard and, because of the variety of inpatient and outpatient treatment options, treatment can be adjusted to suit individual cases. Programmes for drug abuse prevention are designed and regularly carried out for specific target groups, such as children, parents, teachers, social workers and doctors.

537. The Board sent a mission to Finland in September 2001. The Board wishes to commend the Government of Finland for its comprehensive policy for drug control, based on a sound general welfare approach and on a balance between law enforcement on the one side and prevention and treatment on the other. The policy is also adequately supported with resources. Legislative and administrative structures for drug control in Finland are efficient.

538. The Board notes with appreciation the resolution on drug policy adopted by the Finnish Government, which is destined to intensify measures against drug trafficking, to prevent experimenting with and abuse of drugs and to provide, and facilitate access to, adequate care and treatment for drug abusers.

539. The Board finds that Finland’s experience in early drug prevention may be useful to other countries. Finland has set up in the last few years a comprehensive system for community-based drug prevention. By relying on a large network of central
and local institutions and non-governmental organizations, the authorities have built up a strong system for primary and secondary prevention. Education and information, in particular through the Internet, are considered essential means to influence attitudes and to encourage young people to lead a drug-free way of life.

540. The Board visited the Holy See in March 2001. The Board appreciates the activities of the Roman Catholic Church in the area of drug demand reduction, freeing people from the scourge of drug addiction. The Board appreciates the stand taken by the Holy See against the opening of drug injection rooms, where addicts take drugs obtained from illicit markets, which echoes the view expressed by the Board in its report for 1999.68

541. The Holy See is a party to the 1961 Convention and the 1971 Convention. The Board calls on the Holy See to reaffirm its support for international drug control by becoming a party to the 1988 Convention, which provides valuable tools for addressing the world drug problem in all its forms, including drug abuse and illicit trafficking and related activities such as money-laundering.

542. The Board visited the Netherlands to assess the implementation of the European Commission regulations for the control of subsidized licit cultivation of low-THC cannabis for industrial purposes and their conformity with the respective requirements of the 1961 Convention.

543. The controls implemented by the authorities of the Netherlands in accordance with the relevant European Commission regulations are effective. The Board notes with satisfaction that the above-mentioned regulations of the European Commission are strict and that the misuse of those regulations or the diversion of cannabis licitly cultivated in member States of the European Union is unlikely.

544. At the same time, the Board is concerned that seeds of cannabis varieties from the Netherlands with a high THC content continue to be advertised via the World Wide Web and that the authorities of the Netherlands appear to have no legal instruments to deal with that problem.

545. The Board sent a mission to Norway in September 2001. The Board wishes to congratulate the Norwegian authorities for the strict implementation of the international drug control conventions. The Government has consistently followed a comprehensive drug control policy in accordance with the provisions of the conventions, which includes efficient control measures and consistent efforts for prevention and treatment. Necessary legislative and administrative mechanisms for drug control have been put in place. Coordination among various authorities and Norway’s reporting to the Board in accordance with the conventions have been excellent.

546. While drug abuse and trafficking have remained relatively limited in Norway compared with other countries in Europe, the country has experienced an alarming increase in the number of deaths from overdose in recent years. The Board therefore encourages the authorities of Norway, a country with a well-developed social and health-care system, to continue their efforts aimed at preventing drug abuse and providing adequate medical facilities for the treatment of drug addicts.

547. The Board sent a mission to Ukraine in July 2001. Ukraine adopted comprehensive drug control legislation in February 1995, developed a national drug control policy and enacted a number of supporting regulations. In 1999, the legislation was amended to include several new provisions, including the lifting of the prohibition of the cultivation of opium poppy. The Board urges the Government of Ukraine to take all measures necessary to prevent the diversion of poppy straw from licensed farms cultivating poppy for culinary purposes.

548. The Board notes the commitment of the authorities to meeting their obligations under the international drug control treaties and to building a system of measures to deal with the serious problems of drug abuse and illicit trafficking in Ukraine. The smuggling of illicit drugs into and through Ukraine has significantly increased in recent years, accompanied by the rapid spread of drug abuse. The Board notes the absence of resources to adequately implement the drug control legislation and to ensure the functioning of the drug control mechanisms.

549. While Ukraine has put into place mechanisms for inter-agency coordination at the policy level, coordination at the working level could be strengthened by supporting the national narcotics control commission with adequate executive powers and resources. Mechanisms to identify and counter
money-laundering activities are not yet adequate and
the Board therefore encourages the authorities to enact
legislation against money-laundering as soon as possible.

550. The Board sent a mission to Yugoslavia in May 2001. Drug abuse and illicit trafficking increased
during the years of upheaval and international isolation
that followed the secession from Yugoslavia of its
former republics, as law enforcement structures and
health facilities were partly destroyed. After the
political situation in Yugoslavia stabilized, the transit
traffic in heroin and cannabis resumed, leading to an
increase in activities involving organized crime.

551. The Board encourages the Yugoslav authorities to
develop a comprehensive drug control master plan,
covering all areas relating to trafficking in and abuse of
illicit drugs, as well as a system for controlling the licit
manufacture of and trade in substances under
international control. The Board suggests that a high-
level national coordinating body for drug issues be
established to ensure cooperation between all national
offices and between the competent authorities of the
Government and the republics.

552. The Board notes with appreciation that the
international donor community, particularly the
European Union, is providing support to Yugoslavia
within the framework of the Organization for Security
and Cooperation in Europe, the Stability Pact for
South-Eastern Europe and UNDCP. However, a
concerted international or regional approach to
responding to drug trafficking and organized crime is
still lacking. The Board, therefore, urges the
Government of Yugoslavia to work closely with the
Governments of neighbouring countries in formulating
coordinated and effective responses to the problem of
organized crime and drug trafficking in Europe. The
Board also appeals to the international community to
support the efforts of the Yugoslav authorities in drug
control matters through concerted technical coopera-
tion and financial support.

553. The Board has reviewed action taken by the
Government of the Netherlands pursuant to
recommendations made by the Board after its mission
in March 1998. The Board is concerned that the
country remains the source of a significant proportion
of the world’s illicitly manufactured MDMA (Ecstasy)
despite efforts by law enforcement agencies to curtail
the illicit manufacture of and trade in the substance.

The Board is also disturbed by the widely reported
plans of the local authorities in the city of Venlo to
open drive-through “coffee shops” that sell cannabis,
as it is a sign that the authorities have become more
actively involved in organizing the distribution of that
drug. The Netherlands continues to maintain a policy,
introduced in the 1970s, of tolerating the consumption
and sale of cannabis products in so-called “coffee
shops”, which is not in compliance with the
international drug control treaties.

554. The Board notes, on the other hand, that the
policy of tolerance has become more restrictive in
recent years with the tightening of legislation
governing the growing of cannabis, the reduction of the
number of so-called “coffee shops” and the like.

555. Work continues to be done on a project in the
Netherlands that involves, inter alia, prescribing heroin
to heroin addicts. The Board trusts that efforts are
being made to ensure that the basis for the project is
scientifically and medically sound and that the results
are carefully evaluated before any changes are made in
policy or regulations.

E. Oceania

Major developments

556. Hydroponically grown cannabis has become the
most popular form of cannabis abused in Australia. In
all Australian states and territories, the majority of the
cannabis seizures involved cannabis grown indoors.
Seizure data confirm that sizeable quantities of heroin
from South-East and South-West Asia continue to be
smuggled into Australia, with Sydney being a key focal
point for domestic distribution. In 2000, the total
amount of cocaine seized by Australian law
enforcement officers reached a record-high level—
more than twice the total amount seized in 1999; they
also made their first seizure of solutions of cocaine.
The number of clandestine laboratories manufacturing
amphetamine-type stimulants in Australia is also
increasing, as is the number of seizures of MDMA
(Ecstasy) at its air and sea borders.

557. Seizure data indicate that for the past 2-3 years,
New Zealand and many of the smaller Pacific island
countries in Oceania have been used more and more as
trans-shipment points for smuggling illicit drugs into
Australia. In late 2000, for example, a sizeable amount