

Reports published by the International Narcotics Control Board in 2003

The *Report of the International Narcotics Control Board for 2003* (E/INCB/2003/1) is supplemented by the following technical reports:

Narcotic Drugs: Estimated World Requirements for 2004; Statistics for 2002 (E/INCB/2003/2)

Psychotropic Substances: Statistics for 2002; Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV (E/INCB/2003/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2003 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2003/4)

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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The text of the present report is also available on the Internet at the web site of the Board (www.incb.org).

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E/INCB/2003/1

UNITED NATIONS PUBLICATION

Sales No. E.04.XI.1

ISBN 92-1-148172-4

ISSN 0257-3717

Foreword

In a continuation of its study of the impact of drugs on society, the International Narcotics Control Board, in the first chapter of its report for 2003, reviews the relationship between drug abuse, crime and violence at the microlevel. The impact of drugs, crime and violence at that level is equally important as, and deeply connected with, the macro-impact of transnational illegal drug markets. At the microlevel, drug abuse is often linked with antisocial behaviour such as delinquency, crime and violence and has negative consequences for individuals, families, neighbourhoods and communities that need to be addressed by the international community and individual Governments.

Several factors are regarded as contributing to the link between drug abuse, crime and violence, such as the type of drug involved, the amounts of it that are abused, the person abusing the drug and the environment in which the drug is taken. The emergence of the abuse of crack cocaine has been associated with a rise in crime and violence in many cities throughout the world. The abuse of some other drugs has been similarly associated with crime and violence. In some instances, violence is committed by the drug abuser in order to generate income to purchase drugs and is also often associated with the illicit traffic in drugs.

The review by the Board shows that the relatively small group of serious and violent offenders who are drug abusers accounts for a disproportionate amount of all serious crime committed by delinquents. The review also shows that a large number of young people who are involved in drugs and violent behaviour often grow out of that violence and drug abuse once they reach adulthood.

Economic opportunities provided by drug trafficking can lead to rivalry among drug gangs as they compete for a larger share in the illicit market. Such rivalries frequently lead to violence, to the detriment of the local community.

Violence, crime and drugs have a disproportionate impact on certain individuals and segments of society and curtail the freedom of movement of women, the elderly and children in dysfunctional communities where crime is rampant and fear of crime is widespread. Women and children who abuse drugs are at increased risk of becoming victims of violence.

Law enforcement intervention has often been seen as the only viable response to violence and other crimes associated with drug abuse, but there is a need to explore other means of addressing such crimes. It is suggested that persons who abuse drugs and engage in crime and violence should be reformed through a multidisciplinary approach that includes:

- (a) Introducing effective drug demand reduction programmes;
- (b) Introducing effective and efficient policing of neighbourhoods and communities to prevent illicit drug trafficking;
- (c) Offering assistance to drug-dependent persons so that they can seek treatment;
- (d) Referring drug-dependent persons for treatment through the justice system as an alternative to incarceration;
- (e) Involving the community in drug abuse prevention;
- (f) Creating employment opportunities, thereby providing such persons with a legitimate means of earning an income.

The Board addresses the issue of “harm reduction” in the second chapter of its report for 2003. In its report for 1993, the Board acknowledged the importance of certain aspects

of “harm reduction” as a tertiary prevention strategy for demand reduction purposes. That view still holds true. Any measure adopted to reduce harm associated with illicit drug use should, however, always be implemented in the context of a comprehensive strategy aimed at reducing the demand for illicit drugs. Such measures cannot therefore replace demand reduction programmes or be carried out at their expense. Most importantly, “harm reduction” can never be an end in itself, nor should it be the overall guiding principle behind national drug demand reduction policy.

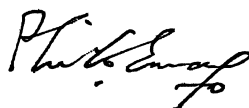
While, in principle, measures to reduce harm in drug-dependent persons should not be seen as being in contradiction with the international drug control treaties, some so-called “harm reduction” approaches are not what they seem to be in that they cause more harm than they purport to reduce. “Harm reduction” approaches should not be seen to condone or even promote drug abuse but should be seen to contribute to a reduction in the abuse of drugs.

The year 2003 marked the fifth anniversary of the twentieth special session of the General Assembly, devoted to countering the world drug problem together. In April 2003, ministers and other government representatives participating in the ministerial segment of the forty-sixth session of the Commission on Narcotic Drugs reviewed the progress achieved since the convening of the twentieth special session of the Assembly in 1998. In their joint ministerial statement, they reaffirmed the commitment of the international community to the fight against drug abuse and illicit drug production and trafficking. They reiterated the importance of implementing fully the international drug control treaties and safeguarding the integrity of the international drug control regime. The Board calls on Governments to implement the action plans adopted by the General Assembly at its twentieth special session.

Governments should develop objective and reliable mechanisms for making effective assessments of the impact of drug policies and should implement sustainable drug supply and demand reduction programmes with both shorter- and longer-term objectives.

The support that the international drug control treaties enjoy among members of civil society became evident in April 2003, when more than 1.3 million signatures of ordinary citizens from 60 countries were presented to the Executive Director of the United Nations Office on Drugs and Crime and the Chairperson of the Commission on Narcotic Drugs. At the ceremony, a former drug abuser spoke movingly about her experiences and exhorted Governments to work with non-governmental organizations and civil society to protect persons at risk of drug abuse and to promote national compliance with the international drug control treaties.

The Board believes that more needs to be done to prevent drug abuse and to protect drug abusers and persons at risk of drug abuse. Governments and non-governmental organizations have roles to play in that regard. All must work together to stop the misery and pain associated with drug abuse.



Philip O. Emafo
President of the International Narcotics Control Board

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Explanatory notes

The following abbreviations have been used in this report:

ACCORD	ASEAN and China Cooperative Operations in Response to Dangerous Drugs
ADD	attention deficit disorder
ADHD	attention deficit/hyperactivity disorder
AIDS	acquired immunodeficiency syndrome
ASEAN	Association of South-East Asian Nations
CENDRO	Centre for Drug Control Planning (Mexico)
CICAD	Inter-American Drug Abuse Control Commission
CIS	Commonwealth of Independent States
CONSEP	Narcotic and Psychotropic Substances Control Board (Ecuador)
<i>delta-9-TCH</i>	<i>delta-9-tetrahydrocannabinol</i>
DEVIDA	National Commission for Development and a Drug-free Lifestyle (Peru)
EAC	East African Community
ECO	Economic Cooperation Organization
ECOWAS	Economic Community of West African States
GBL	<i>gamma</i> -butyrolactone
GHB	<i>gamma</i> -hydroxybutyric acid
HIV	human immunodeficiency virus
Interpol	International Criminal Police Organization
LSD	lysergic acid diethylamide
MDMA	methylenedioxymethamphetamine
MERCOSUR	Common Market of the Southern Cone
Reitox	European Information Network on Drugs and Drug Addiction
SADC	South African Development Community
SEVIP	Sistema Ecuatoriano de Vigilancia Integral para la Prevención de Droga (Ecuador)
SIMCI	Integrated System for Illicit Crop Monitoring (Colombia)
TADOC	Turkish International Academy against Drugs and Organized Crime
WHO	World Health Organization

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

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

Data reported later than 1 November 2003
could not be taken into consideration in
preparing this report.

I. Drugs, crime and violence: the microlevel impact

1. Crime related to drug abuse is mostly non-violent and often petty. Economic-compulsive crime to obtain drugs, such as theft and burglary, is more common than violent drug-induced assault. However, the impact of illicit drugs, crime and violence is highly damaging to local communities at the microsocial level, as members of those communities have to live in the midst of illicit drug markets, where crime and violence, and the threat of crime and violence, are ever present.

2. Crime and violence associated with drug abuse take on different forms at different levels in society. There are forms of crime and violence associated with international cartels, there is violent crime perpetrated by or against individual drug abusers and there are innocent individuals who are caught in the crossfire of violent drug cultures. The International Narcotics Control Board has chosen to review the impact of drugs, crime and violence at the microlevel in society, addressing the relationship between drug abuse, crime and violence with respect to individuals, families, neighbourhoods and communities and taking into account both criminality and victimization. The Board intends to draw the attention of Governments to the relationship between drug abuse and trafficking at the microlevel and the development of violence and crime at the community level. The implementation by Governments of the provisions of the international drug control treaties dealing with drug abuse and trafficking contributes to a reduction in violence and crime, to the benefit of the prevailing social conditions in a country.

3. The macrolevel impact of drugs, crime and violence, in relation to organized crime, drug trafficking and transnational criminal networks, is different from, but closely related to, locally committed crime. The Board recognizes the importance of efforts to deal with the problems of macrolevel drug trafficking and transnational criminal networks, as well as criminal justice efforts, at the national and international levels, to combat those problems; however, the focus of the present chapter is on the equally important localized and targeted interventions with respect to groups engaging in or at risk of violent drug-related crime and on the affected communities.

A. Characteristics and possible explanations

4. A relationship between drug abuse and other criminal offences, including violent crime, can be found in various studies. Case studies of offenders who have committed violent crimes such as homicide and robbery indicate that drug abuse is often a critical factor. In turn, some evidence suggests that higher rates of violence are associated with more frequent drug abuse. At the same time, while some drug abusers engage in violent offending, other drug abusers are neither criminal nor violent. These findings have to be cautiously interpreted for what they do not say about other causes of violent crime that are unrelated to illicit drug abuse and for their selective interpretation of evidence that does not provide insight about abusers who are neither criminal nor violent. The violence that is present in some families and some communities is, undoubtedly, not simply a product of localized illicit drug abuse and trafficking. Violence linked to illicit drug trafficking may also reflect a deep-seated culture of violence in certain communities that has other origins, such as uneven distribution of income, civil unrest or war.

5. Given these caveats, there is abundant evidence about the relationship between serious delinquency, crime, violent crime and drug abuse and the negative consequences for both individuals and communities; for example:

(a) In the late 1990s, 69 per cent of arrestees in five police areas in the United Kingdom of Great Britain and Northern Ireland tested positive for at least one illicit drug upon being arrested; and 61 per cent of those arrested for assault tested positive for an illicit drug;¹

(b) In Brazil, drug-related violence is a particularly serious national challenge that has a negative impact on communities. Of almost 30,000 homicides registered annually, a high proportion are linked to drug abuse and illicit drug trafficking. Street children play an important part in this illicit market, acting as couriers for drug traffickers, and are frequently killed because they

know too much, steal too much or are caught in the crossfire between gangs and dealers;

(c) In Latin America and the Caribbean, a survey conducted by the World Bank on youth gangs and violence indicated that youth gangs involved in drug trafficking generally displayed higher levels of violence than those not involved in such activity.²

6. The possible explanations of a relationship between drug abuse and crime given in the present chapter take into account the following key points:

(a) Drug abuse might promote criminality, and criminality might promote drug abuse;

(b) Drug abuse and criminality might be influenced by any number of third variables: biological; psychological; situational; and environmental;

(c) The way of policing illicit drug markets may have an impact on the criminality and violence associated with illicit drugs;

(d) Socio-economic factors, particularly as they impact on young people, contribute to the extent and nature of crime related to drug abuse.

7. The two core questions to consider are:

(a) What the extent and nature of crime and violent drug-related crime are at the microlevel in society;

(b) What the factors are that influence the slippage of individuals, families, neighbourhoods and communities into violent drug-related crime.

B. Understanding drugs and crime

8. The Board has examined the main areas that shape the current way of thinking about drug abuse and antisocial behaviour, including violence, and has noted a number of factors that are offered, by different researchers in various disciplines, as causal explanations for a drugs/crime nexus. The main explanations for the relationship between substance abuse and aggression (or violence) can be characterized as follows:

(a) *Explanations focusing on the individual, such as biological and physiological explanations, psychopharmacological explanations and psychological and psychiatric explanations.* These disciplines

variously explore the impact of drug abuse on individuals according to their physical and mental characteristics and, to some extent, incorporate aspects of social context to explain drug abuse and aggression. For example, psychopharmacological studies marry the individual's psyche with substance abuse to explore how aggressive behaviour results from an interaction between drugs, personality and affective states of being;

(b) *Explanations focusing on social and cultural factors.* These disciplines include sociology, criminology, politics, economics, history, anthropology and cultural studies. The disciplines variously explore the relationship of social groups to drug abuse and crime as context-specific and use examples from real life. For example, socio-economic explanations examine income distribution, relative deprivation and social marginalization as they impact on different social groups; such explanations consider the individual and combined impact of each on drug abuse and related criminality.

9. Disciplines based on the individual interpret drug abuse primarily as the outward symbol of internal disorder. In comparison, disciplines offering explanations centred on sociological and culturally situated studies focus on social interaction, norms of conduct, sanctions and the setting of events as the main explanatory factors in the relationship between drugs and crime; these constitute the focus of the present chapter. Explanations of drug abuse, crime and violence are multifactorial; therefore, a range of disciplinary explanations can be utilized in an attempt to understand this relationship.

Explanations based on the individual

10. Studies that focus on the individual show that different illicit drugs have different impacts on the mind and body and affect individuals to varying degrees. In turn, the effects of illicit drugs differ according to the amounts consumed, the individual's body weight and history of drug abuse and the influence of genetic traits and personality predispositions on drug abuse. Controlled laboratory-based experiments on drug abuse and associated violence can only suggest a causal link between consumption of "drug A" and "violence B". In other words, it is very difficult, and misleading, to suggest a direct causal link between violence and illicit drug

ingestion without reference to culturally and socially situated factors that, in turn, influence an individual's behaviour.

11. Focusing on one discipline in the vast literature on drug abuse and aggression, psychopharmacological studies have found that illicit and licit drugs, including alcohol, can be associated with aggression but that some have no such association. There is a wealth of evidence to support the assertion that alcohol consumption, under certain conditions, stimulates violence. In comparison, the ingestion of opiates, under certain conditions, has been found to inhibit aggression, but withdrawal from long-term abuse of these and related substances has been found to result in irritability and hostility. Frequency of cocaine abuse, and amphetamine abuse, has been associated with increased likelihood of involvement as a perpetrator in violent crime. Also, the use of barbiturates appears to be related to aggressive behaviour.

12. While biologically and psychologically based explanations of the drugs/crime nexus provide a wealth of interesting insights, they do not account for subcultural and cross-cultural variations in actual experiences of drug abuse and its social consequences. The impact of illicit cocaine consumption and trafficking on affluent social groups, as opposed to poorer communities, cannot be accounted for in laboratory-controlled tests on drug abuse. In comparison, explanations focusing on social and cultural factors are grounded in "real-life" examples of communities that either experience or avoid problems associated with drug abuse, crime and violence.

Explanations focusing on social and cultural factors

13. Evidence of socially and culturally situated influences on crime and violence covers three broad areas: (a) subcultural and cross-cultural studies of societies demonstrating conflicting evidence of aggression during substance abuse; (b) social-structural patterns of violence related to drug abuse according to variables such as gender, age, race/ethnicity and social class; and (c) aggression that is illustrative of sociocultural patterns, or conduct norms, that shape violent behaviour.

14. The emergence and decline of crack cocaine markets in the United States of America, together with the associated rise and fall in the country's violent

crime rate, from the mid-1980s to the early 1990s, are often used to illustrate socially and culturally situated influences on crime and violence. Violence associated with crack cocaine has often been explained by the violent psychopharmacological impact of the drug on the user and by the rise of gun-toting gangs.

15. It has been argued that drugs and violence are related in three separate and distinct ways (the tripartite model): (a) psychopharmacological, suggesting that violence is the result of the acute effect of a psychoactive drug on the abuser; (b) economic-compulsive, suggesting that violence is committed instrumentally to generate money to purchase drugs; and (c) systemic, suggesting that violence is associated with the marketing of illicit drugs. Studies have generally revealed that psychopharmacological violence, including homicide, is most often associated with alcohol abuse. In comparison, economic-compulsive violence related to drugs is a rare event, but economic-compulsive crime to obtain drugs is frequent. Systemic violence is closely related to "turf" battles over illicit drug markets.

16. Studies that build on the above tripartite model have suggested that reduction in drug-related violence is attributable to changing social norms or ways of behaving. In the case of New York, the city has been characterized as passing through distinct phases in its street drug markets in relation to the predominant use of different types of illicit drugs. Each era is associated with distinct birth cohorts exhibiting characteristic behavioural patterns associated with drug abuse.

17. Historical evidence of birth cohort differences in drug abuse and resultant violent and non-violent behaviour reveals the influence of different drugs and illicit drug markets and different social norms on crime and violence. However, what data on this subject cannot clarify is whether conduct norms are causal factors in the decline in drug-related crime and violence or whether non-violent and non-criminal conduct norms are simply a consequence of declining levels of drug-related violence. In turn, conduct norms must be interpreted as context-specific and as differing between social groups at any one time. Moreover, the impact of drug-related crime and violence has to be interpreted beyond the immediate impact that it has on drug abusers and illicit drug trafficking, in order to take into consideration the insecurity experienced by

members of communities whose daily lives are affected by changing drug cultures.

18. Consideration also needs to be given to other relevant factors shaping the relationship between drugs and crime over time, such as the general state of the economy and, in particular, levels of unemployment. The impact of prevailing socio-economic conditions on drug-related crime, including violent crime, was the focus of the report of the Board for 2002.³ In short, communities that suffer from high unemployment and social insecurity are prime sites for infiltration by drug gangs offering alternative sources of income. If the situation is left unchecked, such communities may collide with drug gangs and local traffickers, who employ violent tactics to secure their corner of the illicit drug market. However, not all communities with high unemployment and indicators of social deprivation will necessarily have high rates of crime and drug abuse. Social safeguards and alternative forms of income generation, resulting from efforts by Governments and non-governmental organizations, in tandem with the efforts of the local community, can stem the tide of crime and illicit drug markets. Conversely, high-income communities also have their share of drug abuse and crime; however, crime in those communities tends to appear in the form of fraud rather than interpersonal violence.

Impact of law enforcement on drugs, crime and violence at the microlevel

19. There is another factor that needs to be considered when attempting to understand the development of drug-related crime and violence at the microlevel in society: the level and nature of interventions by local law enforcement agencies. The role and activities of law enforcement agencies have consequences beyond the immediate setting of a particular drug scene, as it affects the surrounding community. In turn, police and criminal justice intervention needs to be understood as a reflection of government policy and the particular remit of political parties.

20. Essentially, law enforcement interventions are intended to interdict criminal behaviour and punish crime. The intention of efforts to remove perpetrators from their environment through imprisonment is to prevent further crime and violence and to use the threat of punishment to discourage first-time offending or repeat offending. Law enforcement interventions are

the most visible response to violence and drug abuse in most countries. However, law enforcement has to be accompanied by other measures in order to have the desired lasting impact. Imprisonment alone may contribute to increased violent behaviour instead of reducing it.

21. Crackdowns on illicit drug markets can have unforeseen consequences for those drug abusers (and persons not abusing drugs) who live in low-income neighbourhoods and for those who do not engage in offending activities. Sensitive community policing, based on informed knowledge of local drug abusers, micro-traffickers and the concerns of “innocent” members of the local community, can ensure that unsuccessful police crackdowns on local illicit drug markets are avoided. Targeted long-term police intervention, coupled with economic and social initiatives, can enhance the success of police efforts at the microlevel. Communities that have suitable levels of social support, offer alternative means of generating income and work in tandem with law enforcement are in a better position to avoid the pitfalls of police intervention that fails to work in partnership with other community agencies.

22. Understanding the impact of law enforcement is important in designing intervention strategies. Local illicit drug markets, where buyers and sellers know each other, do not lend themselves to territorial competition. In comparison, illicit drug markets where buyers and sellers often do not know each other lend themselves to increased territoriality and competition; hence, the potential for violence in public places such as parks and bus stations. The impact of illicit drug markets in public areas, where violent competition between sellers is rife, can only have negative consequences for local communities that have to use those public areas where drug transactions occur. As illicit drug markets mature, advancements in new technologies such as mobile (cellular) telephones, beepers and the Internet continue to be made and illegal drug transactions can increasingly be made away from public areas; as a consequence, the risk of members of the community being caught in transactions between rival drug gangs that end in violence may be reduced. However, the most vulnerable drug abusers, those from the lower socio-economic strata, such as many heroin addicts, are unlikely to have access to new technologies and will therefore remain vulnerable to violent crime.

23. When the policing of illicit drug markets is not accompanied by efforts to provide alternative sources of income, it is highly likely that such police intervention will be unsuccessful in the long run because the members of the community will continue to be reliant on the illicit drug trade for their income. The ultimate worst-case scenario is the abandonment of such communities by law enforcement authorities and, as a result, a violent power takeover by drug trafficking gangs.

C. Youth, gangs, drugs and violence

24. Successive longitudinal studies, accounting for variations according to age, sex and ethnicity, have indicated that, as young people move from adolescence to adulthood, the proximal predictors of violence fluctuate. As parental influence reduces with age and peer influence increases, the likelihood of young people, essentially young men, being associated with crime, violent crime and/or drug abuse will be enhanced when their situation is compounded by negative factors. While it is difficult to identify specific factors as influencing youth involvement in violent crime associated with drug offending, studies have highlighted the following as contributing towards youth involvement in violent crime and/or drug abuse:

(a) Environment: low socio-economic status and/or unemployment in neighbourhoods with high crime levels; high rates of victimization;

(b) Familial variables: early separation from parents; low attachment to parents; harsh parental attitude; inconsistent parenting; witness to familial violence;

(c) Attitudes and associations: delinquent peer associations; favourable attitude towards drug abuse or violence;

(d) Individual characteristics: minority group member; difficulties in school and/or school non-attendance;

(e) Conduct problems and psychopathology: high rate of reported criminal activity; early onset of drug abuse; drug dealing; conduct disorder; antisocial personality; perceived or observed emotional problems.

25. Given that much of drug-related crime and violence centres on young males in marginalized social

positions, the role of youth culture, in particular youth gangs, needs to be considered. A distinction should be drawn between different types of youth gangs and their relationship to illicit drug markets and violence. Variations also exist in drug abuse and the violence associated with it among different gangs. Most gang violence is endemic to youth gang culture, and drug abuse and drug trafficking associated with some gangs exacerbate a culture of violence normalization. Violence, such as intrafamilial violence, is also a part of gang members' lives, either as perpetrators or victims, outside the setting of the gang. The introduction of illicit drug consumption and competitive illicit drug markets can produce an explosive cocktail of violent crime that feeds on economic and civil insecurity in vulnerable communities. Violent drug cultures succeed in further destabilizing such communities. In more affluent communities, where various means exist to combat the negative impact of illicit drugs, the introduction of such drugs is less likely to result in community destabilization.

26. Another factor to consider is the availability and use of weapons, in particular guns, to "secure" market shares. There is evidence that illegal drug-selling has a significant impact on illegal gun-carrying. The increased presence of guns enhances the culture of violence among gangs, which inevitably has an impact on members of the local community, who have to live with the enhanced threat of violence.

27. When considering the characteristics and causes behind violent drug-related crime in youth, care must be taken not to lose sight of the following:

(a) First, a relatively small group of serious and violent juvenile offenders, who are also heavy drug abusers, account for a disproportionate amount of all serious crime committed by delinquents;

(b) Second, while offending and violent offending peak in adolescence and early adulthood, the majority of young people grow up and out of violent behaviour once they reach their twenties.

28. Likewise, while certain gangs retain membership into adulthood, the majority of adolescents leave the social enclave of gangs as they enter adulthood; however, the negative impact on communities of youth involvement in gang cultures, in particular, violent drug gangs, has an impact that continues beyond the point when individual members leave, as new members

are recruited and continue to inflict violence on their local communities.

D. Consequences and the way forward

Impact of drugs, crime and violence at the microlevel

29. Economic opportunities provided to criminal groups by illicit drug markets enhance the scope for crime and violence, as criminals compete for a share of those markets; that, in turn, may have dire consequences for the local community. Rivalries or “turf wars” between local drug dealers and traffickers can develop into violent confrontations in and around public places and, as a result, make such places “no-go areas” for the general public.

30. The deterioration of law and order in neighbourhoods where drug-related crime and violence hold sway means that the public’s willingness to identify those involved, in an effort to stem the tide of violence, is held in check by a culture of fear and, in many cases, distrust of the police. Added to that is the fact that communities may become dependent on local illicit drug markets that support whole economies and, therefore, are both unable and unwilling to challenge the status quo, as doing so might jeopardize personal incomes. The authorities themselves may also be in no position to challenge violent drug-related crime in certain communities, as they too are at risk of violence or they have been influenced by corruption and are consequently in a state of inertia.

31. The stress, anxiety and fear generated by exposure to crime and violence, in turn, interfere with the daily lives and normal developmental progress of people, in particular, young people: for example, their ability to trust and have a sense of personal safety; their ability to develop skills to control their emotions; their freedom to explore the local environment; and their ability to form “normal” social relationships. Exposure to violence, particularly starting at a young age, is likely to result in the normalization of violent behaviour and, in some cases, the actual manifestation of violence. Studies have shown that young males aged 11-17 are at high risk of engaging in serious violence: (a) if they place importance on their families and spend time with their families but are nevertheless exposed to attitudes favourable to violence; (b) if they engage in

drug abuse; (c) if they live in disordered neighbourhoods; and (d) if they are frequently victimized and simultaneously committing minor acts of delinquency.

32. Since the early 1990s, the number of studies on intrafamilial violence and community-based violence and on their impact on children and youth has grown exponentially. However, researchers are only now beginning to conceptualize the field with regard to microlevel violence in relation to: (a) the neighbourhood and the community; (b) the family and the household; (c) relationships with parents and caregivers; (d) relationships with peers; and (e) personal characteristics. Understanding the interaction of these different areas and their influence on people’s lives can help in seeking explanations for people’s involvement in crime, violent crime and drug-related offending. The international community would do well to turn its attention to these areas in an effort to understand, combat and prevent the negative impact of illicit drugs and the related violent crime on both young people and adults in vulnerable communities.

33. It goes without saying that crime is a huge problem, one that goes beyond its immediate impact on levels of lawlessness. The social harm caused to communities, at the microlevel, by the involvement of both adults and young people in drug-related crime and violence is immense. The very fabric of society is challenged by the continued presence in communities of drug-related crime. Communities that suffer disproportionate levels of violent crime related to illicit drugs also experience heightened levels of other criminality and the disruptions to civil society associated with it.

34. Social capital, or the degree of community integration, is an important consideration when attempting to document and explain increases in community-level crime and violence. Social capital refers to the norms, or “laws”, that exist in social relations, and through social institutions, that instil foundations for trust, obligation and reciprocity. The extent of social capital in a community, or the degree of social bonding according to established norms of behaviour, can help to explain levels of violence and crime. Communities that lack social capital are likely to suffer from more crime and violence. Absence or flight of social capital is exacerbated by increased levels of violence and crime that are related to the negative impact of illicit drug markets on communities.

In Jamaica, a cyclical relationship between violence and the destruction of social capital in five poor urban communities has been documented.⁴ As a consequence of violence, employment and educational opportunities were reduced, businesses did not invest in the local area, local people were less likely to build new homes or make home improvements and freedom of movement was curtailed. In turn, those conditions, amounting to destruction of the local infrastructure and opportunities, increased the likelihood of violent behaviour, particularly among young people, as mistrust was enhanced and civil norms were challenged. The relationship between loss of social capital and increased violent crime, including violent drug-related crime, cannot be ignored.

35. In contrast to this example, Central Asia suffers from widespread drug trafficking, yet it has relatively low levels of violent drug-related crime. That may be due to strong family ties and the influence of strict social norms. However, evidence suggests that this picture might be changing, as regional insecurity, coupled with increasing levels of drug abuse, has had a negative impact on social stability and associated levels of crime. Likewise, the rise in the abuse of amphetamine-type stimulants among young people in South-East Asia and increased consumption of illicit drugs in East Asia might, in turn, have a negative impact on crime, in particular violent crime, in those regions as norms of conduct are challenged.

Drugs, crime, violence and victimization

36. A number of studies have highlighted the role of drug abuse in relation to the risk and experience of victimization, as opposed to the risk of offending. That approach is the reverse of that of the majority of research, which focuses on substance abuse and propensity to offend. The overwhelming conclusion of the studies examining victimization is that drug abuse leads to heightened risk of victimization. Drug abusers, either as first-time or long-term abusers, are vulnerable to victimization because drugs can either temporarily or permanently, over a prolonged period of abuse, remove a person's ability to accurately interpret and respond to dangerous situations. Drug abusers are also exposed to situations where violence, in addition to the use of guns in connection with drug trafficking, is normalized.

37. Female drug abusers suffer disproportionately from sexual assault. Some studies have indicated that women who use illicit drugs are more likely to be victimized in their lifetime than women with alcohol abuse problems. Female drug abusers are particularly vulnerable to sexual assault while under the influence of drugs and while living in situations that expose them to increased risk of victimization. Prostitutes who abuse drugs are also a high-risk group. News reports of so-called "date rape" drugs being given to unsuspecting women are a reflection of a disturbing trend concerning drug abuse and violent victimization.

38. Schoolchildren who are illicit drug consumers and/or dealers also constitute a group that can be singled out as being at increased risk of violent victimization involving guns and other weapons such as knives. The problem of drugs and violent weapon-related crime in schools has come to light since the early or middle part of the 1990s. Violent drug-related crime has a negative effect on the day-to-day management of schools, breeding a culture of insecurity that undermines authority. It also leads to a negative association between school and violent crime and has a negative impact on students, teachers, families and the community as a whole.

39. While violent and non-violent drug-related crime has a disproportionate direct impact on certain individuals and segments of society, namely poor people and dysfunctional communities, its indirect impact, which is more wide-ranging, primarily emerges as fear of crime and reduced use of public places. Fear of crime impacts on people's daily lives more than crime itself. While, in the majority of societies, it is the unfortunate few who suffer the brunt of repeat victimization, whether in the form of domestic or other interpersonal violence, most people suffer from crime indirectly, because of their fear of victimization. Fear of crime, or rather fear of victimization, requires people to alter their use of public places—streets, parks, playgrounds, shopping areas—to avoid exposing themselves to the real or perceived risk of victimization. Although criminological evidence has indicated that young men are most at risk of violent victimization in public places, that does not change the fact that those at least risk of victimization, such as the elderly, alter their behaviour to avoid potential harm. In communities where violent drug-related crime is

rampant, young men might be most at risk of being victimized by other young men, but the freedom of movement of women, the elderly and young children is curtailed as a precautionary measure against victimization.

E. Responding to drugs, crime and violence at the microlevel: policy implications

40. Certainly young people are not the only source of drug-related crime and violence, but they often play a key role in manifestations of drug-related crime at the community level and, at the same time, they are also victims of drug-related crime. Therefore, there is a need to target young people in an effort to combat serious social problems at the level of the family, the neighbourhood and the community. The key goals should include:

(a) Deterrence of drug abuse: education, support and treatment programmes for young people, coupled with law enforcement initiatives and penal sanctions to deter drug abuse;

(b) Reduction of drug-related crime and violence: providing support to drug abusers and their families and to those communities most in danger of being destroyed by drugs.

41. In efforts to realize the above-mentioned key goals, emphasis must be placed on the need for criminal justice agencies, social welfare agencies and specialized non-governmental organizations to cooperate closely with one another. Sensitive law enforcement, through community policing initiatives, should be promoted rather than heavy-handed police crackdowns on drug abusers and communities where illicit drug markets thrive.

42. Local administrations have often been characterized as responding to problems related to drug-related crime and violence based on a process of denial, overreaction and misidentification. Firstly, local authorities deny that they have a problem on their hands; secondly, once the problem is recognized there tends to be an overreaction to it that can be counter-productive; and thirdly, there is a lack of accurate information, which can prevent the identification of, and appropriate responses to, the crime problem in question. This typified response to crime and violence

emphasizes the need to utilize targeted data on the phenomenon of local illicit drug markets, and the violence associated with that phenomenon, in order to avoid the pitfalls of uninformed intervention.

43. Interventions with offending young people and those at risk may include, for example:

(a) *System collaboration*: multi-agency partnerships are developed between agencies working with juveniles at risk and offending juveniles to ensure that the identified needs of juveniles are met in the course of case management, alternative sanctions and treatment;

(b) *Drug abuse prevention and treatment*: an affordable but comprehensive drug abuse prevention programme for the community and a treatment and rehabilitation programme for drug abusers.

44. Policing the problem can backfire if undertaken without the benefit of working partnerships with other agencies providing sensitive intervention in vulnerable communities. For example, recognition of drug addiction as a health problem, particularly for the most severely addicted persons, refocuses attention on individuals, and the community, in the hope that they can be reintegrated into society in a sensitive manner. One initiative, referred to in the 2002 *World Report on Violence and Health*,⁵ published by the World Health Organization (WHO), involved the promotion of public health with a view to combating violence in Cali, Colombia, in the mid-1990s, which resulted in the homicide rate being significantly reduced.

45. Community-based initiatives have succeeded in suppressing the activities of youth gangs involved in violent crime and illicit drug trafficking. Unquestionably, the key to successfully organizing the community response to gangs is timely recognition of the emergence of gangs in order to confront the problem before it becomes a crisis and impacts on violent drug-related crime at the local level. Key areas for successful early intervention include:

(a) Early school-based intervention;

(b) Sensitive targeted police intervention focused on problem areas;

(c) Training programmes for school employees, criminal justice personnel, parents, community groups and youth service personnel;

(d) Accurate intelligence-gathering and regular information-sharing between agencies in an attempt to realize the nature and extent of the problem;

(e) Working together with the local media in an effort to report in a sensitive manner any drug and violent crime incidents, without sensationalizing events (as that might increase the chances of retribution or instil fear of crime).

46. While community-based intervention to prevent drug abuse is a “gold standard” to aim for, a number of interventions representing “good practice” involve individuals and communities that are already experiencing the consequences of drug abuse. These may include individual counselling, interpersonal skill training and family counselling. At the level of the community, involvement in activities after school—such as sport, music and computer clubs—is often promoted as a means to prevent both drug abuse and related criminality and to rehabilitate existing drug abusers. The United Nations Office on Drugs and Crime is active in the promotion of measures aimed at keeping young people away from drug abuse and involved in other activities that do not pose a threat to their own well-being or that of their community.⁶ The Economic and Social Council⁷ and the General Assembly⁸ have addressed crime prevention and juvenile justice by encouraging intervention at the microlevel in society.

47. Those responsible for adult- and youth-based community intervention against drug-related crime and violence need to be made aware of certain pitfalls. First and foremost, the budgets of different communities primarily determine what they can be reasonably expected to offer in an effort to deter and respond to drug abuse, crime and violence and whether such services can be offered in the long term. Secondly, lack of coordination between criminal justice agencies and community-based organizations does not bode well for the content, promotion and sustainability of such programmes. Thirdly, inactive “partnerships” between different agencies may result in a lack of awareness of programmes offered by other agencies, which can easily lead to duplication of effort.

48. In addition, when referring to “community” intervention, there is a need to give due consideration to identifying what is meant and understood by the term “community” among different groups, what is the geographical and political meaning of “community”

and who may speak for their community at meetings intended to address violence in the community. Communities should not be represented by schools, businesses, religious groups, public agencies or self-appointed “concerned citizens” without due consideration being given to the representation of those members of the community who tend to be associated with the anxiety caused by local crime, violence and illicit drug markets: the young people and drug abusers themselves.

49. One approach, called restorative justice, combines rehabilitation of offenders with concerns about victims’ rights and community safety. Restorative justice seeks to resolve conflicts between victims, offenders and communities in settings that lend themselves to forms of dispute resolution other than imprisonment and, in so doing, it challenges established forms of justice. Restorative justice draws on traditional ideas of community-based justice in aboriginal societies and is being increasingly applied throughout the world in an effort to reintegrate offenders into their communities without causing harm to victims and other members of the community suffering from the consequences of crime, including violent drug-related crime. While restorative justice is primarily an intervention strategy for dealing with juvenile offenders, it may also be applied to adult offenders. It has been successfully employed for a range of offences in a number of countries, including Australia, Canada and New Zealand. Restorative justice is particularly promising as a tool for community intervention at the microlevel because it stresses the role of families and is able to take into account local cultural traditions and different contexts.⁹

50. Having other sources of income besides illicit drugs, in addition to having a stable society, is essential to efforts to combat illicit drug problems and the crime and violence associated with those problems. Rural and urban communities that rely on income generated by illicit drug markets will not be able to move beyond that situation if alternatives to those sources of income are not made available. If every person in society, from shopowners to government officials, is reliant on money generated by illicit drug trafficking, then concerted efforts are needed at the local, national and international levels to launch anti-corruption campaigns, raising public awareness of the problem, and to create alternative sources of income.

F. Conclusion: considerations for intervention

51. Drug trafficking, and related crime and violence, links local communities with transnational criminal networks. The three main international drug control treaties do not differentiate between macrolevel and microlevel drug traffickers. While, at international meetings, Governments and international organizations often focus their efforts on preventing and combating transnational crime, less attention is paid to the type of crime and violence that has a direct effect on the population. Targeted intervention is needed to deal with local drug traffickers operating at the microlevel.

52. Young people who engage in illicit drug consumption and drug trafficking at the local level are not only criminals but also the victims of their own activities. The personal cost of drug abuse and related criminal activity, including violent crime, has both short-term and long-term implications for the individual in terms of physical and mental health, as well as social and economic well-being. In turn, those activities cause damage that goes beyond the damage to those who abuse and sell illicit drugs, as families, neighbourhoods and entire communities suffer the consequences of cultures where crime and violence related to drug abuse become normalized and omnipresent. And where drug-related crime underpins the local economy, the chances of moving away from relying on illicit drug markets are reduced even further.

53. How local law enforcement, in partnership with community organizations, responds to the problems of microlevel violent crime and drug abuse is critical to the development of cultures of violence. Community-based policing is essential to deterrence. Pre-emptive intervention, which alerts local criminal justice and social agencies to the emergence of a drug-related problem before it becomes fully fledged, is critical. To that end, interventions targeting communities and groups at greatest risk of becoming involved in drug abuse and trafficking and in violence associated with that activity can deter and prevent offending. The microlevel impact of violent drug cultures can be met head on with multi-agency partnerships that involve communities in the management of the threat posed by violent drug-related crime. The message from the local community needs to be:

(a) It does not pay, in human terms, to allow the illegal drug economy to exist at the microlevel, that is, at the level of families, neighbourhoods and communities;

(b) It pays for society to fight drug-related crime at the microlevel.

54. When offering “good practice” examples of community-based intervention against drug-related crime, care needs to be taken to understand the particulars of different markets as context-specific. The interpretation of a drugs/crime nexus has to be broken down into component parts that together paint a more accurate picture of the nature and extent of the relationship between drugs, crime and violence. Knowledge of the characteristics, causes and consequences of drug-related crime, based on sound data, is important for the development of community-based intervention.

55. Perhaps the most useful route to follow when suggesting practical ways to approach the relationship between drugs, crime and violence, particularly its impact at the microlevel in society, is to examine case studies in a range of disciplines that also offer suggestions for “best practice” intervention based on real success stories. The Board notes, for example, the positive impact of “drug treatment courts”,¹⁰ as specialist courts for drug offenders, that have been established in a small but growing number of countries where, inter alia, lower-level violent offenders can be taken care of using a multidisciplinary approach. The Board sees potential in these courts contributing more to dealing with the underlying individual, public safety, public health and community problems of drug-related crime and violence.¹¹

56. In addition, any intervention to combat the negative consequence of the drugs/crime nexus at the microlevel in society should also take into account the following experiences of socially advantaged communities alongside those of disadvantaged communities. People with high incomes and those benefiting from educational opportunities and other social advantages are also affected by drug abuse problems, though it can be argued that they are better equipped to deal with those challenges because they have the financial resources to do so. Privileged communities also live in the shadow of violent drug-related crime and suffer from the displacement effects of successful crack-downs on drug-related crime in neighbouring poor

communities. Fear of violent crime, induced by the rise in violent illicit drug markets, impacts on privileged people's use of public areas and results in an increase in security precautions, such as gated communities. The long-term impact of such precautionary measures can only enhance social inequalities, as the socially privileged attempt to remove themselves from dangers associated with violent drug-related crime that the poor must contend with. The trickle-down effect of target-hardening, whether it involves security measures for property or persons, is such that, in time, the less wealthy come to adopt the precautionary measures of the wealthy. That leaves the socially marginalized most vulnerable to drug-related crime and the violence often associated with it. In turn, further studies are needed on the impact of drug abuse on violence in prisons, prison being one community where cultures of violence and drug abuse are normalized. More insight is also needed on drug abuse, crime and violence in other institutional settings such as schools, children's homes and army training camps.

57. While some cultures (for example, those in which youth gangs thrive) are inherently criminal and violent long before the emergence of illicit drug markets, and other cultures move away from crime and violence associated with those markets to crime and violence associated with, for example, civil war, the fact remains that drug abuse and illicit drug markets enhance cultures of crime and violence. More timely and targeted efforts need to be made, at the local, national and international levels, through partnerships, including partnerships with a diverse range of organizations, to prevent drug abuse, crime and violent crime at the microlevel in society. At the same time, programmes aimed at introducing community-based microlevel interventions should be established to manage problems associated with offending and victimization, as they impact on individuals, families, neighbourhoods and communities.

58. The United Nations Office on Drugs and Crime is assisting Governments in finding appropriate programmes for intervention at the microlevel in society.

59. The Board stresses that interventions aimed at deterring and combating violent drug-related crime should generally include:

(a) *Socio-economic development*: focusing on local efforts at employment and licit income generation, and educational programmes targeting socially marginalized groups such as the poor, vulnerable youth and minorities at risk;

(b) *Urban regeneration*: focusing on socio-economic investment matched with local planning and design initiatives that set out to reduce crime and fear of crime by creating environments that are not conducive to drug dealing and micro-trafficking;

(c) *Multi-agency partnerships*: focusing on integrated intervention work with groups at risk, by local governments, criminal justice agencies, community organizations and youth organizations, in an effort to avoid duplication of effort;

(d) *Outreach work*: focusing on targeted intervention with those persons already abusing or selling illicit drugs and those at risk of doing so, through schools, health-care centres, sport centres and family and youth groups;

(e) *Community-based restorative justice intervention*: focusing on efforts, led by persons representing a cross-section of the community, to combat, deter and resolve, through restorative intervention, violent drug-related cultures of crime in local communities;

(f) *Intervention taking into account gender, youth and minority affiliation*: focusing on the circumstances and particular needs of different groups, as drug abusers and potential drug abusers, and encouraging mentoring, by appropriate adults, of individuals at risk;

(g) *Sustainable intervention*: focusing on the need for long-term intervention programmes that can secure and generate appropriate resources and employ local people in programme initiatives.

60. These elements, working together, should be applied alongside efforts at demand reduction, including treatment and rehabilitation of drug abusers. Only with the introduction of a comprehensive demand reduction programme will real progress be made in addressing the multiple problems that illicit drugs inflict on communities.

II. Operation of the international drug control system

A. Status of adherence to the international drug control treaties

Single Convention on Narcotic Drugs of 1961

61. As at 1 November 2003, the number of States parties to the Single Convention on Narcotic Drugs of 1961¹² stood at 179, of which 175 were parties to that Convention as amended by the 1972 Protocol.¹³ The Board welcomes the accession, in 2003, of Algeria and Myanmar to the 1972 Protocol amending the 1961 Convention.¹⁴

62. Only 13 States have not yet become parties to the 1961 Convention: there are 3 in Africa (Angola, the Congo and Equatorial Guinea), 4 in Asia (Bhutan, Cambodia, the Democratic People's Republic of Korea and Timor-Leste), 1 in Europe (Andorra) and 5 in Oceania (Kiribati, Nauru, Samoa, Tuvalu and Vanuatu). The Board calls once again on those States to become parties to the 1961 Convention without further delay.

63. Four States (Afghanistan, Chad, the Lao People's Democratic Republic and Nicaragua) are parties to the 1961 Convention but have not yet become parties to the 1972 Protocol. The Board reiterates its request to those States to take action to accede to or ratify the 1972 Protocol as soon as possible.

Convention on Psychotropic Substances of 1971

64. As at 1 November 2003, the number of States parties to the Convention on Psychotropic Substances of 1971¹⁵ stood at 174. Since the publication of the report of the Board for 2002,¹⁶ Albania and Saint Lucia have become parties to the 1971 Convention.

65. Of the 18 States that have yet to become parties to the 1971 Convention, there are 4 in Africa, 2 in the Americas, 5 in Asia, 1 in Europe and 6 in Oceania. Some of those States, namely Andorra, Bhutan, Haiti, Honduras and Nepal, have already become parties to the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.¹⁷ The Board reiterates its request to the States concerned to implement the provisions of the 1971 Convention and to become parties to that convention without further delay.

United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

66. As at 1 November 2003, a total of 167 States, or 87 per cent of all the countries in the world, as well as the European Community,¹⁸ were parties to the 1988 Convention. Since the report of the Board for 2002 was issued, Mongolia has become a party to the 1988 Convention.

67. The Board notes that almost all of the world's major drug and chemical manufacturing, exporting and importing countries are parties to the 1988 Convention. Of the 25 States that have not yet acceded to that convention, 8 are in Africa, 4 are in Asia, 3 are in Europe and 10 are in Oceania. The Board calls on those States to implement the provisions of the 1988 Convention and to become parties to that Convention as soon as possible.

B. Cooperation with Governments

Reports on narcotic drugs

Submission of annual and quarterly statistics

68. The majority of States regularly furnish the mandatory annual and quarterly statistical reports. As at 1 November 2003, a total of 166 States and territories had submitted to the Board annual statistics on narcotic drugs for 2002, in conformity with the provisions of article 20 of the 1961 Convention. That figure represents 79 per cent of the 210 States and territories required to furnish such statistics. A total of 189 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2002; that figure represents 90 per cent of the 210 States and territories requested to furnish those data. However, 34 States and territories submitted only partial statistics on international trade. The total number of reports received for 2002 by 1 November 2003 was almost the same as in the year before, when it rose to the highest number ever recorded.

69. The Board notes an improvement in the furnishing of statistical data for 2002 from Egypt, the Republic of Moldova, the Russian Federation, Saint Lucia and Tajikistan and, although they are not yet

parties to the 1961 Convention, from Angola, Samoa and Tuvalu. Despite an improvement in reporting annual statistical data for 2001 by Cameroon, the Democratic People's Republic of Korea and Solomon Islands, those States failed to provide annual statistical data for 2002. A few States, all of which are parties to the 1961 Convention, have not been complying with their reporting obligations for several years. The Board has repeatedly reminded those States of their obligations and urged them to ensure regular reporting. The Board will continue to monitor closely the situation in those States and will consider further measures to ensure their compliance.

70. Parties to the 1961 Convention have the obligation to submit annual statistical reports on narcotic drugs to the Board not later than on 30 June following the year to which they relate. The Board continues to be concerned that many States, including some that are major manufacturers, importers, exporters or users of narcotic drugs, such as the Islamic Republic of Iran, Japan, Pakistan, Portugal and Thailand, did not comply in 2003 with that requirement. The late submission of reports makes it difficult for the Board to monitor manufacture of, trade in and consumption of narcotic drugs and delays the analysis of the availability of narcotic drugs for medical purposes and of the balance between the supply of opiate raw materials and the demand for opiates. The Board urges all States that experience difficulties in complying in a timely manner with their reporting obligations to take all measures necessary to ensure the observance of the deadline set in the 1961 Convention for the submission of annual reports.

Estimates of requirements for narcotic drugs

71. The Board wishes to remind all Governments that the universal application of the system of estimates is indispensable for the functioning of the control system for narcotic drugs. Lack of adequate national estimates is often an indication of deficiencies in the national control mechanism and/or health system of a country. Without proper monitoring and knowledge of the actual requirements for narcotic drugs, there is a risk, if estimates are too low, that there will not be sufficient narcotic drugs available for medical treatment. Similarly, if estimates are too high, there is a risk that drugs traded in a country may be in excess of medical needs and may be diverted into illicit channels or used inappropriately. A well-functioning health and

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

72. As at 1 November 2003, 167 States and territories had furnished their annual estimates of narcotic drug requirements for 2004, which accounts for 80 per cent of the States and territories required to furnish such estimates. That number is slightly lower than the number of States and territories (170) that had furnished, by 1 November 2002, their estimates for 2003. In spite of reminders sent by the Board, 43 States and territories failed to provide their estimates in time for examination and confirmation by the Board. Thus, the Board had to establish estimates for them in accordance with article 12, paragraph 3, of the 1961 Convention.

73. The Board encourages all States and territories for which it established estimates for 2004 to carefully review those estimates and revise them, if appropriate. Although they are based on the estimates and statistics reported in the past, the estimates established by the Board have been considerably reduced, as a precaution against the risk of diversion of those drugs into illicit channels, in cases where the respective national control system does not appear to be functioning properly. Those established estimates may be insufficient and the States and territories concerned may experience difficulties in importing in a timely manner the quantities of narcotic drugs actually required to meet their medical needs. The Board therefore urges those States and territories to take all the necessary measures to establish their own estimates of narcotic drug requirements and furnish those estimates to the Board in a timely manner. The Board is ready to assist those States and territories by providing clarifications on the provisions of the 1961 Convention related to the system of estimates.

74. The Board examines the estimates received, including supplementary estimates, with a view to limiting the use and distribution of narcotic drugs to the amount required for medical and scientific purposes and to ensuring adequate availability of those drugs for such purposes. The Board has contacted many Governments prior to confirming estimates if those estimates, based on the information available to the Board, appeared to be inadequate. The Board is pleased to note that, in 2003, as in previous years, most Governments provided feedback promptly. However, some States repeatedly encountered difficulties in

providing realistic and comprehensive estimates, particularly for the manufacture of narcotic drugs or the utilization of narcotic drugs for the manufacture of other substances.

75. Some States, including Canada, Norway and the United States, which have well-functioning mechanisms for collecting information on the medical requirements for narcotic drugs within their territories, have furnished their estimates for 2004 with considerable delay, and Japan has not furnished any estimates at all for review by the Board. When Governments do not submit their estimates in a timely manner, it has a negative impact on the analysis of those estimates by the Board. Australia, Brazil and Italy, which in recent years tended to furnish estimates very late, have submitted their estimates for 2004 on time.

76. The Board noted that the number of supplementary estimates furnished by Governments in accordance with article 19, paragraph 3, of the 1961 Convention increased in 2003 compared with recent years. A total of 322 supplementary estimates had been received by 1 November 2003, compared with less than 250 in 2001 and 2002. The figure for 2003, however, is below the average number of supplementary estimates received each year during the mid-1990s. The Board urges Governments to determine their annual medical needs as accurately as possible and to submit supplementary estimates only if they are faced with unforeseen circumstances.

Frequent problems in reporting estimates and statistics of narcotic drugs

77. The Board examines the statistical data and estimates received and contacts the competent authorities, as necessary, in order to clarify inconsistencies identified in their reports that may indicate shortcomings in national control systems and/or the diversion of drugs into illicit channels. The reports submitted by most States have generally been reliable.

78. Some Governments do not consider the high potency of fentanyl and fentanyl analogues (fentanyl, for example, is about 100 times more potent than morphine) when analysing medical requirements for those drugs. Thus, their estimates for fentanyl and its analogues furnished to the Board are much higher than their actual requirements. That sends the wrong message to manufacturers and increases the risk of

diversion. The Board requests all Governments to make realistic assessments of their requirements for fentanyl and fentanyl analogues.

79. Several Governments continue to omit data on stocks of narcotic drugs when submitting to the Board the relevant estimates or statistical reports. The Board wishes to remind Governments that failure to provide such data results in imbalances in data, prevents the adequate functioning of the system of estimates and may delay imports of narcotic drugs needed for medical purposes.

80. Several Governments have experienced problems in reporting estimates and statistical information concerning preparations exempted from some measures of control (preparations in Schedule III of the 1961 Convention), in particular those containing codeine, dextropropoxyphene, dihydrocodeine, diphenoxylate, ethylmorphine and pholcodine. The Board wishes to remind all Governments that, for the purpose of estimates and statistics, the information required by the Board is restricted to the quantities of drugs used in the manufacture of such preparations. The incorrect inclusion of those preparations in the estimates and the statistics for consumption and/or stocks of narcotic drugs and in the statistics on international trade results in double counting of data, thus leading to inaccuracies in the analysis of requirements for and actual consumption of the respective drugs.

81. The Board is pleased to note that most of the Governments concerned report estimates and statistics on the cultivation of opium poppy and the production and utilization of and trade in opiate raw materials according to the new method, which was introduced in 2002.¹⁹ Some Governments, however, continue to report according to the old method or omit some required details from the information that they furnish to the Board. The Board has contacted those Governments. The Board trusts that they will fully comply with the new method as soon as possible.

82. Some Governments continue to experience difficulties in providing complete statistical reports to the Board because of deficiencies in their national monitoring and reporting systems. For example, the Government of India continues to have difficulties in gathering data on the consumption of certain narcotic drugs, and the Government of Pakistan has difficulties in gathering data on the utilization of opium released in that country from seizures. The Board

invites all Governments concerned to strengthen their domestic reporting mechanisms, as applicable, in order to ensure the submission to the Board of all the required reports.

Reporting on seizures of narcotic drugs

83. Several Governments failed to include in their statistical reports data on seizures of narcotic drugs and disposal thereof. The Board reminds all Governments of their obligation under article 20, paragraph 1 (e), of the 1961 Convention to furnish to the Board such reports. While other international organizations use the seizure data reported by Governments mainly for the analysis of seizure trends, the purpose of reporting such data to the Board is to ensure that seized drugs have been recorded properly and their disposal has been monitored. In addition, the reporting on seized drugs released for licit purposes, including medical and scientific purposes, is crucial to the analysis of the licit supply of those drugs in individual countries and worldwide.

84. In 2003, the Board carried out an analysis of seizure reports received from Governments and compared those reports with seizure data available to other international organizations. The Board noted that some Governments had submitted conflicting reports on seizures to different international organizations; in several cases there were large discrepancies. The Board has contacted the Governments concerned and requested them to clarify those discrepancies, which may reflect a lack of coordination among the national authorities involved in drug control. The Board urges the Governments concerned to take measures to ensure that statistics on seizures of narcotic drugs and disposal thereof, covering information from all relevant national authorities, are submitted to the Board, including information on the quantities of seized drugs released for licit purposes.

85. When reporting to the Board on seizures of narcotic drugs, Governments are required to report the gross weight of the quantities seized. Governments that release those drugs for licit medical and scientific purposes should, in addition to the gross weight of the drugs released, also indicate their pure anhydrous drug content in order to facilitate the monitoring by the Board of the consumption or utilization of those drugs.

Reporting on manufacturing losses and on destruction of obsolete drugs

86. The Board has been encouraging Governments to provide information on losses that occurred during manufacture of narcotic drugs and destruction of obsolete drugs, although such reports are not required under the 1961 Convention. That information is useful for the analysis of data received from Governments since it indicates the disposal of quantities of narcotic drugs that are no longer available for medical or scientific uses. The Board notes with satisfaction that many Governments report the losses related to the manufacture of narcotic drugs, or of preparations containing those drugs, and the destruction of obsolete drugs. The Board invites all Governments to report separately manufacturing losses and destruction of obsolete drugs, if applicable, using the respective statistical form (form C).

Reports on psychotropic substances

Submission of annual statistics

87. As at 1 November 2003, a total of 161 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2002 in conformity with the provisions of article 16 of the 1971 Convention. The current rate of submission (77 per cent) is similar to that of the previous year and is one of the highest in the past 10 years.

88. The cooperation of some countries, however, has not been satisfactory. Africa and Oceania continued to be the regions with the highest number of States not submitting their reports regularly. In recent years, more than one third of the States in those regions failed to submit annual statistical reports. The Board noted the qualitative improvements in the reports submitted by the following States: Philippines, United Republic of Tanzania and Uzbekistan.

Assessments of requirements for psychotropic substances

89. Assessments of annual medical and scientific requirements (simplified estimates) have been submitted to the Board by Governments pursuant to Economic and Social Council resolution 1981/7 with respect to substances in Schedule II of the 1971 Convention and Council resolution 1991/44 with respect to substances in Schedules III and IV of that

convention. Pursuant to Council resolution 1996/30, the Board establishes assessments for those Governments which have failed to furnish such information. The information on assessments is sent by the Board to the competent authorities of all States and territories, which are required to use them as guidance when approving exports of psychotropic substances.

90. Unlike estimates for narcotic drugs, assessments of requirements for psychotropic substances submitted by States and territories do not require confirmation by the Board and continue to be considered valid until the Board receives new assessments. Governments may inform the Board at any time of their decision to modify their assessments. In 1999 and also in 2002, all Governments were asked to review and update, if necessary, their assessments of annual medical and scientific requirements for psychotropic substances. Since 1999, 167 Governments submitted at least once a revision of the assessments for psychotropic substances used in their countries.

91. As at 1 November 2003, the majority of Governments had submitted to the Board their assessments of annual medical requirements for psychotropic substances. The Governments of the following 10 countries have not yet provided to the Board their confirmation of the assessments previously established by the Board: Burundi, Cameroon, Comoros, Djibouti, Liberia, Mauritania, Niger, Sierra Leone, Somalia and Timor-Leste. Liberia communicated its assessments to the Board in March 2002; however, the Board had to request the authorities to revise those assessments, as they were unrealistically high considering the size of the population of Liberia and the health-care infrastructure in that country. Cameroon, Mauritania and Sierra Leone submitted their annual statistical reports in 2002; therefore, the authorities of those countries should be in a position to evaluate their countries' requirements. The Board encourages the authorities of those countries to submit to it as soon as possible their assessments of annual medical requirements for psychotropic substances.

92. The Board is concerned that many Governments have not updated their assessments for several years. Those assessments may no longer reflect their actual medical and scientific requirements for psychotropic substances. Assessments that are lower than the actual legitimate requirements may delay imports of psychotropic substances urgently needed for medical or

scientific purposes in the country concerned, since exporting countries are requested to export only quantities within the limits of assessments. Assessments that are significantly higher than the actual legitimate needs may create an opportunity for diversion of psychotropic substances into the illicit traffic. The Board invites all Governments to ensure that their assessments are regularly updated and that it is informed of any modifications.

Reports on precursors

93. As at 1 November 2003, a total of 121 States and territories had submitted information for 2002 on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. Over half of all States and territories submitted such data for 2002, which is similar to the rate of previous years.

94. A significant proportion of parties to the 1988 Convention (37 per cent) have yet to meet their reporting obligations under article 12 of that convention. The Board notes with regret that the six parties that have never submitted annual information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, namely, Albania, Burundi, the Comoros, the Gambia, Serbia and Montenegro and Yemen, are still not in a position to furnish that information. The Board has communicated with the respective Governments at the highest level. The Board urges those Governments to submit the information as soon as possible.

95. The submission of data on seizures of precursors is a treaty obligation; such information is essential in analysing the global supply of and demand for illicit drugs. Governments must carry out thorough investigations into interceptions of smuggled consignments and seizures at clandestine laboratories to identify the actual sources of the confiscated precursors. The information can then be utilized to identify and develop appropriate controls to prevent diversions from those sources.

96. Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia are two States parties to the 1988 Convention situated on the Balkan route through which attempts to divert acetic anhydride were uncovered. The Board notes that those two States, which had not submitted the required information before, have now furnished that information for the first time: Bosnia and Herzegovina submitted such

information for 2001 and 2002; and the former Yugoslav Republic of Macedonia submitted such information for 2002.

97. Since 1995, the Board, in accordance with Economic and Social Council resolution 1995/20 of 24 July 1995, has requested the provision of data on licit trade in, uses of and requirements for substances controlled under the 1988 Convention. Such data are requested on a voluntary basis and are treated as confidential by the Board when so requested. The Board notes that the annual rate of response for this type of information has steadily increased over the years. As at 1 November 2003, a total of 95 States and territories had reported data on the licit movement of precursor chemicals for 2002, which is comparable to the rate of response of previous years.

98. The Board encourages all Governments that have not already done so to take steps to establish control mechanisms in order to monitor the licit trade in, and determine the uses of and requirements for, substances in Tables I and II of the 1988 Convention. Once appropriate mechanisms are in place, the Governments will be in a better position to collect and supply such data to the Board. Traffickers are increasingly using different methods in their diversion attempts. The Board reiterates the importance of all Governments being well informed of trade in and licit requirements for substances in Tables I and II of the 1988 Convention, in order to be able to identify unusual transactions at an early stage and thus prevent the diversion of those substances.

99. The Board notes that under Operation Topaz, which involves the international tracking programme for acetic anhydride, a critical chemical used in the illicit manufacture of heroin, and Operation Purple, the intensive international tracking programme for potassium permanganate, a key chemical used in the illicit manufacture of cocaine, most of the major manufacturing, exporting and importing countries provide detailed information on the licit movement of those substances. Furthermore, the transfer in 2001 of those two substances from Table II to Table I of the 1988 Convention has also contributed to enhanced monitoring by Governments of trade in those substances.

100. The number of Governments providing data on licit trade in ephedrine and pseudoephedrine, precursors of amphetamine-type stimulants used in the

illicit manufacture of methamphetamine, has remained high over the past few years, as those substances have already been under control in most countries for a long time. Of the Governments providing to the Board data on trade for 2002, over 70 per cent have included information on trade in ephedrine and pseudoephedrine.

101. Through the implementation of Project Prism, it is expected that more information will become available on patterns of licit trade in other precursors of amphetamine-type stimulants, in particular 3,4-methylenedioxyphenyl-2-propanone, 1-phenyl-2-propanone and safrole, mainly due to the limited licit trade in those substances. The Board trusts that, following the launching in 2003 of operational activities of Project Prism, under which both international trade in and domestic distribution of precursors of those amphetamine-type stimulants are monitored, the participating Governments will put into place mechanisms for controlling and monitoring the movement of those precursors, enabling those Governments to furnish the relevant data to the Board. The Board also encourages all non-participating Governments to do so.

C. Prevention of diversion into the illicit traffic

Narcotic drugs

Diversion from international trade

102. The system of control measures set out in the 1961 Convention provides for effective protection of international trade in narcotic drugs against diversion into the illicit traffic. No cases involving the diversion of narcotic drugs from licit international trade into illicit channels were detected during 2003, despite the very large quantities of drugs and the large number of transactions involved.

103. The Board wishes to remind all Governments that effective prevention of the diversion of narcotic drugs from international trade requires the implementation by Governments, in cooperation with the Board, of all control measures for those drugs, as provided for in the 1961 Convention. While most Governments have been fully implementing the system of estimates and the import and export authorization system, some Governments authorized in 2002 and 2003 exports of

narcotic drugs from their countries in excess of the corresponding total of the estimates of the respective importing country. The Board is concerned about such exports, which are contrary to the provisions of article 31 of the 1961 Convention and could result in the diversion of narcotic drugs if they involve the use of falsified import authorizations by drug traffickers. The Board has contacted the Governments concerned and urged them to ensure compliance with the provisions of article 31 of the 1961 Convention when authorizing exports of narcotic drugs in the future.

104. The Board notes that the authorities of Bangladesh are investigating a case involving the diversion of 30 kg of pethidine hydrochloride, which disappeared from a store in the airport in Dhaka in October 2002 after having been imported from a country in Europe. The Board requests all Governments to ensure that shipments of narcotic drugs in international trade are effectively protected against theft.

Diversion from domestic distribution channels

105. Diversions of pharmaceutical products containing narcotic drugs from domestic licit distribution channels continue to occur in many countries. Such diversions appear to be underreported, in particular if they involve preparations that may be exempted from certain control measures (preparations in Schedule III of the 1961 Convention).

106. Despite measures taken by the Government of the United States, recent information indicates that pharmaceutical products containing hydrocodone and oxycodone continue to be among the most frequently diverted and abused drugs in that country. In addition, there has been an increase in the diversion and abuse of methadone, which is used both as an analgesic and in substitution treatment. Cases of diversion of oxycodone have also been reported to a lesser extent in the past few years in Australia, Canada and Mexico. The Board notes that diversions and/or seizures of methadone have been reported in the past few years in Australia, Austria, China, Costa Rica, France, Germany, Greece, Turkey and the United Kingdom. Canada has reported increased diversion of codeine, hydromorphone, morphine and pethidine, usually as a result of theft, in doctors' offices, factories, hospitals and pharmacies.

107. Narcotic drugs that have been reported by various other countries as diverted from domestic licit distribution channels are cocaine, codeine, dextropropoxyphene, fentanyl, hydromorphone, morphine and pethidine; the methods of diversion used have ranged from forged prescriptions to theft from manufacturers and wholesalers or retailers.

108. Reports from several developing countries, including Bangladesh, India, the Islamic Republic of Iran and Pakistan, indicate that pharmaceutical preparations containing narcotic drugs, such as codeine cough syrups, codeine tablets, dextropropoxyphene injections and pethidine injections, have been diverted and abused in those countries. In 2003, the Board sent a questionnaire to Governments of selected countries to obtain information on the abuse of pharmaceutical preparations containing narcotic drugs and their illegal distribution through informal markets for medicines. The Governments were also requested to provide information on the possible sources of preparations illegally distributed through such markets. The Board trusts that each of the Governments to which the questionnaire was sent will provide comprehensive replies to enable further analysis of the issue by the Board.

109. The diversion and abuse of opioids prescribed for substitution treatment have been reported in many countries. The Board reiterates its request to Governments of countries where opioids are used for substitution treatment to take measures to prevent their diversion into illicit channels. Such measures may include the central monitoring of all opioids prescribed for that purpose, short dispensing intervals and supervised consumption.

110. Several countries in Eastern Europe have reported the illicit manufacture and abuse of poppy straw extracts containing narcotic drugs. Poppy straw used for this purpose is partly obtained by diverting it from the licit cultivation of opium poppy for culinary purposes. The diversion of a large quantity of poppy straw was reported in Ukraine in 2002. The Board requests all Governments that allow the cultivation of opium poppy for culinary purposes to review the situation in their countries and to strengthen control measures for such cultivation in order to prevent the diversion of poppy straw.

Psychotropic substances

Diversion from international trade

111. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to occasional transactions involving very small quantities of no more than a few grams. There have been isolated attempts to divert substances in Schedule I over the years, but they have all been thwarted as a result of the strict international control mechanism for those substances. No actual cases involving their diversion from licit international trade have ever been reported. Licit international trade in almost all psychotropic substances in Schedule II has involved a limited number of transactions; the only exception is licit international trade in methylphenidate, which has been increasing since the beginning of the 1990s, and, to a much smaller extent, licit international trade in dexamfetamine. In the past, the diversion of substances in Schedule II from licit international trade into the illicit traffic was frequent; however, no significant cases involving such diversion have been identified since 1990. That is attributable to the implementation by Governments of the control measures for substances in Schedule II as provided for in the 1971 Convention and to the almost universal application of additional control measures (assessments and quarterly statistical reports) recommended by the Board and endorsed by the Economic and Social Council.

112. Licit international trade in psychotropic substances in Schedules III and IV of the 1971 Convention is very widespread, involving thousands of individual transactions each year. In the last five years, the analysis by the Board of data on international trade in substances included in those schedules, followed by the Governments' investigation of suspicious transactions, has indicated a significant decrease in the number of cases involving diversion of those substances from international trade into illicit channels. That appears to have been the result of the implementation by Governments of the treaty provisions for substances in those schedules, in combination with voluntary additional controls over international trade, recommended by the Board and endorsed by the Economic and Social Council, such as the system of assessments of annual requirements for psychotropic substances, the import and export authorization system and additional reporting.

113. The Board invites all Governments to continue to be vigilant with respect to orders for psychotropic substances in Schedules III and IV of the 1971 Convention and, if necessary, to confirm with the Governments of importing countries the legitimacy of those orders prior to approving the export of those substances. The Board continues to be at the disposal of Governments to facilitate such confirmation.

114. The Board notes with appreciation the continuing and increasing cooperation of national authorities with the Board, as well as between the national authorities of different countries, which has contributed to a significant improvement of international drug control. Almost all diversions are prevented by the vigilance of competent authorities and law enforcement officers and, in some cases, the voluntary cooperation of manufacturers of psychotropic substances. The Board notes with appreciation that exporting countries use the assessments of requirements of psychotropic substances published by the Board to verify the legitimacy of trade transactions. Such verification is especially important in the case of orders placed by companies in the few countries that have not yet introduced mandatory import authorizations for all psychotropic substances. Trade transactions identified as suspicious because the import orders exceed the established assessments are either verified with the Board or brought to the attention of the importing country. That process facilitates the identification of diversion attempts.

Diversion from domestic distribution channels

115. Reports from various countries on the abuse and seizure of psychotropic substances indicate that the diversion of pharmaceutical products containing such substances from licit domestic distribution channels is becoming an increasingly important source for illicit drug suppliers. The methods used by traffickers to divert those products include theft, pretended export, falsified prescription and pharmacies supplying substances without the required prescriptions. Most cases of diversion of psychotropic substances from domestic channels involve relatively small quantities. However, in some cases, such as when traders at the wholesale or retail level are implicated in such diversions, the quantities involved may be considerable. In addition, in some countries, because of the number of cases, the total quantity diverted to illicit markets may not be negligible. The substances diverted

most often are stimulants, benzodiazepines, especially flunitrazepam and diazepam, and the analgesic buprenorphine.

116. The diverted substances are usually destined for the illicit market of the country where they are diverted. In many cases, however, particularly when on illicit markets outside of the country there is high demand for a specific substance and comparatively high street prices, the substances are also smuggled into other countries. For example, the smuggling of flunitrazepam into Norway and Sweden, mostly out of the Baltic States (Estonia, Latvia and Lithuania), has been taking place for a number of years. The total quantity of flunitrazepam smuggled into Sweden is estimated to be approximately the same as the quantity legally prescribed in Sweden (around 2.5 million tablets per year). Due to its high abuse rate, the authorities of Sweden have recently moved flunitrazepam to Schedule II of the national control regime, which puts the substance under the same control as morphine. In addition, the Supreme Court of Sweden decided in September 2003 to lower the quantity of flunitrazepam required for a case to be considered "serious smuggling" under the Penal Code. In Lithuania, authorities from countries in Northern Europe met in Vilnius in June 2003 to devise measures to counteract such diversion activities.

117. The majority of the smuggled flunitrazepam tablets were diverted from licit manufacturers in the Czech Republic in the period 1995-1999. It appears that, since 2000, the tablets have been diverted from markets in the Russian Federation (to where they had been licitly exported from Switzerland) and then smuggled to Scandinavian countries, often through Lithuania and the other Baltic States. During the past year, the Board has been cooperating closely with the competent authorities of the Russian Federation and Switzerland in order to determine which distribution channels the large-scale diversions involved. Information provided by the Swiss authorities indicates that exports of the substance to the Russian Federation were considerably higher than the imports reported by the Russian Federation. The Board trusts that the Russian authorities (to whom it provided detailed background information on all exports of flunitrazepam) will further cooperate with the Board on this matter, as a more detailed investigation of the cases involved is necessary.

Misuse of the Internet

118. During the past few years, the Board has repeatedly expressed its concern about the increasing illicit supply of internationally controlled drugs by Internet pharmacies. In its reports for 2001²⁰ and 2002,²¹ the Board noted the increasing use of the Internet and the mail for illicit trade in narcotic drugs and psychotropic substances, including the smuggling of drugs diverted from domestic distribution channels. That trend continued during 2003.

119. For example, information provided by national authorities indicates that psychotropic substances, mainly substances in Schedule IV of the 1971 Convention, are smuggled out of Asian countries and into European countries and the United States. The Thai authorities reported having intercepted significant quantities of substances in mail centres, listing benzodiazepines as the substances most frequently seized. Indian authorities have also reported having seized parcels containing psychotropic substances at post offices. Swiss authorities noted during the past year a significant increase in illegal mail order shipments containing psychotropic substances ordered on the Internet. As Swiss legislation prohibits the import and export of psychotropic substances by mail without formal authorization by the competent authorities, those shipments were confiscated and the addressees were informed that ordering psychotropic substances via the Internet was not permitted. The illegal shipments originated in Pakistan. Internet sites sell mainly psychotropic substances in Schedule IV; however, they also include offers for Ritalin (methylphenidate) (see also paragraph 188 below). Selling such illegal supplies without prescription and the required medical advice poses a danger to customers, particularly when the substances sold are advertised, against medical opinion, as mild and harmless.

120. The Board calls on all Governments that have not already done so to consider prohibiting the import and export of narcotic drugs and psychotropic substances through the mail system in order to prevent such illegal activity by Internet pharmacies, which should not engage in international trade in such substances.

121. Control over Internet pharmacies is complicated by the fact that such pharmacies can and are operating in all regions of the world and are flexible in that they can relocate if they are forced to do so by strengthened

legislative and law enforcement efforts in a particular country. National authorities are therefore requested to regularly monitor such Internet activities and to react immediately whenever illegal activities are detected. The Board is aware that the different laws and regulations in countries make it difficult to identify and investigate illicit use of the Internet by (a) obtaining information on subscribers from Internet service providers and (b) preventing Internet service providers from purging information on subscribers that is required for investigations. In addition, the huge quantity of letters and parcels shipped each day makes it hard for law enforcement agencies to detect illicit shipments and/or to identify sources of illicit supply.

122. During the past few years, national authorities have shown that by cooperating at the national and international levels, it is possible to thwart such illegal activities. For example, the customs administration and mail administration in one country in Central Europe cooperated with one another, as the drug-sniffing dogs of the customs administration were used to detect illegal mail shipments, leading to a significant drop in such illegal shipments. In another example, the coordinated efforts of United States and Thai authorities in 2000 resulted in raids of Internet pharmacies in Thailand.

123. The Board encourages the authorities of Pakistan to cooperate with the Swiss authorities in a similar manner in order to stop the diversion of psychotropic substances from Pakistan through the Internet and the mail. The Board also encourages all national authorities, as soon as they become aware of such illegal activities, to contact their counterparts in the countries concerned and to inform the Board about those activities. In addition, as Internet pharmacies need to obtain the substances that they sell from legal suppliers, the Board calls upon national authorities to provide information on such activities to their wholesalers and to request them to be on the alert for large orders for controlled substances placed by companies that the wholesalers have not previously verified as reliable customers.

124. The Board calls once again on Governments to ensure that the diversion of and illicit trafficking in pharmaceutical products containing narcotic drugs or psychotropic substances are established as criminal offences, in accordance with the provisions of article 3,

paragraph 1, of the 1988 Convention. Such offences should be punishable by sanctions commensurate with their gravity. In countries where the diversion of and illicit trafficking in such products frequently occur, Governments should consider increasing such sanctions. While law enforcement officials, over the past few years, have increasingly taken note of the seriousness of diversions of and trafficking in licitly manufactured substances under international control, in many countries the judiciary still considers such offences to be not of the same gravity as offences involving illicit drugs. Therefore, the Board urgently requests national authorities to bring to the attention of the judiciary in their countries the need to accord importance and adequate penalties to court cases involving the diversion of, as well as the attempted diversion of, licitly manufactured narcotic drugs and psychotropic substances into illicit channels.

125. Similarly, the Board would like to encourage Governments to put more emphasis on efforts to educate the public regarding the dangers of the abuse of licitly manufactured pharmaceutical products containing controlled drugs. Many people continue to believe that, because pharmaceutical products are legally available in pharmacies, such products, when abused, are not as serious as illicitly manufactured drugs.

Precursors

126. The sophisticated attempts by traffickers to divert precursor chemicals, which the Board had noted in its report for 2002,²² continued in 2003. It is therefore imperative for Governments to thoroughly verify the intended end-use of orders for precursor chemicals, as well as the volumes required for such purposes. It is often essential to conduct physical checks at the importing company and consignees to ensure that the reported end-use is consistent with the activities of the company involved. That has proved to be particularly important for the precursors of amphetamine-type stimulants, such as 1-phenyl-2-propanone and 3,4-methylenedioxyphenyl-2-propanone, which have specific licit uses, and also for ephedrine and pseudoephedrine, substances for which traffickers are increasingly substituting pharmaceutical preparations. Precursors are often smuggled from the place where they are diverted to the place where they are used for the clandestine manufacture of drugs. Investigations of seized shipments have uncovered links between the

networks smuggling drugs and those smuggling precursors, including the use of similar *modus operandi* to avoid detection of consignments by customs authorities. There is, therefore, an urgent need to review intelligence on networks involved in drug trafficking together with information on trafficking in precursors, including stopped shipments in international trade, in order to identify common links and to plan appropriate operations to stop such activities.

Project Prism

127. Following the launch of Project Prism, at the International Meeting on Amphetamine-type Stimulant Precursors, which had been convened by the Board in Washington, D.C., in June 2002, the first meeting of the Project Prism working groups was held in The Hague in December 2002. Operational activities subsequently commenced in January 2003 to address the diversion of (a) precursors of amphetamine-type stimulants and (b) equipment and materials used in the illicit manufacture of precursor chemicals and the use of the Internet for the sale of such chemicals. Details on the activities are provided in the 2003 report of the Board on the implementation of article 12 of the 1988 Convention.²³

128. A review of the initial operational activities took place at the second meeting of the Project Prism working groups, held in Bangkok in June 2003. After having considered those initial activities and the cases uncovered, the working groups decided that the operational activities should continue, utilizing the working mechanisms and standard operating procedures that had been devised. The specific activities involved are listed in annex IV of the 2003 report of the Board on the implementation of article 12 of the 1988 Convention.²⁴

129. As traffickers are increasingly turning to smuggling precursors of amphetamine-type stimulants in order to avoid the mechanisms established to prevent diversions from international trade, Governments intercepting such smuggled consignments need to share information on those interceptions so that comprehensive investigations may be carried out to identify both the source of the precursors and those responsible for the activity. The Board is pleased to note that the Government of the Netherlands has begun sharing technical information from its investigations with the Government of China on

seizures of 3,4-methylenedioxyphenyl-2-propanone made in the Netherlands that had been smuggled out of China. The Board trusts that backtracking investigations of that nature will increasingly be launched by all Governments concerned in order to identify the source of precursors.

130. Operational activities have also shown that Governments need to pay additional attention to preventing diversions from international trade involving pharmaceutical preparations containing precursors of amphetamine-type stimulants and also safrole-rich essential oils. Over 25 million tablets of pseudoephedrine (the equivalent of approximately 1.5 tons of pseudoephedrine) were seized during the first half of 2003 because the consignments were deliberately falsely declared by companies in the exporting countries. Governments should study in depth the volume and extent of international trade in those substances in order to be able to monitor such trade accordingly. The issues surrounding the safrole-rich essential oils are complex, as no specific Harmonized System²⁵ codes exist for the essential oils, nor are those oils specifically described in shipping documents, with trade and trivial names being used extensively. Under Project Prism, efforts are being made to find out trade patterns in safrole-rich oils by using existing codes. As further information is required to develop appropriate mechanisms to prevent the diversion of those oils, the Board urges Governments to provide their full support to the related activities launched by the relevant Project Prism working group.

Operation Purple

131. Operation Purple,²⁶ which involves the intensive international tracking programme for potassium permanganate, is now in its fourth year. Participating Governments²⁷ continue to prevent diversions of the substance from licit international trade for use in the illicit manufacture of cocaine, using the working mechanisms and standard operating procedures established for the operation. During 2003, a total of 19 shipments, amounting to nearly 900 tons of potassium permanganate, were stopped, as there were reasons to believe that the shipments would be diverted from international trade. Should that amount of potassium permanganate have been diverted, it would have been sufficient to manufacture nearly 4,500 tons of cocaine.

132. Intensive efforts were made by the countries in the Andean subregion in the period 1999-2000 to determine actual licit requirements for chemicals of all companies in order to prevent diversion from domestic distribution channels. At the same time, there was a significant decrease in the amount of potassium permanganate imported into the subregion. However, the amount of potassium permanganate imported into the subregion during 2002 and 2003 increased again to above the level of 2000. The Board requests the Governments of the countries concerned, all of which participate in Operation Purple, to continue to verify the legitimacy of each shipment using the methods that have proved effective in the past.

133. Furthermore, the Board notes that Colombia has continued to seize major quantities of potassium permanganate. The data indicate that traffickers may now be diverting the substance from domestic distribution channels in South America to be smuggled into the areas where the illicit manufacture of cocaine takes place, as is the case with acetic anhydride used in the illicit manufacture of heroin. The Board trusts that law enforcement authorities participating in the operation will initiate backtracking investigations to identify the source of seized potassium permanganate and will identify those responsible for the diversion, in order to locate the missing link where the diversion from licit trade into the illicit traffic takes place.

134. During 2003, an increased number of shipments reported under Operation Purple had been ordered by brokers: 200 of the 600 shipments reported in 2003 had been ordered in that manner. Furthermore, of those orders, 70 had been placed by brokers in countries in which the shipments did not physically pass through. Obtaining information on the actual routing of shipments when the broker is not located in that country, not to mention tracking such shipments, can be problematic. The Board reminds the Governments of the countries manufacturing, exporting and transshipping such substances of the need to determine, in accordance with standard operating procedures, the entire physical routing of the shipment prior to authorizing an export, as only in that way can diversions be prevented.

Operation Topaz

135. With illicit opium production in Afghanistan increasing, it is essential for the countries in the region

to implement the working mechanisms and standard operating procedures established for Operation Topaz²⁸ to prevent acetic anhydride from being diverted and/or smuggled into and through the region to Afghanistan. The Board is particularly pleased that, during 2003, Afghanistan, Kazakhstan, Kyrgyzstan and Tajikistan joined the operation. The Board continues to be concerned that Turkmenistan, which has not reported to the Board in recent years but made significant seizures of acetic anhydride in the past, is the only country in Central Asia not yet participating in Operation Topaz. The Board therefore urges the Government of Turkmenistan to join Operation Topaz as soon as possible in order to ensure that traffickers will not use that country to smuggle acetic anhydride through the region.

136. The intensive tracking of shipments in international trade, which is one of the elements of Operation Topaz, enables the Board to monitor closely the complex licit international trade patterns and routes that exist for acetic anhydride, which is essential to identifying new or unusual routes, which may be an indication of a diversion or attempted diversion. Changes in licit trade patterns have been observed since Operation Topaz began in 2000. Initially, the Netherlands and the United States were the main centres of international trade in that substance. During 2002,²⁹ Belgium began to emerge as a further centre. During 2003, Belgium has emerged as the single major trading centre, measured in terms of the number of shipments reported to the Board, while Mexico emerged as the largest exporter of acetic anhydride, measured in terms of the total volume of shipments reported to the Board. The Board has taken note of the comprehensive measures taken by the Governments of Belgium and Mexico to prevent diversions from international trade by ensuring that pre-export notifications are sent for each shipment. The Board trusts that those Governments will continue their high level of support for Operation Topaz.

137. As few attempts to divert acetic anhydride from international trade were uncovered during 2003, it is essential for Governments to launch law enforcement backtracking investigations into seizures and interceptions of smuggled consignments if those responsible for the diversions are to be identified and the missing link, where the substance is diverted from licit trade into the illicit traffic, is to be located. With this second major component of Operation Topaz in

mind, the Board convened a round-table consultation in Vienna in March 2003 to address diversions of acetic anhydride uncovered in Europe. The investigations initiated after the consultations yielded important information on the link between diversions from licit trade in Europe and smuggling into Turkey, involving, in particular, front companies in Serbia and Montenegro. The Board commends the competent authorities of Slovakia and Turkey for their efforts in bringing those cases to light and urges the authorities of Serbia and Montenegro to continue to utilize the close operational ties that have been established.

138. In addition to its mandatory functions under the 1988 Convention, which include the assessment of substances for possible inclusion in the tables of that convention, the Board will endeavour to continue assisting in the international operations, serving, through its secretariat, as the international focal point for the exchange of information. At the same time, the Board understands that the General Assembly may not approve the additional staff resources that the Board found necessary as a minimum in order to continue its essential activities in the international control of precursors, particularly the international operations and it regrets that it would then be compelled to curtail some of its activities.

D. Control measures

Control of cannabis used for medical or scientific purposes

139. In recent years, there has been a growing interest in the possible therapeutic usefulness of cannabis, as reflected by research in an increasing number of countries, including Austria, Canada, Germany, the Netherlands, Switzerland, the United Kingdom and the United States. As stated, for example, in its reports for 2001³⁰ and 2002,³¹ the Board welcomes such research and trusts that the results, when available, will be shared with the Board, WHO and the international community.

140. The Governments concerned have provided the Board with relevant estimates and statistical reports on related production, imports, exports and consumption of cannabis or cannabis extracts. However, the Board notes that some Governments that allow cultivation of cannabis plant for the production of cannabis to be

used in the above-mentioned scientific research do not yet apply all the control requirements set by the provisions of the 1961 Convention. In particular, some Governments have not established a national cannabis agency in accordance with articles 23 and 28 of the 1961 Convention, having, in respect of cannabis, the exclusive right of importing, exporting, wholesale trading and maintaining stocks, other than those held by manufacturers of preparations. The Board emphasizes that the relevant treaty provisions must always be implemented, even if cannabis is produced for research purposes only, and calls upon the Governments concerned to take the necessary steps to ensure compliance with all the provisions of the convention.

141. Medical use of cannabis was authorized in Canada in 2001 and in the Netherlands in September 2003. The Board reiterates its concern about such use and calls again upon Governments not to allow the medical use of cannabis unless conclusive results of research are available.

Control over international trade in psychotropic substances

142. The Board notes with appreciation that Angola, Thailand and Tonga extended in 2003 the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. At present, export and import authorizations are required by national legislation for all substances in Schedules III and IV in at least 175 countries and territories.

143. The Board requests the Governments of all countries that do not yet control the import and export of all psychotropic substances by the system of import and export authorizations to introduce such controls. Experience has shown that countries that are centres of international commerce but do not have such controls are at particular risk of being targeted by traffickers. The Governments of some of those countries, including the Government of Ireland, with which the Board has had a dialogue on this issue for a long time, have stated their intention to extend the import and export authorization system to all psychotropic substances. The Board trusts that they will implement those controls as soon as possible. The Board also invites Singapore to introduce such controls.

144. Several exporting countries received in 2003 import authorizations for quantities of psychotropic substances much in excess of assessments established by the authorities of the importing countries. The Board is concerned about the high number of such cases, which indicates the failure of the importing countries concerned to duly apply the assessment system. The Board has approached the Governments of those importing countries with a request to correct the situation. The Board appreciates the support received from some major exporting countries, including France, Germany, India, Switzerland and the United Kingdom, that have been consistently reminding the importing countries of any failure to comply with the assessment system. The Board reiterates its request to all Governments to establish a mechanism to ensure that their assessments are in line with their actual legitimate needs and that no imports exceeding the assessments are authorized.

145. In accordance with Economic and Social Council resolutions 1985/15 and 1987/30, Governments should provide the Board with information on the countries of origin of imports and the countries of destination of exports of substances listed in Schedules III and IV in their annual statistical reports on trade in psychotropic substances. About 90 per cent of all Governments reporting to the Board have provided such information. With few exceptions, all the major manufacturing and exporting countries furnished such information for 2002. However, about 20 parties to the 1971 Convention failed to provide that information, which may indicate certain deficiencies in their national monitoring and reporting systems. The Board encourages the Governments concerned to improve their data collection systems in order to ensure the submission of details on trade in their future reports to the Board.

Delays by importing countries in confirming the legitimacy of transactions

146. Many exporting countries request the assistance of the Board to verify the legitimacy of import orders for psychotropic substances. The Board notes with concern that in certain cases responses to its inquiries for confirmation of legitimacy of import orders are made with unacceptable delays. The Board is concerned that failure to cooperate with it may hinder

the investigation of diversion attempts and/or may cause delays in the legitimate trade in psychotropic substances. The Board would like to draw the attention of the Governments of Afghanistan, Bosnia and Herzegovina, Gabon, Malawi, Pakistan, Sri Lanka and the Syrian Arab Republic to the importance of responding in a timely manner to the Board's requests to avoid delays in legitimate imports, which may adversely affect the availability of psychotropic substances for medical purposes. A consignment cannot be exported if the legitimacy of the transaction is not confirmed by the competent authorities of the importing country.

Endorsement of export authorizations

147. Article 12 of the 1971 Convention provides for the control measures required to be applied on international trade in psychotropic substances. The Board notes that in the majority of exporting countries the authorities attach a copy of the export authorization to the consignment in the same way as other documents needed for customs clearance; however, a separate copy of the export authorization is not always forwarded to the authorities of the importing country. After the transaction takes place, the authorities of the importing country are required to return a copy of the export authorization to the authorities of the exporting country with an endorsement certifying the amount actually received. That requirement makes possible follow-up investigations in international trade in psychotropic substances and the detection of diversions into illicit channels. That requirement, provided for in the 1971 Convention for substances listed in Schedules I and II, was extended by the Economic and Social Council in its resolutions 1991/44 and 1993/38 to apply to substances in Schedules III and IV as well.

148. Many importing countries do not have an established procedure to inform the authorities of the exporting countries about the quantities of psychotropic substances actually received. The Board calls on the Governments of those countries to improve control measures by establishing an appropriate procedure to ensure that psychotropic substances are duly received by importing countries and in the quantities actually exported.

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

149. Travellers who wish to continue their treatment with narcotic drugs or psychotropic substances in foreign countries need to be aware of different national requirements and limitations concerning the carrying of prescribed medical preparations containing those drugs. A meeting of experts held in Vienna in February 2002 developed guidelines for national regulations concerning international travellers carrying medical preparations containing narcotic drugs and psychotropic substances. Subsequently, the Commission on Narcotic Drugs, in its resolution 45/5, encouraged States to consider implementing its recommendations contained in the guidelines. The United Nations Office on Drugs and Crime has recently published the guidelines in the six official languages of the United Nations and disseminated them to all Governments.

150. In order to make all Governments aware of the regulations adopted by other Governments with regard to restrictions applicable in their territory to travellers under treatment with narcotic drugs or psychotropic substances, the Board invites Governments to communicate details of such restrictions. Such communications will be published regularly in the relevant parts of the list of narcotic drugs under international control (the “Yellow List”) or the list of psychotropic substances under international control (the “Green List”) and on the web site of the Board (www.incb.org), in order to ensure their wide dissemination.

Rescheduling of substances under the 1971 Convention

151. Scheduling of substances under the 1971 Convention is guided by the degree of seriousness of the abuse problem and the degree of usefulness of the substance in medical therapy (great, moderate or little, if any)—in other words, the risk-benefit ratio. If the liability to abuse such a substance constitutes an especially serious public health and social problem and if it does not have any usefulness in therapy, the substance is generally recommended to be added to Schedule I of the 1971 Convention. If the liability to abuse the substance constitutes a public health and social problem that is lesser but still substantial or significant, and in the light of the degree of usefulness

of the substance in therapy, it is generally recommended that the substance be added to Schedule II, III or IV, as appropriate. Because of the risk-benefit ratio, Schedule II provides for the more stringent controls.

152. Different regimes of control apply to the different schedules. The higher the schedule, the more widely is, in general, the distribution, whereas, at the same time, the control measures are less stringent. Higher degrees of diversion from licit distribution channels to illicit channels are observed with the lesser controlled substances. It is also known that preparations under Schedule IV, for example, are, generally more widely abused.

153. The stringent control measures applied to substances in Schedule I hamper their medical use when new applications from research prove some medical usefulness. That applies to preparations of the substance *delta-9-tetrahydrocannabinol* (*delta-9-THC*), the main active ingredient in cannabis. In the recent past, new applications were discovered that justified a somewhat wider availability of such preparations for medical use. For that purpose, it was decided by the Commission on Narcotic Drugs to move *delta-9-THC* from Schedule I to Schedule II of the 1971 Convention. Other substances in Schedule II include amphetamines and methylphenidate, which are, within the required control system, readily available for medical use in countries where registered.

154. It should not be forgotten, however, that cannabis is by far the most widely abused drug in the world and its most active psychoactive constituent is *delta-9-THC*. Control measures over preparations containing *delta-9-THC* that are less strict than those presently in force may further weaken the control over its utilization. That would carry the serious risk of widespread abuse of medicinal tetrahydrocannabinol (THC).

155. There are several drugs in Schedule II of the 1971 Convention that are liable to abuse but also widely available for medical purposes. However, due to the appropriate control measures for substances in Schedule II, they are rarely, if ever, associated with abuse. The Board is concerned about a possible re-scheduling of *delta-9-THC* and believes that patients who need it for medical use are able to receive that medication with equal availability, as is the case with other drugs in Schedule II, such as amphetamines and methylphenidate.

E. Scope of control

Implementation of scheduling decisions for psychotropic substances

156. In a few States, Governments have failed for several years to implement scheduling decisions by the Commission on Narcotic Drugs. Such delays create loopholes in the international drug control system that can be exploited by drug traffickers. The Board wishes to remind the States concerned of their obligations under article 2 of the 1971 Convention and requests them to take immediate action to establish adequate procedures for expeditious inclusion into their respective national laws of all new substances added to the schedules of the 1971 Convention by decision of the Commission. The Board welcomes the decision of the Government of Canada to include zolpidem in its national drug control legislation. All psychotropic substances are now under appropriate national control in Canada.

157. Several Governments reported difficulties in implementing the scheduling decisions within the time frame required by the 1971 Convention, that is, 180 days after the date of the communication of such a decision by the Secretary-General to all States. The Board welcomes the commitment of some of those States to adopt the necessary organizational measures to ensure their compliance with that time frame in the future. The Board calls on those Governments which have significant difficulties in ensuring prompt scheduling under their present national legislation to amend procedures in order to comply with their treaty obligations. The Board encourages the Governments of Austria and Israel to include all psychotropic substances listed in the 1971 Convention, including *gamma*-hydroxybutyric acid (GHB) and zolpidem, under their national legislation without further delay.

F. Ensuring the availability of drugs for medical purposes

Demand for and supply of opiates

158. The Board, pursuant to the 1961 Convention and relevant Economic and Social Council resolutions, examines on a regular basis issues affecting the supply of and demand for opiates used for medical and scientific purposes and endeavours, in cooperation with

Governments, to maintain a lasting balance between the two. A detailed analysis of the current situation with regard to the supply of and demand for opiates for medical and scientific purposes worldwide is contained in the 2003 technical report of the Board on narcotic drugs.³²

Monitoring of the global situation of supply of opiate raw materials

159. The Board notes that global production of both types of opiate raw materials, those rich in morphine and those rich in thebaine, reached a record high in 2002, well in excess of global demand. For opiate raw materials rich in morphine, the increase in production in 2002 resulted in a total of 466 tons in morphine equivalent; for opiate raw materials rich in thebaine, it resulted in a total of 117 tons in thebaine equivalent. Furthermore, advance data submitted by the major producing countries indicate that global production of opiate raw materials rich in morphine is expected to amount to up to 516 tons in morphine equivalent in 2003, while global production of raw materials rich in thebaine is expected to amount to an estimated 119 tons in thebaine equivalent in 2003, almost the same level as in 2002.

160. As a consequence of increased production, stocks of opiate raw materials also reached a record high at the end of 2002. Stocks held by the major producing countries are more than sufficient to cover the global demand for opiate raw materials for one year. That demand is expected to increase only slightly in the near future for both types of raw materials and in view of the anticipated further increase in production in 2003, stocks of opiate raw materials are also expected to increase further in 2003.

161. The Board notes that in recent years Governments have tended to adhere less to the estimates system for the cultivation of opium poppy. In 2003 the total area under opium poppy cultivation that was actually harvested in Turkey was well beyond the estimates furnished by the Government and confirmed by the Board. As a consequence, the advance data on production of opiate raw materials in Turkey as indicated by the Government for 2003 also show an increase well beyond what had been previously estimated by the Government. The Board is concerned about the excess cultivation and production beyond the estimates submitted previously by the Government of Turkey and

wishes to stress again the importance of the system of estimates for the area under opium poppy cultivation, which is required under the 1961 Convention. Only cultivation within the upper limits of the estimates will result in global production of opiate raw materials being in line with the Board's projection. The Board therefore requests all producing countries to take the necessary steps in order not to exceed their estimates for cultivation and production of opiate raw materials in 2004, particularly in view of the current oversupply.

162. Increases in the area under opium poppy cultivation in most producing countries in recent years and, in particular, increasing agricultural yields obtained in some countries as a result of continued technological progress have resulted in the oversupply, leading to increasing stocks of opiate raw materials. The Board notes that for 2004 most Governments have either reduced the area to be cultivated with opium poppy or have indicated that they expect a slight decline in the production of opiate raw materials in 2004 compared with 2003, which should result in less global production of opiate raw materials during 2004. However, the reductions foreseen in some countries appear to be offset by increasing yields, and the estimated production for 2004 will still be in considerable excess of global demand. The Board therefore urges all producing countries to act in accordance with the objectives and established policies of international drug control and adjust their future production of opiate raw materials to levels conforming to the actual requirements for such raw materials worldwide.

163. Despite the situation described above, in view of the continued low availability of opiates in many countries for the treatment of pain, the Board wishes to emphasize that it has no objection to increasing production of opiate raw materials, provided that global demand for the raw materials in question can also be increased in the same manner. However, the Board would be concerned if, in the short run, increases in production would result in inappropriately high stock levels, which might be a source for diversion unless they are tightly controlled.

Control over the cultivation of opium poppy destined for the extraction of alkaloids

164. The Board has highlighted on several occasions the need for enhanced controls over the cultivation of

opium poppy and the production of poppy straw, in line with the relevant Economic and Social Council and General Assembly resolutions. In its report for 1997,³³ the Board noted that in countries that cultivated opium poppy predominantly for culinary or horticultural purposes and in which poppy straw was produced for the extraction of alkaloids as a by-product, there appeared to be a need for enhanced control of poppy cultivation sites.

165. The Board has reviewed the controls currently applied over the cultivation of opium poppy in those countries and has found that some of those countries still do not apply a licensing system, as recommended by the Board, to regulate the area of cultivation in order to be able to adjust the area to the level of demand for the opiates obtained from the poppy straw that is produced. The Board is pleased to note that a licensing system for the cultivation of opium poppy will be established in the near future in Hungary. The Board recommends to the Governments of the Czech Republic and Serbia and Montenegro, which permit the cultivation of opium poppy for the production of poppy straw as a by-product destined for the extraction of alkaloids and do not yet control such cultivation through a licensing system, to establish such a system so that they will have controls similar to those in the main countries producing poppy straw for such purposes and will be able to apply the provisions of article 25 of the 1961 Convention.

Prevention of the proliferation of production of opiate raw materials

166. The Board notes with concern that commercial cultivation of opium poppy for the manufacture of narcotic drugs has started in the United Kingdom, despite the Board's efforts to discourage Governments from engaging in such activity, in line with the relevant Economic and Social Council resolutions on the supply of and demand for opiates for medical and scientific purposes worldwide. The Board reiterates that, although the 1961 Convention does not prohibit any State from taking up opium poppy cultivation, it is the aim of that convention, as well as the collective responsibility of the international community, to regulate and limit drug crop cultivation and drug production, manufacture and use to quantities required for legitimate purposes.

167. In the past the Board has endeavoured to maintain a proper balance between the supply of opiate raw materials and the demand for opiates, in cooperation with the major producers and importers of opiate raw materials. The introduction of opium poppy cultivation in any additional country has a direct impact on that balance, particularly in times of oversupply and high levels of stocks of opiate raw materials. The Board therefore again calls upon all Governments to contribute to the maintenance of a balance between the licit supply of and demand for opiate raw materials, in line with the relevant Economic and Social Council resolutions, and to cooperate in preventing the proliferation of sources of production of opiate raw materials.

168. The Board notes that the Government of the United Kingdom has not regularly provided it with relevant estimates and statistics on the area to be cultivated with opium poppy and the amount of poppy straw to be used for the extraction of alkaloids, as required under the 1961 Convention; the Government has provided some data only after having been repeatedly reminded by the Board to do so. The Government has also not submitted additional information related to such cultivation, in accordance with the relevant Economic and Social Council resolutions. The Board stresses the importance of the cooperation of all Governments in providing the necessary data, thereby enabling the Board to analyse the situation worldwide. The Board urges the Government of the United Kingdom to take the necessary steps to furnish such data as soon as possible.

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

169. A technical study on the relative merits of different methods of producing opiate raw materials was requested by the Commission on Narcotic Drugs at its forty-fifth session, in 2002. The Board has initiated the study which will involve the collection and evaluation of extensive information to be obtained from a number of sources. The Board trusts that all Governments concerned will cooperate with it in this endeavour and will provide responses, in a timely manner, to any queries that they may receive. The Board expects that the results of the study will be available for submission to the Commission at its forty-eighth session, in 2005.

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

170. During the forty-sixth session of the Commission on Narcotic Drugs, the Board, pursuant to Economic and Social Council resolution 2002/20 and at the request of the Governments of India and Turkey, held an informal consultation on the supply of and demand for opiates for medical and scientific purposes. All major producers and importers of opiate raw materials participated in the informal consultation. The Board has convened such informal consultations since 1992 to enable the participating Governments to be apprised of recent developments in the production of opiate raw materials and the demand for the opiates obtained from them and to discuss the various policies applied in this respect in other countries. The information gathered at such consultations facilitates the monitoring of the situation by the Board with a view to ensuring the continued availability of opiates for medical purposes while preventing oversupply of the raw materials.

Consumption of narcotic drugs

Consumption of drugs for the treatment of moderate to severe pain

171. The insufficient availability of opioid analgesics for the treatment of moderate to severe pain in developing countries continues to be a matter of great concern for the Board. For example, the share of developing countries in the global consumption of morphine continues to be only about 6 per cent, although those countries account for almost 80 per cent of the world population. In 2002, only 10 countries together accounted for 87 per cent of the total world consumption of morphine. This gap appears to have grown further in recent years. The same trend has been observed with regard to some other opioid analgesics, such as fentanyl, hydromorphone and oxycodone, which have become available in newly developed dosage forms (transdermal patches, controlled-release tablets). The worldwide consumption is almost limited to developed countries, in particular because of the costs of the new preparations.

172. In many developing countries, pethidine continues to be the only strong analgesic available, although it is available in insufficient quantities. In several countries, tramadol, an analgesic not under international control, is also used for the treatment of severe pain.

173. The consumption level of narcotic drugs for the treatment of moderate to severe pain has increased significantly in almost all developed countries during the last decade. However, there continue to be big differences in the per capita consumption of those analgesics. The consumption of those drugs in countries in Eastern and Southern Europe is significantly less than in the countries in Northern and Western Europe. The United States continues to be the main consumer of strong opioid analgesics. In 2002, the United States alone accounted for 54 per cent of global consumption of fentanyl, 51 per cent of global consumption of hydromorphone, 48 per cent of global consumption of morphine and 88 per cent of global consumption of oxycodone.

Efforts to improve availability of narcotic drugs for relief of pain

174. Pursuant to its mandate, the Board endeavours to support the availability of narcotic drugs for medical use, in particular the relief of pain, while preventing their diversion for illicit use. The Board continues to endorse and disseminate the WHO guidelines for national opioids control policy issued in 2000 in the document entitled "Achieving balance in national opioids control policy: guidelines for assessment".³⁴ The Board appreciates that WHO renewed its emphasis on combating human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and will seek to make the necessary drugs available to patients in developing countries. The Board hopes that focused attention on HIV/AIDS treatment will contribute to improved availability of drugs for related pain management through the health services of those countries.

175. The opioid analgesics under international control, such as morphine and codeine, are included in the WHO Model List of Essential Medicines. Those drugs, whose effectiveness and safety have been proven, should be readily available worldwide for the treatment of pain. The Board has addressed the international community at the World Health Assembly on this issue. The Board encourages developed countries, in cooperation with WHO, to provide assistance to developing countries in training their health authorities and medical community on the establishment or improvement of national pain treatment policies.

176. The Board emphasizes that improved availability of opioid analgesics in many developing countries depends not only on changes in relevant national policies, but also on the readiness for cooperation from the pharmaceutical industry. The current global production of opiate raw materials is sufficient to increase the supply of opiates for the world population. Therefore, the Board encourages manufacturing countries, in cooperation with the pharmaceutical industry, to continue exploring ways to make opioid analgesics more affordable to countries with scarce financial resources and low levels of consumption.

177. The Board notes with satisfaction that several Governments have continued to take steps to improve the availability of opioids for the relief of pain. In the United States, for example, the Pain and Policy Studies Group, a WHO collaborating centre, has reported excellent progress in palliative care in that country, indicating opportunities for further improvements. The American Pain Society has recently published updated guidelines for the management of cancer pain. In China, the access of hospitals to opioids was simplified and the number of doctors to prescribe those drugs were increased. In Panama, steps are being taken to implement new legislation extending the validity of prescriptions of opioid analgesics.

178. Some countries with low consumption of opioid analgesics but with relatively high per capita income have also responded to the Board's urging to improve availability. In Bahrain, a discussion began between the Ministry of Health and the medical community on the development of a national policy on pain management, based on the WHO guidelines. The health authorities in Singapore conducted a preliminary review of the availability and usage of narcotic drugs in the country; the authorities have devised mechanisms for the treatment of patients with severe pain, including the development of clinical practice guidelines for cancer pain and the inclusion of several opioids in the standard drug list of the Ministry of Health. In the Republic of Korea, negative perceptions by doctors and patients concerning the use of opioid analgesics were cited as one of the reasons for low consumption levels of those analgesics, as were concerns by prescribing doctors about the legal consequences of unintentional errors in implementing control regulations.

179. The Board suggests that the health and regulatory authorities in countries with sufficient financial resources, which experience similar problems, should initiate a discussion with the medical community on the rational use of opioids for the treatment of pain and improve access to those drugs.

180. The Board continues to be concerned that in many developing countries, in particular in Africa, the consumption of narcotic drugs for the treatment of pain continues to be critically low. The Board calls on the Governments concerned to identify ways of improving pain management and to work closely with WHO on that matter.

Consumption of psychotropic substances

Consumption of central nervous system stimulants

181. Internationally controlled central nervous system stimulants are used for the treatment of attention deficit disorder (ADD; called attention deficit/hyperactivity disorder (ADHD) in the United States), of narcolepsy and as anorectics in the treatment of obesity. Until the early 1970s, amphetamine and methamphetamine were used in large quantities as anorectics. Such use of amphetamine and methamphetamine has since been discontinued or reduced to the extent that it involves only small quantities. The medical use of phenmetrazine has been discontinued worldwide while fenetylline is prescribed in only a few countries. The use of methylphenidate for the treatment of ADD is increasing in many countries. Amphetamines and pemoline are also used for the treatment of that disorder in some countries. In recent years, the use of amphetamines for that purpose has increased rapidly. Several amphetamine-type stimulants in Schedules III and IV of the 1971 Convention are used as anorectics.

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

182. Increases in use of stimulants in Schedule II of the 1971 Convention for the treatment of ADD continue unabated. The substances used for this purpose include methylphenidate and two of the amphetamines, primarily dexamfetamine but increasingly also amfetamine. Trends in the medical use of those substances are influenced mainly by developments in the United States, which is the world's main user of stimulants for the treatment of ADD.

While during most of the 1990s mainly methylphenidate was used, the increasing prescription of amphetamines since the late 1990s has led to the use of the same number of doses for amphetamines and methylphenidate in the United States. In 2002, the medical use of all three substances together amounted to nearly twice the amount consumed in 1998, because consumption of methylphenidate in the United States increased by 60 per cent, to 17.6 tons, and the use of amphetamines for the treatment of ADD increased by nearly 80 per cent, to 9 tons.

183. While the United States still remains the main consumer of methylphenidate and amphetamines, the use of methylphenidate for the treatment of ADD has also sharply increased in many other countries. A significantly increased consumption rate has been observed mostly in European countries, while Australia and Canada, formerly main consumer countries, are currently experiencing either a levelling off or even a decline in their consumption rate. In some European countries, such as Belgium, Germany, Iceland and the Netherlands, consumption has increased by 150-350 per cent during the last five years. In contrast to methylphenidate, amphetamines are not yet used to the same extent as in the United States. The only other two countries which reported significant use of amphetamines for the treatment of ADD are Australia and Canada, in both cases at a much lower level than in the United States.

184. The increasing manufacture and consumption of those substances have led to increased availability of stimulants in Schedule II. In 2002, 1.3 billion defined daily doses for statistical purposes (S-DDD) of methylphenidate and amphetamines were manufactured in the United States alone, an increase of more than 700 per cent compared with the level of 1992. The Board notes that the former peak consumption period of licitly manufactured amphetamines, during the 1960s and early 1970s, was followed by large-scale diversion and abuse of those substances because of their stimulant properties. Their abuse had been initiated by their having been prescribed as anorectics to large segments of the population. At that time, the United States alone manufactured several billion amphetamine tablets every year; that manufacture peaked at approximately 12 billion tablets in 1971. While the level of manufacture of methylphenidate and amphetamines for the treatment of ADD is still only a tenth of that peak level, the particular dynamic

development of the trend during the past 10 years necessitates a closer examination of whether such yearly increases may not eventually lead to a situation comparable with the early 1970s, when the widespread availability of those substances could only be contained by the introduction of a federal law in the United States (the Controlled Substances Act and the application of quota reductions).

185. This concern by the Board is further substantiated by reports about abuse and diversion of methylphenidate. The National Institute on Drug Abuse of the United States has warned that abuse of prescription drugs remains a serious public health concern. In the United States, methylphenidate is mostly abused by pupils 11-18 years old in a number of large cities and it is sometimes abused in mixtures with heroin and cocaine.

186. A particularly alarming aspect of reports on the abuse of methylphenidate and amphetamines among adolescents and young adults is the fact that adolescents have little difficulty obtaining them from friends or school classmates. Furthermore, schools have been broken into and medication supplies have been stolen without the schools being able to indicate the quantities stolen. There have been similar reports on diversions of methylphenidate from licit use in the United Kingdom. Probably the single most disturbing trend is that adolescents do not consider the abuse of that drug to be serious.

187. The Board requests the competent authorities of the countries concerned to increase their vigilance with regard to diversion of, trafficking in and abuse of stimulants in Schedule II used for the treatment of ADD and to keep the Board informed about all new developments in that area. In particular, in those few countries which allow methylphenidate to be dispensed through schools, control measures, including safety measures for storage and distribution, must be appropriately reviewed and implemented.

188. The Board is also concerned about the illegal sale and advertising of methylphenidate on the Internet, contravening international trade controls and prescription requirements. In one such Internet advertisement, methylphenidate was misleadingly described as a mild central nervous system stimulant and no warning about its abuse potential and no information on its control status were given. National

control authorities are requested to do their utmost to stop this practice, as it leads to the wide distribution of erroneous and incomplete information on the substance, which might have serious health effects on unwitting customers.

Use of benzodiazepines

189. Global consumption of benzodiazepines remains at a high level, with more than 31 billion S-DDD manufactured in 2002. The larger group, benzodiazepine-type anxiolytics, accounted for more than 23 billion doses, while the benzodiazepine-type sedative-hypnotics accounted for nearly 8 billion doses. Benzodiazepines are not prescribed for and consumed by the vast majority of the world's population for various economic and social reasons. The countries with the highest per capita consumption are in Europe.

190. Abuse of benzodiazepines has been reported in many regions. It is, however, difficult to obtain reliable information on abuse rates. The Board encourages Governments of countries with high consumption levels for benzodiazepines to initiate an evaluation of abuse rates for benzodiazepines in their countries.

Review of defined daily doses for statistical purposes of narcotic drugs and psychotropic substances

191. In 2002 and 2003, the Board reviewed the defined daily doses used by it in analysing statistics to determine consumption levels of narcotic drugs and psychotropic substances. The defined daily dose for statistical purposes (S-DDD) is a technical unit of measurement used by the Board for the purpose of statistical analysis and is not a recommended prescription dose. As a result of the above-mentioned review, S-DDD for several narcotic drugs and psychotropic substances were modified, taking into account the developments in the most common dosages and methods of administration of those drugs, as well as in indications for which they are used. For example, in the case of morphine, the S-DDD was changed from 30 mg to 100 mg in order to reflect its increased consumption by oral administration, instead of by parenteral administration. Details of all modifications may be found in the 2003 reports of the Board on narcotic drugs³⁵ and psychotropic substances.³⁶

G. Follow-up to missions of the Board undertaken in 2000

192. In furthering the aims of the international drug control treaties, the Board reviews, on a regular basis, overall compliance by Governments with the provisions of the treaties and, in particular, progress made by Governments in the implementation of the Board's recommendations following its country missions.

193. In 2003, the countries under such review included El Salvador (see para. 307 below), Ireland (see paras. 562-563 below), Paraguay (see para. 377 below), the Russian Federation and Senegal (see paras. 275-276 below). The Board sent missions to those countries in 2000.

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

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

194. Since 1997, the Board has formally invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention, a measure to ensure the execution of the provisions of the 1961 Convention and/or the 1971 Convention, with respect to a limited number of States parties to those conventions. The Board's objective has been to encourage compliance with those conventions whenever other means had failed. The countries concerned are not named until such time when the Board may decide to call the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs to the situation, as in the case of Afghanistan. After sometimes lengthy dialogue with the Board pursuant to articles 14 and 19, most of the States have taken remedial measures, resulting in the Board deciding to terminate any action under those articles vis-à-vis those States.

195. In 2003, the Board, while reviewing the status of compliance with the conventions, decided to terminate action under article 19 of the 1971 Convention vis-à-vis one State, taking into consideration the progress made in that State towards full compliance with that convention. The Board expects that that State will

continue its efforts to ensure that the provisions of the international drug control treaties are fully respected and implemented.

196. The Board notes with concern that one State, for which measures under article 14 of the 1961 Convention and article 19 of the 1971 Convention remain invoked, has continued to fail to adequately control narcotic drugs and psychotropic substances and to fulfil its reporting obligations as required under the international drug control treaties, despite the ongoing consultations of the Board with that State.

197. The Board urges the State to respond to its concern and take immediate action to remedy the situation. Measures provided for under article 14 of the 1961 Convention and article 19 of the 1971 Convention consist of increasingly severe steps. The Board will continue to monitor developments in that country to ensure that progress is made by the Government. Continuous failure to take remedial action may lead to further action by the Board under the two articles and ultimately to a proposal by the Board to the Economic and Social Council to impose an embargo on the country in question.

Consultations with the authorities of Afghanistan pursuant to article 14 of the 1961 Convention

198. The Board reviewed the drug control situation in Afghanistan and progress made by the Transitional Authority in the implementation of the Board's recommendations pursuant to its consultations, in August 2002, with the Transitional Authority under article 14 of the 1961 Convention.

199. The Board notes that the Transitional Authority of Afghanistan has established, under the National Security Council, the Counter Narcotics Directorate, a national drug control body fully responsible for the coordination of and cooperation in all drug control issues at the national and international levels.

200. The Board also notes that a national drug control strategy, prepared by the National Security Council with the assistance of the United Nations Office on Drugs and Crime and the United Kingdom, was adopted by the Transitional Authority of Afghanistan in March 2003. The Strategy has the overall goal of eliminating the illicit crop cultivation, and the production and abuse of and trafficking in narcotic

drugs, psychotropic substances and precursors into, within and from Afghanistan and, in particular, specifies a time frame for a 70 per cent reduction of illicit crop cultivation by 2008 and total eradication by 2013.

201. While acknowledging some progress made by the Transitional Authority of Afghanistan, the Board remains seriously concerned that, despite the commitment and efforts by the Transitional Authority, increasingly widespread illicit cultivation of opium poppy has been taking place in the country. In particular, in 2003, illicit opium poppy cultivation spread to some new areas, although a decrease was noted in the traditional opium-poppy-growing provinces of Helmand, Kandahar, Nangarhar and Uruzgan. According to a survey conducted by the United Nations Office on Drugs and Crime, there was an increase in both the area under cultivation and the volume of output compared with 2002, when massive illicit crop cultivation in Afghanistan had resumed, with potential illicit opium production amounting to more than 3,400 tons.

202. The Board reiterates that prevention of the cultivation of illicit crops and their eventual eradication should be of the utmost importance to the Transitional Authority of Afghanistan in fulfilling its treaty obligations and can be achieved only when the relevant laws are fully respected and strictly implemented while sustainable alternative sources of income are provided to farmers. The Board urges the Transitional Authority to take adequate measures to ensure that progress is made in the implementation of its ban on opium production and that illicit crop cultivation in Afghanistan is effectively prevented and substantially reduced in the coming years, as targeted in its national drug control strategy.

203. Trade in Afghan opiates generates funds that corrupt institutions, finance terrorism and insurgency and lead to a destabilization of the region. The Board reiterates that achieving peace, security and economic development in Afghanistan is closely linked to solving the drug control problem.

204. The Board notes with concern that the limited progress in reconstruction over the last 18 months has been accompanied by various illegal activities, including drug production and trafficking, which have become two of the main sources of income and employment in Afghanistan. That situation leads to

more insecurity and lawlessness, hampering the efforts of the Transitional Authority to combat those illicit activities. Addressing the serious drug control situation in Afghanistan is therefore a matter of urgency that requires extensive and full support from the international community.

205. The Board, in view of the serious drug control situation in Afghanistan, formally invoked article 14 of the 1961 Convention with respect to that country in June 2000 and called the attention of the parties to that convention, the Economic and Social Council and the Commission on Narcotic Drugs to the situation. The invoking of article 14 will remain in force until such time as the Board is satisfied that Afghanistan is complying with the provisions of that convention. The Board urges the international community, particularly the donor countries, to accelerate their delivery of assistance to the Transitional Authority of Afghanistan in its efforts to rid the country of all illicit activities related to drugs.

206. The Board notes that a national drug control law, drafted with the assistance of the United Nations Office on Drugs and Crime, has been adopted and urges the Transitional Authority of Afghanistan to take the necessary steps to ensure its effective implementation.

207. The control of licit activities related to narcotic drugs, psychotropic substances and precursors in Afghanistan remains unaddressed. The absence of drug control regulations to fulfil the objectives of the international drug control treaties, as well as an inadequate drug control system, has contributed to the proliferation of private pharmacies in Kabul where controlled substances from various sources are available for sale. There is an urgent need to bring the existing rules and regulations into compliance with the international drug control treaties, in order to ensure that controlled substances are distributed only through official channels and, at the same time, that legitimate requirements of narcotic drugs and psychotropic substances for domestic medical needs are met.

208. The Board, as required under the 1961 Convention, will maintain its dialogue with the Transitional Authority of Afghanistan and continue to monitor closely the progress made by the Transitional Authority in complying with the provisions of the 1961 Convention.

I. Laws and practices involving penalties for drug trafficking

209. The international drug control conventions require all States parties to establish drug trafficking and a range of related illicit activities as offences under their national laws. The conventions require the parties to take into account the grave nature of those offences and make the offences liable to adequate sanctions, such as imprisonment or other forms of deprivation of liberty, pecuniary sanctions and confiscation. The conventions allow for alternatives to conviction and punishment in appropriate cases of a minor nature, including for all offences related to personal use, such as possession, purchase or cultivation of drugs for personal consumption. The alternatives include measures such as education, treatment, rehabilitation and social reintegration of drug abusers. The conventions generally leave it to each party to determine by national law the type and level of sanctions or alternative justice or health-care system response.

210. In its review of the implementation of the requirements of the conventions by States parties, the Board has noted that, while basic drug trafficking offences have been established by all States parties, some other offences, for instance, those related to the diversion of chemicals for the illicit manufacture of drugs, still have to be introduced in the national legislation of a number of States parties. The Board, through country missions or exchange of letters, has reminded the States parties of their treaty obligations under the 1988 Convention.

211. The Board has considered the issue of type and level of sanctions provided in national laws for drug trafficking offences, bearing in mind the wide discretion left to States parties in this respect by the conventions. The Board has noted that national legislation varies greatly, depending on each State's specific situation in relation to drug issues, their legal system and penal philosophy. Even more diversity can be noted when considering, beyond the written text of national laws, actual prosecuting and conviction practices, as well as methods of targeting the most serious offences.

212. The Board notes that, while diversity and differences in the approach used by States regarding penalties and sanctions for the same class of minor

offences are appropriate, serious disparities in penalties for major drug crimes such as drug trafficking, money-laundering and chemical trafficking, can inadvertently make it attractive for drug criminals to operate in certain countries. Where such disparities exist, whether on paper or in practice, opportunities are created for criminals to base or conduct their international operations in the jurisdiction with the least risk of an effective criminal justice response being launched. The 1988 Convention was intended to mobilize States to bring penalties and sanctions more in line with each other, thereby preventing drug traffickers from choosing the jurisdiction of least risk.

213. The Board has considered the issue of capital punishment for drug trafficking offences. Capital punishment is neither encouraged nor prohibited by the international drug control conventions, which do not refer to it under provisions relating to penalties. Under the United Nations standards and norms in criminal justice, States are encouraged to avoid using the death penalty. The safeguards guaranteeing protection of the rights of those facing the death penalty (Economic and Social Council resolution 1984/50, annex) endeavour to limit the scope of application of the death penalty to only the most serious crimes and provides for a number of safeguards. The Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty (General Assembly resolution 44/128, annex), provides for the total abolition of the death penalty, except in time of war if States so reserve. The Board notes that, since 1990, over 35 countries and territories have abolished the death penalty for all crimes. However, the number of countries that could impose the death penalty for drug trafficking rose from 22 countries and territories in 1985 to at least 26 in 1995 and to at least 34 in 2000. While capital punishment for drug trafficking is provided for in the laws of at least 34 countries, drug traffickers are actually being sentenced to death and executed in about 10 countries, mostly in Asia.

214. The Board notes that the provision of the death penalty can result in difficulties in international mutual legal assistance, extradition and transfer of proceeding case work if the requesting State's legislation provides for the death penalty and the requested State's legislation does not. The prospect of the death penalty often constitutes under national legislation a compulsory or discretionary ground for refusal of international mutual assistance.

J. Use of internationally controlled drugs by military and police forces

215. The use of narcotic drugs and psychotropic substances in military warfare and for law enforcement purposes has a long history. During the Second World War, for example, while the use of cocaine or opiates by German soldiers would result in imprisonment, Pervitin (methamphetamine), together with alcohol, was distributed to soldiers in the armed forces. During the same period, amphetamines were widely used in the Japanese armed forces to increase soldiers' performance. Such specific use of drugs in a military context can be considered in some countries to be the origin of later drug abuse problems, as those drugs subsequently gained popularity in other segments of the population.

216. The Board is aware that drugs scheduled under the 1961 Convention or the 1971 Convention, mainly drugs of the amphetamine-type group, continue to be used by some military forces, for example during armed conflict, and that research into further possible uses is taking place. The Board is of the opinion that this type of drug use may not be in line with the international drug control conventions, which require Governments to limit the use of narcotic drugs to medical and scientific purposes only. The Board appeals to Governments to ensure that the military and law enforcement sectors follow the principles of sound medical practice in their use of internationally controlled substances and that the international drug control conventions are respected in those sectors.

K. Measures to reduce harm

217. The Board is responsible for reviewing whether measures taken in a country are in line with the three international drug control conventions. In that context, the Board has, over a period of many years, expressed its views on the compatibility of such measures with the conventions. The Board has decided to further clarify the issue.

218. The conventions do not contain, refer to or define "harm reduction". The three conventions refer to measures against drug abuse. Article 38 of the 1961 Convention refers to the need for a State to take measures for the prevention of drug abuse and for the early identification, treatment, aftercare, rehabilitation

and social reintegration of drug abusers. Article 14 of the 1988 Convention requires parties to adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering. The ultimate aim of the conventions is to reduce harm.

219. In its report for 1993, the Board acknowledged the importance of certain aspects of "harm reduction" as a tertiary prevention strategy for demand reduction purposes.³⁷ In its report for 2000, the Board reiterated that "harm reduction" programmes could play a part in a comprehensive drug demand reduction strategy but such programmes should not be carried out at the expense of other important activities to reduce the demand for illicit drugs, for example drug abuse prevention activities; the Board drew attention to the fact that "harm reduction" programmes could not be considered substitutes for demand reduction programmes.³⁸

220. In its report for 2000, the Board also noted that since some "harm reduction" measures were controversial, discussions of their advantages and disadvantages had dominated the public debate on drug policy. The Board regretted that the discussion on some "harm reduction" measures had diverted the attention (and, in some cases, funds) of Governments from important demand reduction activities such as primary prevention or abstinence-oriented treatment.³⁹

221. In a number of countries, Governments have introduced since the end of the 1980s programmes for the exchange or distribution of needles and syringes for drug addicts, with the aim of limiting the spread of HIV/AIDS. The Board maintains the position expressed by it already in 1987⁴⁰ that Governments need to adopt measures that may decrease the sharing of hypodermic needles among injecting drug abusers in order to limit the spread of HIV/AIDS. At the same time, the Board has been stressing that any prophylactic measures should not promote and/or facilitate drug abuse. The Board welcomes Commission on Narcotic Drugs resolution 46/2 in which the Commission called on all States to strengthen efforts to reduce the demand for illicit drugs, taking into account in their national control policies the drug-related spread of HIV infection.

222. Many Governments have opted in favour of drug substitution and maintenance treatment as one of the forms of medical treatment of drug addicts, whereby a

drug with similar action to the drug of dependence, but with a lower degree of risks, is prescribed by a medical doctor for a specific treatment aim. Although results are dependent on many factors, its implementation does not constitute any breach of treaty provisions, whatever substance may be used for such treatment in line with established national sound medical practice. The Board has, over the years and in line with its mandate under the estimate system of the 1961 Convention, discussed and confirmed quantities Governments have needed for such purpose. As is the case with the concept of medical use, treatment is not treaty-defined; therefore, the parties and the Board are provided with some flexibility.

223. In some countries, facilities have been established where injecting drug abusers can inject drugs that they have acquired illicitly. That practice has been allowed by national drug control legislation or Governments have simply allowed or tolerated such initiatives by local governments or institutions. The Board has stated on a number of occasions, including in its recent annual reports, that the operation of such facilities remains a source of grave concern. The Board reiterates that they violate the provisions of the international drug control conventions.

224. The Board reiterates that article 4 of the 1961 Convention obliges States parties to ensure that the production, manufacture, import, export, distribution of, trade in, use and possession of drugs is to be limited exclusively to medical and scientific purposes. Therefore, from a legal point of view, such facilities violate the international drug control conventions.

225. In some countries where the abuse of synthetic drugs, mainly amphetamine-type stimulants, has become widespread, authorities have provided facilities for having the composition and quality of the drugs, usually in tablet form, tested and then returned to the drug abusers, informing them about the results of the test, in particular to warn them if the drug is impure or adulterated. The Board has been concerned that such practices conveyed the wrong message on the risks of drug abuse and provided a false sense of safety for drug abusers, thereby running contrary to drug abuse prevention efforts required from Governments under the international drug control conventions. The Board notes the announcement of the Government of the Netherlands, one of the first countries where such drug testing had been introduced, that the programme of pill

testing at parties and clubs had been terminated in order to avoid the projection of messages counter-productive to drug abuse prevention efforts.

226. The Board calls on Governments that intend to include “harm reduction” measures in their demand reduction strategies to carefully analyse the overall impact of such measures, which may sometimes be positive for an individual or for a local community while having far-reaching negative consequences at the national and international levels.

L. Definition of medical use

227. While the international drug control conventions require parties to limit exclusively to medical and scientific purposes the production, manufacture, export, import and distribution of, trade in and use and possession of drugs, the conventions do not provide a definition of the term “medical and scientific purposes” but leaves that up to parties.

228. The expressions “medical use” and “medical purposes” in the current international drug control conventions existed in earlier treaties. For example, the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs⁴¹ referred to “medical needs”. None of those terms has been precisely defined in the current international drug control conventions or in the commentaries to those conventions. However, the 1971 Convention requires from WHO an assessment of the “usefulness” of a substance when it is considered for international control.

229. The WHO Expert Committee on Drug Dependence, in its sixteenth report,⁴² states that the type and degree of international control must be based on two considerations: (a) the degree of risk to public health; and (b) the usefulness of the drug in medical therapy.

230. The usefulness of the drug must take into account the balance between risk and benefit. In the absence of sound evidence of therapeutic usefulness, recourse must be made to a drug’s reputation for usefulness, which reflects the general opinion of practitioners or expert panels. That opinion may change with time. For example, new effects, desired or undesired, may be discovered; and with new discoveries, a drug may find new applications or become obsolete. Therapeutic

efficacy and safety are basic conditions that have to be established before the drug can be marketed. Many Governments have accepted the responsibility of ensuring that the drugs made available comply with established standards of efficacy and safety. The consideration of usefulness of a drug goes far beyond medical use and includes its availability and cost and the knowledge and experience of those prescribing it and administering it.

231. Drugs can have different effects on the population of different communities due to cultural, environmental and genetic factors, and therapeutic efficacy and safety may be influenced by various factors including nutritional status and the presence of infections, lesions of the central nervous system and the digestive tract. Therefore, the experience of developed countries and their evaluation of the therapeutic usefulness, safety and efficacy of a drug might not necessarily be applicable to developing countries and vice versa. It seems that the drafters of the international drug control conventions did not purposely leave the term “medical use” ambiguous but it is that they could not reach agreement on a universal definition. This situation will probably remain true in the future.

232. Medical practice and the concept of health change continuously. The expectations of individuals, the public, professionals and policy makers interact with advancements in science and technology, as well as with economic, environmental and sociological changes. The concepts of health improvement, quality of life, well-being and so on influence how basic terminologies are used and can be defined.

233. In the absence of a definition agreed upon by WHO, the Board, for the purpose of carrying out its own work under the international drug control conventions, defines the terms in the following way: a medicine (medicinal substance; that is, whether synthetic and/or natural, pure or in the form of a preparation) is a substance used, designed or approved for the following medical purposes:

- (a) Improving health and well-being;
- (b) Preventing and treating disease (including the alleviation of symptoms of that disease);
- (c) Acting as a diagnostic aid;
- (d) Aiding conception or providing contraception;

- (e) Providing general anaesthesia.

Medical use

234. The “medical use” of a substance can be stated as its utilization for the above-mentioned medical purposes in a given country. Such use should be approved by the competent regulatory authority of that country and usefulness recognized by the medical community.

235. Medicines work mostly by biochemical, endocrinological, immunological, metabolic, or pharmacological mechanisms. Recently, in the European Union, a fifth category has been added that covers “genomic use” (stem cell administration, gene transfer etc.).

Scientific purposes

236. The designation of the use of a drug for “scientific purposes” is appropriate when it is used as a tool for investigating mechanisms of health or disease or when investigating the use of a product as a medicine. In patients, the investigation would be done as part of a clinical trial, which requires prior approval from the research ethics committee.

Medical consumption

237. “Medical consumption” refers to the medicine (or medicines) consumed by patients for the purpose of improving health and well-being, acting as a diagnostic aid, providing contraception or aiding conception, providing general anaesthesia and preventing and treating disease (including symptom alleviation), as well as for scientific purposes. Medical consumption includes ingestion, inhalation, injection, topical administration and any other route of administration.

III. Analysis of the world situation

A. Africa

Major developments

238. Throughout Africa, cannabis cultivation, production, trafficking and abuse continue to be important drug control issues. Africa has remained a major supplier of cannabis to some countries outside the region. Illicitly grown cannabis is abused throughout the continent and has remained the main drug of abuse in most African countries, accounting for over 60 per cent of drug treatment demand in the region. A worrisome new development appears to be the increasing shift from cultivation of food crops to cannabis in some areas, resulting in food shortages. In view of the many problems related to cannabis abuse and trafficking in Africa, the Board calls on appropriate international institutions to prepare a comprehensive assessment of the impact of cannabis cultivation and trafficking on the economies of the countries in the region and the health and social conditions of their populations, including proposals for future action.

239. In addition to the abuse of cannabis, the abuse of psychotropic substances continues to be of concern in Southern, Eastern and Western Africa. Despite intensive law enforcement efforts aimed at interrupting the supply of methaqualone (Mandrax), the abuse of that substance continues unabated in countries in Eastern and Southern Africa, above all in South Africa. The abuse of opiates and cocaine has developed along the transit trafficking routes, mainly in Nigeria and South Africa and in some urban centres in other countries.

240. Illicit drug trafficking remains a major problem in the region. Information gathered from war-torn countries in Western and Central Africa, in particular in the Central African Republic, Côte d'Ivoire and Liberia, indicates that the arms and ammunitions used by rebel groups and criminal organizations to destabilize those subregions may have been partly procured with the proceeds of illicit drug trafficking. There have also been reports of widespread abuse of cannabis and other drugs by young insurgent combatants in the civil wars in Côte d'Ivoire and Liberia.

241. The Board is concerned about the continued diversion of narcotic drugs and psychotropic substances from licit distribution channels into parallel markets. The sale of such substances by street vendors and health-care providers, without medical prescription, especially to young people, continues to represent a major problem for many countries in Africa.

Treaty adherence

242. The Board welcomes the accession of Algeria to the 1972 Protocol amending the 1961 Convention in March 2003.

243. Angola, the Congo and Equatorial Guinea have remained the only countries in Africa that are not yet parties to any of the three main international drug control treaties. In addition, Chad has not yet acceded to the 1972 Protocol amending the 1961 Convention. Liberia is not yet a party to the 1971 Convention, and the Democratic Republic of the Congo, Gabon, Liberia, Namibia and Somalia are not yet parties to the 1988 Convention.

244. The Board has noted with appreciation that the Government of the Congo presented to parliament draft legislation that, once enacted, would allow it to ratify the three international drug control treaties and deposit its instruments of accession with the Secretary-General.

Regional cooperation

245. Throughout Africa, collaboration targeting the drug problem continued within intergovernmental organizations, such as the African Union, the Economic Community of West African States (ECOWAS), the Southern African Development Community (SADC) and the East African Community (EAC).

246. The African Union remains committed to the implementation of the Plan of Action on Drug Control in Africa: 2002-2006. This plan commits African Union member States and African regional organizations to take concrete action in identified drug control priority sectors and to integrate those measures into development, as well as social and health programmes. The Board is pleased to note that a drug

control and crime prevention unit has recently been established within the African Union secretariat.

247. In Tunisia, Arab ministers of information and of the interior held a meeting in Tunis in January 2003 to discuss money-laundering, terrorism and organized crime and to coordinate policies among member countries of the Council of Arab Ministers of the Interior. In the Libyan Arab Jamahiriya, ministers of the interior of the western Mediterranean States coalition met in Tripoli in July 2003 to discuss their countries' cooperation in fighting terrorism, drug trafficking, organized crime and other issues.⁴³

248. In Ghana, a regional workshop that brought together the coordinators of inter-ministerial drug committees, national project coordinators and non-governmental organization representatives of the ECOWAS member States⁴⁴ was held in Accra in May 2003.

249. In Kenya, at the third annual meeting of the East Africa Drug Information System, held in Nairobi in October 2003, national focal points reported on the drug situation in their countries and on progress made towards the development of national drug information systems. In 2003, the Government of the United Republic of Tanzania ratified the EAC protocol on combating drug trafficking in East Africa, which is aimed at promoting cooperation in criminal and intelligence matters among the drug control units of Kenya, Uganda and the United Republic of Tanzania.

250. In view of the rapidly growing number of clandestine laboratories for the illicit manufacture of drugs, especially amphetamine-type stimulants and methaqualone, SADC is to convene a regional seminar on precursor chemical monitoring for SADC member States in Johannesburg, South Africa, in November 2003. The objective of the meeting is to set up a more effective system for controlling the movement of the chemicals used in the manufacturing processes in such clandestine laboratories and to create the necessary information networks to facilitate the seizure of more substances currently used in illicit drug manufacture or abuse in the subregion.

251. Throughout Africa, there is a need to improve national capacities to collect, analyse and publish substance abuse and drug-related data that can be used to formulate policy. The Board appreciates the work of the SADC Epidemiology Network on Drug Use, which

has laid the basis for the regular collation and provision of data on drug abuse to be used by law enforcement, health and welfare authorities.

252. The Board notes that over 330 judges, magistrates, investigators and prosecutors were trained in drug-related casework during the period 2001-2002 in the training programme of the United Nations Office on Drugs and Crime for the judiciary in Southern and Eastern Africa. It is anticipated that about 720 judicial officials from 19 countries⁴⁵ will have been trained by the end of 2004. The Government of Uganda has also offered to host a training venue, in addition to those in South Africa and Zimbabwe.

National legislation, policy and action

253. After the enactment in 2002 of its first legislation against money-laundering,⁴⁶ the Government of Egypt is currently drafting related regulations to enhance the enforcement of the law. The Egyptian authorities are also strengthening their drug abuse prevention activities to complement the treatment services for drug abusers, including street children.

254. The Government of Ethiopia has introduced draft legislation against money-laundering and a bill updating the penal code in parliament. The updated bill would significantly increase the maximum sentence for drug trafficking. The Central Bank of Lesotho has recently issued a directive that any suspicious financial transactions must be reported to it by the banks. In 2002, legislation against money-laundering was enacted in Nigeria. The Government of that country also established an Anti-Terrorism, Economic and Financial Crimes Commission to coordinate government efforts against money-laundering and financial crimes.

255. In February 2003, the Parliament of the United Republic of Tanzania adopted a revised drug control legislation transforming the Pharmacy Board into the autonomous Tanzania Food and Drugs Authority, thereby ensuring better continuity in the technical work of the regulatory authorities. In Uganda, new drug control legislation aimed at harmonizing national laws with the provisions of the three international drug control treaties is expected to be presented to Parliament before the end of 2003.

256. To complement its efforts to strengthen the national and legal institutional capacities, the

Government of the Libyan Arab Jamahiriya is in the process of improving existing procedures for drug law enforcement in international mail, including postal and courier systems.

257. The Board welcomes the steps taken by the Government of Morocco to conduct a comprehensive cannabis survey in 2003 to determine the extent, locations and patterns of cannabis cultivation in the northern part of the country. The Government intends to use the result of the survey to develop, implement and redirect action under the national development programme for the Northern Rif in order to achieve a lasting reduction of illicit cannabis cultivation. The Government has allocated a substantial amount of money to the national development programme, for lasting and sustainable development of the Rif area, the poorest and most underdeveloped area in Morocco.

258. The Board notes that, in South Africa, the joint police and customs container-profiling capacity, established at Johannesburg International Airport in April 2003, has been successful. It also notes that the demand reduction campaign “Ke Moja”, which began on a pilot basis in 2002, was launched nationwide in June 2003. The Board welcomes the implementation of legislation to combat money-laundering, and the establishment of a financial intelligence centre.

259. The Board notes with appreciation that the Government of the Sudan is developing a comprehensive multisectoral drug control programme with a view to building up a coordinated law enforcement programme, a demand reduction programme and a rural development programme for the illicit drug cultivation areas, with a view to promoting sustained alternative development.

260. The Board notes with appreciation that since 2002, drug control master plans have been adopted by Madagascar and Namibia. Furthermore, similar master plans are currently being drafted by the Governments of Algeria, Malawi and Mozambique.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

261. Cannabis continues to be the most widely grown, trafficked and abused drug on the African continent, accounting for approximately one quarter of global cannabis seizures in recent years, the bulk of the

cannabis being seized by South Africa. Large cannabis seizures have also been reported in Egypt, Ghana, Kenya, Malawi, Morocco, Nigeria and the United Republic of Tanzania. Large-scale illicit cultivation of cannabis remains one of the prime concerns in Morocco. Morocco is one of the world’s leading cannabis producers and the source of 60-70 per cent of the cannabis resin seized in Europe. Estimates of the extent of the area under illicit cannabis cultivation vary considerably. There are indications that in recent years there have been increases in the number of hectares of illicit cannabis cultivation and in the yield due to favourable climatic conditions. It is suspected that the intensive illicit crop cultivation and illicit drug production, trafficking and smuggling activities are sustained by a fully developed system of networking among drug traffickers. Trafficking routes for Moroccan cannabis lead mainly through Spain to other European countries. Increased law enforcement activities on the Iberian peninsula have led to a diversification of trafficking routes for Moroccan cannabis resin through Algeria and, to a lesser extent, also Tunisia and the Libyan Arab Jamahiriya. Trafficking routes also increasingly pass through other African countries south of the Sahara, in particular in Western Africa, in an attempt to disguise the origin of the illicit shipments. In Egypt, where cannabis continues to be illicitly cultivated in the northern part of the Sinai, seizures of cannabis herb rose from 7 tons in 1996 to 31 tons in 1998 and to over 59 tons in 2002. In the Sudan, there has been a shift from the cultivation of food crops to the cultivation of cannabis, resulting in a concomitant widespread shortage of food. Although cannabis eradication efforts resumed in 2001 and 2002, law enforcement authorities believe that tons of cannabis herb are smuggled across the Red Sea into Saudi Arabia and other Arab countries on the Arabian peninsula, and into Egypt and the Libyan Arab Jamahiriya.

262. In Western and Central Africa, where there is a long tradition of cannabis cultivation for the limited local market, cannabis has become a significant economic crop following the downfall of prices of cash crops in international markets. Cannabis is produced on a large scale, in particular in Ghana, Nigeria and Senegal. It is alleged that some proceeds of illicit trafficking in cannabis herb are used to finance activities of rebel groups and criminal organizations operating in the region. The economic and environ-

mental impact of cannabis cultivation, particularly the abandonment of traditional crops, as well as deforestation, are of great concern. Cannabis continues to be cultivated in most, if not all countries in Eastern Africa, where it not only fuels local demand but is also a significant commercial crop.

263. Southern Africa continues to be the major source of cannabis herb in Africa. The major producers are South Africa, Malawi, Lesotho, Swaziland and Mozambique, in that order. Estimates of the crop size for these main producer countries vary. Considerable efforts are being made to eradicate cannabis crops and to intercept cannabis consignments. Large quantities of cannabis are seized by the police each year. Good quality cannabis is smuggled out of the region, mainly into Europe.

264. Cocaine originating in South America and shipped mainly from Brazil, continues to transit countries in Western and Southern Africa on its way to Europe. Angola, Nigeria and South Africa continue to be major drug transit countries for cocaine from South America destined for Europe. While there has been an increase in the number of seizures of cocaine reported in Nigeria and South Africa, similar seizures have been made in Algeria, Angola, Benin, Cameroon, Cape Verde, Côte d'Ivoire, the Gambia, Kenya, Malawi, Morocco, Mozambique, Namibia, Swaziland, Togo and the United Republic of Tanzania. Many other countries have also reported transit cocaine trafficking. The abuse of cocaine in Africa is mostly limited to the spillover effects of drug trafficking. Cannabis and methaqualone (Mandrax) remain the primary and secondary illicit drugs of abuse in South Africa. Prevalence estimates among the general population show that cocaine is behind sedatives/tranquillizers and amphetamines. The increase in the demand for treatment for cocaine abuse of previous years has recently levelled off.

265. Illicit opium poppy cultivation continues on the Sinai peninsula in Egypt, but is limited and declining, as indicated by the fall in seizures and the number of crops eradicated. Opium is consumed locally, mostly in Upper Egypt. Since no heroin processing laboratories have been discovered in Egypt for over a decade, it is assumed that no illicit manufacture of heroin is taking place there.

266. Heroin from South-East and South-West Asia continues to be smuggled through countries in Eastern

and Western Africa to illicit markets in Europe, and to some extent, the United States of America. Some heroin is also smuggled into South Africa, where its abuse has increased, particularly among youth. Of particular concern is the increase in injecting drug abuse in the major urban areas of Johannesburg, Pretoria and Cape Town. That trend is particularly worrisome, as the HIV/AIDS prevalence rate is very high in sub-Saharan Africa. Furthermore, there is the potential risk for the transmission of HIV, hepatitis and sexually transmitted diseases through the use of contaminated needles and syringes. While heroin abuse in Africa is low compared with other regions, abuse trends show an increase, particularly from the spillover effects of drug trafficking. In Eastern and Western Africa, there has also been a shift in the mode of administration towards drug abuse by injection.

Psychotropic substances

267. While the abuse of amphetamine and methamphetamine are reported in countries in Africa, most psychotropic substances continue to be diverted mainly from licit distribution channels. In countries in Western Africa, especially in the Sahelian countries, the abuse of amphetamine, ephedrine and pemoline is widespread, and some abuse of methylenedioxy-methamphetamine (MDMA, commonly known as Ecstasy) is reported in major cities and tourist sites in the subregion. One subject of major concern continues to be the abuse of pharmaceutical products that should be supplied on prescription but are sold over the counter or in the streets, particularly in several Western and Central African countries. The diversion of drugs intended for the licit market into illicit channels has also become an issue in South Africa lately. Furthermore, the illicit manufacture of amphetamines occurs in South Africa and, on a small scale, Egypt. Methcathinone ("cat") has appeared on illicit markets in South Africa. In 2002, the South African police uncovered 14 laboratories for processing methcathinone, and, by September 2003, another 16 clandestine laboratories had been dismantled (compared with only one laboratory in 2001). Dealers are claiming that methcathinone is a "safe" alternative stimulant to cocaine.

268. The abuse of methaqualone (Mandrax) continues to be a matter of concern in countries in Eastern and Southern Africa, in particular South Africa, where it has remained the second most commonly abused illicit

drug. Methaqualone continues to enter that country from India and China, frequently through Mozambique, Swaziland and Zimbabwe, and from clandestine laboratories in Southern Africa. South African law enforcement authorities made a seizure of 4 tons of pure methaqualone powder, which originated in China, together with 100 million methaqualone (Mandrax) tablets, in June 2003 and arrested six persons. That seizure of methaqualone is the largest seizure ever made of the substance. Traffickers either set up laboratories themselves in the subregion or provide local residents with the necessary expertise and materials to do so. Large consignments of the required precursor chemicals, especially anthranilic acid, apparently destined for South Africa, have repeatedly been stopped or intercepted outside the country, in countries such as Mozambique and Swaziland.

269. The abuse of MDMA (Ecstasy) occurs in Southern Africa, in particular in South Africa. A new trend appears to be the increasing local manufacture of MDMA. Police uncovered the first illicit MDMA laboratory in 1996 and have made regular finds in subsequent years, the highest seizure of six such laboratories being recorded in 2001.

Missions

270. In March 2003, the Government of Algeria ratified the 1972 Protocol amending the 1961 Convention, just before the visit of the Board's mission in April 2003. A party to all three international drug control treaties, the Government has enacted several laws to give effect to the provisions of the 1961 Convention and the 1971 Convention at the national level. Similar legislation in respect of the 1988 Convention, aimed at strengthening the control of precursor chemicals, allowing the tracing, seizing and ultimate confiscation of proceeds of drug-related crime and also facilitating international legal cooperation in the prosecution of drug-related offences, is still to be drafted.

271. Diversions of psychotropic substances, mainly benzodiazepines, appear to occur in Algeria after the substances have been licitly imported. The Board calls on the Government of Algeria to strengthen its control of the distribution of pharmaceutical products. The Board strongly encourages the Government to request

the drug law enforcement agencies to investigate the nature and source of such illicit trafficking.

272. The Board also encourages the Government of Algeria to undertake a proper assessment of the extent of drug abuse in the country. The Board acknowledges the efforts made by non-governmental organizations in Algeria to increase the awareness of drug abuse in the country.

273. In March 2003, a mission of the Board visited Mali and found that various drugs, mainly diverted from licit distribution channels and humanitarian aid, were being sold in street markets. Cannabis and heroin are trafficked through Mali but the abuse of those drugs has so far remained limited. The Board notes with appreciation that despite limited technical, logistical and human resources, both the police and customs have made important seizures of various drugs in the illicit traffic in Mali.

274. The Board encourages the Government of Mali to empower the inter-ministerial commission, set up in 1996, to promote efficient cooperation and the sharing of information between the various drug control authorities. The Board welcomes the adoption in 2001 of the specific law for the control of drugs and precursors and urges the Ministry of Justice to develop and draft the appropriate implementing decree as soon as possible.

275. The Board has reviewed action taken by the Government of Senegal pursuant to recommendations made by the Board after its mission in September 2000. The Government has strengthened control over narcotic drugs and psychotropic substances and is in a position to resume its submission of some of the reports required under the international drug control treaties. The Government has put in place mechanisms for curtailing the supply of psychotropic substances to street markets and for increasing its capacity in controlling precursors. There are currently no indications that precursor chemicals are being trafficked in the country for use in illicit drug manufacture. The Government has also taken action against the cultivation of cannabis on its territory.

276. In Senegal, however, coordination of drug control activities at the national level remains in need of further improvement. The inter-ministerial committee on drug control continues to be seriously hampered in its work as a result of a lack of cooperation from

several of the authorities that make up the committee. That has resulted in the absence of effective drug control policy measures. The Board therefore again calls on the Government of Senegal to improve inter-ministerial coordination, particularly among the drug law enforcement services but also with the Ministry of Health.

B. Americas

Central America and the Caribbean

Major developments

277. Drug trafficking in Central America and the Caribbean continues to involve mostly cannabis and cocaine, although heroin seizures have increased to unprecedented levels. Drug trafficking in the region takes place by land, air and sea (both the Caribbean Sea and the Pacific Ocean). Arms trafficking continues to be reported in Central American countries; it is suspected that the arms shipments are mainly destined for armed groups in South America that abet drug trafficking. Drug trafficking and related crimes continue to have the potential to threaten political, social and economic development, especially on the smaller islands of the Caribbean.

278. The Central American and Mexican corridor and the Caribbean continue to be the transit route used for smuggling cocaine and heroin from Colombia into North America. The smuggling of cocaine through the Caribbean and into Europe appears to have been on the increase, while the smuggling of drugs into North America appears to have remained at approximately the same level since the mid-1990s.

279. Drug trafficking has contributed to the increase in drug abuse in Central America and the Caribbean. While sufficient up-to-date epidemiological data do not seem to be available, new drugs and methods of abuse are being detected sporadically, such as GHB, heroin, MDMA (Ecstasy), flunitrazepam and combinations of cocaine and cannabis or of cocaine and heroin.

280. The Board welcomes the increased attention being given to demand reduction in Central America and the Caribbean. Countries in the region have included more initiatives related to demand reduction in their national drug control strategies, have increased budget allocations to that end, have started to conduct

surveys in order to assess perception of risk and prevalence related to the abuse of drugs in certain segments of the population and have created more prevention programmes. Shortcomings remain in the level of financial support for treatment and rehabilitation and in the availability of relevant infrastructure.

Treaty adherence

281. All States in Central America and the Caribbean are parties to the 1961 Convention and the 1988 Convention. The Board calls once again on Haiti, Honduras and Saint Lucia to accede to the 1971 Convention and on Nicaragua to ratify the 1972 Protocol amending the 1961 Convention.

Regional cooperation

282. The Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States continues to be the main forum of overall regional cooperation and exchange of information for Central American and Caribbean countries, which, together with other countries in the Americas, participate actively in the CICAD Multilateral Evaluation Mechanism. Cooperation in areas such as judicial cooperation, law enforcement operations, and border control is usually in the form of bilateral agreements between countries. A number of Central American countries have agreements of this kind with Colombia and Mexico. The United States remains the single most important bilateral partner in drug control matters for most countries and territories, providing much needed assistance in the interdiction of drug trafficking.

283. The Board welcomes the fact that the issue of drug trafficking and money-laundering through the postal system was addressed in a workshop held in Barbados in November 2002. While most other modes of drug trafficking in the Caribbean have been targeted by law enforcement, this is a new regional effort to address drug trafficking through the mail system.

284. Several successes have been achieved in maritime drug law enforcement operations in the Caribbean through cooperation at the regional level and cooperation with authorities in Colombia and in countries in Europe and North America. In view of further economic integration of the Caribbean countries and the increasingly significant large-scale

drug trafficking by use of containers, continuous cooperation and efforts involving maritime drug law enforcement are required.

285. A regional agreement for the Caribbean based on article 17 of the 1988 Convention opened for signature in April 2003. The agreement provides a framework for strengthened cooperation between parties in combating illicit air and maritime traffic in and over the waters of the Caribbean in order to ensure that suspect vessels and aircraft are detected, identified and continuously monitored.

286. The Board notes the cooperation of countries in the Caribbean with the Netherlands and the United Kingdom to address the smuggling of drugs into Europe by large numbers of individual couriers. The Board notes that, since 2002, Curaçao and Jamaica have taken special measures at their airports to prevent boarding of drug couriers. Such measures must be coordinated with measures at other airports to prevent the displacement of such trafficking. For example, cooperation between the authorities of Jamaica and the United Kingdom, within the framework of Operation Airbridge, has resulted in a significant increase in the arrests of cocaine couriers. The Board encourages countries and territories to continue such cooperation.

287. The very limited law enforcement capacity and cases of high-level corruption in Haiti have made sustained joint operations with the law enforcement authorities of other countries almost impossible. The Board calls on Governments of countries in which the drugs originate and countries to which the drugs are sent to cooperate closely with one another in order to combat trafficking in the region.

288. The Board notes the completion of school surveys on drug abuse in several countries in the Caribbean through the Caribbean Drug Information Network, ensuring comparable data collection on drug abuse prevalence. Apart from data on drug abuse, the surveys also explored perceptions of the harmfulness of drug abuse.

289. The Permanent Central American Commission for the Eradication of the Illicit Production, Traffic, Consumption and Use of Drugs and Psychotropic Substances continues to be the main forum for cooperation and harmonization of drug control

activities and the coordination of the implementation of a regional action plan.

National legislation, policy and action

290. El Salvador is currently considering a reform of its national drug control legislation. The Board hopes that the Comisión Salvadoreña Antidrogas, created in 1995, will be able to effectively coordinate the work of all entities involved in drug demand and supply reduction activities and to implement the national plan in those areas covering the period 2002-2008.

291. The Board notes the strengthening of the drug control infrastructure of Costa Rica through the start of operations of the Costa Rican drug institute that coordinates drug control activities under the national drug control law.

292. The Board hopes that Nicaragua's recently approved national drug control plan will receive adequate resources and be successfully implemented. Law enforcement efforts to intercept illicit drug consignments passing through Guatemala appear to have increased again during 2003 after having been disrupted by cases involving high-level corruption.

293. Nearly all countries in Central America and the Caribbean have adopted national drug control plans in recent years. The Board urges the Bahamas, which is used as a significant transit point for cannabis and cocaine consignments, to adopt a national drug control plan and implement regulations on precursors/chemicals.

294. The Board hopes that the national drug control plan covering the period 2003-2008 drafted by the national drug commission of Haiti will be adopted and implemented without delay. The Board is concerned that the relatively low level of drug seizures in that country in recent years may indicate insufficient law enforcement efforts; however, the Board is encouraged by the fact that cocaine seizures increased in 2002.

295. Treatment and rehabilitation activities continue to remain mainly the domain of non-governmental organizations in the region. The Board is pleased to note that Governments of countries in the region have made efforts to further strengthen education in therapy and counselling for drug abusers. Since the beginning of 2003, major campaigns have been launched to stop the spreading of drug abuse, which the Government has linked to the opening of the country to

international trade and tourism, as well as to the transit traffic affecting the country.

296. Central American countries continue to seek ways to strengthen their capabilities to combat drug trafficking. Belize has continued efforts to improve its national drug control system, including by increasing the number of drug control officers and international assistance for training law enforcement officers, establishing a forensics laboratory and enhancing the capacity to prosecute cases involving illicit drugs.

297. The Board notes that further progress has been achieved in combating money-laundering activities in the Caribbean. Dominica and Grenada addressed the deficiencies identified by the Financial Action Task Force on Money Laundering were removed from the list of countries that the Financial Action Task Force on Money Laundering considers uncooperative in efforts to counter money-laundering. Some of the islands in the Eastern Caribbean remain especially vulnerable to money-laundering, for example, Dominica and Saint Kitts and Nevis have not yet abolished the practice of granting citizenship on the basis of economic and financial criteria.

298. Costa Rica has strengthened its legislation against money-laundering. It is hoped that amendments to the act against money-laundering in Belize will facilitate international cooperation in the investigation and prosecution of such cases in that country. In Honduras, new legislation against money-laundering entered into force in the second half of 2002 and a financial intelligence unit was established; the Board hopes that positive results will soon be obtained in that area. While Guatemala has enacted and implemented a law criminalizing the laundering of proceeds of crime, full monitoring has not yet been ensured and the country has not yet been removed from the list of countries that the Financial Action Task Force on Money Laundering considers uncooperative in efforts to counter money-laundering.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

299. Cannabis continues to be cultivated in all countries in Central America, mainly to be abused locally or to be smuggled into neighbouring countries. Authorities report continued efforts to eradicate

cannabis manually. Cannabis continues to be the most widely abused substance, El Salvador and Honduras reporting the highest prevalence of abuse.

300. By far the largest seizures of cannabis in the Caribbean continue to be made in Jamaica, which is an important source of the cannabis trafficked outside the subregion. In the Eastern Caribbean, cannabis is grown mainly in Saint Vincent and the Grenadines, Saint Lucia and Dominica, primarily to be abused in the subregion. The smuggling of cannabis herb from the Caribbean into Europe and North America has continued to decline; cannabis produced in the subregion is increasingly abused locally or trafficked within the subregion.

301. Results from surveys indicate that cannabis is the most widely abused drug among students in secondary schools in the Caribbean. The percentage of students who abused cannabis in the previous year ranged from 3 per cent in Suriname to 16.6 per cent in Saint Lucia.

302. Cocaine production in the region remains insignificant. Panama continues to be the only country in the region to report minor sites of coca bush cultivation and cocaine laboratories. The transit traffic in cocaine continues to affect all countries in the region; cocaine consignments are transported both by air and by sea and, in the case of Central American countries, also by land. The volume of cocaine seizures is usually more than 1,000 kg annually in all countries in Central America except El Salvador and in almost one third of the countries and territories in the Caribbean. In a case uncovered in Guatemala, cocaine was smuggled into the Netherlands while MDMA (Ecstasy) originating in the Netherlands was smuggled into Guatemala. The volume of seizures has fluctuated in recent years, probably showing that drug trafficking organizations are constantly changing their modi operandi and trafficking routes in Central America and the Caribbean. In 2002, the volume of cocaine seizures increased significantly in Haiti, although it was still low; it also increased in El Salvador. Puerto Rico has remained the main point of entry into the United States for cocaine smuggled through the Caribbean. Eastern Caribbean countries and territories having strong ties with Europe are also used to a significant extent for smuggling cocaine into Europe.

303. The limited data available on drug abuse prevalence in Central America and the Caribbean show that the abuse of cocaine has increased and the age of

initiation into illicit drug consumption has decreased. Cocaine or crack cocaine is the second most widely abused drug in the Caribbean among students in secondary school, the annual prevalence rate ranging from 0.2 per cent in Guyana to 3.6 per cent in Anguilla. Countries through which cocaine is trafficked tend to have a higher level of cocaine abuse. In Curaçao, the abuse of crack cocaine has become a major problem.

304. Guatemala is the only Central American country reporting marginal cultivation of opium poppy; in that country, opium poppy was illicitly cultivated and eradicated in the area bordering Belize and Mexico. Heroin seizures, which have been reported in all countries in Central America and most countries in the Caribbean, have reached unprecedented levels; most of the seized heroin originated in Colombia. In recent years, the most important heroin seizures in Central America took place in Costa Rica, Guatemala and Panama, and the most important heroin seizures in the Caribbean took place in Aruba, the Dominican Republic, Netherlands Antilles and Puerto Rico. Heroin abuse continues to be marginal, except in Puerto Rico.

305. Central America is also a transit area for shipments of precursor chemicals used in the manufacture of narcotic drugs; those shipments are destined mainly for Colombia. There are, however, still shortcomings with respect to precursor control. Trinidad and Tobago imports significant quantities of chemicals for its petrochemical industry; the Board calls on the Government to exercise vigilance in order to prevent the diversion of such chemicals for use in the illicit manufacture of cocaine in South America. Trinidad and Tobago continues to be affected by trafficking in cocaine and heroin, mainly from Venezuela.

Psychotropic substances

306. Some Central American countries have reported sporadic seizures of MDMA (Ecstasy), mostly originating in Europe. In the past, only Costa Rica reported minor seizures of other amphetamine-type stimulants and lysergic acid diethylamide (LSD), while El Salvador and Guatemala reported single seizures of depressants. The abuse of MDMA (Ecstasy) is emerging in the region, but authorities maintain that an unspecified quantity of MDMA (Ecstasy) is trafficked mostly to the illicit markets in North America. As in

the case of narcotic drugs, there is a lack of recent data on the abuse of psychotropic substances, although it is generally acknowledged that pharmaceuticals containing psychotropic substances are routinely diverted from licit distribution channels; however, hardly any seizures of such drugs are made.

Missions

307. The Board reviewed progress made by the Government of El Salvador in the implementation of the Board's recommendations following its mission to that country in 2000. The Board notes that the Government has adopted a national drug control plan, covering the areas of supply reduction, demand reduction and the control of licit activities related to narcotic drugs, psychotropic substances and precursors, and encourages the Government to fully implement the plan in a coordinated and coherent way. While noting an improvement in the submission by the Government of statistical data as required under the international drug control conventions, the Board expects that the Government will take the necessary measures to strengthen the capacity of the council on public health to monitor more effectively the licit distribution of narcotic drugs and psychotropic substances.

308. The Board sent a mission to Panama in February 2003. The Board notes the vulnerability of Panama to illicit drug trafficking due to its geographical location, economic structure and intense commercial traffic. The Board appreciates the efforts made by the law enforcement authorities of Panama in the interdiction of drug trafficking. The Board notes that Panama has adequate drug control legislation but limited resources to implement it, although the national drug control strategy for the period 2002-2007 is aimed at improving the situation. The Board encourages the Government of Panama to ensure efficient coordination and communication between government entities and the recently created inter-institutional commission for chemical control.

309. The Board notes the increased attention being given to demand reduction in Panama's national drug control strategy for the period 2002-2007 and hopes that the Government will ensure adequate funding for such initiatives. For a variety of reasons, including financial constraints, the availability of basic health services in some areas of Panama are limited; the Board encourages the Government to expand, to the

extent possible, the access of its population in remote areas of the country to such services and include the treatment of pain with opioid analgesics. The international community may wish to provide assistance to the Government in its drug control efforts in general, including measures to ensure the medical availability of narcotic drugs for the population.

North America

Major developments

310. New regulations came into force in Canada for implementing the requirements of the 1971 Convention for all internationally controlled psychotropic substances and for introducing more adequate control over precursor chemicals. Canada's Parliament is currently considering legislation that would introduce alternative penalties for persons caught with small quantities of cannabis. Under the proposed legislation, persons apprehended possessing small quantities of this substance would no longer be subject to criminal prosecution; instead, they would be required to pay a fine.

311. The latest indicators for cocaine and heroin abuse in the United States do not show any clear trend. While the abuse of some illicit drugs appears to be falling among teenagers in the United States, it is increasing in Mexico; however, the level of drug abuse in Mexico is significantly lower than in the United States.

312. Mexico increased its law enforcement efforts against drug trafficking organizations and arrested a large number of major drug traffickers.

Treaty adherence

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

Regional cooperation

314. The three countries in North America cooperated closely in their drug control efforts, conducting joint investigations and law enforcement operations. Cooperation between Mexico and the United States resulted in the arrest of a number of powerful drug traffickers suspected of numerous offences, including murder, money-laundering and racketeering. Some drug traffickers are also suspected of having negotiated

with Colombian guerrilla and paramilitary groups, arranging for Mexican trafficking organizations to provide arms in exchange for cocaine. There was also close cooperation in the region in matters concerning extradition, as Mexico extradited to the United States numerous suspected drug traffickers, including major figures in drug trafficking organizations.

315. In April 2003, the authorities of Canada and the United States completed a joint operation targeting trafficking in pseudoephedrine, a precursor used in methamphetamine manufacture. The operation resulted in 65 arrests in the two countries. Among those arrested were executives from three Canadian chemical companies, all of whom are alleged to have sold large quantities of pseudoephedrine to illegal manufacturers in the United States even though they knew that the chemical was intended for the illicit manufacture of methamphetamine.

316. Mexico has played an increasingly important role in drug control in both North America and Central America. A joint operation involving law enforcement authorities of El Salvador, Guatemala and Mexico resulted in a large seizure (roughly 2 tons) of cocaine. In December 2002, Mexico hosted the thirty-second meeting of CICAD, where high-ranking officials representing 34 countries met to discuss drug control issues. It was decided at that meeting that Mexico would provide the chairman for the 2003 meeting of CICAD.

317. The Board notes with appreciation that the Mexican authorities, in close cooperation with their Colombian counterparts, were able to stop the large-scale diversion in Mexico of potassium permanganate intended for use in the illicit manufacture of cocaine hydrochloride in Colombia. However, it was not possible to identify and arrest the drug traffickers involved.

National legislation, policy and action

318. The Board notes that new regulations came into force in Canada in January 2003 completing the inclusion under appropriate national control of all internationally controlled psychotropic substances. The Board expects that, in future, scheduling decisions of the Commission on Narcotic Drugs will be implemented by the Government of Canada in a more timely fashion, in accordance with international treaty obligations.

319. The Board notes that precursor control regulations in Canada came into force in January 2003, ensuring that internationally controlled precursors are subject to adequate national control. The diversion of certain precursors into the illicit traffic had reached such levels that it had become a matter of great concern to the Board, and the Board expects that the Canadian authorities will give high priority to the implementation of the new regulations.

320. The Board notes that Canada's Parliament is currently considering legislation by which simple possession of, in some cases, up to 30 grams of cannabis would result in a ticket and a fine. The new legislation would also introduce new penalties for the production of cannabis that vary according to the amount of cannabis produced. While the possession of cannabis would remain a criminal offence in Canada under the new legislation, the Board is concerned that the revisions could contribute to the mistaken perception that cannabis is a harmless substance.

321. In May 2003, Canada's Drug Strategy was adopted, significantly increasing the funding of drug-control activities over the next five years. The strategy contains provisions for a variety of community-based initiatives to address drug abuse issues, public education campaigns focusing on young persons and a biennial national conference to establish priorities in research and prevention. The strategy also expands the country's programme for drug treatment courts. There are currently two drug treatment courts in Canada, and there are plans for up to three new ones to begin operations in 2004. Preliminary findings indicate that drug treatment courts may be effective in ensuring that non-violent drug offenders undergo treatment.

322. In November 2002, the Government of Mexico introduced the National Drug Control Programme 2001-2006. The Programme designates drug trafficking as a national security issue and provides for greater involvement of local governments in combating drug trafficking and abuse. Under the new Programme, the Centre for Drug Control Planning (CENDRO), within the Office of the Attorney-General, will coordinate the efforts of local and regional committees. Government agencies are also to establish goals for their drug control efforts, which will be evaluated by CENDRO.

323. There are conflicting indications regarding recent trends in drug abuse among young people in the United

States. In its update to the National Drug Control Strategy, adopted in February 2003, the United States Government cited research showing that drug abuse among teenagers in the country had exhibited its "first significant downturn" in nearly 10 years, with levels of abuse for some drugs lower than they had been for nearly 30 years. The Strategy notes that the percentage of some age groups using illicit drugs was at its lowest level since the early 1990s. The Government states that it is progressing smoothly towards meeting the two-year goal of reducing illicit drug abuse by teenagers by 10 per cent, set out in the 2002 Strategy. However, the latest National Survey on Drug Use and Health appears not to confirm the downward trend in drug abuse among young people.

324. While evaluations of the National Youth Anti-Drug Campaign in the United States had shown little success, more recent evaluations suggest that the campaign has affected the attitudes of youth towards drugs. The Government has allocated funds to be provided to schools that wish to implement drug testing programmes, provided that it is ensured that students who test positive are able to undergo treatment. After the initial positive results, the United States Government is also expanding its drug court programme, which uses the coercive authority of a judge to require abstinence, as well as a change of behaviour through a combination of various programmes.

325. The Board notes with concern that, in June 2003, the Government of Canada approved the establishment of a drug injection room in the city of Vancouver, the first such site in North America. The drug injection room, which opened in September 2003, will be subject to an evaluation in three years' time.

326. The Board has on numerous occasions expressed its concern regarding the operation of drug injection rooms, where persons can inject drugs acquired with impunity on the illicit market. The Board reiterates its views that such sites are contrary to the fundamental provisions of the international drug control treaties, which oblige States parties to ensure that drugs are used only for medical or scientific purposes.

327. Mexico intensified its law enforcement efforts against drug trafficking and conducted many large-scale arrests of traffickers from a number of powerful drug trafficking organizations. The Government of Mexico also strengthened its efforts against corruption,

which is often linked with drug trafficking. In October 2002, a military battalion was dismantled after it was alleged that large numbers of soldiers had been involved in producing and trafficking in drugs. In January 2003, the special prosecutor's office dealing with drug-related crime was disbanded by the Government when it was learned that high-ranking officials had released drug dealers from detention and returned seized drugs to them. While appreciating the efforts of the Government, the Board notes that sustained efforts are required, as major drug trafficking organizations are still operating in the country.

328. The United States Government started substitution treatment, using buprenorphine, for persons dependent on opiates. Contrary to the practice of methadone prescription, which can only be dispensed in the United States by a small number of special drug treatment clinics, buprenorphine can be prescribed by doctors who have received special training. The Board notes that concern had been growing within the Government regarding increases in methadone-related deaths and reported diversions of methadone by persons in substitution treatment; the Board calls on the Government to take adequate measures to prevent diversions of buprenorphine, especially given the less stringent controls in place for the use of that substance.

329. In the United States, though the Government is a strong advocate of full implementation of the international drug control treaties, there is heated public debate in several states regarding the decriminalization or even legalization of cannabis. In November 2002, there were referendums considering such changes in the states of Arizona, Nevada, Ohio and South Dakota. The Board notes that, though support for the referendums had been organized by advocacy organizations, they failed, indicating a lack of public support for such initiatives. The Board is appreciative of the efforts of the Government, which had strongly expressed its concern regarding the intention of the referendums and had repeatedly expressed the necessity of compliance with the federal law, which is in line with international drug control conventions.

Cultivation, production, trafficking and abuse

Narcotic drugs

330. Cannabis, the most abused drug in North America, continues to be produced in large quantities in all three countries in the region. According to

estimates of the United States Government, more than 10,000 tons of cannabis herb are produced in that country; in addition, more than 5,000 tons of cannabis are smuggled into the country. Almost 40 per cent of all cannabis herb seizures reported worldwide are made in Mexico.

331. Admission figures from drug treatment centres in the United States indicate that there has been a fall in the demand for cocaine in at least some areas of the country. While there appears to be an overall decline in drug abuse among teenagers, at least with regard to some drugs, research has shown that the abuse of cocaine and crack has remained more or less at the same level.

332. It appears that more stringent controls at the border between Mexico and the United States have resulted in an oversupply of cocaine in Mexico, which for many years has been part of the main route used for smuggling cocaine from Colombia into the United States and Canada. National surveys in Mexico show that the abuse of cocaine and crack has increased (though less than during the 1990s), in particular among young persons, and that cocaine and crack are increasingly being used as initiation drugs.

333. There are indications, in particular from data on admissions in treatment centres, that heroin abuse is rising in Mexico, with increased availability, lower prices and higher purity levels. Though the majority of heroin smuggled into the United States and Canada is of Colombian origin, a significant share is also manufactured in Mexico. Despite sustained efforts by the Government of Mexico to reduce illicit opium poppy cultivation, resulting in the eradication of 19,000 hectares in recent years, such cultivation appears to have continued.

334. The high-purity heroin smuggled into the United States can be inhaled instead of injected, making it more acceptable to many middle-class Americans. In addition, in June 2003, United States authorities discovered a field with 40,000 opium poppies in a remote area in California, giving rise to concern that, as in the case of cannabis, trafficking organizations are attempting to establish large-scale cultivation sites within the country.

335. Surveys show that the abuse of heroin is also increasing in Mexico. Heroin abuse is particularly serious in the northern part of the country, the area

bordering the United States, which, for many years, had a high rate of drug abuse; however, heroin abuse is also spreading to other areas.

336. Though the majority of drug abusers in Mexico are male, drug abuse among female students in secondary schools is increasing at a faster pace than among male students. One recent survey indicates that lifetime drug abuse prevalence among female students (12.6 per cent) is fast approaching that of male students (16.8 per cent).

Psychotropic substances

337. The illicit manufacture of methamphetamine continues on a large scale in North America. Between 5 and 10 tons of methamphetamine are licitly manufactured worldwide each year; however, the United States Government estimates that between 106 and 144 tons of methamphetamine are illicitly manufactured in Mexico and the United States alone, and subsequently sold to approximately 1.3 million abusers of the substance in the United States alone. Clandestine laboratories have been found in all states in the United States; most of the uncovered laboratories have been small-scale facilities run by independent operators. During the period 1997-2001, the authorities in the United States dismantled a total of almost 30,000 such laboratories, accounting for 97 per cent of all detected methamphetamine laboratories reported in the world.

338. In 2002, the abuse of MDMA (Ecstasy) among teenagers in the United States declined for the first time in several years, though it remained at high levels, with a lifetime prevalence of 10.5 per cent among students in their final year of secondary school (aged 17-18). The abuse of amphetamine and methamphetamine remained stable, again at a high level; for example, the lifetime prevalence of amphetamine abuse among students aged 13-14 was 8.7 per cent, among students aged 15-16 was 14.9 per cent and among students aged 17-18 was 16.8 per cent.

339. In Mexico, the abuse of amphetamine-type stimulants has increased significantly among young persons and has reportedly become commonplace at rave parties. According to a recently released survey, the lifetime prevalence of abuse of amphetamine-type stimulants among students 15 years of age increased from 1.61 per cent in 1997 to 4.20 per cent in 2000.

Though the prevalence of illicit drug abuse in general is higher among male students than among female students, amphetamine-type stimulants are abused to the same extent by both genders.

340. Abuse of prescription drugs in the United States continues; it is exacerbated by the unlawful selling of narcotic drugs and psychotropic substances by online pharmacies within and outside the United States. Between 1995 and 2002, there was an increase of 163 per cent in the number of emergency-room visits linked to the abuse of narcotic pain medication (see paragraphs 169-178 above).

Missions

341. A mission of the Board visited Canada in October 2003 to discuss recent policy developments in that country, including the functioning of Canada's Drug Strategy, new draft legislation regarding cannabis and newly introduced regulations strengthening the control of precursors and psychotropic substances. The Board notes that there is strong coordination among various ministries and agencies in the field of drug control in Canada and that the multifaceted nature of the drug problem is taken into account, for example, by the fact that the Royal Canadian Mounted Police plays a large role not only in law enforcement, but also in prevention activities. The Board also notes the initiatives of the Canadian authorities to deal with the persistent problem of indoor production of cannabis.

342. There has still been no survey at the national level in Canada focusing on drug abuse since 1994. The Board notes that Canada's Drug Strategy contains provisions for research on drug abuse trends. The Board hopes that those provisions will be adequately implemented, in order to ensure that the Government has adequate information on which to base its drug control policies.

343. The mission also visited the injection room that had recently been opened in the Canadian city of Vancouver. The Board remains concerned about that development and urges the Canadian Government to comply with its obligations under the international drug control conventions.

South America

Major developments

344. Drug control policy in South America has continued to receive increasing attention from Governments and gain in political importance. In Brazil, drug traffickers have defied the local authorities in a few cities and temporarily disrupted the public peace. In Colombia, the term “narco-terrorism” is increasingly being used to refer to the violent activities of armed groups that protect, or engage in, illicit drug production and trafficking. In Peru, insurgents protect illicit coca bush cultivation, and open clashes between police forces and drug traffickers are on the increase. There are continued reports of arms being exchanged for illicit drugs. Measures against the illicit drug trade and money-laundering are aimed partly at reducing the funds available to drug traffickers and insurgent groups, thereby reducing their operational capabilities. The increased focus on the political threat of the drug problem has led many South American Governments to devote an ever-increasing proportion of their limited resources to reducing illicit drug supply, including by the eradication of illicit crops, the interdiction of drug trafficking and the introduction of measures against money-laundering.

345. What was originally known as Plan Colombia, sponsored by the United States and aimed at reducing the illicit drug supply from Colombia and other South American countries, has evolved into a much broader effort named the Andean Counter-drug Initiative. As a result of that initiative, the United States Government is currently the most important provider of assistance in funds and in kind to countries in and around the Andean subregion for efforts aimed at drug control, drug abuse prevention and combating money-laundering. Colombia remains the principal recipient of assistance given under the Andean initiative. “Plan Colombia” now refers only to the social component of Colombia’s strategy, and it includes the development of alternative crops and sources of income, the strengthening of institutions and the creation of social infrastructure.

346. Since 2002, the debate over the decriminalization or legalization of cannabis and coca leaf has received renewed media attention in several countries in South America. The Board would like to remind all Governments to continue to ensure that activities

related to illicit crop cultivation and the production of and trafficking in illicit drugs, including their possession, are punishable offences, pursuant to article 36 of the 1961 Convention.

Treaty adherence

347. With the accession of Guyana to the 1961 Convention in July 2002, all States in South America are now parties to the 1961 Convention, the 1971 Convention and the 1988 Convention.

Regional cooperation

348. South American countries continue to participate actively in the CICAD Multilateral Evaluation Mechanism. Regional cooperation in South America often takes the form of bilateral or multilateral agreements between States with common interests and shared geographical traits, such as Andean States, member States of the Common Market of the Southern Cone (MERCOSUR) and States with Amazonian territories or shared borders. Those agreements address such issues as law enforcement and judicial cooperation, border controls and joint training of drug control officials.

349. The Board notes the enhanced cooperation between Brazil and Colombia, including Brazil’s offer of the use of its surveillance system to improve intelligence-gathering in the area of the Amazon. Successful joint police force operations of Brazil and Colombia to combat drug trafficking were extended to include Peru, Suriname and Venezuela and in support of that bilateral agreements between those States and Brazil were signed.

350. Close cooperation with countries outside of South America also continues. The United States remains the principal contributor of resources for drug control in South American countries, mostly through bilateral agreements. Law enforcement and judicial cooperation with the United States continued to be very visible through extraditions, several interdiction operations and cooperation in money-laundering investigations. There are also cooperation agreements between South American and European countries on a variety of drug control issues, such as alternative development assistance, combined law enforcement operations and educational programmes. For example, an online Ibero-American master of arts degree in addiction studies was created in 2002 with the support of the

Government of Spain and the participation of universities in Colombia, Costa Rica, Peru, Spain and Venezuela.

351. The Board appeals to South American States to continue bilateral and regional cooperation in precursor chemical control and to comply with the pre-export notification system. The Board notes the various regional operations initiated in South America to address the diversion of and trafficking in chemicals.

National legislation, policy and action

352. In Brazil, new legislation on chemical precursors significantly increased the number of chemicals being monitored. The Board welcomes the fact that in Brazil the judicial system has begun focusing on drug traffickers while providing drug abusers with increasing alternatives to imprisonment under a drug court system. However, since the treatment and rehabilitation services provided free of charge by the Government are still limited, persons with low income have almost no access to such alternatives.

353. The Drug Observatory of Ecuador has been established. The Board notes that Ecuador is still in the process of revising its national drug control law, with a view to resolving shortcomings in the control of precursor chemicals and the prosecution of cases involving drug trafficking. Although Ecuador had increased its financial and human resources for drug law enforcement and had obtained foreign assistance for the improvement of border and customs controls, recent austerity measures have impeded the implementation of several aspects of the national drug control plan. In Peru, new legislation for strengthening the control of precursor chemicals has been adopted and a financial intelligence unit has been created.

354. The Board welcomes the adoption in Paraguay in 2002 of reforms to the drug control law that are intended to improve the ability of competent authorities to investigate and prosecute drug traffickers; the Board looks forward to the implementation of those reforms. Suriname approved legislation against money-laundering in the second half of 2002; the Board hopes that draft legislation on the control of precursor chemicals will also be approved soon. In Uruguay, the legal framework for the control of precursor chemicals was strengthened, but control provisions against money-laundering still need to be expanded to cover

certain susceptible financial sectors (accountants, casinos, real estate brokerage etc.).

355. In Venezuela, the drug task force created in 2001 has proved to be a successful operator. However, the Board notes that the Organized Crime Bill, which will enhance law enforcement efforts against drug traffickers, and amendments to the national narcotic and psychotropic drug law that will strengthen control over chemicals are still pending approval by the National Assembly.

356. The Board notes that all South American countries except Guyana and Suriname have already adopted either mandatory or voluntary minimum standards of drug addiction treatment, as proposed by CICAD. Argentina has expanded action related to the prevention and treatment of drug abuse to include free training of health and social workers for the prevention and treatment of addiction, as well as a programme for the provision of syringes to injecting drug abusers in order to prevent the spread of HIV/AIDS.

357. The Board notes that there are general weaknesses in South America with respect to the control over the domestic distribution of pharmaceuticals, which may contribute to their diversion from licit channels and eventually to their abuse. There is mainly a need to enforce regulations on the prescription of controlled pharmaceuticals and the keeping of records on dispensation, distribution and sales. In addition, due to limited resources, the competent authorities are often unable to carry out sufficient inspections and to verify data related to end-user distribution. The Board hopes that increased attention will be given to that area and that adequate support will be provided to enable the relevant authorities to carry out their functions.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

358. Cannabis continues to be cultivated in almost every country in South America, mainly for local or regional markets. Unfortunately, there are almost no national data on the extent of illicit cannabis cultivation in the region. It is certain, however, that cannabis continues to be the most widely abused illicit drug in South America. Cannabis seizures in the region account for 6-8 per cent of such seizures worldwide.

Approximately one half of the cannabis seizures in South America were accounted for by Brazil; approximately one third of the seizures of that drug in the region were accounted for by Colombia. Those two countries also ranked among the top 10 countries in the world in terms of seizures of cannabis herb.

359. With respect to coca bush cultivation, combined data for Bolivia, Colombia and Peru indicate a decreasing trend in recent years. According to estimates of the Integrated System for Illicit Crop Monitoring (SIMCI) of Colombia, there were 69,000 hectares under illicit coca bush cultivation in the country in July 2003, a reduction of approximately 58 per cent compared with the peak year 2000. Most of the reduction has been attributed to aerial fumigation, while in some areas the coca bush cultivation sites were abandoned or the crops were eradicated voluntarily. Whether the overall reduction is sustainable will, to a large extent, depend on the creation of alternative sources of income for coca bush growers. Despite the reduction in illicit coca bush cultivation in most of the affected areas, in the provincial department of Nariño, which borders Ecuador, such cultivation appears to have increased sharply.

360. The success achieved through eradication efforts in Colombia may lead to a shifting of illicit coca bush cultivation, not only to the traditional coca-growing countries of Bolivia and Peru, but also to other countries such as Ecuador and Venezuela. The illicit cultivation of coca bush has no regard for political borders and thus it is very important for countries in the region to cooperate with each other in order to prevent the displacement of illicit crops.

361. In Peru, despite the continued eradication of coca bush crops, the total area under coca bush cultivation has remained stable. In Bolivia, after significant reductions in the area estimated under coca bush cultivation in previous years, there was a slight increase in 2002. The Board hopes that Bolivia will be able to add to its previous achievements in coca bush eradication. For various reasons, coca bush eradication in Bolivia and Peru is largely voluntary and, as in Colombia, its success depends on the Governments' ability to offer a sustainable alternative livelihood to small coca farmers and to take into account the fact that prices of coca are higher than those of licit crops. Continued support of alternative development

initiatives is essential to the reduction of coca bush cultivation in Bolivia and Peru. No illicit crop eradication campaigns have been conducted recently in Venezuela.

362. The potential total manufacture of cocaine remained at approximately 800 tons in 2002, showing a stable or declining trend in recent years, in line with total coca bush cultivation. The bulk of the illicit cocaine manufacture in South America continues to take place in Colombia, mainly in areas under the control of armed groups. In Colombia, cocaine is manufactured mainly from coca paste that is produced locally; however, it is also manufactured from coca base smuggled out of Peru. In 2002, Colombian authorities destroyed over 1,400 illicit chemical and drug laboratories. Cocaine laboratories have also been seized in recent years in Argentina, Bolivia, Brazil, Chile, Ecuador and Venezuela. Recent seizures of large quantities of cocaine in Peru may indicate that manufacture of cocaine is increasingly taking place in Peru.

363. In Colombia, a total of 80 tons of potassium permanganate were seized in 2002, the largest quantity ever seized in one year. Since seizures had continuously declined in previous years, this may indicate that traffickers have succeeded again in obtaining the chemical, possibly through diversion from domestic distribution channels in the countries in the region.⁴⁷

364. Besides the coca-producing countries, Brazil, Ecuador and Venezuela remain the transit countries reporting the largest seizures of cocaine. The United States is still the main market for South American cocaine, but since the early 1990s an increasing proportion of global cocaine seizures has been accounted for by European countries, mostly Spain. Other cocaine trafficking routes have been uncovered, such as a route leading from Peru to Australia via Argentina. Countries through which the Pan-American Highway passes should remain vigilant of the use of that thoroughfare by traffickers for transporting large-scale cocaine shipments in the region.

365. Unlike the case of illicit coca bush cultivation, a methodology has yet to be found for estimating illicit opium poppy cultivation in South America; due to the climate and geography, aerial reconnaissance and satellite imaging are of limited use in detecting fields of opium poppy. However, based on ground

reconnaissance and taking into account the total area of opium poppy eradicated, the Government of Colombia believes that in 2002 approximately 4,200 hectares were under opium poppy cultivation in the mountainous areas in the central and southern parts of the country. Eradication and seizure data indicate an increase in opium poppy cultivation in Peru, albeit on a small scale. The Government of Venezuela needs to monitor closely illicit opium poppy cultivation on its territory in order to prevent its expansion.

366. Heroin is manufactured in Colombia and smuggled mainly into the United States, using mostly individual carriers (“mules”); however, containerized ships and speedboats are also used. Routes from Colombia may lead directly through the Caribbean Sea or the Pacific Ocean, but also by land through several countries. In Argentina, for example, a trafficking network transporting Colombian heroin destined for the United States and cocaine destined for Europe was disrupted in late 2002. Total heroin seizures in South America have been increasing every year, the main seizures having been effected in Colombia, followed by Ecuador and Venezuela. There appears to be an increasing trend in heroin manufacture and trafficking in South America.

367. The low level of oxidation of the cocaine seized in recent years is evidence of the continued success of Operation Purple, the international tracking programme for the prevention of the diversion of potassium permanganate. The authorities of Colombia, which is the destination of most of the diverted chemical, have seized increasing quantities of precursors and dismantled clandestine laboratories for the illicit manufacture of potassium permanganate. Operation Topaz has prevented the diversion of large quantities of acetic anhydride, as evidenced by the significant decrease in seizures of that chemical in Colombia since 2001.

368. Governments of South American countries must increase their efforts to prevent the diversion of precursor chemicals under international control and of other materials used in illicit drug manufacture, such as gasoline and its by-products, grey cement and kerosene. In particular, the authorities of countries neighbouring Colombia should remain vigilant of their own imports and manufactures of precursor chemicals in order to prevent the subsequent smuggling of those chemicals into Colombia. Improved controls over the

end-use of precursor chemicals will also limit the opportunities for their diversion from licit channels.⁴⁸

369. According to competent national authorities in South America, drug abuse is continuing to increase in the region. Though cannabis is the most widely abused illicit drug in South America, the abuse of cocaine and crack cocaine is a problem in most countries in the region. In Chile, where regular surveys are carried out, annual prevalence of cocaine abuse among the general population was reported to be stable, after significant increases during the 1990s. The abuse of heroin is low in South America, compared with the situation in Europe and North America, and appears to be stable, although Argentina, Colombia and Venezuela have reported an increase in heroin abuse in recent years.

Psychotropic substances

370. There is no evidence that significant illicit manufacture of psychotropic substances is taking place in South America, although the Government of Colombia reported in 2002 the seizure of a laboratory for the manufacture of MDMA. However, there is growing awareness that South American drug traffickers could eventually engage in the manufacture of such synthetic drugs. Such drugs are increasingly being smuggled out of Europe and seizures of amphetamine-type stimulants and of hallucinogens, including MDMA (Ecstasy), have been reported in several countries in South America. Diversion and overprescription of a variety of psychotropic substances continue to be problems in most South American countries and the abuse of amphetamine-type stimulants is increasing, especially in the more affluent segments of society.

Missions

371. The Board sent a mission to Colombia in February 2003. The Board noted the significant efforts made by the Government of Colombia in combating illicit drug production and trafficking, which have resulted in the continued reduction of illicit crops since 2000 and in sizeable seizures of controlled substances, laboratories and assets derived from drug trafficking. The mechanisms for control over the licit movement of controlled substances are effective. In the past few years, each successive Administration has taken steps to make the country's legislative framework more effective in the fight against drug-related crime,

in particular by strengthening procedures for asset forfeiture, the penal code and cooperation with other countries in judicial and law enforcement matters.

372. The Board hopes that recent changes in the drug control structure of Colombia will contribute to the effective implementation of the Government's drug control strategy and that sufficient resources will be allocated to demand reduction initiatives. The Board recognizes the importance of providing alternative development opportunities for the local population in coca-growing areas and that, to that end, increased resources are needed. The Board invites the international community to provide support to Colombia in the areas of alternative development and demand reduction.

373. The Board sent a mission to Ecuador in July 2003. The Board appreciates the initiatives taken by the Government of Ecuador to combat corruption, drug trafficking and money-laundering. The Narcotic and Psychotropic Substances Control Board (CONSEP) of Ecuador has recently been reorganized, and the Board expects that it will be provided with sufficient resources to coordinate more efficiently the legal, judicial, administrative, educational and, above all, the regulatory and health aspects of drug control.

374. The Board welcomes the establishment in 2002 of the Drug Observatory of Ecuador, which has integrated the activities previously carried out by the Sistema Ecuatoriano de Vigilancia Integral para la Prevención de Droga (Ecuadorian system of integral monitoring for drug prevention) (SEVIP) and has noted the progress in drug abuse prevention activities carried out by a non-governmental organization that would need further support to expand its network to include rural areas.

375. As a result of measures taken in neighbouring Andean countries, Ecuador became more vulnerable to drug trafficking activities, in particular the smuggling of chemicals of Ecuadorian origin into Colombia for the illicit manufacture of cocaine. The Board notes with concern that large quantities of a solvent commonly called white gasoline is among those chemicals and looks forward to the introduction of controls similar to those already adopted in other Andean countries.

376. Although Ecuador is in dire need of resources to combat drug abuse and trafficking, international

contributions seem to be decreasing. The Board would like to emphasize that, to tackle illicit drug cultivation and trafficking in the Andean subregion, international assistance to Ecuador must be increased.

377. The Board reviewed progress made by the Government of Paraguay in the implementation of the Board's recommendations following its mission to that country in 2000. The Board acknowledges the improvements made by the Government, particularly in streamlining the functions of various government agencies involved in drug control. The Board notes, however, that a number of its recommendations have still not been addressed; in particular fiscal controls and foreign exchange controls are insufficient to prevent money-laundering, there is a lack of adequate measures for the control of the domestic movement of controlled substances for licit purposes and there is a need to strengthen human and material resources in drug control bodies. The Board hopes that the Government will continue to make efforts to ensure that further progress is made in implementing the Board's recommendations.

378. The Board sent a mission to Peru in July 2003. The Board encourages the Government of Peru to implement the comprehensive National Anti-Drug Strategy 2002-2007 and the National Commission for Development and a Drug-free Lifestyle (DEVIDA) to coordinate the activities of drug control institutions and ensure the adequate evaluation of such activities.

379. The Board notes the continued efforts of the Government of Peru towards the elimination of coca bush cultivation and hopes that adequate alternative development will ensure the sustainability of reductions in such cultivation. The Board notes the decision of the Government to update the registry of farmers for the production of coca leaf considered licit under its national law and to estimate actual needs for coca leaf to evaluate more accurately the required cultivation area. The Board reiterates, however, that the production and distribution of coca leaf and products containing coca leaf, for which medical value has not yet been scientifically recognized, are not in line with the 1961 Convention.

380. While the Board notes an adequate system of control for precursor chemicals in Peru, insufficient attention has been given to the control of the licit movement of narcotic drugs and psychotropic substances. Adequate resources should be ensured for the

health authorities, so that the Government of Peru may fulfil its national and international responsibilities with regard to drug control, improve the quality of its reporting to the Board and offer better health care to its population.

381. The Board notes with appreciation that drug abuse prevention programmes carried out by the Ministry of Education of Peru are well structured. The Board expects that assistance will be provided to ensure their continuity and expansion to rural areas. Peru requires increased international assistance to ensure the sustainability of alternative development efforts and to combat drug trafficking and related crime.

C. Asia

East and South-East Asia

Major developments

382. In East and South-East Asia, the total area under illicit opium poppy cultivation continued to decline in 2003. As in the previous year, a reduction in illicit opium production was seen in the Lao People's Democratic Republic and Myanmar. As a result of the Government's continued efforts, in Myanmar, the world's second largest producer of illicit opium and heroin after Afghanistan, opium poppy cultivation has declined by almost two thirds since 1996. The Lao People's Democratic Republic is the third largest producer of illicit opium in the world. Due to the Government's successful opium elimination programme, the total area under illicit opium cultivation in the Lao People's Democratic Republic has decreased by about 55 per cent since its peak in 1998. In Thailand and Viet Nam, the level of opium poppy cultivation has remained insignificant.

383. The illicit manufacture of, trafficking in and abuse of amphetamine-type stimulants remains a major concern in East and South-East Asia. Judging from the demand for treatment, amphetamine-type stimulants, especially methamphetamine, have continued to be the main drug abuse problem in East and South-East Asia in recent years. The manufacture continues to take place mainly in China and Myanmar, and trafficking routes have developed considerably, reaching illicit markets in almost all countries in the region. There was

a significant decline in seizures of amphetamine-type stimulants in 2002 in China and Myanmar, where significant quantities used to be seized. In Thailand, more than 8 tons of amphetamine-type stimulants were seized in both 2001 and 2002. In Japan, seizures of amphetamine-type stimulants reached their peak in 1999, when approximately 2 tons were seized; however, such seizures have been declining since then, approximately 442 kg having been seized in 2002. The Board notes the dismantling of significant clandestine laboratories in the Philippines, where, in 2003, more than 4,000 kg of ephedrine were seized in only two laboratories. There appears to be a partial shift from ephedrine to 1-phenyl-2-propanone for use in the illicit manufacture of methamphetamine and the Board wishes to alert all Governments to monitor orders of phenylacetic acid, an immediate precursor of 1-phenyl-2-propanone. Increases in trafficking in and abuse of MDMA (Ecstasy) have been noted in South-East Asia.

384. Countries in South-East Asia continue to have a high rate of HIV/AIDS infection as a result of injecting drug abuse and the sharing of injection needles.

Treaty adherence

385. Of the 16 States in East and South-East Asia, 12 are parties to all three of the international drug control treaties. The Board notes that Cambodia, the Democratic People's Republic of Korea and Timor-Leste have not yet become parties to any of the treaties. The Board, however, commends Cambodia on having completed the preparations for its ratification of the three international drug control treaties and calls on Cambodia to ratify those treaties as soon as possible. The Board also notes that the Democratic People's Republic of Korea is in the process of reviewing its national legislation with a view to becoming a party to the international drug control treaties.

386. The Board welcomes the accession of Mongolia to the 1988 Convention in June 2003 and the accession of Myanmar to the 1972 Protocol amending the 1961 Convention in August 2003.

387. The Board is concerned that the Lao People's Democratic Republic has not yet acceded to the 1988 Convention. The Board calls on that State to become a party to the 1972 Protocol amending the 1961 Convention without further delay.

Regional cooperation

388. The Board commends the sustained cooperation of the Association of South-East Asian Nations (ASEAN) with China. Under the ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD) Plan of Action, ASEAN member States and China have been meeting regularly to exchange experiences and to adopt and coordinate specific drug control measures. The six signatories to the 1993 memorandum of understanding on drug control between the countries in the Mekong area (Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) reconfirmed in September 2003 their agreement to strengthen subregional cooperation across borders in addressing the growing problems of the abuse of amphetamine-type stimulants and HIV transmission among injecting drug abusers in the subregion. Drug control authorities from China, the Lao People's Democratic Republic, Myanmar and Thailand agreed to establish a network among their ports along the Mekong in order to reinforce their national campaigns against drug traffickers. In July 2003, ministers responsible for drug control from China, Cambodia, India, the Lao People's Democratic Republic, Myanmar and Thailand agreed to intensify their cooperation for effective control of precursor chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances. Malaysia has launched a joint police initiative with Australia, Brunei Darussalam, Singapore and Thailand to combat drug trafficking.

389. The Board welcomes the continued bilateral efforts to combat illicit drug production and trafficking. In May 2003, the border liaison offices of the Lao People's Democratic Republic and Thailand pledged to strengthen cross-border law enforcement, particularly along the Mekong. Among the countries in the subregion, China and Thailand provided technical and financial assistance to alternative development initiatives in the Lao People's Democratic Republic and Myanmar. Cambodia and the Russian Federation signed an agreement to share information on drug-related transnational crime; the agreement provided for visits of experts.

390. The Board notes with satisfaction that such joint efforts are resulting in significant seizures of illicit drugs. The police in China and Myanmar joined forces

to dismantle a major drug and arms manufacturing plant in Myanmar in April 2003. Law enforcement agencies from China and the United States worked together to dismantle one of the world's largest heroin trafficking networks based in Fujian Province of China. Australian and Malaysian police dismantled a trafficking network smuggling MDMA (Ecstasy), mainly out of the Netherlands and into Australia.

391. The Board notes that cooperation in East Asia needs to be further developed in order to prevent, in particular, methamphetamine trafficking and to facilitate the investigation of drug seizure cases, and the existing good cooperation in the field of law enforcement must be extended to other areas of drug control.

National legislation, policy and action

392. The Board notes that the Drug Addict Rehabilitation Act was adopted in March 2003 by Thailand, introducing by law a compulsory treatment and rehabilitation programme.

393. In the Philippines, a revision of the Anti-Money Laundering Act of 2001 was signed in March 2003; the Board encourages the Government to implement the new legislation as soon as possible. Indonesia and Myanmar, together with the Philippines, have been on the list of countries and territories that the Financial Action Task Force on Money Laundering considers uncooperative in efforts to counter money-laundering. The Board underlines the importance for each country to implement appropriate legislation against money-laundering in order to enhance the fight against drug trafficking.

394. A bill on the administration of narcotic drugs was adopted by the Supreme People's Assembly of the Democratic People's Republic of Korea in August 2003 and the Government has requested legal assistance from the United Nations Office on Drugs and Crime on appropriate implementation.

395. Thailand carried out an intensive campaign from February to April 2003 to address the problem of illicit drug trade. The Board notes that, while the Government states that the campaign was successful in curbing the drug problem, its unintended side effects have been widely criticized. The Board has requested the Government to be informed of the results of the campaign, which, it is hoped, would be sustainable.

396. As part of the follow-up to its previous Five-Year Drug Abuse Prevention Strategy, Japan adopted, in July 2003, a new five-year strategy with a view to targeting issues such as drug abuse among young persons, increasing penalties for drug abusers, strengthening international cooperation to combat illicit crop cultivation and providing treatment and rehabilitation for drug addicts and support for their families. At a meeting held in Amoy, China, in August 2003, Chinese government agencies involved in drug and customs control agreed to launch a five-year drug control programme covering the period 2003-2007 that included a national crackdown on the illicit manufacture of and trafficking in drugs.

397. Most countries in East and South-East Asia launch, on a regular basis, campaigns against the abuse of drugs, especially methamphetamine and heroin, among schoolchildren and youth in urban areas.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

398. The Philippines has reported a significant reduction in cannabis cultivation, attributing the success to its ongoing illicit crop eradication campaign. Cannabis also continues to be cultivated in and smuggled out of Cambodia, Indonesia, the Lao People's Democratic Republic, Myanmar and Thailand. Information from customs authorities suggest that Indonesia and Thailand are also sources of cannabis resin.

399. In all of the countries in East and South-East Asia except Cambodia, the Philippines and Viet Nam, cannabis appears not to be the main drug of abuse, although it continues to be widely abused in many of the countries in the region. Cannabis abuse has been declining in countries such as Malaysia and Thailand, where abusers of cannabis have shifted to other drugs, mainly methamphetamine and other stimulants. Cannabis abuse remains limited in China, Japan and the Republic of Korea.

400. The two major opium poppy producers in East and South-East Asia recorded further reductions in the total area under opium poppy cultivation. In Myanmar, the total area under opium poppy cultivation was reduced by 24 per cent, to 62,200 hectares in 2003, compared with 81,400 hectares in 2002. A significant decline in the total area under opium poppy cultivation

was also recorded in the Lao People's Democratic Republic. Under the opium elimination programme launched by the Government of the Lao People's Democratic Republic, pursuant to the Political Declaration adopted by the General Assembly at its twentieth special session (Assembly resolution S-20/2, annex), the total area under opium poppy cultivation declined by 15 per cent, to 12,000 hectares in 2003, compared with 14,100 hectares in 2002. The negotiation of voluntary and agreed eradication campaigns in low-income production areas appears to be leading to more sustainable results and is socially and economically more appropriate than forced eradication. In Thailand and Viet Nam, the other two countries where illicit opium poppy cultivation occurs, levels have remained insignificant.

401. Opium continues to be abused in countries where illicit opium poppy cultivation takes place, but the number of opium abusers appears to be decreasing. Many opium addicts have turned to heroin, and there are now serious heroin abuse problems in those countries. The abuse of drugs, primarily heroin, by injection has been a major factor contributing to the spread of HIV/AIDS in South-East Asian countries and in China. The number of registered addicts in China is increasing, though heroin remains the drug of choice. Heroin also continued to be the main drug of abuse in the Hong Kong Special Administrative Region of China.

402. There is very little cocaine trafficking and abuse in East and South-East Asia.

Psychotropic substances

403. Methamphetamine continues to be mainly manufactured in China, Myanmar and, to a lesser extent, in the Philippines. The Board notes that both the number and quantities of seizures of methamphetamine in East and South-East Asia have declined since 2001.

404. Over two thirds of global seizures of methamphetamine take place in East and South-East Asia. The largest seizures of methamphetamine were reported in China, Myanmar and Thailand. Over the past few years, half of all methamphetamine seizures in the region have taken place in China. Illicit manufacture of methamphetamine is taking place mainly in China and Myanmar, but more recently also in the Philippines. Most of the clandestine laboratories were

detected by the Chinese authorities in the provinces of Fujian and Guangdong. Of the 19 laboratories dismantled in the Philippines since 1996, 4 were detected in 2002 and 8 were detected in the first nine months of 2003. Precursors for methamphetamine continue to be smuggled into Myanmar and the Philippines out of China and India.

405. Over the past few years the abuse of methamphetamine has increased in most parts of East and South-East Asia. Methamphetamine is the most widely abused drug in Japan, the Republic of Korea and Thailand. The methamphetamine problem in Thailand has increased significantly during the past few years, the widespread abuse of that substance having been reported among school-aged children. A recent survey in Cambodia suggests an increase in the abuse of amphetamines among homeless children. While Japan continues to seize, on a regular basis, large amounts of such stimulants, overall annual seizures have been declining since 1999.

406. There has been a rise in the abuse of certain other amphetamine-type stimulants, particularly MDMA (Ecstasy). MDMA (Ecstasy) manufactured in Western Europe continues to be trafficked in East and South-East Asia, while there are indications that the substance has also been manufactured in the region itself. Seizures of MDMA (Ecstasy) in the region were reported mainly by China, the Hong Kong Special Administrative Region of China and Japan. In Thailand, phentermine and a number of benzodiazepines continue to be diverted at the wholesale and retail levels and, to some extent, are smuggled into other countries in the region.

407. The illicit trade in precursor chemicals continues to be a major concern in the region. Traffickers are using increasingly diverse means to smuggle precursor chemicals for the manufacture of heroin and amphetamine-type stimulants. As a result of action taken by the Government of China to detect and prevent the diversion of precursor chemicals, a total of 119 cases involving illegal transactions and the smuggling of precursor chemicals were uncovered and over 300 tons of precursor chemicals were seized in that country in 2002.

Missions

408. The Board sent a mission to Cambodia in April 2003. The Board acknowledges the progress made by

the Government following its mission to that country in 1997, particularly in developing and updating the national drug control legislation, strengthening the national drug control administration and moving towards the ratification of the three international drug control treaties.

409. The Board, however, notes that the 1997 drug control law as amended is still in draft form, awaiting adoption by the National Assembly. The Board urges the Government of Cambodia to take concrete steps to ensure that amendments to that law and the various decrees for the implementation of the law are adopted as soon as possible.

410. The Board is concerned that the abuse of a variety of drugs, particularly methamphetamine and heroin, has increased rapidly in Cambodia within the past few years, mainly among the young members of the population. The increase in injecting drug abuse may contribute to the spread of HIV infection and, therefore, must be addressed in conjunction with the HIV prevention programme.

411. The Government of Cambodia should develop a national drug control master plan, comprising all aspects of drug control, including the strengthening of the judicial sector, in order to address more effectively major drug-related crimes, and the strengthening of the health sector, in order to address the smuggling of psychotropic substances. The Board welcomes the fact that the Government is considering enacting a bill against corruption, so as to ensure more adequate functioning of the judicial and law enforcement system in combating drug trafficking.

412. A mission of the Board visited the Lao People's Democratic Republic in March 2003. The Board notes with appreciation the consistent efforts of the Government to address the situation of drug abuse and illicit trafficking in the country. The opium elimination programme has led to a significant decline in illicit opium poppy cultivation since 1998. The Board urges the Government to take the measures necessary to ensure that the decline continues to be sustained, thus achieving its goal of complete elimination of such cultivation.

413. The Government of the Lao People's Democratic Republic has enhanced its national drug legislation, with a view to increasing its capacity to combat drug-related crime, in particular drug trafficking. As a result

of enhanced law enforcement measures in some neighbouring countries, the Lao People's Democratic Republic has been increasingly targeted by drug traffickers, which has also led to increased drug abuse. In addition to the large number of opium addicts in the country, the abuse of amphetamine-type stimulants has become a growing problem.

414. The Board encourages the Government of the Lao People's Democratic Republic to develop the national drug control master plan so that it can be adopted. The national demand reduction strategy and the opium elimination strategy already adopted in 2000 constitute important components of the master plan and will have to be complemented by a new law enforcement strategy that is being developed. The Government should consider establishing a monitoring system in order to determine new trends and define counter-measures at the earliest possible stage. The Board hopes that the international community will enhance its assistance to ensure further progress in opium elimination and ensure the sustainability of the achievements made so far.

415. The Board sent a mission to Viet Nam in March 2003 to review the drug control situation in Viet Nam and the progress made by the Government following its mission to that country in 1997. The Government has made significant progress in drug control in recent years, in particular in the strengthening of the national drug control legislation and drug control institutions, the implementation of the national drug control master plan and the eradication of illicit opium poppy cultivation. The Board welcomes the steps taken by the Government to implement the Law on Narcotic Drugs Prevention and Suppression and urges the Government to finalize all the decrees as planned for implementation by the respective government ministries.

416. In view of the fact that Viet Nam is increasingly being used as a transit country for illicit drug trafficking and is a potential target for money-laundering, the Government should take measures to exercise control over financial institutions and enact a law against money-laundering. The growing availability of illicit drugs, in particular heroin and increasingly amphetamine-type stimulants, has led to a significant increase in illicit drug demand in the country over the past few years, especially among urban youth. Since there is a close link between the needle-sharing practice of drug abusers and the

transmission of HIV/AIDS, the Board wishes to underline the necessity to undertake urgent measures to reduce the health and social consequences of that type of drug abuse.

417. The Board welcomes the preparation of the National Action Plan for Strengthening Precursor Control and expects that the Action Plan will soon be adopted by the Government of Viet Nam.

South Asia

Major developments

418. South Asian countries continue to be used by drug traffickers as transit countries because of their proximity to the world's most prolific opiate production areas in South-East Asia and South-West Asia. Cannabis continues to be illicitly cultivated in the region. India is a major licit manufacturer of precursor chemicals. Despite significant controls in South Asia, substances are diverted for use in illicit drug manufacture, both within and outside the region.

419. South Asia is facing increasing abuse of pharmaceutical products containing controlled narcotic drugs and psychotropic substances. There is also a significant shift towards drug abuse by injection. Heroin, buprenorphine, dextropropoxyphene, diazepam, morphine, pentazocine and pethidine are the commonly injected drugs.

420. Drug trafficking routes have not changed significantly. Heroin from Afghanistan or Pakistan enters India, mostly for transit, from the north-west; and heroin from Myanmar passes through the north-eastern states of India and Bangladesh. Considering the recent bumper crops of opium poppy in Afghanistan, Indian authorities fear a sharp increase in the smuggling of narcotic drugs.

421. Governments of countries in South Asia assume that drug trafficking is one of the major sources of funds for terrorist groups. Terrorism along national borders is considered a serious issue, as insurgent groups are relying on trafficking in narcotic drugs as a prime source of finances used to procure arms.

Treaty adherence

422. Of the six States in South Asia, five are parties to the 1961 Convention, four are parties to the

1971 Convention and all six are parties to the 1988 Convention. Despite recurrent appeals by the Board, Bhutan is still not a party to the 1961 Convention or the 1971 Convention and Nepal is still not a party to the 1971 Convention. The Board reiterates its appeal to Bhutan and Nepal to become parties to those conventions without further delay.

Regional cooperation

423. Bangladesh has signed a bilateral agreement with Myanmar for combating illicit trafficking in narcotic drugs and psychotropic substances, as well as precursors. India has concluded two additional bilateral agreements on combating trafficking in narcotic drugs, psychotropic substances and precursor chemicals and 17 bilateral agreements or memorandums of understanding are at different levels of negotiation.

424. India holds regular cross-border meetings with Myanmar, Pakistan and Sri Lanka. A joint working group is discussing drug-related issues with Bangladesh, which has also maintained cooperation with India through drug liaison officers in New Delhi. India has hosted international, regional and bilateral exchange programmes under the aegis of the United Nations Office on Drugs and Crime, the South Asian Association for Regional Cooperation, the International Criminal Police Organization (Interpol) and the Colombo Plan. The Colombo Plan has continued extensive training programmes for the prevention of drug abuse and the rehabilitation of drug abusers.

National legislation, policy and action

425. In Bangladesh, provisions on money-laundering offences, as well as all precursor chemicals listed in the 1988 Convention, have been taken into account in the revision of the Narcotics Control Act, 1990. Rules relating to licensing of companies dealing with precursor chemicals have been adopted.

426. In India, a comprehensive bill against money-laundering has been passed by both houses of Parliament and is awaiting presidential assent.

427. In Nepal, legislative action on mutual legal assistance and witness protection was stalled in 2002. The Board notes that legislation on precursor control has been drafted and urges the Government of Nepal to adopt such legislation without delay. In addition, no

action has been taken in Nepal to amend current provisions under the Foreign Exchange Regulation Act, 1982, which are not adequate to deal with money-laundering and to promote the investigation of drug proceeds. Sri Lanka has not yet finalized its new comprehensive drug control legislation, which would enable that State to implement fully the provisions of the 1971 Convention and the 1988 Convention. The import and distribution of psychotropic substances, therefore, continue to take place in Sri Lanka without adequate control. The Board urges the Governments of Nepal and Sri Lanka to ensure that legislative action is taken as quickly as possible so that they may fully comply with the international drug control treaties.

428. The Narcotics Control Bureau of India has been transferred from the Ministry of Finance, Department of Revenue, to the Ministry of Home Affairs, Department of Internal Security, to ensure better coordination with intelligence agencies. The Board hopes that reforms will also contribute to improved coordination between the Narcotics Commissioner of India, responsible for control of licitly manufactured drugs, and the Narcotics Control Bureau.

429. The Government of Bhutan is considering the establishment of a board consisting of all responsible agencies in order to better coordinate drug control. The Government of Nepal has taken measures to strengthen customs and border control along that country's borders with China and India.

430. In India, the Ministry of Social Justice and Empowerment is in the process of drafting a national policy and study for drug demand reduction to address the spread of drug abuse. Sri Lanka maintains a strong nationwide demand reduction programme, including a national public education campaign and the provision of training in prevention techniques.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

431. Cannabis is illicitly cultivated in all countries in South Asia except Maldives. In Bangladesh, scattered but increasing illicit cannabis cultivation has been reported in the Hill Tract area and the north and north-western parts of the country; cannabis eradication campaigns have been carried out, although not in a systematic manner. Cannabis continues to be smuggled

out of India and Nepal. While most of the cannabis herb smuggled into Bangladesh is destined for illicit markets in that country, cannabis resin originating in India and Pakistan is transiting Bangladesh on its way to Europe.

432. The north-west of India has emerged as a significant source of cannabis resin. Cannabis resin from Nepal is also smuggled into India by land in the states of Bihar and Uttar Pradesh, from where it proceeds to Delhi and Mumbai.

433. Cannabis grows wild in the high hills of the central, mid-western and far western parts of Nepal, where illicit crop eradication is expensive due to the difficult terrain. In the southern part of Nepal, cannabis cultivation has increased; most of the cannabis grown there is destined for the illicit market in India. Law enforcement agencies in Nepal have been carrying out eradication campaigns and have intercepted consignments of locally produced cannabis resin en route to India, the larger consignments weighing as much as several hundred kilograms. The abuse of both locally grown and wild cannabis remains widespread.

434. Cannabis illicitly cultivated in Sri Lanka is predominantly destined for illicit markets in the country. Most of the illicit cannabis cultivation occurs in hard-to-reach areas in the south-eastern part of the island, adjacent to former areas of conflict. Cannabis eradication campaigns are regularly carried out by law enforcement authorities.

435. India is a traditional producer of opium for medical and scientific purposes; the opium poppy is grown in the states of Madhya Pradesh, Rajasthan and Uttar Pradesh under a stringent licensing policy controlled by the Central Bureau of Narcotics. The use of satellite surveys was initiated in 2001; that practice was refined in 2002 in an effort to monitor licit opium poppy cultivation, in order to ensure that the allotted areas were not being exceeded, as well as to detect possible illicit opium poppy cultivation within the country.

436. Although an elaborate system of regulatory and preventive controls has been established, in India, diversion of opium to illicit channels still occurs. In recent years, Indian authorities have been increasingly seizing, particularly in large urban centres, locally manufactured white heroin intended to be shipped through Sri Lanka to Europe.

437. In India, the bulk of the illicit opium poppy cultivation is confined to the most remote north-eastern states. The production of opium, not only to be abused locally but also for sale to heroin manufacturers across the border with Myanmar, appears to be rising. The Government of India is carrying out eradication campaigns and has initiated a special project to explore income-substitution and alternative development programmes aimed at the eradication of illicit opium poppy cultivation.

438. Illicit laboratories throughout India continue to manufacture low-quality brown heroin base known as "brown sugar". Most of the illicitly cultivated opium poppy in India is destined for local abusers, but "brown sugar" heroin from India is available in neighbouring countries.

439. Most of the heroin originating in Afghanistan and smuggled through the border between India and Pakistan is in transit, passing through the southern states of India and destined for Europe. Significant heroin seizures in the southern part of India, in particular in Tamil Nadu, confirm that heroin from India continues to be smuggled into Sri Lanka by sea.

440. In Bangladesh, a large number of abusers of phensedyl (codeine-based cough syrup) are changing to heroin because of the high price of phensedyl and the increased availability of heroin in the country. Most of the heroin abused in Bangladesh reportedly originated in India. The illicit cultivation of small amounts of opium poppy was detected in the Hill Tract area of Bangladesh, adjacent to that country's border with Myanmar. Eradication efforts by the military resulted in a sharp decrease in illicit opium poppy cultivation in Bangladesh.

441. In Nepal, the smuggling and abuse of heroin from South-West Asia and South-East Asia are on the rise. The illicit cultivation of opium poppy occurs on a small scale, but it is increasing. It is difficult to detect illicit crops since they are interspersed among licit crops.

442. Sri Lanka continues to be used as a transit point for shipments of heroin from Asia bound for Europe and other parts of the world. The percentage of injecting drug abusers has remained low. Significant increases in street prices for brown heroin resulted in peddlers resorting to the use of adulterants and diluents such as caffeine, diazepam, sucrose, lactose and paracetamol. Opium abuse has become insignificant.

443. In most countries in South Asia, licitly manufactured narcotic drugs are diverted to the illicit markets. The abuse of cough syrup, smuggled out of India, has been reported in Bangladesh and Nepal.

444. India, a large manufacturer of pharmaceuticals, has stringent laws to control their manufacture and distribution. However, improvements are needed in the monitoring of compliance with the law, particularly with regard to prescription requirements. Codeine-based cough syrups, such as phensedyl, are sold without medical prescription and their sales, according to surveys of pharmacists, are among the highest compared with other pharmaceuticals.

445. In countries in South Asia, cases of cocaine abuse are rarely encountered; in most cases the cocaine is abused by members of the more affluent segments of society.

Psychotropic substances

446. India manufactures a wide range of precursor chemicals, including acetic anhydride and ephedrine and pseudoephedrine. All manufacturers, traders and users of such chemicals are required to maintain records and comply with other control measures under the Narcotics Control and Psychotropic Substances Act, 1985, in line with requirements of the international drug control conventions.

447. Despite those strict controls and periodically conducted training programmes on precursor control for law enforcement officials, diversion of such precursors from licit channels occurs in India. In a recent joint action, drug law enforcement agencies in China, India and the United States arrested a total of 37 traffickers as they were to embark on a large-scale trafficking operation involving amphetamine-type stimulants. For the first time, law enforcement agencies in India foiled an attempt to set up a laboratory for illicit methamphetamine manufacture. The Board requests the Government of India to maintain its vigilance, since this case might indicate a new trend in the illicit manufacture of amphetamine-type stimulants in India, one of the world's largest licit manufacturers of precursors for such stimulants.

448. In India, which is a major manufacturer of pharmaceuticals, lack of uniformity among states in monitoring compliance with the law concerning domestic distribution contributes to the increasing

abuse of psychotropic substances. Pharmaceuticals containing psychotropic substances are easily obtainable, even without prescriptions, as chemists, poorly informed about the abuse liability of the drugs, believe that commonly prescribed substances such as some of the benzodiazepines are generally harmless and therefore dispense them without prescription.

449. The most commonly abused benzodiazepines are alprazolam, diazepam and nitrazepam. These benzodiazepines are also abused in conjunction with heroin to enhance its effects. A substantial percentage of patients admitted to addiction treatment centres had previously abused psychotropic substances by injection. Bangladesh and Nepal have also reported the abuse of diverted diazepam and nitrazepam, mainly of Indian origin. Benzodiazepines are also abused in Sri Lanka, where they are diverted from retail trade.

450. While the Board notes the continuous efforts of the Indian authorities to maintain effective control over international trade in psychotropic substances, it urges the Government of India to enforce laws more effectively at the retail level in order to prevent illicit sales of psychotropic substances. Efforts should focus on building the awareness of and educating pharmacists, as well as the general public, about the abuse liability of psychotropic substances.

451. In India, controls over licit distribution of buprenorphine have been strengthened considerably over the last few years. Despite the fact that buprenorphine is not easily available because of the requirement of a triplicate prescription, the diversion of buprenorphine still occurs, as evidenced by the availability of the substance on illicit markets in India and the smuggling of the substance into neighbouring countries. Indian authorities should investigate and address the reasons.

452. The smuggling of methaqualone of Indian origin into Southern and Eastern Africa continues. In 2002, seizures of methaqualone in India totalled more than 11 tons, the highest level since the mid-1990s. The main chemicals used for the manufacture of methaqualone are controlled in India. However, traffickers may still have obtained those chemicals or are using substitute chemicals for such illicit manufacture. Indian authorities are urged to investigate those developments, which are most disturbing considering that the illicit manufacture of

methaqualone had almost ceased at the end of the 1990s.

453. Methaqualone from India is smuggled into Nepal to be abused in that country or trans-shipped to other countries. Methaqualone is also available in powder form in local markets in Nepal, where it is sold under the fake name "Brown Sugar".

454. Trafficking in and abuse of amphetamine-type stimulants are growing concerns for Indian authorities. While precursors for amphetamine-type stimulants are smuggled out of India and into Myanmar, where significant illicit manufacture of such stimulants occurs, amphetamines from Myanmar are smuggled, though in small quantities, into India.

Missions

455. A mission of the Board visited India in May 2003. The Board notes with satisfaction that the Government is committed to combat illicit drug activities and commends it for having introduced changes in the drug control legislation to better combat drug trafficking. Licit production and processing of opiates in India is well regulated and the Government continues to tighten controls to make diversion of licitly produced opium more difficult. India is the main exporter of licitly produced opium in the world and the Government cooperates well with the Board in ensuring a lasting balance between the supply of and demand for opium worldwide. Law enforcement successes have been achieved by identifying and eradicating illicit cultivation of opium poppy and in dismantling international and national syndicates trafficking in heroin and diverting precursors. Similar success is needed in identifying and dismantling trafficking rings involving cannabis and methaqualone.

456. In India, control over precursors is well implemented, as is the control over imports and exports of controlled substances. However, controls over the licit manufacture of, trade in and distribution of narcotic drugs and psychotropic substances in India have been found to be inadequate, as evidenced by the Government's incomplete reporting to the Board and the diversion of pharmaceutical products manufactured in India. The Board urges the Government to take the necessary steps to monitor the domestic distribution of narcotic drugs and psychotropic substances and to identify and sanction persons or enterprises facilitating the diversion of drugs. In this connection the Board

recommends that the Government streamline the administrative structure for drug control at the national level.

457. The Board commends the Government of India for investigating the extent and patterns of drug abuse and for improving treatment services for drug addicts, despite the limited resources available. The Board trusts that the Government will continue to expand its demand reduction activities and to extend those activities to other segments of the population.

West Asia

Major developments

458. Despite the armed intervention and political change in Afghanistan and the fight against terrorism, illicit cultivation of and trafficking in opiates has expanded, resulting in more political instability. The Board is of the opinion that, unless the Transitional Authority of Afghanistan, with the full support of the international community (which is indispensable), makes progress in drug control efforts, any successes in the construction of that nation in the areas of peace and development and in other areas, including the fight against terrorism, will not be sustainable. The fight against drugs has to be among the highest priorities of the Transitional Authority.

459. Opium poppy cultivation in Afghanistan continued on an even larger scale in 2003, after having reached a low level in 2001 due to the ban on such cultivation issued by the Taliban. The extent to which the laudable drug control plans and initiatives of the Transitional Authority of Afghanistan will be implemented country-wide remains a major concern. Drug crop cultivation has also resumed in Pakistan, mainly in non-traditional poppy-growing areas.

460. In 2003, seizures of opiates, mainly heroin and morphine, increased throughout West Asia. Particularly large increases were noted in Central Asia. The purity level of heroin also appears to have increased. Facilities within Afghanistan for processing opium into other opiates continue to exist. Precursor chemicals used in manufacturing processes continue to flow into the region along the same routes used for smuggling opiates but in the opposite direction.

461. The drug problem remains a major challenge for most countries in West Asia, undermining the social and economic stability of some countries and jeopardizing peace and security in the region as a whole. Corruption linked to drug trafficking also remains a serious problem throughout the region. The Board is pleased to note that many national and regional cooperation activities focusing on law enforcement and border control have been carried out in countries in the region as part of efforts to combat drug trafficking. As emphasized by the Board in the past, addressing the drug problem must remain high on the agenda of regional security consultations.

462. In a number of countries in West Asia, initiatives were taken to assess the extent of drug abuse and establish demand reduction activities. Some of those assessments revealed worrying levels of drug abuse and an increase in drug abuse by injection. The main drugs of abuse remain cannabis and opiates. In addition, amphetamine-type stimulants, in particular MDMA (Ecstasy), have become increasingly available in the region. Finally, the abuse of other psychotropic substances, including benzodiazepines, appears to be at a relatively high level in some countries in the region, especially among women.

Treaty adherence

463. The Board notes with satisfaction that all of the 24 States in West Asia are parties to the 1961 Convention, the 1971 Convention and the 1988 Convention. Afghanistan remains the only State in the region that has not become party to the 1972 Protocol amending the 1961 Convention. The Board encourages the authorities of Afghanistan to take appropriate action to accede to the 1972 Protocol.

Regional cooperation

464. The Board notes with appreciation the continued commitment to drug control of the Economic Cooperation Organization (ECO).⁴⁹ Initiatives have begun for an operational mandate on drug control and related security issues within the ECO secretariat, to enhance drug control cooperation among the ECO member States.

465. The Board welcomes the fact that during 2003 Afghanistan participated in a number of meetings and other activities at the regional level, such as the fourth meeting of drug liaison officers, hosted by the Islamic

Republic of Iran, in March 2003, and the Intergovernmental Technical Committee meetings, a forum for the exchange of drug law enforcement information in the region.

466. The Third Anti-Narcotics Regional Training Exercise was held in Tehran in December 2002. The participating police and customs officers were from the Islamic Republic of Iran, the Russian Federation and the countries in the Caucasus and Central Asia (except Turkmenistan). During 2003, several countries continued to cooperate within the framework of memorandums of understanding by exchanging information and participating in joint political and technical meetings on drug control issues. At the Conference on Drug Routes from Central Asia to Europe, held in Paris in May 2003, possible ways for strengthening cooperation in stemming the illicit production of and trade in heroin and opium from Afghanistan to Central Asia were discussed (see para. 517 below).

467. The Board welcomes the regional initiatives on demand reduction in Central Asia. Representatives from all Central Asian countries met in Tashkent in February 2003 to discuss the establishment of a Central Asian drug epidemiology network. In June 2003, national focal points and other key experts from the region met in Osh, Kyrgyzstan, for the diversification of HIV prevention and drug treatment services for injecting drug abusers.

468. A seminar on measures of national and international control over the licit movement of narcotic drugs, psychotropic substances and precursors was held in Almaty, Kazakhstan, in August 2003. At the seminar, which was organized jointly by the Board and the United Nations Office on Drugs and Crime, the competent authorities of Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan discussed the current drug control situation in their countries and the possible harmonization of control measures and joint action in the future. The Board regrets that the authorities of Turkmenistan did not participate in the seminar.

469. Other meetings dealing with issues of terrorism, organized crime and money-laundering in West Asia, held within or outside the region, also served to strengthen drug control cooperation.

470. The Turkish International Academy against Drugs and Organized Crime (TADOC) continues to serve as a national and regional training centre for law enforcement. Training is also provided to law enforcement officers from Afghanistan. The Board welcomes the regional focus of TADOC, which, in addition to training activities, facilitates regional cooperation.

471. The Board notes with satisfaction that regional and subregional cooperation, especially in the field of drug law enforcement, is well developed in West Asia. Steps have been taken to integrate Afghanistan in regional law enforcement activities. A number of cooperative activities continue to be carried out between the Islamic Republic of Iran and Pakistan. The Islamic Republic of Iran has also cooperated, for example, with Saudi Arabia and Uzbekistan on the exchange of specialized law enforcement expertise. In addition, numerous joint law enforcement operations continue to be carried out by countries in Central Asia. The system for exchanging intelligence and other information among law enforcement agencies in the region and beyond is mostly working well. The Board encourages all countries in the region to cooperate and strengthen further collaboration and information exchange with all other countries. The Board in particular urges Turkmenistan to strengthen its regional cooperation efforts and to join the international community in the fight against drugs. The Board further encourages all countries in the region to cooperate in the field of drug demand reduction, in particular regarding exchange of information and expertise.

National legislation, policy and action

472. The Board notes the adoption of a new law on narcotic drugs and psychotropic substances in Armenia in December 2002. In Georgia, a new law on narcotic drugs and psychotropic substances, precursors and narcological aid was also adopted in December 2002.

473. In the field of drug law enforcement, the Board acknowledges the challenging situation for countries in West Asia and appreciates the active role that Governments have played in that field.

474. While, in Afghanistan, for the time being, the United Kingdom maintains the lead coordination role for counter-narcotics, Germany for police reform, Italy for judicial matters and the United States for the security sector, the Board understands that the

Transitional Authority of Afghanistan will take over as soon as possible the overall coordination and monitoring role on drug control matters. The establishment of a Counter-Narcotics Directorate to coordinate all government actions and of a Counter-Narcotics Unit within the Ministry of the Interior are positive steps in that direction.

475. The National Security Council of the Transitional Authority of Afghanistan, with the assistance of the international community, prepared a national drug control strategy that was endorsed by the President in May 2003. The strategy serves as a framework for the implementation of drug control activities and addresses all areas, including institution-building, legal and judicial reform, drug law enforcement, alternative livelihoods, demand reduction and monitoring and assessment. The Counter-Narcotics Unit, with its investigation and intelligence functions, is being expanded to cover the various provinces as well. Capacity is being built to enable the monitoring of illicit crop cultivation and carrying out of an annual survey. It is anticipated that more responsibilities currently being undertaken by the United Nations Office on Drugs and Crime will be taken over by the Afghan authorities in future.

476. As a first step to put in place the necessary legal framework, a new Afghan drug control law was adopted in 2003. The key issue will be to ensure its effective implementation. Training of legal authorities is scheduled, especially in areas outside Kabul. The Board emphasizes that further development of the legal framework, as well as a strong commitment to its implementation by the Afghan authorities throughout the country, is of the utmost importance for drug control in Afghanistan.

477. The Board noted with great concern that in Afghanistan the political will and commitment to drug control expressed by the government authorities of the Transitional Administration is not being fully followed throughout the country, due to lack of nationwide control and insufficient support by or even opposition from provincial authorities. Furthermore, it appears that short-term interventions, especially in the area of elimination of opium poppy cultivation, are not sufficiently complemented by long-term, sustainable development strategies.

478. In Pakistan, the preparation of a new drug control master plan is being planned. A pilot initiative has been

proposed to strengthen maritime export control of containerized cargo from Karachi to prevent heroin and other drugs, including psychotropic substances, from being smuggled into Africa and other regions. The Board urges the Government of Pakistan to devise similar control mechanisms for goods passing through the country towards Afghanistan. It can be suspected that chemicals needed for the illicit manufacture of heroin might pass through the port of Karachi. A ministry for the control of narcotics has been established in Pakistan in order to strengthen overall drug control measures.

479. Initiatives have been undertaken in the Islamic Republic of Iran with regard to legislative changes aimed at introducing less severe punishments for minor drug-related offences to facilitate drug abuse treatment. That puts the law enforcement authorities also in a better position to focus on large-scale drug trafficking operations.

480. The Board welcomes the initiatives in drug law enforcement undertaken in Central Asia. Activities in Kyrgyzstan have focused on the establishment of the Drug Control Agency, similar to the Drug Control Agency of Tajikistan, which has been in existence for a few years. Law enforcement efforts in Tajikistan continue to be aimed at strengthening drug trafficking interdiction along the Tajik-Afghan border. Similar activities have been undertaken by Kazakhstan, which has reinforced controls on its border with the Russian Federation and along its southern border. Initiatives in Uzbekistan focused on improving the sharing of information between national drug law enforcement bodies, strengthening law enforcement capacities and reinforcing interdiction at the most vulnerable border points with Afghanistan and Tajikistan. The Board notes with satisfaction that Kazakhstan, Kyrgyzstan and Tajikistan are participating in Operation Topaz.

481. In the area of drug abuse and demand reduction, the Board notes that information about the nature and extent of drug abuse in most countries in West Asia remains fragmented and that activities in demand reduction appear to receive less priority than those in supply reduction. The Board, however, welcomes a number of important initiatives in that area.

482. Drug abuse assessment studies have been carried out in several countries in West Asia. National surveys have been undertaken in Pakistan and Turkey. In

Afghanistan, an assessment has been carried out on the prevalence of drug abuse in Kabul, in addition to earlier studies which focused on specific drug problems or at-risk groups such as refugees. Data on identifying the extent and specific problems of drug abuse have also been collected in the Islamic Republic of Iran. Furthermore, rapid situation assessment studies, focusing on limited target groups and/or specific subject areas, were conducted in Jordan and Lebanon and demand reduction activities were initiated aiming at prevention of drug abuse and drug-related HIV/AIDS infection. In Pakistan, demand reduction activities have been integrated into a process of decentralizing drug abuse control to the district level. District drug abuse prevention committees have been established in eight target districts.

483. Demand reduction activities in Afghanistan were aimed at the provision of drug prevention training to a wide range of organizations, as well as the establishment of detoxification and treatment services for drug addicts in Kabul. Efforts have also been increased in the Islamic Republic of Iran to expand treatment and rehabilitation and to provide assistance for drug abusers and their families. A national strategic plan against HIV/AIDS is addressing the concerns over the high prevalence of injecting drug abuse among persons infected with HIV/AIDS. A five-year programme was launched in Tajikistan and Uzbekistan aimed at reducing drug demand by treating drug addiction and raising public awareness. Draft action programmes on HIV prevention and the establishment of drug treatment services for injecting drug abusers have been prepared in Kazakhstan, Kyrgyzstan and Tajikistan.

484. TADOC has assumed the role of focal point for Turkey, when joining the European information exchange network of the European Monitoring Centre for Drugs and Drug Addiction.

485. The Board strongly encourages all countries in West Asia to strengthen their efforts to develop drug abuse assessment systems and to expand demand reduction activities.

486. In tackling money-laundering, various international activities in West Asia have been initiated and linked to the fight against terrorism and organized crime. A seminar was held in Bahrain on combating money-laundering and the financing of terrorism, promoting international "best practices" and stressing

the country's commitment to maintain an effective regime against money-laundering and terrorist financing. In the Islamic Republic of Iran, a national conference on combating money-laundering was held in Tehran in May 2003 and a new bill against money-laundering is expected to be approved by the parliament.

487. Israel has launched new activities against money-laundering, focusing, inter alia, on the installation of a computerized system linking various relevant institutions. In Pakistan, new legislation against money-laundering is under review. Amendments proposed to the Anti-Terrorism Act should help to cut off financial supply lines that may be used for channelling illicit funds. In a move to curb illegal money transactions, Saudi Arabia has taken measures to ensure the authenticity of licensed firms and the legitimacy of all financial transfers. The United Arab Emirates has made progress in regulating the system of informal overseas money transfers known as *hawala*. Yemen endorsed a new law against money-laundering in April 2003, which should help in fighting corruption and restrict funding sources for terrorists.

488. The Board notes that in Georgia the law on the prevention of legalization of illicit income adopted in June 2003 will come into force on 1 January 2004. Since 2002, when its name was removed from the list of countries and territories considered by the Financial Action Task Force Against Money Laundering to be uncooperative in efforts to counter money-laundering, Lebanon has intensified its campaign against suspects and criminal activities. A report issued in March 2003 indicated that banking secrecy was lifted in 79 out of 138 pending cases. The Board expects that Lebanon is now in a position to withdraw its reservation on the provisions against money-laundering in the 1988 Convention.

489. The Board draws the attention of countries in West Asia to the specific risks of and their vulnerability to money-laundering in the region and urges those Governments which have not yet done so to develop appropriate legislative measures and ensure their implementation.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

490. Cannabis continues to be the most widely grown and abused drug in West Asia. Illicit cannabis cultivation takes place in several countries in the region. Cannabis also continues to grow wild in countries in the region, including in Afghanistan, Kazakhstan and Pakistan. Some cannabis cultivation was destroyed in Tajikistan and, in connection with that action, a few cases of opium poppy cultivation were discovered. Cannabis continues to be widely abused in the region and smuggled in large quantities, mainly in the form of cannabis resin, out of South-West Asia and into Europe. In Lebanon, illicit cultivation of both cannabis and opium poppy has re-emerged in the Bekaa valley in recent years. The recurrence of illicit crop cultivation in that area is linked to its economically deprived status. The Government of Lebanon has carried out regular eradication campaigns.

491. The Board notes with great concern that in Afghanistan the cultivation of opium poppy, which had re-emerged on a large scale in 2002, has further spread in 2003, amounting to 80,000 hectares. Opium poppy has been cultivated in the traditional growing areas and its cultivation has also spread to several new districts. Opium poppy cultivation has been found in 28 out of 32 provinces. Farmers tend to grow opium poppy increasingly in remote and inaccessible areas. Production of opium increased to 3,600 tons, compared with 3,400 tons in 2002. This overall increase occurred despite significant reductions, due to eradication, in some traditional cultivation areas such as Helmand and Kandahar. Increases in opium production were noticeable mainly in the province of Badakhshan, where no eradication campaign took place.

492. Farm-gate prices for opium, an important indicator used to assess the incentive for farmers to grow opium, decreased during 2003. Following the relatively high price levels in 2002, prices for opium in Afghanistan started to decline in January 2003 and have been falling since then.

493. The Board notes with great concern the resurgence of opium poppy cultivation in Pakistan in 2003, after it was reduced to almost nil during the late 1990s through intensive eradication programmes. By then, opium poppy had been eradicated from the last

traditional poppy-growing areas of the Dir and other districts. However, in 2003, a total of 6,700 hectares of poppy cultivation, mostly in non-traditional poppy-growing areas, was reported, of which more than 60 per cent has been eradicated.

494. Manufacture of heroin in West Asia continues on a large scale, primarily in Afghanistan, although hardly any laboratories have been detected in Afghanistan in recent years. Only Turkey regularly reports the confiscation of clandestine heroin laboratories. In recent years, no such laboratories have been reported to have been detected in Pakistan or countries in Central Asia.

495. Opiates from Afghanistan continue to be smuggled on a large scale into other countries in West Asia, destined for Europe and other regions, as well as for abuse in West Asia. The so-called Balkan route (through the Islamic Republic of Iran, Turkey and Balkan countries) as well as, increasingly, more recent alternative routes through Central Asia and the Russian Federation, continue to be used. Pakistan and countries on the Arabian peninsula are also affected by transit trafficking. The Board notes with concern that links between drug trafficking, organized crime and terrorism have allegedly become more prominent in recent years.

496. Seizures of opiates increased considerably in 2003 in many countries in West Asia. It appears that such seizures are made in Afghanistan but not in the significant quantities recorded in its neighbouring countries. In the Islamic Republic of Iran, seizures of opiates have increased again after declines were recorded in 2001 and 2002. Tajikistan noted a huge increase in heroin seizures in 2003, along with a significant increase in the purity of that drug. Other countries in the region, including Pakistan, Turkey and several member States of the Commonwealth of Independent States (CIS), recorded increased seizures of opiates in 2003.

497. Although drug trafficking has not yet been reported as a serious problem in Iraq, given its geographical location and current political and economic instability, the Board is concerned about a possible increase in drug trafficking to and through that country.

498. Drug abuse assessment studies, which have been carried out in several countries in West Asia, revealed

some alarming trends. In Pakistan, the findings from the national survey, published at the end of 2002, indicated high rates of drug abuse, not only in urban areas but also in rural areas. Cannabis-type drugs (mainly cannabis resin and "charas"), followed by heroin, psychotropic substances and alcohol, were the substances most commonly abused. Additionally, drug abuse by injection was found to be very high, and there was a shift from inhaling and smoking drugs to injecting drugs. In June 2003, for the first time, an increase in HIV cases was reported among injecting drug abusers in Pakistan.

499. So far limited drug abuse assessments in Afghanistan have revealed that the substance most commonly abused is cannabis resin, followed by pharmaceutical drugs, opium, heroin and alcohol. One major concern is the reported rate of drug injection. In Turkey, the prevalence of drug abuse is estimated to be relatively low but increasing. In particular, increasing trends have been noted in adolescents seeking treatment for drug-related problems. The three main substances showing a steady increase are opioids (mainly heroin), cannabis and inhalants. Another alarming trend has been the increase in injecting drug abuse. Rising drug abuse, including drug abuse by injection and the spread of HIV, was also noted in countries in Central Asia. The subregion has a high rate of HIV/AIDS infection related to injecting drug abuse.

500. The Board continues to be concerned about the high level of drug abuse in West Asia. The increasing trend with regard to injecting drug abuse is particularly worrying.

Psychotropic substances

501. Trafficking in and abuse of illicitly manufactured stimulants (often reported as Captagon) continue to be of concern in the eastern Mediterranean area and on the Arabian peninsula. Eastern Europe continues to be the main source of such drugs, but the clandestine manufacture of such drugs has also been detected in Turkey. Several countries in West Asia continue to make seizures of Captagon.

502. Rising trends in West Asia have also been noted in the abuse of MDMA (Ecstasy). In Turkey, seizures of Ecstasy, mainly originating from Western Europe, have increased considerably in 2003. Increasing abuse of Ecstasy, Captagon and inhalants has been noted among young people in Turkey. Israel made several

large Ecstasy seizures in 2002. The availability of Ecstasy may have also increased in the Islamic Republic of Iran, as prices of that drug dropped significantly in early 2003. Other amphetamine-type stimulants originating in South-East Asia seem to have also become available. In several countries in West Asia, the abuse of benzodiazepines appears to be widespread and particularly high among women. Oman reported having seized relatively large quantities of sedatives and tranquillizers in 2002.

Missions

503. A mission of the Board visited the Islamic Republic of Iran in September 2003. The territory of that country continues to be used by drug traffickers as a main conduit for illicit drugs originating in Afghanistan. The majority of the opiates illegally brought into the Islamic Republic of Iran are smuggled out of the country, to be processed and trafficked in Europe and the Middle East. The authorities estimate that about 2 million persons abuse drugs and that the number is increasing. The Government is particularly concerned about a group of 120,000-130,000 addicts, who inject heroin. Drug abuse and the illicit drug traffic create significant economic and social problems for the country.

504. The Board appreciates the continuous strong commitment of the Government of the Islamic Republic of Iran to the fight against illicit drug trafficking and acknowledges the significant costs of that struggle borne by the Islamic Republic of Iran, including the high number of losses suffered by the Iranian law enforcement authorities. The Board welcomes the active cooperation of the Government with the other countries in the region and encourages the authorities to further strengthen their co-operation with and support to the authorities in Afghanistan.

505. The Board appreciates that the Government of the Islamic Republic of Iran recently started to increase its demand reduction efforts. The Board recommends to the Government to carry out continuous studies to allow for the realistic assessment of the extent of drug abuse, including the abuse of pharmaceutical products containing narcotic drugs and psychotropic substances. The Government could significantly strengthen its treatment capacities by using, for example, the existing primary health-care establishments for drug treatment.

The Board requests the authorities to ensure adequate control of narcotic drugs and psychotropic substances used in substitution treatment which the Government plans to develop. The Board urges the Government to improve monitoring of private institutions providing treatment of addiction.

506. The Board appreciates the intention of the Government of the Islamic Republic of Iran to modify some penalties foreseen by the national anti-drug legislation to make them more adequate to the respective offences. The Board requests the Government to urgently enact and implement the legislation concerning money-laundering and control of precursor chemicals. The Board trusts that the Government will strengthen its control system over licit activities related to drugs and chemicals and cooperate more closely with other Governments and the Board.

507. In June 2003, the Board sent a mission to Turkey to review developments regarding drug control issues and in particular to assess that country's position as a traditional licit supplier of opiate raw materials. The Board notes with satisfaction that Turkey has made considerable efforts to improve its position as a competitive supplier of opiate raw materials on the world market, while ensuring the implementation of sufficient control measures and achieving a balance between supply and demand.

508. In addition, the Board appreciates the commitment of the Government of Turkey in combating drug trafficking and notes with satisfaction the comprehensive set of measures that have been implemented. In particular, the Board welcomes the activities undertaken by TADOC, which focuses on drug law enforcement training and promotes national and regional cooperation.

509. In the area of drug demand reduction, the Board welcomes the initiatives undertaken in Turkey with regard to establishing epidemiological data collection and improving the health-care system aimed at prevention and treatment. In that context, the Board strongly encourages the Government of Turkey to strengthen efforts in drug demand reduction and ensure the sustainability of the activities initiated in this field.

D. Europe

Major developments

510. Cannabis remains the most commonly abused drug in Europe and is increasingly being cultivated and trafficked in the region. The Board is concerned about the widespread experimental and recreational abuse of cannabis among young people in Europe, particularly in Western Europe, as revealed in several epidemiological studies. A trend towards promoting the drug, through the media, and the significant expansion of drug abuse, particularly in recreational settings, have resulted in the abuse of cannabis being perceived as less risky than it really is, especially among young people.

511. The cocaine market in Europe continues to be one of the world's biggest, second only to that of North America. The volume of cocaine seizures in Europe has constantly increased over the past few years. The abuse of all forms of cocaine, including crack cocaine, has also steadily increased in several countries in Western Europe; however, the abuse of crack cocaine appears to be confined to metropolitan areas of some Western European countries.

512. Heroin abuse has been spreading in countries in Central and Eastern Europe, replacing the abuse of locally produced opiates in most of those countries. As a result of two years of bumper crops of opium poppy in Afghanistan, it is expected that heroin trafficking along the Balkan route and in Central Europe will increase and stocks, which were drastically depleted during the years of reduced opium poppy cultivation, will be replenished. This may also lead to the reversal of the declining trends in the abuse of heroin and the number of heroin-related deaths in Western Europe, in spite of efforts to treat and rehabilitate drug abusers. Law enforcement authorities continue to play an important role in reducing the availability of illicit drugs, while health authorities have focused on drug abuse prevention. The spread of HIV infection among injecting drug abusers remains alarmingly high in the Baltic States, as well as in the Russian Federation and Ukraine; the Board urges those States to increase their efforts aimed at reducing illicit drug demand.

513. Europe remains a major producer of synthetic drugs. The Netherlands continues to be the source of the vast majority of MDMA seized worldwide. The Government of the Netherlands has been implementing measures targeting the illicit manufacture of and trafficking in MDMA and other synthetic drugs; that has resulted in a significant increase in MDMA seizures. As synthetic drugs cannot be manufactured without chemicals, the Board calls on the Governments of all European countries, as well as the European Commission, to strengthen the control of precursors and increase their cooperation with other countries in preventing the shipment of the required chemicals.

514. Ambiguity towards drug abuse is common in countries in Western Europe. Drug abuse prevention campaigns call on young people to refrain from drug abuse; in practice, however, authorities do not take measures against incitement of drug abuse, and drug abuse may even be promoted through certain media or other channels. Drug abuse prevention strategies should therefore take into greater consideration the fact that drug abuse is often, directly or indirectly, willingly or unwittingly, encouraged in the environment of young people and should be aimed at the improvement of critical skills so that young people may learn to take a stand against drug abuse.

Treaty adherence

515. Since the last report of the Board was published, Albania has become a party to the 1971 Convention. Of the 44 States in Europe, 43 are parties to the 1961 Convention, 43 are parties to the 1971 Convention and 41 States and the European Community are parties to the 1988 Convention.

516. Andorra is the only country in Europe that is not a party to the 1961 Convention or to the 1971 Convention.

517. The Board regrets that the Holy See, Liechtenstein and Switzerland have not become parties to the 1988 Convention.

Regional cooperation

518. At the Conference on Drug Routes from Central Asia to Europe, organized by the Government of France in Paris in May 2003, ministers of foreign affairs from 55 countries seriously affected by the traffic in opium and heroin produced in Afghanistan

reconfirmed their commitment to assist Afghanistan and transit countries in combating opium poppy cultivation and trafficking in opiates, most of which are destined for illicit markets in Europe. The Board calls on Governments to meet their commitments.

519. The Board notes the efforts made by Greece, the State that held the rotating Presidency of the European Council during the first half of 2003, to forge a common European Union drug control policy—efforts exemplified by, inter alia, the holding of a conference on the theme “Towards an effective policy on drugs: scientific evidence, day-to-day practice and policy choices” in Athens in March 2003. Since all States members of the European Union are parties to all of the international drug control treaties, such a common policy must be based on full implementation of the provisions of the treaties. The Board notes that, during the ministerial segment of the forty-sixth session of the Commission on Narcotic Drugs, held in April 2003, the representative of Greece, speaking on behalf of the European Union member States, expressed support for the treaties and their full implementation.

520. In April 2003, the European Parliament rejected a report that contained a proposal to amend the international drug control treaties. Instead, the European Parliament called for the full implementation of the treaties and reaffirmed the central role of preventing drug abuse.

521. The Board notes the efforts of the European Monitoring Centre on Drugs and Drug Addiction to integrate the 10 States that are expected to join the European Union in 2004 into the European Information Network on Drugs and Drug Addiction (Reitox) in the framework of a Phare project launched in November 2002.

522. The Board notes the mid-term evaluation of the European Union Action Plan on Drugs (2000-2004), which provides guidelines for activities to be undertaken to implement the European Union Drugs Strategy (2000-2004). The Board also notes that the Council of Ministers of Justice and Home Affairs of the European Union adopted an implementation plan on action against the illicit supply of synthetic drugs in November 2002. The plan outlines a series of measures that should be taken to address the issue of synthetic drugs. The Board urges the member States of the European Union to ensure the implementation of the plan.

523. A workshop on the implementation of provisions of the international drug control treaties in the national legislation of CIS member States, organized jointly by the United Nations Office on Drugs and Crime and the Inter-Parliamentary Assembly of CIS, was held in the Russian Federation in March 2003. The Board urges the Governments of the 12 CIS member States to remain committed to bringing their national legislation in line with the treaties.

524. The Czech Republic, Hungary, Poland, Slovakia and Slovenia continued to cooperate with each other in various areas, such as in the area of information systems on treatment for drug abuse, in the training of providers of treatment for drug abuse, in the training of drug-detecting dogs and in the area of law enforcement cooperation in Central Europe.

525. In September 2003, government ministers of Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden adopted the Lund Declaration, which lays down common political objectives and priorities for long-term partnership between the Nordic States and the Baltic States on drug policy issues and which foresees closer cooperation in all aspects of the drug problem, including drug abuse prevention and treatment and law enforcement. The States involved will also develop a joint strategy based on the international drug control treaties.

National legislation, policy and action

526. In December 2002, the Government of the United Kingdom presented its Updated Drug Strategy. Using the main elements of the 10-year strategy entitled “Tackling Drugs to Build a Better Britain”, the Updated Drug Strategy places renewed emphasis on education, prevention, enforcement and treatment. In addition, the new strategy focuses on cocaine, heroin and MDMA (Ecstasy), with a view to reducing both their abuse levels and their availability. The new strategy also includes an action plan on crack cocaine that will be implemented in the years 2003 and 2004. The Board notes that the targets with respect to the reduction of drug abuse have been revised downwards.

527. In January 2003, a new drug action plan entered into force in Norway. The new plan is to increase the effectiveness of law enforcement and to improve community-based prevention programmes, early intervention programmes, assistance to drug addicts

and coordination and cooperation. The plan calls for a performance measuring system to evaluate results.

528. In June 2003, the Government of Germany adopted a national action plan on drugs and addiction, thereby replacing a similar action plan dating back to 1990. The new action plan sets out the strategy on the basis of which addiction problems should be addressed in the future. Some of the areas emphasized in the action plan are prevention based on target groups, international cooperation in the fight against drugs and action against the abuse of prescription medicines containing psychotropic substances.

529. There have been several developments regarding the control of cannabis in Western European countries. In Belgium, a new law on cannabis entered into force in June 2003, according to which possession of up to 3 grams of cannabis will be punishable by a police fine unless there are other aggravating circumstances, such as abusing the drugs in the presence of minors. In the Netherlands, in September 2003, cannabis became available in pharmacies, where it is sold as a prescription drug. The Board notes that the Government of the United Kingdom reaffirmed that its bill to reclassify cannabis, which was approved in October 2003 by Parliament, in no way underestimates the harmfulness of cannabis. The supply and possession of cannabis will remain illegal. Indeed, there will be legislation to increase the maximum penalty for Class C drugs to 14 years of imprisonment, as well as the power to arrest for the possession of a Class C drug. The Government's emphasis on prevention, treatment and education alerts young people to the harm of all drugs, including cannabis, ensures that young people understand what will happen to them if they are found to be in possession of cannabis or any other illegal drugs. Ways must be found to inform young people that cannabis is harmful, but without damaging the credibility of the messages about other drugs.

530. The Board notes that the project for the revision of the Swiss law on narcotic drugs, which included legislation on cannabis not in line with the provisions of the international drug control treaties, was rejected by the second chamber of the Swiss Parliament in September 2003. The Board trusts that any new proposals will be in line with the treaties.⁵⁰

531. According to a study financed by the European Commission on the abuse of drugs in recreational

settings there has been a significant expansion of drug abuse in recreational settings, particularly among young people. The study also noted a cultural dynamic towards the direct and indirect promotion of drugs that has resulted in a positive perception image of drugs being installed in the minds of young people, which acts to attenuate preventive discourse. The Board calls on Governments to take the results of the study into account when devising activities for drug abuse prevention.

532. The Board is concerned about any relaxation of controls over cannabis in Europe, which might promote further illicit cultivation and abuse in Europe and counteract required efforts of eradicating illicit cultivation and combating trafficking in Europe and elsewhere in the world.

533. In December 2002, the Government of Ireland presented the report of the Benzodiazepine Committee, which had been set up by the Minister for Health and Children in June 2000 to examine the current prescribing and use of benzodiazepines. In the report, the Committee recommends that monitoring systems be established in order to be able to analyse prescribing patterns and allow appropriate action where there is a suspicion of irresponsible prescribing. Since the abuse of benzodiazepines and other prescription medications containing psychotropic substances is a problem in many countries in Europe, the Board encourages other Governments to take similar steps. The Board also calls on Governments to take into consideration Commission on Narcotic Drugs resolution 44/13, entitled "Contribution to the appropriate use of benzodiazepines".

534. The Board welcomes the decision by the Government of Spain to use funds generated by the forfeiture of assets seized in drug trafficking cases for supporting drug control activities carried out by the United Nations Office on Drugs and Crime. Spain is only the second country in the world (after Luxembourg) to implement article 5, paragraph 5 (b) (i), of the 1988 Convention, in which parties to the Convention are invited to consider contributing proceeds generated by the forfeiture of assets in drug trafficking cases, including money-laundering, to international organizations specializing in the fight against drugs. The Board encourages Governments to use such funds in a similar way for demand reduction.

535. The Board notes with disappointment that in Bosnia and Herzegovina the law on the classification of narcotic drugs, psychotropic substances and plants has not yet been adopted. The legislation has been in draft form since a mission of the Board visited that country in October 2000. The Board calls on the Council of Ministers of Bosnia and Herzegovina to make every effort to strengthen its currently weak legal and institutional capacities. The Board notes efforts in countries on the Balkan route, in particular Serbia and Montenegro, to thwart the diversion of precursor chemicals from international trade for the illicit manufacture of drugs, in Europe and elsewhere.

536. The 10 European States that are to become members of the European Union in 2004 have continued to strengthen their drug control legislation and administrative and coordination structures. Bulgaria, Croatia, Estonia, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia adopted multi-disciplinary national drug control strategies in 2002 and 2003, in close cooperation with European Union member States.

537. In the Russian Federation and Ukraine, as well as in the Baltic States, HIV continues to spread, particularly among young people, mainly through needle-sharing. In St. Petersburg, almost all of the 100,000 people with HIV were infected through injecting drug abuse. In the Baltic States, in a high percentage of HIV cases, the virus was transmitted through drug-injecting behaviour, in particular injecting drug abuse, and the HIV infection rate has continued to grow. The Board urges the Governments concerned to allocate adequate resources to contain the epidemic and fight the disease in the context of drug abuse.

538. To address the high-risk behaviour among injecting drug abusers, the Czech Republic, Poland, Romania and Slovakia have introduced programmes for the exchange of needles and syringes. In the Russian Federation, the number of programmes for the prevention of HIV infection and for the treatment of injecting drug abusers has been increasing continuously. In order to allow more comprehensive demand reduction and HIV prevention programmes, legislative changes may be necessary.

539. In December 2002 and January 2003, legislation against money-laundering was amended in Ukraine. The Government also adopted a programme of action

against money-laundering, which outlines, with a detailed time frame, the measures that have to be carried out in 2003 in order to establish an effective system of action against money-laundering. As a result of that action, the Financial Action Task Force on Money Laundering decided to withdraw its countermeasures with respect to Ukraine. The Board welcomes the programme for the implementation of state policy to combat illicit trafficking, covering the period 2003-2010, which was approved by the cabinet of ministers of Ukraine.

540. The State Committee of the Russian Federation for Control over Trafficking in Narcotic Drugs and Psychotropic Substances was established in March 2003 to spearhead and coordinate all drug control activities. The upgrading of Russian drug control authorities will include a significant increase of staff. The Board calls on the Government of the Russian Federation to complete the restructuring as quickly as possible. The Board urges the newly established State Committee to give priority to the development of a drug control strategy to address the problems associated with narcotic drugs, as well as the related spread of HIV infection, without delay. The Board also urges the Committee to develop measures to prevent the spread of drug abuse through both law enforcement and demand reduction activities.

541. The Board welcomes the progress made by the Government of Romania in strengthening its national drug control system. In addition to the establishment of a national drug control coordination committee, the Government has intensified cooperation among its national law enforcement agencies, which has resulted in a significant increase in heroin seizures in the country. The Board calls on the Government to implement the other recommendations made by the Board following missions to that country in 1997 and 2002.

Cultivation, production, trafficking and abuse

Narcotic drugs

542. Over the past few years, cannabis herb has been increasingly cultivated in Europe. In Switzerland, it is estimated that between 300 and 500 hectares are being cultivated for the production of cannabis and that 50-200 tons of cannabis herb are being produced in the country every year, enough to satisfy local demand. Furthermore, cannabis products are being sold in about

400 cannabis shops in Switzerland, particularly in areas bordering other countries. A study undertaken in the United Kingdom estimated that about 50 per cent of all cannabis abusers grow their own cannabis. Cannabis seeds are available without restriction in most countries. Albania remains a large supplier of cannabis herb, which is smuggled into some countries in Europe and West Asia. Cannabis seizures have shown a stable or upward trend in many countries in Europe. Cannabis accounts for almost three quarters of all drug seizures in the United Kingdom.

543. Cannabis is widely available in Europe, especially among young people. According to one study, 46.2 per cent of young people (persons between 15 and 24 years of age) in the European Union had been offered cannabis and 28.9 per cent reported having abused cannabis at some point in their lives. More than 10 per cent of the young people had abused cannabis in the previous month in France (19.8 per cent), Spain (15 per cent), the United Kingdom (13.4 per cent), Denmark (12.2 per cent) and the Netherlands (12.2 per cent). The countries least affected were Austria, Greece, Luxembourg, Portugal and Sweden.

544. National prevalence studies undertaken in the Netherlands, Spain and Switzerland show that the number of people who abused cannabis during the previous month has significantly increased. In the Netherlands, that number increased from 2.5 per cent in 1997 (326,000) to 3.0 per cent in 2001 (408,000). In Spain, the estimated proportion of the population that abused cannabis during the previous month almost doubled from 12.2 per cent in 1994 to 22 per cent in 2002. In Switzerland, an estimated 11,000 young people aged 15-16 abuse cannabis more than 40 times a year. Cannabis abuse is also on the increase in many countries in Central and Eastern Europe.

545. There are indications that the volume of cocaine from South America smuggled into Europe every year continues to increase. Spain, the Netherlands and the United Kingdom remain the three main ports of entry for cocaine in Europe. Spain ranks third in the world (after the United States and Colombia) for the volume of cocaine seized. The volume of cocaine seized in Spain has more than doubled over the past 10 years.

546. Many countries in Europe report that the abuse of cocaine is on the rise. Stable or declining levels of cocaine abuse were reported in several countries in the

middle of Europe, such as Austria, Germany and Switzerland.

547. In Europe, the illicit market for heroin is primarily supplied by heroin of Afghan origin, which is mainly smuggled into the region either on the Balkan route or, to an increasing extent, via Central Asia, the Caspian Sea and the Russian Federation (on the so-called "Silk route"). The growing importance of the "Silk route" for heroin originating in Afghanistan is a development that continues to be reflected in seizure statistics. In July 2003, 420 kg of heroin were seized in the Russian Federation in a single operation. In contrast, in most countries in Western Europe, heroin seizures have remained stable or declined. Therefore, the existence of significant heroin depots in several transit countries must be assumed. Heroin seizures are expected to increase in Western Europe, in view of the increasing amount of heroin produced in Afghanistan.

548. The Board notes the recent removal from the illicit traffic of 41 kg of fentanyl and the dismantling of three laboratories in Ukraine. Authorities fear that the locally produced illicit opium poppy extracts and the heroin from Afghanistan could be replaced by the synthetic opioid, which is more than 100 times more potent.

549. In South-Eastern Europe, trafficking in heroin continues via the Balkan route. The northern branch of the Balkan route leads through Bulgaria, Romania, Hungary and Austria; the southern branch leads through Bulgaria, the former Yugoslav Republic of Macedonia, Albania, partly to Italy, Serbia and Montenegro and Bosnia and Herzegovina. The worrying trend is that, in addition to those countries being used as transit countries because they are situated on the main drug trafficking routes, drug abuse in those countries has shown an upward trend.

550. For several years, the abuse of heroin has remained stable or declined in member States of the European Union. The decline in the number of heroin abusers has been most pronounced in Spain, which had a very high rate of heroin abuse in the 1980s. The number of persons dependent on opiates in the Netherlands is the lowest in all member States of the European Union. The recent strengthening of drug abuse prevention and treatment efforts in Western Europe has contributed to that positive development. In

countries in Eastern Europe, however, the abuse of heroin continues to increase.

Psychotropic substances

551. Europe retains its leading position in the area of illicit manufacture of synthetic drugs. While synthetic drugs produced in Asia and Latin America are primarily manufactured for local illicit markets, synthetic drugs manufactured in Europe, particularly those of the MDMA variety, are trafficked all over the world. While MDMA and related drugs are mostly manufactured in and distributed from Belgium and the Netherlands, amphetamine is increasingly being manufactured in other parts of Europe as well. For example, the number of uncovered clandestine laboratories has been on the increase in Ukraine. The illicit manufacture of amphetamine continues to take place in Poland, and there are also reports that it is taking place in the Baltic States, as well as in Romania. Home-cooked methamphetamine (pervitin) continues to be manufactured in the Czech Republic and trafficking in the substance is no longer confined to the local illicit markets, as the substance is often smuggled into Austria, Germany and Slovakia, where it is frequently sold as "crystal speed".

552. The percentage of abusers of amphetamine-type stimulants is highest in Ireland, the United Kingdom (England and Wales only) and the Netherlands (in that order). In Finland, France, Portugal and Sweden, the prevalence of abuse of those drugs in the previous month does not exceed 1 per cent. Amphetamine-type stimulants are also widely available and frequently abused in the tourist centres in Europe, for example, on the Spanish island of Ibiza.

553. As synthetic drugs cannot be manufactured without the necessary chemicals, the Board urges Governments of European countries to take more action to control the chemicals used in illicit drug manufacture. Over 100 tons of 3,4-methylenedioxyphenyl-2-propanone, a precursor for MDMA with almost no legitimate uses, are smuggled into Europe out of China each year. The Board encourages the European Community, which, in this case, is the responsible competent authority for precursors, to cooperate with the authorities of China, in order to stop this type of trafficking.

554. Ketamine, a substance which is widely used in veterinary medicine but which is not under

international control, is abused in some countries in Europe, where it is often sold as Ecstasy or combined with amphetamines, ephedrine and MDMA in Ecstasy tablets.

Missions

555. In March 2003, a mission of the Board visited the Czech Republic. The Board notes with appreciation the political commitment and activities of the Government of the Czech Republic to deal with problems of drug abuse and trafficking. The Board was informed about the consideration of amending the criminal code in order to introduce different penalties for possession of different types of drugs. The intention is to reduce social impacts of excessive criminalization and to enhance proportionality of punishment to the nature of the crime.

556. The existing legal framework covers all areas relating to drug trafficking and drug abuse, as well as the manufacture of and trade in controlled drugs and precursors in accordance with the provisions of the international drug control treaties. The existing national lists of narcotic drugs and psychotropic substances of the Czech Republic fully correspond to the schedules of the 1961 Convention and the 1971 Convention. If the Government considers a possible rearrangement of those national lists, the Board would recommend harmonizing them with lists applied by and in line with most other European countries.

557. The Board is of the opinion that the present legislation on precursors in the Czech Republic is in line with its recommendations and would rather welcome the intended strengthening of controls by European Union member States than a weakening of the Czech legislation to the present level of the European Union. With regard to cultivation of opium poppy for alkaloid extraction, the Board recommends that all countries include in their existing national licensing systems measures that allow for limitation, if so required, of the area under opium poppy cultivation.

558. The Government of the Czech Republic intends to expand substitution treatment provided by special medical facilities. The introduction of drug injection rooms does not constitute a part of the official national drug control policy. Drug testing has been the subject of debate at the official level as part of a broader discussion on the abuse of synthetic drugs. Drug

testing at dance-floor parties is carried out at the level of non-governmental organizations. In that respect the Board repeats its opinion that such programmes are against the provisions of the international drug control conventions.

559. At the invitation of the Government of Germany, the Board sent a mission to that country in July 2003. The primary objective of the mission was to visit drug injection rooms in operation in that country and to discuss with the authorities the Board's concerns regarding such facilities. The Board also viewed numerous facilities in several cities for the treatment and rehabilitation of drug-dependent persons.

560. The Government had underlined that the drug injection rooms in operation in Germany were not in contravention of the international drug control treaties, as they were subject to stringent regulations and had been incorporated into the general health system. In this regard, the Government had argued that the drug injection rooms served an important function in ensuring that drug-dependent persons who otherwise could not be reached by the authorities were referred to therapy and other public services.

561. The Board notes the efforts of the German authorities to ensure that drug injection rooms are integrated into the general health-care services for drug addicts and are well maintained and clean. The Board also notes that the establishment of such injection rooms is perceived as a success by a large part of the local authorities and the local population. However, the Board also notes that, according to the data collected by the Government, there is little evidence that drug injection rooms actually serve to ensure that the drug-dependent persons undergo treatment and that their existence contributes to a reduction in drug-related deaths. The Board reiterates its views that, insofar as they serve as forums in which drugs acquired on the illicit market can be abused, they are not in compliance with the international drug control treaties. The existence of facilities aimed at ensuring that drug-dependent persons are encouraged to undergo treatment is desirable, but such facilities must be in compliance with the treaties. The Board urges the Government to take the necessary measures to ensure compliance with the international drug control treaties.

562. The Board reviewed progress made by the Government of Ireland in the implementation of the Board's recommendations pursuant to its mission to

that country in 2000. The Board notes that the National Drugs Strategy 2001-2008, launched in May 2001, contains 100 individual actions to be taken by the Government of Ireland under the four pillars of supply reduction, prevention, treatment and research. In particular, the Strategy includes a number of actions providing education and prevention programmes for young people, with abstinence from all substances of abuse being the primary aim. The Board hopes that the results of a mid-term review, to be undertaken in 2004, will be carefully reviewed by the Government to ensure an efficient implementation of the Strategy.

563. The Board notes with concern that there continue to be a number of controlled substances under the 1961 Convention and the 1971 Convention that have yet to be placed under adequate national control in Ireland. The Board urges the Government to adopt, as soon as possible, legislative provisions required by the two conventions in order to ensure that all required regulatory controls are in place, including the timely inclusion of substances in the national control regime whenever the Commission on Narcotic Drugs decides on the scheduling of substances.

564. A mission of the Board visited Poland in February 2003. The Board commends the Government for taking a balanced approach in combating illicit activities related to drugs, as evidenced by law enforcement successes and recently upgraded treatment services for drug addicts. The legislative basis for drug control appears to be adequate. The Board encourages the Government to expedite the planned establishment of a national centre for drug law enforcement and a unified system for the collection of drug law enforcement data. In view of the fact that the clandestine manufacture of amphetamine-type stimulants is taking place at significant levels in Poland and that the stimulants are subsequently abused in the country or smuggled into neighbouring countries, the Board recommends to the Government to take appropriate steps, in particular, for more effective repression of the manufacture of and trafficking in such substances.

565. Controls over the licit manufacture of, trade in and distribution of narcotic drugs and psychotropic substances in Poland are reasonably well implemented. The Board is confident that controls over precursor chemicals will soon be adjusted to meet European Union standards.

566. In January 2003 the Board made a technical visit to Slovakia. Cooperation between the Slovak authorities and the Board is functioning well, as is cooperation between the various government offices responsible for drug control matters in Slovakia. In recent years, two major legislative acts on narcotic drugs, psychotropic substances and precursor chemicals have been adopted. Legislation presently in force in Slovakia for the cultivation of opium poppy and for poppy straw is in line with the position of the Board that all countries cultivating opium poppy should have a strict licensing system for opium poppy and strict control measures for poppy straw. The Board is of the opinion that the present legislation on precursors is in line with its recommendations; the Board would, therefore, strongly discourage any weakening of the existing legislation, especially at a time when European Union member States intend to strengthen controls further.

567. In recent years, Slovakia has been targeted for diversion of and trafficking in psychotropic substances, including flunitrazepam and temazepam. The Board appreciates the efforts of the Slovak law enforcement authorities, in cooperation with their Czech counterparts, in counteracting such illicit activities. Diversion of and trafficking in pharmaceutical products have to be considered by the judiciary with the same priority as trafficking in other drugs of abuse.

E. Oceania

Major developments

568. Australia and New Zealand remain among the main destinations for shipments of heroin and amphetamine-type stimulants from South-East Asia. The Board notes that both countries have strengthened legislation and action aimed at detecting and preventing the clandestine manufacture of amphetamine-type stimulants and to intercept consignments of such stimulants and their precursors. Cannabis abuse has declined but remains at a high level; cannabis continues to be the drug of choice in Australia and New Zealand. In Australia, 72 per cent of all drug-related offences relate to cannabis. More sophisticated hydroponic growing techniques are contributing to increasing cannabis yields.

569. In recent years, successful law enforcement operations in Australia have led to a sharp reduction in the supply of heroin to illicit markets. This has resulted in price increases, lower purity levels and a decline in the rate of heroin overdose deaths. At the same time, there has been an increase in the abuse of cocaine and synthetic drugs, which have continued to be widely available despite record seizures at borders.

570. The Board notes the progress made in several Pacific island States to prevent money-laundering. Those States continue to be vulnerable to the drug transit traffic and to drug abuse.

Treaty adherence

571. Of the 15 States in Oceania, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu are not parties to any of the three international drug control treaties. All nine of the remaining States in the region are parties to the 1961 Convention and eight of them are also parties to the 1971 Convention; however, only Australia, Fiji, New Zealand and Tonga are parties to the 1988 Convention. The Board urges the States that have not yet acceded to the international drug control treaties to do so without delay.

Regional cooperation

572. The Pacific Islands Forum continues to play an active and essential role in coordinating drug control efforts in Oceania. The leaders attending the thirty-fourth session of the Forum held in Auckland, New Zealand, in August 2003 agreed to increase awareness among law enforcement officials about the spread of trafficking in and abuse of drugs, in particular amphetamine-type stimulants. The Board notes the increasing use of the Customs Asia Pacific Enforcement Reporting System, the Internet-based secure communication platform for customs administration, which makes possible the exchange of information to help detect and prevent transnational crime, including drug trafficking.

573. The Board notes the signing of a memorandum of understanding in March 2003 by Australia and Indonesia for cooperation in the exchange of information to better enforce customs laws.

574. The Board welcomes the key role played by the Australian Federal Police and the New Zealand Police in terms of regional technical assistance. The police

and customs of Australia and Papua New Guinea continue to participate in joint border patrols.

575. Successful joint operations involving the Australian Federal Police and police authorities from outside of Oceania, such as Argentina, Malaysia and Taiwan Province of China resulted in major seizures of heroin, cocaine and MDMA (Ecstasy), as well as precursors, and the arrest of many drug traffickers.

National legislation, policy and action

576. In previous reports,⁵¹ the Board expressed its concern about the decision on the establishment in Australia of a drug injection room in the State of New South Wales. The Board notes that the Government of Australia does not support that decision but has no power to intervene since it leaves certain matters of health and law enforcement under the jurisdiction of its states and territories. That, however, puts into question the capacity of the Commonwealth of Australia to ensure the implementation of the provisions of the international drug control treaties throughout its territories.

577. Different jurisdictions within Australia also led to difficulties in the implementation of the control of certain precursors, as some states in Australia followed strictly the provisions of article 12 of the 1988 Convention, as well as Economic and Social Council resolutions, and other states did not.

578. The Board notes that New Zealand has tightened its control over domestic licit distribution of ephedrine and pseudoephedrine through close cooperation between police and pharmacists, in order to prevent the availability of those substances for clandestine methamphetamine manufacture. In May 2003, the Government of New Zealand announced a methamphetamine action plan that provides, inter alia, greater search and seizure powers for police and customs and includes provisions for demand reduction and treatment.

579. The Board encourages the Government of New Zealand to act on the recommendation of the parliamentary health committee to develop a policy to reverse the trend of heavy abuse of cannabis by persons 18-24 years old and its increasing abuse among persons 15-17 years old.

580. The Board appreciates the progress achieved in the fight against money-laundering in several States in

Oceania and notes with satisfaction that some States in Oceania, namely the Marshall Islands and Niue have been removed from the list of countries and territories that the Financial Action Task Force on Money Laundering considers uncooperative in efforts to counter money-laundering. The Cook Islands and Nauru remain on the list. While the Cook Islands has made significant steps by passing several new acts, the necessary regulation has yet to be promulgated, and Nauru still has to ensure that "shell banks" are no longer operational.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

581. Large-scale hydroponic cultivation of cannabis continues to be reported in Australia. There is also significant cannabis cultivation in Fiji, which contributes to the substance being widely abused. Cannabis cultivation also occurs on some other islands and is grown on a large scale in the highlands in Papua New Guinea for local illicit markets and for illicit markets in Australia.

582. The amounts of cocaine detected and seized in Australia and at the borders have increased sharply. Heroin abuse in Australia has declined since 2001, mainly due to successful interdiction activities at its borders and cooperation with national authorities in South-East Asia and the resultant shortage of supply.

583. In all countries in Oceania except Australia and New Zealand, heroin and cocaine trafficking and abuse have been sporadic and at a low level.

Psychotropic substances

584. In Australia, border detections of synthetic drugs, amphetamine-type stimulants and MDMA have steadily increased; the number of uncovered clandestine laboratories for the manufacture of amphetamine-type stimulants has increased as well. Both in Australia and New Zealand, local illicit manufacture and distribution of amphetamine-type stimulants have increased.

585. In some parts of New Zealand, cannabis abuse is being surpassed by the abuse of amphetamine-type stimulants. During the first half of 2003, custom seizures of ephedrine and pseudoephedrine soared, indicating increasing demand for such precursors from overseas following the introduction of more stringent

controls in New Zealand. The abuse of MDMA (Ecstasy) continues to spread.

586. GHB, ketamine and various anti-depressants have become popular party drugs in Australia. Control of GHB is of a significant concern, as large quantities of its precursor chemical *gamma*-butyrolactone (GBL) are imported for legitimate use. The combination of both the availability of GBL and its easy conversion into GHB means that those substances are inexpensive and is therefore a cause for increased concern. The Board calls on the Government of Australia to develop strategies to prevent the abuse of these substances.

Missions

587. A mission of the Board visited Fiji in January 2003. The Board notes that regulatory controls for drugs and chemicals and law enforcement are coordinated and functioning well. Those authorities also have good working relationships with their counterparts in other countries in Oceania.

588. The Board invites the Government of Fiji to establish a comprehensive national master plan for drug control. There is a need to conduct an assessment of the drug abuse situation in the country and then to establish proper treatment and rehabilitation programmes. Further efforts of the Government are required to ensure adequate availability of drugs for medical purposes through rational prescribing, particularly those for pain treatment, and to provide more adequate scientific support for drug law enforcement.

589. A mission of the Board visited Papua New Guinea in January 2003. The Board notes with concern that the findings and recommendations made following its earlier mission to the country in 1995 remain valid. There is a pressing need for the Government to revise the current drug control legislation, which has been pending for over a decade. The Board also notes that the central policy-making body, the National Narcotics Control Board, is not functioning as provided for under current laws, and a clear definition of its roles and of its secretariat, the National Narcotics Bureau, is lacking. Furthermore, working mechanisms among relevant government agencies do not appear to exist. Lack of appropriate inter-agency coordination, coupled with legislative or institutional deficiencies, have frequently nullified, or otherwise undermined, ministerial authority. The Board is concerned that such a situation continued to affect the work of various drug

control authorities, resulting in compartmentalized activities and yielding insufficient or unsatisfactory outcomes.

590. The Government of Papua New Guinea should initiate, as soon as possible, collective consultations among relevant departments involved in drug control with a view to introducing necessary revisions to the current drug control laws by drawing up a consolidated bill that clearly defines the respective functions and establish the necessary working links between those departments. In so doing, the Government should accede to the 1998 Convention and introduce all necessary legislative and administrative measures to comply with the provisions of that Convention.

591. The Board also invites the Government of Papua New Guinea to conduct an assessment of the drug abuse situation with a view to introducing proper treatment and rehabilitation programmes. In view of the latest developments observed in attempts at diversion of precursors for amphetamine-type stimulants, the Board has requested the Government to re-launch its law enforcement investigations into the case of attempted diversion of large quantities of ephedrine uncovered in 2000 and transmit the findings to the Board as soon as possible.

(Signed)

Philip O. Emafo
President

(Signed)

Madan Mohan Bhatnagar
Rapporteur

(Signed)

Herbert Schaepe
Secretary

Vienna, 14 November 2003

Notes

¹ Trevor Bennett, *Drugs and Crime: the Results of the Second Developmental Stage of the NEW-ADAM Programme*, Home Office Research Study 205 (London, Home Office, 2000).

- ² Dennis Rogers, *Youth Gangs and Violence in Latin America and the Caribbean: a Literature Survey*, LCR Sustainable Development Working Paper, No. 4 (Washington, D.C., World Bank, 1999).
- ³ *Report of the International Narcotics Control Board for 2002* (United Nations publication, Sales No. E.03.XI.1), paras. 1-63.
- ⁴ Caroline Moser and Jeremy Holland, *Urban Poverty in Jamaica*, World Bank Latin America and Caribbean Studies (Washington, D.C., World Bank, 1997).
- ⁵ Etienne G. Krug and others, eds., *World Report on Violence and Health* (Geneva, World Health Organization, 2002).
- ⁶ United Nations, Office for Drug Control and Crime Prevention, *A Participatory Handbook for Youth Drug Abuse Prevention Programmes* (Vienna, 2002).
- ⁷ See the report of the Meeting of the Group of Experts on Crime Prevention, held in Vancouver, Canada, from 21 to 24 January 2002 (E/CN.15/2002/4); see also Economic and Social Council resolution 2003/26, entitled "Prevention of urban crime".
- ⁸ See the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules) (Assembly resolution 40/33, annex) and the United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines) (Assembly resolution 45/112, annex).
- ⁹ See Economic and Social Council resolution 2002/12, entitled "Basic principles on the use of restorative justice programmes in criminal matters".
- ¹⁰ These courts apply restorative justice principles and procedures in diverting appropriate drug-abusing offenders from the traditional criminal justice process into court-supervised treatment and rehabilitation. Examples of best practice in establishing such courts and the success factors and principles underlying them are provided on the web site of the United Nations Office on Drugs and Crime (www.unodc.org/unodc/en/legal_advisory_courts.html).
- ¹¹ The Declaration on the Guiding Principles of Drug Demand Reduction (General Assembly resolution S-20/3, annex) and the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution 54/132, annex) specifically target drug-abusing offenders and call on Governments to take effective multidisciplinary remedial initiatives.
- ¹² United Nations, *Treaty Series*, vol. 520, No. 7515.
- ¹³ *Ibid.*, vol. 976, No. 14152.
- ¹⁴ *Ibid.*, vol. 976, No. 14151.
- ¹⁵ *Ibid.*, vol. 1019, No. 14956.
- ¹⁶ United Nations publication, Sales No. E.03.XI.1.
- ¹⁷ United Nations, *Treaty Series*, vol. 1582, No. 27627.
- ¹⁸ Extent of competence: article 12.
- ¹⁹ For details on the new method of reporting on opiate raw materials, see *Report of the International Narcotics Control Board for 2001* (United Nations publication, Sales No. E.02.XI.1, para. 190).
- ²⁰ *Report of the International Narcotics Control Board for 2001* (United Nations publication, Sales No. E.02.XI.1), para. 4.
- ²¹ *Report of the International Narcotics Control Board for 2002* ..., para. 121.
- ²² *Report of the International Narcotics Control Board for 2002* ..., para. 123.
- ²³ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2003 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.04.XI.4).
- ²⁴ *Ibid.*
- ²⁵ Such codes are set up by the Customs Co-operation Council (also called the World Customs Organization) for specific commodities to facilitate the collection of trade data and the compilation of trade statistics. At the request of the Board, the Customs Co-operation Council has also set up specific Harmonized System codes for all 23 substances in Tables I and II of the 1988 Convention, which are widely utilized by competent national authorities in compiling their trade statistics for submission to the Board.
- ²⁶ Operation Purple is the international operation focusing on potassium permanganate, an important chemical used in the illicit manufacture of cocaine, which the Board launched in cooperation with concerned governments in 1999.
- ²⁷ The competent authorities of the following States and territories participate in Operation Purple: Argentina, Austria, Belgium, Bolivia, Brazil, Bulgaria, China, Hong Kong Special Administrative Region of China, Colombia, Czech Republic, Ecuador, Germany, Greece, India, Italy, Mexico, Netherlands, Peru, Slovakia, Slovenia, South Africa, Spain, Ukraine, United Kingdom, United States, Uruguay and Venezuela. Furthermore, Interpol, the United Nations Office on Drugs and Crime and the World Customs Organization

- support Operation Purple in their respective areas of responsibility.
- ²⁸ Operation Topaz is the international operation focusing on acetic anhydride, a critical chemical used in the illicit manufacture of heroin, which the Board launched in 2001 in cooperation with the Governments concerned.
- ²⁹ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2002 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.03.XI.4), para. 51.
- ³⁰ *Report of the International Narcotics Control Board for 2001 ...*, para. 158.
- ³¹ *Report of the International Narcotics Control Board for 2002 ...*, para. 135.
- ³² *Narcotic Drugs: Estimated World Requirements for 2004; Statistics for 2002* (United Nations publication, Sales No. E/F/S.04.XI.2).
- ³³ *Report of the International Narcotics Control Board for 1997* (United Nations publication, Sales No. E.98.XI.1), para. 108.
- ³⁴ WHO/EDM/QSM/2000.4.
- ³⁵ *Narcotic Drugs: Estimated World Requirements for 2004; Statistics for 2002* (United Nations publication, Sales No. E/F/S.04.XI.2).
- ³⁶ *Psychotropic Substances: Statistics for 2002; Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV* (United Nations publication, Sales No. E/F/S.04.XI.3).
- ³⁷ *Report of the International Narcotics Control Board for 1993* (United Nations publication, Sales No. E.94.XI.2), para. 29.
- ³⁸ *Report of the International Narcotics Control Board for 2000* (United Nations publication, Sales No. E.01.XI.1), para. 445.
- ³⁹ *Ibid.*, para. 446.
- ⁴⁰ *Report of the International Narcotics Control Board for 1987* (United Nations publication, Sales No. E.87.XI.3), para. 2.
- ⁴¹ United Nations, *Treaty Series*, vol. 12, No. 186.
- ⁴² *WHO Expert Committee on Drug Dependence: Sixteenth Report*, WHO Technical Report Series, No. 407 (Geneva, World Health Organization, 1969).
- ⁴³ The States represented at the meeting included the Maghreb States (Algeria, Libyan Arab Jamahiriya, Mauritania, Morocco and Tunisia) as well as five European States in the western Mediterranean (France, Italy, Malta, Portugal and Spain).
- ⁴⁴ Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo.
- ⁴⁵ Angola, Botswana, Democratic Republic of the Congo, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.
- ⁴⁶ Law No. 80/2002 will allow the Anti-Narcotics General Administration of Egypt to keep for its use in operations a portion of the assets seized from drug traffickers who have been prosecuted and sentenced. The law criminalizes the laundering of proceeds from various crimes, including illicit drug trafficking, terrorism, fraud and organized crime. It also contains provisions on customer identification and record-keeping and stipulates the establishment of a financial intelligence unit within the Central Bank of Egypt.
- ⁴⁷ *Report of the International Narcotics Control Board for 2003 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.04.XI.04).
- ⁴⁸ The Board examines the recent implementation by countries of article 12 of the 1988 Convention, which is aimed at preventing the diversion of precursor chemicals for use in the illicit manufacture of drugs, in the supplement to the present report entitled *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2003 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.04.XI.4).
- ⁴⁹ The ECO member States include Afghanistan, Azerbaijan, the Islamic Republic of Iran, Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkey, Turkmenistan and Uzbekistan.
- ⁵⁰ *Report of the International Narcotics Control Board for 2002 ...*, paras. 180-184.
- ⁵¹ *Report of the International Narcotics Control Board for 2002 ...*, para. 535.

Annex I

Regional groupings used in the report of the International Narcotics Control Board for 2003

The regional groupings used in the report of the International Narcotics Control Board for 2003, together with the States in each of those groupings, are listed below.

Africa

Algeria	Libyan Arab Jamahiriya
Angola	Madagascar
Benin	Malawi
Botswana	Mali
Burkina Faso	Mauritania
Burundi	Mauritius
Cameroon	Morocco
Cape Verde	Mozambique
Central African Republic	Namibia
Chad	Niger
Comoros	Nigeria
Congo	Rwanda
Côte d'Ivoire	Sao Tome and Principe
Democratic Republic of the Congo	Senegal
Djibouti	Seychelles
Egypt	Sierra Leone
Equatorial Guinea	Somalia
Eritrea	South Africa
Ethiopia	Sudan
Gabon	Swaziland
Gambia	Togo
Ghana	Tunisia
Guinea	Uganda
Guinea-Bissau	United Republic of Tanzania
Kenya	Zambia
Lesotho	Zimbabwe
Liberia	

Central America and the Caribbean

Antigua and Barbuda	Guatemala
Bahamas	Haiti
Barbados	Honduras
Belize	Jamaica
Costa Rica	Nicaragua
Cuba	Panama
Dominica	Saint Kitts and Nevis
Dominican Republic	Saint Lucia
El Salvador	Saint Vincent and the Grenadines
Grenada	Trinidad and Tobago

North America

Canada	United States of America
Mexico	

South America

Argentina	Guyana
Bolivia	Paraguay
Brazil	Peru
Chile	Suriname
Colombia	Uruguay
Ecuador	Venezuela

East and South-East Asia

Brunei Darussalam	Malaysia
Cambodia	Mongolia
China	Myanmar
Democratic People's Republic of Korea	Philippines
Indonesia	Republic of Korea
Japan	Singapore
Lao People's Democratic Republic	Thailand
	Timor-Leste
	Viet Nam

South Asia

Bangladesh	Maldives
Bhutan	Nepal
India	Sri Lanka

West Asia

Afghanistan	Lebanon
Armenia	Oman
Azerbaijan	Pakistan
Bahrain	Qatar
Georgia	Saudi Arabia
Iran (Islamic Republic of)	Syrian Arab Republic
Iraq	Tajikistan
Israel	Turkey
Jordan	Turkmenistan
Kazakhstan	United Arab Emirates
Kuwait	Uzbekistan
Kyrgyzstan	Yemen

Europe

Albania	Lithuania
Andorra	Luxembourg
Austria	Malta
Belarus	Monaco
Belgium	Netherlands
Bosnia and Herzegovina	Norway
Bulgaria	Poland
Croatia	Portugal
Cyprus	Republic of Moldova
Czech Republic	Romania
Denmark	Russian Federation
Estonia	San Marino
Finland	Serbia and Montenegro
France	Slovakia
Germany	Slovenia
Greece	Spain
Holy See	Sweden
Hungary	Switzerland
Iceland	The former Yugoslav Republic of Macedonia
Ireland	Ukraine
Italy	United Kingdom of Great Britain and Northern Ireland
Latvia	
Liechtenstein	

Oceania

Australia	Palau
Fiji	Papua New Guinea
Kiribati	Samoa
Marshall Islands	Solomon Islands
Micronesia (Federated States of)	Tonga
Nauru	Tuvalu
New Zealand	Vanuatu
Niue	

Annex II

Current membership of the International Narcotics Control Board

Edouard Armenakovich Babayan

Born in 1920. National of the Russian Federation. Professor, Doctor of Medical Science, Academician. Principal Scientific Researcher, Scientific Research Institute of Social and Forensic Psychiatry. Honorary Vice-President, International Council on Alcohol and Addictions.

Graduate of the Second Moscow Medical Institute (1941). Author of over 200 scientific papers, inter alia, monographs and courses on drug control, published in many countries throughout the world. Winner of the E. Brauning International Award for valuable contribution to narcotic drug control; winner of the Skryabin Award for contribution to the development of biology and medical science; and winner of the Semashko Award for the best publication on public health management. Honorary member of the Purkine Society; and Honoured Physician of the Russian Federation. Head of the Russian delegation to the Commission on Narcotic Drugs (1964-1993). Chairman of the Commission (1977 and 1990). President of the Standing Committee Narcotics Control Board of the Russian Federation (1999).

Member of the International Narcotics Control Board (since 1995). Second Vice-President of the Board and Chairman of the Standing Committee on Estimates (1997 and 2000). Member of the Standing Committee on Estimates (1995-2001).

Madan Mohan Bhatnagar

Born in 1934. National of India. Various senior positions in narcotics control and administration in the Government of India (since 1972). Member of the Delhi High Court Bar Association (since 1993).

Bachelor of Law (1956) and Master of Arts in Political Science (1955), Patna University, India. Deputy Narcotics Commissioner (1972-1974). Officer on Special Duty (Narcotics) (1976-1979). Narcotics Commissioner of India (1979-1985). Director-General, Narcotics Control Bureau, Government of India (1988-1990). Member (Anti-Smuggling and Narcotics) of the Central

Board of Excise and Customs and Additional Secretary to the Government of India (1990-1992). Author of numerous publications, including: "Current national laws and policies on narcotics control in India", *Current Research on Drug Abuse in India*, All India Institute of Medical Sciences Research Book; "Drug trafficking: Indian perspective", *Narcontrol*, Journal of Narcotics Control Board of India. Drafter of the provisions of the Narcotic Drugs and Psychotropic Substances Act of India (1985). Drafter of the licit opium production and export policy for India and the national strategy for combating the illicit traffic in drugs for India. Member of the expert group to study the modification of the Single Convention on Narcotic Drugs of 1961, Vienna (1982). Chairman of several international conferences on drug control, inter alia, the Tenth Meeting of Heads of National Drug Law Enforcement Agencies (HONLEA), Asia and the Pacific (1983), the Indo-Pakistan Committee meeting against drug trafficking (1989) and the South Asian Association for Regional Cooperation meeting on harmonization of drug laws (1989). First Vice-Chairman, Second Interregional Meeting of Heads of National Drug Law Enforcement Agencies, Vienna (1989). Participant in the Indo-United States bilateral talks on narcotics, Washington, D.C. (1989). Participant in the seventeenth special session of the General Assembly (1990). Member of the intergovernmental expert group on the economic and social consequences of drug abuse and illicit trafficking, Vienna (1990). Expert and Vice-Chairman, Economic and Social Commission for Asia and the Pacific (ESCAP) regional seminar on drug abuse, Manila (1990). Head of the Indian delegation to the Commission on Narcotic Drugs (1990 and 1992), several meetings of HONLEA and the Subcommittee on Illicit Drug Traffic and Related Matters in the Near and Middle East. Vice-Chairman, Commission on Narcotic Drugs (1992).

Member of the International Narcotics Control Board (since 2002). Chairman of the Committee on Finance and Administration (2002). Member of the Standing Committee on Estimates (since 2002).

Elisaldo Luiz de Araújo Carlini

Born in 1930. National of Brazil. Full Professor of Psychopharmacology, Federal University of São Paulo (since 1978); Director, Brazilian Centre for Information on Psychotropic Drugs (since 1988).

Master of Science, Yale University, United States of America (1962). Founder and President of the Latin American Society of Psychobiology (1971-1973). Member and Founder of the Academy of Sciences of the State of São Paulo (1976). President, Brazilian Society of Medication Vigilance (1991-1993). National Secretary, Sanitary Surveillance, Ministry of Health of Brazil (1995-1997). Member of the World Health Organization (WHO) Expert Advisory Panel on Drug Dependence and Alcohol Problems, Geneva (1997-1998 and since 2002). Member of the Brazilian Academy of Sciences (2003). Recipient of numerous honours and awards, including: Councillor Emeritus, Federal Council of Narcotics of Brazil (1987); Honary President, XI Symposium on Brazilian Medicinal Plants, João Pessoa, Brazil (1990); Member emeritus, Department of Biological Psychiatry, Brazilian Association of Psychiatry (1993). "Doctor of the Year", Brazilian Chapter of the Medical Society of Israel (1993). "Personality of the Year", Brazilian Association of Pharmaceutical Industries (1996); Medal of "Grand Officer" of the Order of Rio Branco, Presidency of the Republic of Brazil (1996); Grand Cross Class of the Order of Scientific Merit, Presidency of the Republic of Brazil (2000); Doctor honoris causa, Federal University of Rio Grande do Norte, Brazil (2002). Author of more than 300 publications, including: "Use of anorectic amphetamine-like drugs by Brazilian women", *Eating Behaviors* (2002); "Plants and the central nervous system" (2003).

Member of the International Narcotics Control Board (2002). Member of the Standing Committee on Estimates (2002).

Philip Onagwele Emafo

Born in 1936. National of Nigeria. Consultant to the Organization of African Unity, Addis Ababa (1998-1999).

Lecturer, Biochemistry, University of Ibadan (1969-1971). Lecturer and Senior Lecturer, Pharmaceutical Microbiology and Biochemistry, University of Benin, Nigeria (1971-1977). Chief Pharmacist and Director, Pharmaceutical Services, Federal Ministry of Health of

Nigeria (1977-1988). Chairman, Pharmacists Board of Nigeria (1977-1988). Member of the WHO Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations (1979-2003). Rapporteur-General, International Conference on Drug Abuse and Illicit Trafficking, Vienna (1987). Chairman, Commission on Narcotic Drugs at its tenth special session (1988). Member of the Secretary-General's Group of Experts on the United Nations Structure for Drug Abuse Control (1990). Member of the WHO Expert Committee on Drug Dependence (1992, 1994 and 1998). Consultant to the United Nations International Drug Control Programme (1993-1995). Member of the ad hoc intergovernmental advisory group established by the Commission on Narcotic Drugs to assess strengths and weaknesses of global drug control efforts (1994). Member of the expert group convened by the Secretary-General pursuant to Economic and Social Council resolution 1999/37 to review the United Nations machinery for drug control (1997-1998). Member of the Advisory Group of the International Narcotics Control Board to review substances for control under article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1998-1999).

Member of the International Narcotics Control Board (since 2000). Member of the Standing Committee on Estimates (since 2000). Rapporteur of the Board (2001). President of the Board (since 2002).

Jacques Franquet

Born in 1941. National of France. Director, Police International Technical Cooperation Service (since 2003).

Master's degree in law; diploma in criminology; diploma in languages and civilizations of the southern Slav world (Croatian). Head of the Economic and Financial Section and thereafter of the Criminal Section, Regional Judicial Police Service, Lyon (1969-1981). Head of the Regional Judicial Police Service, Ajaccio (1981-1983). Head of the Central Office for Illicit Drug Traffic Control (1983-1989). Head of the Anti-Terrorist Coordination Unit, reporting to the General Director of the National Police (1988-1989). Director, Police International Technical Cooperation Service (1990-1992). Central Director of the Judicial Police and Head of the National Central Bureau, Interpol France (1993-1994). Inspector General of the National Police, reporting to the General Director of the National Police, and UNDCP

consultant to the United Nations International Drug Control Programme (1995-1996). Prefect for Security and Defence for Northern France (1996-2002). Prefect of the Department of Dordogne, France (2002-2003). Consultant (since 1996) for the following programmes: Phare (programme for cooperation with central and eastern Europe); STAR (cooperation with member States of the Commonwealth of Independent States); and the African Anti-Drug Programme (AADP). Expert of the European Monitoring Centre for Drugs and Drug Addiction, Lisbon. Lecturer in the specialized diploma course on addictive behaviour and human sciences, Lille II and Lille III Universities. Member of the Steering Committee for the inter-university diploma on prevention and management of drug dependence, Catholic University in Lille, France, and University of Montreal, Canada. Recipient of the following honours and awards: Commander of the National Order of Merit, Officer of the Legion of Honour and Commander of the Luxembourg Order of Merit, Officer of the Spanish Order of Merit for Police and seven other honours.

Member of the International Narcotics Control Board (since 1997). Member of the Standing Committee on Estimates (1997). Member of the Committee on Finance and Administration (1998). Rapporteur of the Board (1999-2000). First Vice-President of the Board (2002).

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, Centre for Addiction Studies, St. George's Hospital Medical School, London (since 1989); Director, Addictions Resource Agency for Commissioners, London (since 1989); President, European Collaborating Centres for Addiction Studies (since 1992); Member of the Executive Committee of the Federation of Clinical Professors, United Kingdom (since 1994); Member of the Scientific Committee on Tobacco and Health, United Kingdom (since 2000); Director of the Board of International Affairs and Member of the Council, Royal College of Psychiatrists (since 2000); Non-Executive Director, National Clinical Assessment Authority of England (since 2001); Chairman, Higher Degrees in Psychiatry, University of London (since 2003); Member of the Medical Studies Committee, University of London (since 2003).

Recipient of the following degrees: Doctor of Medicine (M.D.), Islamic Republic of Iran (1965); Doctor of Philosophy (Ph.D.) (1965); Doctor of Preventive Medicine, United Kingdom (1974); and Doctor of Science in Medicine, University of London (2002). Fellow of the Royal College of Psychiatrists, United Kingdom (1985); Fellow of the Royal College of Physicians, London (1992); Fellow of the Royal College of Physicians of Edinburgh (1997); Fellow of the Faculty of Public Health Medicine, United Kingdom (1997). Member of the WHO Expert Advisory Panel on Alcohol and Drug Dependence (since 1979); Adviser, Joint Formulary Committee, British National Formulary (since 1984); Honorary Consultant Psychiatrist, St. George's and Springfield University Hospitals, London (since 1987); Director, Regional Drug Dependence Treatment Training and Research Unit, London (1987-1993); Director of the Education and Training Unit and of the Research, Evaluation and Monitoring Unit and Chairman of the Department of Addictive Behaviour and Psychological Medicine, St. George's Hospital Medical School, University of London, and Joint Faculty of Health Sciences, Kingston University (1987-2003). Member, rapporteur, chairman and convener of various WHO and European Community expert committees, review groups and other working groups on drug and alcohol dependence. M. S. McLeod Visiting Professor, Southern Australia (1990); Honorary Professor, Peking University (since 1997). Visiting Professor, Keele University, United Kingdom (since 2002). Author or editor of over 300 scientific books and papers on drug-related issues and addictions, including: *The 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*, London (1997); *Drugs and Addictive Behaviour: a Guide to Treatment*, Cambridge (2002). Editor-in-Chief, *International Psychiatry* (since 2002); Editor, *Substance Misuse Bulletin*; Member of the Editorial Board, *Addiction* and *International Journal of Social Psychiatry*. Convener of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. Member of the British Medical Association (since 1995); Member of the Executive Board, Medical Council on Alcoholism (since 1997); Chairman, Association of European Professors of Psychiatry; Director, National

Programme on Substance Abuse Deaths (since 1997); Member of the International Association of Epidemiology (since 1998); Member of the Institute for Learning and Training in Higher Education (since 2001).

Member of the International Narcotics Control Board (since 1992). Member of the Standing Committee on Estimates (1992). President of the Board (1993, 1994, 1997, 1998, 2000 and 2001).

Nüzhet Kandemir

Born in 1934. National of Turkey. Ambassador of Turkey to the United States, Washington, D.C. (1989-1998).

Master of Arts, Political Science, University of Ankara (1957). Third Secretary, Department of Economic and Commercial Affairs, Ministry of Foreign Affairs of Turkey, Ankara (1960-1961); Second Secretary, Turkish Embassy, Madrid (1960-1963); First Secretary, Turkish Embassy, Oslo (1963-1966); Director, Personnel Department, Ministry of Foreign Affairs, Ankara (1967-1968); Deputy Permanent Representative, Permanent Mission of Turkey to the United Nations (Geneva) (1968-1972); Deputy Director, Department of International Organizations, Ministry of Foreign Affairs (1972-1973); Deputy Director, Division of Narcotic Drugs, United Nations Office at Geneva (1973-1979); Director-General, International Security Affairs, Ministry of Foreign Affairs (1979-1982); Ambassador of Turkey to Iraq, Baghdad (1982-1986); Deputy Minister of Foreign Affairs (1986-1989). Author of more than 200 articles on drugs and various international issues. Frequently appearing television commentator on international issues. Member of the Institute of Strategic Studies (since 1985). Co-Founder, Institute of Balkan and Middle Eastern Studies (1986). Board Member, Eurasian Strategic Studies (since 2002). Adviser to the Government of Turkey on drug-related issues.

Member of the International Narcotics Control Board (since 2000). Chairman of the Committee on Finance and Administration (2003).

Melvyn Levitsky

On 31 October 2003, Melvyn Levitsky, a national of the United States, was elected to the International Narcotics Control Board, replacing Rosa María del

Castillo, a national of Peru, who had resigned from the Board earlier in 2003.

Robert Jean Joseph Chrétien Lousberg

Born in 1941. National of the Netherlands. Former Head of the Netherlands regulatory office for narcotic drugs and psychotropic substances. Former associate and senior scientist, National Institutes of Health, Bethesda, Maryland, United States. Senior scientist and lecturer, University of Utrecht, Netherlands.

Recipient of a doctoral degree, University of Utrecht (1969). Author of numerous articles published in international journals on pharmacologically active principles of opiate and cannabinoid origin. Co-coordinator for the regulation of methadone programmes for the treatment of heroin addicts. National coordinator of the investigation of leuco-encephalopathy among heroin addicts. Member of the delegation of the Netherlands at numerous sessions of the Commission on Narcotic Drugs. Member of International Narcotics Control Board expert groups on the preparation of article 12 of the 1988 Convention. Member of the delegation of the Netherlands at the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). Representative for European Union directives and regulations on article 12 of the 1988 Convention. Appointments by the Minister of Health of the Netherlands: member of the supervisory board of the national drug information and monitoring system and the board investigating the medical prescription of heroin for the treatment of heroin addicts; member of the supervisory board for the assessment and monitoring of drugs in the Netherlands; and member of the supervisory board of the national agency for national hemp production for scientific and medicinal purposes. Expert, assessment missions to Albania and the former Yugoslav Republic of Macedonia carried out within the scope of the European Union-Phare licit drug control project. Representative at meetings for the assessment of new synthetic drugs by the Extended Scientific Committee of the European Monitoring Centre for Drugs and Drug Addiction, Lisbon. Chairman, Pompidou Group/International Narcotics Control Board Conference on the Control of Psychotropic Substances in Europe. Chairman, WHO Working Group on Revised Guidelines for the WHO Review of Dependence-Producing Psychoactive Substances for International Control.

Member of the International Narcotics Control Board (since 2002). Vice-Chairman of the Standing Committee on Estimates (2003). Vice-Chairman of the Committee on Finance and Administration (2003).

Maria-Elena Medina-Mora

Born in 1953. National of Mexico. Director, Epidemiology and Psychosocial Research, National Institute of Psychiatry, Mexico City (since 1999). Full-time researcher, National Institute of Health. Researcher in Medical Sciences (2003).

Recipient of a Bachelor of Arts degree in Psychology, Universidad Iberoamericana, Mexico (1976), and a Master of Arts degree in Clinical Psychology (1979), Universidad Iberoamericana, Mexico; recipient of a doctorate in Social Psychology, Universidad Nacional Autónoma de México (1992). Researcher, Centro Mexicano de Estudios en Farmacodependencia (Mexican centre for studies on drug dependence (CEMEF) (1973-1978). Head of the Department on Social Research, Centro Mexicano de Estudios en Salud Mental (Mexican centre for studies on mental health) (CEMESAM) (1978-1980). Head of the Division on Epidemiology and Social Research, Mexican Institute of Psychiatry (1984-1999). Member of the National System of Researchers (since 1984). Author of numerous articles, including: "What happened to street kids? An analysis of the Mexican experience", *Substance Use and Misuse*, vol. 32, No. 3 (1997); "The measurement of drinking patterns and consequences in Mexico", *Journal of Substance Abuse*, vol. 12, Nos. 1-2 (2000); and "Adolescent drug use in Mexico and among Mexican American adolescents in the United States: environmental influences and individual characteristics", *Cultural Diversity and Ethnic Minority Psychology*, vol. 7, No. 1 (2001). Temporary adviser to WHO and to the Pan-American Health Organization (since 1976). Member of the WHO Expert Committee on Addictions (since 1986). Member of the National School of Psychologists (since 1991). Member of the National Academy of Sciences (since 1992). Member of the National Academy of Medicine (since 1994). Member of the Board of Directors, National Institute of Public Health (since 1997). Member of evaluation committees on research, graduate studies and university curricula, Consejo Nacional de Ciencia y Tecnología (CONACYT) (1994-2003). Member of the Board of Directors, National Autonomous University of Mexico (since 2003).

Member of the International Narcotics Control Board (since 2000). Member of the Standing Committee on Estimates (since 2000). Rapporteur of the Board (2002). Second Vice-President of the Board (2003). Chairman of the Standing Committee on Estimates (2003).

Alfredo Pemjean

Born in 1945. National of Chile. Professor of Psychiatry, School of Psychology, Universidad Católica de Chile (since 1983).

Medical Doctor (1968). Psychiatrist (1972). Head of the Psychiatry Clinical Service, Hospital Barros Luco-Trudeau (1975-1981). Head of the Department of Mental Health and Psychiatry, Faculty of Medicine, Campus South, University of Chile (1976-1979 and 1985-1988). Professor of Psychiatry, University of Chile (1978-2000). President of Sociedad Iberoamericana para el Estudio del Alcohol y las Drogas (1986-1990). Head of the Mental Health Unit, Ministry of Health of Chile (1990-1996). Professor in the Magister Program entitled "Public Health, Mention in Mental Health", School of Public Health, University of Chile (1993-1996).

Member of the International Narcotics Control Board (since 1995). Second Vice-President (1998 and 2002) and First Vice-President (1999) of the Board. Vice-Chairman (1997 and 2001) and Chairman (1998 and 2002) of the Standing Committee on Estimates.

Rainer Wolfgang Schmid

Born in 1949. National of Austria. Associate Professor, Department of Medical and Chemical Laboratory Diagnostics, University Hospital of Vienna, Medical University of Vienna. Head of the Section on Biomedical and Toxicological Analysis.

Recipient of a doctoral degree in Chemistry, University of Vienna (1977). Postgraduate training in neurochemistry and neuropharmacology, Laboratory of Preclinical Pharmacology, National Institute of Mental Health, Washington, D.C. (1978-1980). Recipient of a Master's degree in Toxicology, University of Vienna (1998). Author of 85 articles published in the fields of drug addiction, neuropharmacology, clinical pharmacology and analytical chemistry. Co-Chairman, 4th International Congress of Therapeutic Drug

Monitoring and Clinical Toxicology, Vienna (1995). Member of the expert panel on designer drugs of the Ministry of Health of Austria and of the Drug Expert Forum of the City of Vienna (since 1997). Project leader of several scientific projects of the city of Vienna: monitoring designer drugs at large youth events (since 1997). Member of the scientific committee of international scientific congresses on drug addiction, clinical toxicology and toxicological analysis. Member of numerous national and international scientific toxicological associations. Participant at drug-related meetings of the European Union (Pompidou Group and European Union-Parliament). Member of the Austrian delegation to the Commission on Narcotic Drugs (1999-2001).

Member of the International Narcotics Control Board (since 2002). Member of the Standing Committee on Estimates (since 2002).

Zheng Jiwang

Born in 1943. National of China. Professor of Pharmacology, Peking University, Beijing (since 1991); Director, National Institute on Drug Dependence (NIDD), Peking University (since 1999); Professor of Pharmacology and Chief of the Department of Neuropharmacology, NIDD, Beijing Medical University (since 1993).

Doctor of Medicine, Beijing Medical College (1969). Assistant and Associate Researcher, Department of Neuropharmacology, Beijing Chemical and Pharmacological Institute (1969-1987); Chief of the Department of Neuropharmacology, NIDD (1987-1990); Visiting Scientist, Addiction Research Center, National Institute on Drug Abuse, United States (1990-1991). Author of numerous articles, including: "Involvement of μ -opioid receptors and α -adrenoceptors in the immunomodulatory effects of dihydrotropine", *European Journal of Pharmacology* (1998); "Immunosuppressive effects of dihydrotropine, a potent narcotic analgesic, in dihydroetorphine-dependent mice", *European Journal of Pharmacology* (1999); "Effect of dizocilpine maleate on discrimination properties of methamphetamine in rats", *Acta Pharmacologica Sinica* (2000); "GABA_B receptor agonist baclofen attenuates the development and expression of *d*-methamphetamine-induced place preference in rats", *Life Science* (2001); "The effect of

7-nitroindazike on the acquisition and expression of *d*-methamphetamine-induced place preference in rats", *European Journal of Pharmacology* (2002); "The situation of drug dependence for the last 10 years in China", *Chinese Journal of Drug Dependence* (2002). Member of the Chinese Pharmacological Society (since 1993). Editor-in-Chief, *Chinese Journal of Drug Dependence* (since 1999). Director, Section of Drug Dependence Toxicology, Chinese Society of Toxicology (since 2000). Vice-Director, Chinese Society of Toxicology (since 2000).

Member of the International Narcotics Control Board (since 2000). Member of the Standing Committee on Estimates (2000 and 2001). Vice-Chairman of the Standing Committee on Estimates (2002).

The role of the International Narcotics Control Board

The International Narcotics Control Board (INCB) is an independent and quasi-judicial control organ, established by treaty, for monitoring the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Composition

INCB consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives (see annex II of the present publication for the current membership). Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (WHO) and 10 members are elected from a list of persons nominated by Governments. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with INCB, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. INCB has a secretariat that assists it in the exercise of its treaty-related functions. The INCB secretariat is an administrative entity of the United Nations Office on Drugs and Crime, but it reports solely to the Board on matters of substance. INCB closely collaborates with the Office in the framework of arrangements approved by the Council in its resolution 1991/48. INCB also cooperates with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially the International Criminal Police Organization (Interpol) and the Customs Co-operation Council (also called the World Customs Organization).

Functions

The functions of INCB are laid down in the following treaties: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Broadly speaking, INCB deals with the following:

(a) As regards the licit manufacture of, trade in and use of drugs, INCB endeavours, in cooperation with Governments, to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels does not occur. INCB also monitors Governments' control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into the illicit traffic;

(b) As regards the illicit manufacture of, trafficking in and use of drugs, INCB identifies weaknesses in national and international control systems and contributes to correcting such situations. INCB is also responsible for assessing chemicals used in the illicit manufacture of drugs, in order to determine whether they should be placed under international control.

In the discharge of its responsibilities, INCB:

(a) Administers a system of estimates for narcotic drugs and a voluntary assessment system for psychotropic substances and monitors licit activities involving drugs through a statistical returns system, with a view to assisting Governments in achieving, inter alia, a balance between supply and demand;

(b) Monitors and promotes measures taken by Governments to prevent the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and assesses such substances to determine whether there is a need for changes in the scope of control of Tables I and II of the 1988 Convention;

(c) Analyses information provided by Governments, United Nations bodies, specialized agencies or other competent international organizations, with a view to ensuring that the provisions of the international drug control treaties are adequately carried out by Governments, and recommends remedial measures;

(d) Maintains a permanent dialogue with Governments to assist them in complying with their obligations under the international drug control treaties and, to that end, recommends, where appropriate, technical or financial assistance to be provided.

INCB is called upon to ask for explanations in the event of apparent violations of the treaties, to propose appropriate remedial measures to Governments that are not fully applying the provisions of the treaties or are encountering difficulties in applying them and, where necessary, to assist Governments in overcoming such difficulties. If, however, INCB notes that the measures necessary to remedy a serious situation have not been taken, it may call the matter to the attention of the parties concerned, the Commission on Narcotic Drugs and the Economic and Social Council. As a last resort, the treaties empower INCB to recommend to parties that they stop importing drugs from a defaulting country, exporting drugs to it or both. In all cases, INCB acts in close cooperation with Governments.

INCB assists national administrations in meeting their obligations under the conventions. To that end, it proposes and participates in regional training seminars and programmes for drug control administrators.

Reports

The international drug control treaties require INCB to prepare an annual report on its work. The annual report contains an analysis of the drug control situation worldwide so that Governments are kept aware of existing and potential situations that may endanger the objectives of the international drug control treaties. INCB draws the attention of Governments to gaps and weaknesses in national control and in treaty compliance; it also makes suggestions and recommendations for improvements at both the national and international levels. The annual report is based on information provided by Governments to INCB, United Nations entities and other organizations. It also uses information provided through other international organizations, such as Interpol and the World Customs Organization, as well as regional organizations.

The annual report of INCB is supplemented by detailed technical reports. They contain data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with an analysis of those data by INCB. Those data are required for the proper functioning of the system of control over the licit movement of narcotic drugs and psychotropic substances, including preventing their diversion to illicit channels. Moreover, under the provisions of article 12 of the 1988 Convention, INCB reports annually to the Commission on Narcotic Drugs on the implementation of that article. That report, which gives an account of the results of the monitoring of precursors and of the chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, is also published as a supplement to the annual report.

Since 1992, the first chapter of the annual report has been devoted to a specific drug control issue on which INCB presents its conclusions and recommendations in order to contribute to policy-related discussions and decisions in national, regional and international drug control. The following topics were covered in past annual reports:

- 1992: Legalization of the non-medical use of drugs
- 1993: The importance of demand reduction
- 1994: Evaluation of the effectiveness of the international drug control treaties
- 1995: Giving more priority to combating money-laundering
- 1996: Drug abuse and the criminal justice system
- 1997: Preventing drug abuse in an environment of illicit drug promotion
- 1998: International control of drugs: past, present and future
- 1999: Freedom from pain and suffering
- 2000: Overconsumption of internationally controlled drugs
- 2001: Globalization and new technologies: challenges to drug law enforcement in the twenty-first century
- 2002: Illicit drugs and economic development

Chapter I of the report of the International Narcotics Control Board for 2003 deals with the microlevel impacts of drugs, crime and violence.

Chapter II presents an analysis of the operation of the international drug control system based primarily on information that Governments are required to submit directly to INCB in accordance with the international drug control treaties. Its focus is on the worldwide control of all licit activities related to narcotic drugs and psychotropic substances, as well as chemicals used in the illicit manufacture of such drugs.

Chapter III presents some of the major developments in drug abuse and trafficking and measures by Governments to implement the international drug control treaties by addressing those problems. Specific comments are made on the drug control situation in each of the countries in which an INCB mission or technical visit took place.

United Nations system and drug control organs and their secretariat

