

Contribution of the International Narcotics Control Board

to the high-level review of the implementation by Member States of the *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*

Foreword

In adopting in 2009 the Political Declaration and the Plan of Action on International Cooperation Towards and Integrated and Balanced Strategy to Counter the World Drug Problem, Member States and the international community renewed their commitment to addressing the world drug problem in a spirit of shared responsibility. Since then, a growing number of countries have taken concrete steps to strengthen their national drug control capacity in compliance with the international drug control treaties. The treaties, which form the foundation of the international drug control system, set out the minimum requirements for ensuring availability of internationally controlled substances for medical and scientific use while preventing their diversion to illicit channels, trafficking and abuse. The implementation by Governments of the treaties and relevant resolutions of the Economic and Social Council and the General Assembly has contributed to preventing and stopping, almost completely, diversion from licit international trade into the illicit market.

However, despite these efforts, diversion from licit channels still occurs at the national level and other challenges have emerged, particularly with regard to the universal application of the international drug control treaties, obstacles to the availability of internationally controlled substances for medical purposes, newly emerging substances of abuse, illegal Internet pharmacies, abuse of prescription drugs containing narcotic drugs and psychotropic substances, and precursor control.

INCB is gravely concerned about some initiatives aimed at legalization of the non-medical and non-scientific use of cannabis. Such initiatives pose a serious danger to public health and well-being, the very aim of the international drug control treaties. The pursuit of such initiatives - and the corresponding implications for drug abuse prevention - constitutes a significant obstacle to efforts to address the world drug problem.

On the occasion of the high-level review in March 2014 of the Political Declaration and Plan of Action and preparations for the 2016 special session of the General Assembly on the world drug problem, INCB is pleased to present this e-Publication, which comprises excerpts from the INCB annual reports from 2009 to 2012, as a contribution to this important process. The publication highlights the critical issues faced in addressing the world drug problem, as well as major challenges faced by State Parties and the international community in complying with the international drug control treaties. In its Annual Reports, INCB makes recommendations addressed to Governments and international and regional organizations with a view to improving implementation of the treaties. Thus, this publication includes a selection of elements that are key to ensuring availability of controlled substances for medical and scientific purposes while preventing illicit drug manufacture, trafficking and abuse.

It is my hope that this selection of issues and measures will be taken into account during this important high-level review. The international drug control system was founded upon the principle of shared responsibility with a view to ensuring the health and welfare of mankind. The world drug problem will be effectively addressed *only* when global efforts to tackle the drug problem are unified and when the provisions of the treaties are universally implemented. At this critical juncture in international cooperation in drug control, INCB calls upon all Governments and the international community to take steps to ensure full compliance with the international drug control treaties and the functioning of the international drug control system, so as to prevent and reduce the unnecessary suffering caused by drug abuse, illicit drug manufacture and trafficking, and the unnecessary suffering resulting from inadequate availability to internationally controlled medicines.



Raymond Yans
President
International Narcotics Control Board

Contents

Part One. Addressing some key elements in dealing with the world drug problem and related recommendations	1
I. Shared responsibility in international drug control.....	2
II. Social cohesion, social disorganization and illegal drugs.....	10
III. Drugs and corruption	17
IV. Primary prevention of drug abuse	29
 Part Two. Addressing emerging developments and trends in drug control	 40
I. Universal application of the international drug control treaties	41
i. Global drug policy debate	41
ii. Application of the international drug control treaties in countries with federal structures	41
iii. Treaty obligations applicable in the entire territory of a State party.....	42
II. Availability of internationally controlled substances for medical and scientific purposes	44
i. Obstacles to the availability of internationally controlled substances for scientific purposes.....	44
III. Emerging substances of abuse.....	47
i. New psychoactive substances	47
ii. Synthetic cannabionoid receptor agonists.....	49
iii. Recently identified “designer drugs”	50
iv. Abuse of volatile organic compounds referred to as “poppers”	51
v. Herbal mixtures containing synthetic cannabinoids.....	52
vi. Control of ketamine	53
IV. Diversion and abuse of internationally controlled substances	55
i. Illegal Internet pharmacies and seizures of licitly manufactured substances ordered via the Internet and delivered through the mail.....	55
ii. Illegal Internet pharmacies – Guidelines on Preventing Illegal Sale of Internationally Controlled Substances through the Internet	57
iii. Abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances	57
iv. International cooperation in countering the covert administration of psychoactive substances to facilitate the commission of sexual assault and other criminal acts.....	61
v. Abuse of prescription drugs containing controlled substances.....	62
vi. Follow-up to Commission on Narcotic Drugs resolution 51/13: responding to the threat posed by the distribution of internationally controlled substances on the unregulated market.....	64
vii. Use of pharmaceutical products to facilitate sexual assault and other crimes)	65
V. Others	67
i. Use of cannabis seeds for illicit purposes	67
ii. Plant material containing psychoactive substances	68

Part Three. Precursor control	70
I. Twenty years of international precursor control: progress and challenges	71
II. Challenges in international precursor control	75
III. Use of non-scheduled substances in the illicit manufacture of narcotic drugs and psychotropic substances.....	82

Part One. Addressing some key elements in dealing with the world drug problem and related recommendations

I. Shared responsibility in international drug controlⁱ

Introduction

1. Common and shared responsibility is a principle of international law and is applied in many fields of cooperation. It is thus not specific to drug control. Whereas international treaties establish a set of rules creating individual obligations for States parties, the principle of common and shared responsibility goes much further. It provides the framework for a cooperative partnership among a community of parties, based on a common understanding of a shared problem, a common goal and the necessity of reaching that goal through common and coordinated action. Thus, the principle of shared responsibility can be seen as a joint undertaking involving government institutions, the private sector, civil society, local communities and individuals who have agreed to work together as partners and who have a shared mutual obligation for concerted action at different levels in response to the drug challenge. Consequently, the principle of common and shared responsibility commits parties to strengthening their cooperation not only to pursue their own interests but also to take into account the interests of others and to assist those parties that need help. However, shared responsibility in drug control at the international level will be effective when States fully meet their obligations at the national level.

2. This principle has evolved over the years from the concept of collective responsibility in drug control in the 1980s, shared responsibility in the 1990s and common and shared responsibility since the turn of the century. Addressing the elements of shared responsibility calls for the recognition of key criteria and principles, including how to apportion responsibility between multiple actors, the notion of mutual accountability and liability, the dimensions of capability and capacity, and role and resources of each partner.

3. The effective implementation of this principle today is all the more important since almost every country suffers from drug abuse and illicit production, trafficking or drug-related corruption and violence.

Background

4. In the late nineteenth century and the early twentieth century, a number of countries faced economic and social problems associated with increasing use of opium, morphine and other addictive substances. In the absence of effective controls, significant addiction problems were affecting China, as well as other parts of the world. In response, representatives of 13 Governments gathered in

Shanghai, China, in February 1909 to address the world's narcotics problem. This first international forum, known as the International Opium Commission, collected a large amount of data on the cultivation, production and consumption of narcotics. The Commission also adopted a number of recommendations urging the gradual suppression of opium smoking and controls on opium smuggling. The resolutions adopted by the Commission at Shanghai were historic. For the first time, a considerable number of leading nations agreed that the non-medical use of opium should be a matter for careful international regulation. Those resolutions marked the international community's first commitment to act together and share responsibility for countering the growing drug problem. Although the Commission had not been empowered to establish binding legal obligations, its work accelerated efforts that led to the first codified example of shared responsibility in drug control: the International Opium Convention signed at The Hague on 23 January 1912.

5. Like many new concepts, the framework for international drug control was implemented only gradually, over a long period of time. After the conferences at Shanghai and The Hague, a series of multilateral agreements were crafted to address the cultivation and production of, trafficking in and abuse of opium and other narcotic drugs. Those efforts culminated in 1961 with the first of the international drug control treaties that form today's framework for action.

A. A legal and institutional framework for shared responsibility

1. The international drug control conventions

6. The key purposes of the Single Convention on Narcotic Drugs of 1961¹ were to reorganize the international drug control regime, within the framework of the United Nations, and to extend the existing control to include the plant materials for narcotic drugs. The 1972 Protocol amending the Single Convention on Narcotic Drugs of 1961² further strengthened controls on the illicit production, use and distribution of narcotics. The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol³ constitutes a break from previous

¹ United Nations, *Treaty Series*, vol. 520, No. 7515.

² *Ibid.*, vol. 976, No. 14151.

³ *Ibid.*, vol. 976, No. 14152.

conventions in that it contains international commitments on treatment and rehabilitation of drug abuse.

7. The Convention on Psychotropic Substances of 1971⁴ extended international control to include a number of synthetic psychotropic substances liable to be abused, namely stimulants, depressants and hallucinogens. Both the 1961 Convention as amended by the 1972 Protocol and the 1971 Convention also called for coordinated, universal action to implement effective measures to prevent the diversion and abuse of narcotic drugs and psychotropic substances.

8. The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988⁵ complements the other two conventions by addressing the illicit traffic in drugs under international control. Its key goals are to improve international law enforcement cooperation and to harmonize and strengthen domestic criminal legislation. The 1988 Convention contains provisions on money-laundering, the freezing of financial and commercial records, the extradition of drug traffickers, the transfer of criminal proceedings, mutual legal assistance and monitoring of chemicals often used in the illicit manufacture of drugs.

9. While States parties have an individual responsibility to comply with the provisions of the international drug control conventions, those conventions also contain elements of shared responsibility, as evidenced in the preamble of the 1988 Convention, in which the parties to the Convention recognize that eradication of the illicit traffic is a collective responsibility of all States. In fact, many articles of the 1988 Convention require international cooperation and coordination if they are to be effectively and fully implemented.

10. Many of the achievements of the international drug control system in its first 100 years occurred because the parties to the conventions agreed — despite different geopolitical, commercial, moral and humanitarian interests — to work together, act collectively and cooperate to reduce the illicit production of, trafficking in and abuse of drugs and address the health, social and criminal aspects of the illicit drug trade. In line with the spirit and the letter of the conventions, many Governments have set up at the national level drug regulatory authorities or central coordinating bodies to guide the development and implementation of national multisectoral drug control policies and control the licit use of drugs. These bodies coordinate the efforts of agencies in the health, social, economic development, law enforcement, foreign affairs and judicial sectors and, in some instances, embrace the private sector, as well as civil society. States parties have also concluded bilateral and

multilateral agreements that include the principle of shared responsibility.

11. Today, well over 95 per cent of all States are parties to the three international drug control conventions. These States have on various occasions reiterated their firm commitment to fully implementing the conventions and to taking all measures necessary to safeguard the integrity of the international drug control regime. The diversion of narcotic drugs and psychotropic substances from licit international trade has been greatly reduced, and a well-functioning system is effectively monitoring international trade in chemicals that can be used in the illicit manufacture of drugs.

2. An international agenda for shared responsibility

12. The 1960s and 1970s witnessed major economic and social changes worldwide. In the international system, the birth of new States stemming from decolonization resulted in the growth of the membership of the United Nations from 51 founding Members in 1945 to 127 Members in 1970 and 193 Members today. During those two decades, which saw the adoption of the 1961 Convention and 1971 Convention, the drug control system was primarily anchored in the individual responsibility of States to comply with the provisions of the conventions. At the international level, those two decades were also characterized by drug control policies focusing on law enforcement and illicit crop eradication and crop substitution. A clear political line of demarcation evolved, persisting until the mid-1990s, distinguishing the so-called “drug-producing countries” of the “South” from the “drug-consuming countries” of the “North”. Within the normative framework of that time, the reduction of illicit demand for drugs and the public health consequences of drug abuse were treated more as exclusively domestic issues than as issues requiring shared international responsibility. For example, the 1961 Convention left to individual States the responsibility to reduce illicit demand for narcotic drugs through prevention, treatment, aftercare, rehabilitation and social reintegration. With respect to international cooperation in drug control, evidence of that practice can be found, for example, in the amount of voluntary contributions made to the former United Nations Fund for Drug Abuse Control by Member States, mainly for capacity-building in law enforcement and illicit crop substitution.

13. Levels of illicit production, trafficking and abuse continued to rise during the 1980s and 1990s, decades that also saw the emerging global influence of organized criminal groups. In addition, the illicit manufacture and abuse of psychotropic substances, notably amphetamine-type stimulants, increased in Europe, North America and South-East Asia. Drug abuse, particularly by injection, also emerged as a serious social issue in many countries,

⁴ Ibid., vol. 1019, No. 14956.

⁵ Ibid., vol. 1582, No. 27627.

posing new public health challenges such as the spread of HIV and hepatitis C. That period also coincided with the unprecedented opening up of global trade, the expansion of media and the movement of people, as well as the explosive growth of modern information and communications technology.

14. In 1981, in response to growing worldwide drug challenges, the General Assembly adopted, as its first such measure, the International Drug Abuse Control Strategy,⁶ recognizing the urgent need for an effective, comprehensive and coordinated global approach to the drug problem. With its adoption of the Declaration on the Control of Drug Trafficking and Drug Abuse⁷ in 1984, the Assembly also underlined the collective responsibility of all States while acknowledging the links between the drug issue and social and economic development.

15. The principle of shared responsibility in drug control was affirmed during the seventeenth special session of the General Assembly, devoted to the question of international cooperation against illicit production, supply, demand, trafficking and distribution of narcotic drugs and psychotropic substances, held in 1990. At that special session, the Assembly adopted a political declaration and global programme of action⁸ in which Member States agreed to increase their efforts to intensify international cooperation and concerted action, based upon the principle of shared responsibility.

16. The concept of shared responsibility was central to the twentieth special session of the General Assembly, devoted to countering the world drug problem together, held in 1998. By that time, the sharp distinction between so-called “producing countries” and “consuming countries” no longer applied because many countries suffered from illicit drug production, trafficking and abuse simultaneously. Producing countries had become consumers and consuming countries had become producers. Recognition of this fact was reflected in the Political Declaration adopted by the General Assembly at its twentieth special session,⁹ in which Member States recognized that action against the world drug problem was a common and shared responsibility. At that special session, the Assembly also adopted measures to enhance international cooperation to counter the world drug problem¹⁰ and the Declaration on the Guiding Principles of Drug Demand Reduction.¹¹

17. In all of the above-mentioned declarations, programmes of action and resolutions, the principle of shared responsibility in drug control has always been

mentioned in a specific context, namely (a) the need for international cooperation and concerted action; (b) the requirement of a comprehensive, balanced and mutually reinforcing approach to drug supply and demand reduction; and (c) respect for the principles of the Charter of the United Nations and international law, including respect for the sovereignty and territorial integrity of States, the principle of non-intervention in internal affairs, and human rights and fundamental freedoms.

18. Authoritative statements by the governing bodies of many United Nations institutions dealing with global challenges such as sustainable development, population growth, climate change, food security and counter-terrorism have shown a similar evolution of principles: from that of collective responsibility to shared responsibility, and then both common and shared responsibility. In recent years, this principle as used in drug control has also evolved to encompass security because of the increasing threat to international peace and security posed by drug-fuelled organized crime. Since 2008, the Security Council, which in the past had addressed the drug problem only in a specific context (such as the situation in Afghanistan), has devoted several meetings to drug control and matters related to organized crime. Those meetings have reaffirmed the principle of shared responsibility in dealing with the smuggling of precursors into and within Afghanistan and the trafficking of cocaine through West Africa.

19. The International Narcotics Control Board has been attentive to the measures taken by Member States over the past few decades to promote joint and collaborative efforts to reduce the magnitude and consequences of the global drug problem, its transnational ramifications and the huge criminal proceeds derived from illicit drug markets. On various occasions, in its annual reports and presidential statements, INCB has urged Governments to strengthen cooperation within the framework of shared responsibility. The Board, noting that the drug problem cannot be dealt with in isolation, without addressing other global concerns such as social justice, economic development, corruption, organized crime and human rights, encourages Governments to embrace a comprehensive approach to those challenges based on shared responsibility.

20. In its capacity as the central policymaking body of the United Nations drug control system, the Commission on Narcotic Drugs has also taken up the principle of shared responsibility, especially in the framework of its reviews in 2003 and 2009 of the measures taken to implement the commitments made by all Governments at the twentieth special session of the General Assembly, held in 1998. Shared responsibility is a principle that has remained at the core of the current 10-year strategy, as reflected in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and

⁶ *Official Records of the Economic and Social Council, 1981, Supplement No. 4 (E/1981/24), annex II.*

⁷ General Assembly resolution 39/142, annex.

⁸ General Assembly resolution S-17/2, annex.

⁹ General Assembly resolution S-20/2, annex.

¹⁰ General Assembly resolution S-20/4 A to E.

¹¹ General Assembly resolution S-20/3, annex.

Balanced Strategy to Counter the World Drug Problem,¹² adopted during the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, in 2009. In 2011, the Commission adopted a resolution (resolution 54/12) to revitalize the notion that the principle of common and shared responsibility is one of the pillars of the international drug control system.

21. There are numerous examples of institutions, at the regional and international levels, that have placed shared responsibility in drug control at the centre of their own strategies and activities, including the following:

(a) The United Nations Office on Drugs and Crime (UNODC), which is promoting collaborative efforts under the Paris Pact initiative and the Triangular Initiative, involving Afghanistan, Iran (Islamic Republic of) and Pakistan;

(b) The Organization of American States (OAS), which in 1986 created the Inter-American Drug Abuse Control Commission (CICAD) and, in 1999, established the Multilateral Evaluation Mechanism to review progress in the individual and collective efforts of Governments in the region;

(c) The African Union Commission, which oversees implementation of the revised African Union Plan of Action on Drug Control and Crime Prevention (2007-2012), with the support of some of the African regional economic communities;

(d) The European Union, which is acting on the principle of shared responsibility, with the support of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), to provide a well-coordinated and balanced response to the drug problem in the region.

22. While States assume a major responsibility under the provisions of the drug control conventions, civil society and the private sector also play an important role in implementing the principle of shared responsibility through their daily activities, on-the-ground work and advocacy. The Board recalls, for instance, the outcome of the global forum entitled “Beyond 2008”, which concluded with three key themes: first, shared responsibility, accountability and commitment whereby Governments at all levels were encouraged to leverage the experience, reach, professionalism and passion of NGOs; secondly, giving a voice to the most affected (i.e. individuals and their families and communities); and thirdly, a call for strong action.

B. Examples of good practices of shared responsibility at all levels

23. The clearest indication of the commitment of Governments worldwide to address the drug problem in a coordinated concerted and shared manner is the fact that almost all States have acceded to the international drug control conventions.

24. Some examples of good practices embodying the principle of shared responsibility that have been developed and implemented worldwide are presented below.

1. Licit control

25. One area of best practice in shared responsibility is the current system for regulating licit international trade in narcotic drugs and psychotropic substances. The strict control exercised by States parties, combined with the efficient administration of regulatory systems and voluntary controls — today applied almost universally — have substantially reduced diversion of these drugs. That would not have been achieved without the concerted and coordinated efforts of Governments and INCB.

26. Another good example of shared responsibility is the voluntary agreement among Governments, and administered by INCB, to ensure adequate availability of opiate raw materials for medical and scientific purposes while preventing excessive accumulation of stocks, which could lead to diversion. This has involved (a) action by all parties to prevent the proliferation of sources of production of opiate raw materials; and (b) agreement that opiate raw materials, and the opiates derived from them, are not ordinary commodities that can be left unregulated.

2. Demand reduction measures

27. Some countries have promoted specific initiatives to reduce drug demand that embody the principle of shared responsibility. For example, in 2008 Colombia launched an international campaign known as the “Shared Responsibility” project. Intended to send a clear signal to the population of countries where drugs are abused, the campaign raised awareness, particularly in Europe and North America, of the social and environmental damage caused by cocaine manufacture and abuse.

28. Another example of joint and concerted efforts to reduce drug demand — and supply — is the partnership model involving the Coordination and Cooperation Mechanism on Drugs between the Community of Latin American and Caribbean States and the European Union. The mechanism supports, inter alia, the coordination of common positions for the two regions in international forums, facilitates cooperation and the exchange of

¹² See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I

information and good practices among national drug control agencies and promotes joint initiatives on key policy topics such as the social reintegration of drug users.

29. National drug observatories play a critical role in providing a more accurate picture of the drug situation by identifying emerging trends at an early stage and providing planners and decision makers with the evidence needed to design national and regional drug control strategies, particularly in the areas of prevention, treatment and social reintegration. These challenges are increasingly being addressed cooperatively, at the national, regional and global levels. *Building a National Drugs Observatory: A Joint Handbook*¹³ by EMCDDA and CICAD serves as a noteworthy example of the shared responsibility of regional organizations to strengthen national institutions responsible for collecting drug-related data.

3. Supply reduction and interdiction measures

30. A variety of good practices in shared responsibility can also be found in efforts to counter drug trafficking. A crucial issue is improving cooperation and the exchange of intelligence between law enforcement agencies with regard to the use of techniques such as controlled delivery operations, as described in the 1988 Convention. In the view of drug law enforcement authorities, controlled delivery can be an effective technique requiring, however, trust and confidence among law enforcement and judicial authorities.

31. Effective regional drug law enforcement cooperation has been strengthened in recent years with initiatives such as the establishment in Almaty, Kazakhstan, of the Central Asian Regional Information and Coordination Centre. The Centre, modelled after the European Police Office (Europol) and supported by UNODC, acts as a focal point for information exchange and operational cooperation among drug law enforcement agencies in Central Asia.

32. Examples of successful regional concerted efforts by Governments include international initiatives against the diversion of chemicals used in the illicit manufacture of heroin, cocaine and amphetamine-type stimulants. Undertakings such as Project Prism and Project Cohesion have involved many Governments, organizations and INCB sharing responsibility for information exchange, implementation of an international programme for tracking individual shipments, and cooperation and

investigations among law enforcement authorities at the national and international levels.

33. Many examples of concerted and collaborative efforts can be found in programmes to develop alternative livelihoods, which, complemented by interdiction measures, are implemented in rural areas of developing countries where narcotic plants, mainly opium poppy and coca bush, are illicitly cultivated.

4. Judicial cooperation

34. In the decades since the adoption of the 1988 Convention, there has been a growing realization that judicial cooperation between countries is essential to fighting money-laundering and promoting legal assistance and facilitating extradition. The United Nations Convention against Transnational Organized Crime and its three Protocols¹⁴ provide opportunities for State parties formally to cooperate on judicial assistance issues. In particular, the Convention provides the framework for extradition requests, which is especially important for States without bilateral treaties.

35. The Financial Action Task Force (FATF) has successfully encouraged countries to bring their national legislation in line with the international conventions and recommendations and to strengthen financial systems against money-laundering. A particular feature of shared responsibility in the context of FATF is that Governments allow for the periodic monitoring of progress made in implementing FATF recommendations. This mechanism, known as multilateral peer review, reflects the strong commitment of Governments to shared responsibility in countering money-laundering and in preserving the integrity of the international financial system.

36. The establishment of financial intelligence units in various parts of the world is another example of increased partnership and collaboration. These units exchange operational and other information on suspicious transactions reported in the financial sector, which can then be forwarded to law enforcement agencies for further investigation.

37. The European arrest warrant is a good example of shared responsibility in judicial cooperation in, inter alia, drug control. Use of the warrant increases the speed and ease of extradition within the European Union by removing the political and administrative steps required in the previous system of extradition in Europe. Use of the European arrest warrant has steadily risen since it was first implemented in 2004. Similarly, cooperation on judicial matters, such as extradition requests, among countries in Latin America and the Caribbean has increased over recent years.

¹³ European Monitoring Centre for Drugs and Drug Addiction and Inter-American Drug Abuse Control Commission, *Building a National Drugs Observatory: A Joint Handbook* (Luxembourg, Office for Official Publications of the European Communities, 2010).

¹⁴ United Nations, *Treaty Series*, vols. 2225, 2237, 2241 and 2326, No. 39574.

C. Achievements and challenges in shared responsibility in drug control

38. Dividing countries into the categories of “drug-producing”, “drug-consuming” or “transit countries” has long ceased to be realistic. To varying degrees, all countries are drug-producers and drug-consumers and have drugs transiting through them. The problem of synthetic drugs exemplifies that evolution. In recent years, the principle of shared responsibility has been reinforced through recognition that the drug problem in its multiple aspects affects almost all countries and cannot be tackled without strong political will, international cooperation and enhanced coordination between State and non-State actors at all levels.

39. Effectively applying the principle of shared responsibility at the national level is also key to the success of drug control policies. States must implement an approach that is comprehensive, balanced, long-term and multidisciplinary and that combines social policies, health, education, law enforcement and the judiciary, with the active participation of the private sector and civil society.

40. As evidenced by the reviews undertaken by the Commission on Narcotic Drugs and the findings of the Board, countries worldwide have achieved considerable results in many areas of drug control by strengthening national drug control capacity and domestic legislation, establishing and improving mechanisms and procedures for data collection, assessing drug abuse, monitoring trends, exchanging information and implementing specific programmes to reduce illicit drug supply and demand and counter drug trafficking.

41. The full potential of the principle of shared responsibility cannot be fully realized unless each country accepts responsibility for reducing its own specific illicit supply of and demand for drugs. Governments of countries with large illicit drug markets need to develop more effective drug abuse prevention policies and, in partnership with donors, developing countries and countries with emerging economies should devote greater resources to address their own drug abuse problems. Given that drug abuse, especially in wealthy countries — even though the problem exists in less wealthy countries — remains one of the important factors of the drug problem, Governments should fully exploit the education and health institutions in their countries to provide drug abuse prevention, treatment and rehabilitation services. That also means that countries need to have adequate national legislation and services in the area of drug abuse prevention that are aligned with the requirements of the international drug control treaties. Such measures should

send clear messages to young people and society as a whole.

42. The Board has pointed out in its previous annual reports that alternative development is feasible only in those areas where there is adequate security and stability as provided under the rule of law. Unless Governments are able to establish their authority and provide a safe environment, alternative development efforts cannot be effective. INCB has also called on Governments to address more effectively the issue of marginalized communities that are vulnerable to drug-related problems, including crime and violence. Governments need to extend the services of national institutions to marginalized communities, especially in the areas of citizen security, governance, health and education.

43. In the context of shared responsibility, the Board has over the past years drawn the attention of Governments to new issues related to drug control that require a more vigorous coordinated and concerted response from Member States, regional and international organizations, the private sector and civil society. These issues include new forms and the scope of organized criminal groups, unregulated drug markets, the abuse of prescription drugs, inadequate availability of opioid medication in many countries, the spread of unregulated Internet pharmacies, drug advertisements, counterfeit medicines, limited access to health-care facilities and the lack of capacity and resources to effectively reduce illicit drug supply and demand.

44. International cooperation is of particular importance to stop illegal sales of internationally controlled substances by Internet pharmacies, due to the global and dynamic nature of the medium. Activities of illegal Internet pharmacies operating in any one country have global implications, and the closing down of such illegal activities in one country often leads to relocation of the illegal activity to another country. Therefore, taking action against illegal sales by Internet pharmacies is a shared responsibility of all countries, and international cooperation of governmental authorities, as well as collaboration with other stakeholders such as pharmaceutical associations, the pharmaceutical industry, Internet service providers and financial services, is required to successfully counter these activities.

45. Challenges in the control of precursors require the continuing, concerted attention of the international community. There is a need for all Governments to recognize that precursor control is a shared responsibility requiring the special attention of national drug control authorities. Political will is also needed to address problems such as the use of non-scheduled substances as substitutes for controlled precursors, the diversion of

precursors from domestic distribution channels and the continuing vulnerability of countries that do not have the resources to develop the capacity and technical skills needed or the institutions required to control precursors.

46. While almost all States have acceded to all of the international drug control conventions, the integrity of the entire drug control system can also be undermined by actions of States or their failure to act. The Board has drawn the attention of Governments to the need for treaty obligations to be implemented consistently at all levels of government. The Board has noted that in some countries, while there is full compliance with the conventions at the national level, policies and measures at the state, provincial or municipal level are not in line with the provisions of the conventions.

47. In addition, the Board has called upon Governments to increase their national capacity for drug control and address the basic prerequisites for effective measures and international assistance, namely adequate domestic drug control legislation, a functioning national drug control body and an up-to-date, integrated and balanced drug control strategy that addresses illicit drug supply and demand, as well as transit trafficking.

48. The challenges identified point to the need to use the principle of shared responsibility to more effectively develop and implement national drug control policies that are consistent with the spirit and the letter of the conventions. Institutional ties at the national, regional and international levels must also be strengthened, particularly between drug law enforcement authorities, in order to build trust and promote closer cooperation in targeting, investigating and dismantling drug trafficking groups.

D. Conclusions and recommendations

49. Support for the principle of shared responsibility in drug control must go beyond rhetoric. As a cross-cutting issue, drug control and its legal framework — the international drug control system — have the power to effectively mobilize many actors in government departments, non-governmental organizations, the private sector, professional health-care and consumer organizations and regional and international organizations.

50. Governments have come to recognize that the drug problem affects almost every community in every country. Applying the principle of shared responsibility means that there should be realistic and practical measures in which all State and non-State actors may move in concert to achieve the aims of the international drug control conventions. Indeed, shared responsibility in drug control

is a concept that should be used to measure how countries work together at the international level, as well as domestically.

51. As the year 2012 marks the centenary of the adoption of the first international drug control treaty, it is critically important that Member States embrace shared responsibility as a foundation of international drug control efforts, along with the three international drug control conventions, in order to safeguard public health and reduce the risks that drug problems will pose to future generations. In addition, the lessons learned in the area of drug control could serve as an example in addressing other current global challenges.

52. Shared responsibility is not always an easy principle to guide action worldwide, but it will be the most effective one. Governments, civil society, local communities and the private sector need to work together to secure healthy lives for their citizens and respect for the rule of law.

53. In order to improve the concerted actions by the international community to advance shared responsibilities in drug control, the Board recommends the following:

(a) Governments should comply with the provisions of the international drug control conventions. They should develop more effective practices in reducing illicit drug demand, focusing on education, prevention, treatment and rehabilitation, and should devote greater attention to the basic requirement of preventing first use of drugs;

(b) Governments, the United Nations system, regional organizations, civil society and the private sector should develop a renewed sense of shared responsibility in drug control. This should be based on the fundamental values of inclusiveness, a clear definition of purpose and roles, and an integrated, balanced and multisectoral approach aimed at achieving sustainable results and promoting accountability among all actors. In addition, Governments and public institutions should seek greater common purpose among the policies and strategies for drug control and those promoting social justice, economic development and human rights and addressing corruption and organized crime;

(c) Governments, in concerted and collaborative efforts, should promote the health and welfare of mankind by ensuring the use of internationally controlled substances solely for medical and scientific purposes;

(d) Governments should fully integrate drug control as a well-established priority in national economic and social development plans, including providing their drug control programmes with needed resources. Action at the national level must be supported by full implementation of the conventions at a subnational level

and a strong commitment to regional, international and development cooperation among drug control partners;

(e) As a commitment to shared responsibility, Governments should take full advantage of the 1988 Convention, in particular its article 5, to contribute the value of seized assets and property for social and economic development programmes and support, where appropriate, bilateral and multilateral drug control agreements;

(f) Better recognition by Governments of the importance of drug control under the Millennium Development Goals for 2015 would also promote a stronger commitment by States, international organizations and international financial institutions to fully integrating marginalized communities affected by illicit drug production, trafficking and use, within social and economic development programmes;

(g) Governments and the organizations concerned should establish efficient mechanisms for exchanging information on their actions, experiences and good practices in drug control. Greater synergy and coordination of action among the regional and international organizations concerned should be encouraged in order to avoid duplication of efforts and promote collaboration. Those organizations should be encouraged to be more actively involved in joint efforts, especially efforts aimed at reducing illicit drug demand. At the same time, States in the various regions should provide their regional organizations with the capacity and resources necessary to implement regional drug control strategies;

(h) At the national level, Governments should reinforce shared responsibility by making greater efforts to integrate supply and demand reduction activities under a unified central drug control authority that coordinates the work of government departments and agencies responsible for law enforcement, health, education, justice and economic development, together with representatives of civil society and the private sector;

(i) Governments should promote greater involvement of local citizens, non-governmental organizations and other members of civil society, as well as the private sector, to develop new avenues for strengthening shared responsibility in drug control efforts. This would enable Governments to secure a higher level of cooperation and coordination among all relevant actors, distribute tasks and responsibilities among them and promote the allocation of the necessary financial and other resources among those services and agencies;

(j) UNODC and regional organizations should continue to support shared responsibility through multilateral collaborative schemes such as the Paris Pact initiative and the Triangular Initiative. They should also provide assistance to States through the design and implementation of integrated programmes that address all aspects of drug control and related crime at the national and regional levels. Programmes that have a steering committee composed of States and funding partners provide an excellent framework for shared responsibility, allowing them to jointly review progress, achievements and challenges and carry out joint activities.

II. Social cohesion, social disorganization and illegal drugsⁱⁱ

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14. At the same time, many of the agencies working within these communities (police, health services, social services and educational services) may come to feel that the challenge posed by these areas is simply too great for them to address within their finite resources. In the case of the police, for example, local criminal gangs can attain a position of such power and influence over these communities that it is simply beyond the capacity of

conventional law enforcement agencies to successfully investigate criminal acts and prosecute those involved. In some instances, criminal gangs have deliberately targeted the police, killing significant numbers of law enforcement officers and sending a powerful message to local people that it is they, the criminal organizations, and not the police who are in charge. An additional dimension to the gang problem is the gang-versus-gang dynamic, which reinforces the individual’s sense of belonging to the gang.

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

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

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

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

19. Although meeting the needs of the populations within these areas will undoubtedly be challenging, the consequences of failure would be far greater and should be avoided at all cost. The challenge extends well beyond

providing effective and efficient law enforcement to socially rehabilitating these areas so that their residents can enjoy the benefits of full participation within the wider society. Moreover, it must be acknowledged that any social rehabilitation efforts will face fierce competition from entrenched gangs.

B. Threats to social cohesion

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

1. Persistent social inequality

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

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

2. Migration

23. Where individuals and social groups have migrated from one area to another, there is an increased risk that individuals and communities will face multiple social adversities associated with their sense of displacement. These may include challenges to their physical and psychological health, welfare, employment, education and family life. While migration offers many positive benefits to the migrant and to society at large, it can create a sense

of dislocation from the surrounding community and a sense of vulnerability on the part of those who are displaced. Where migrating social groups have travelled from areas associated with illicit drug production and drug abuse, there is a greater likelihood of individuals engaging in forms of drug misuse as a way of coping with such a sense of dislocation.

3. Political and economic transformation

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

4. Emerging cultures of excess

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

5. Growth of individualism and consumerism

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

6. Shift in traditional values

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

7. Conflict and post-conflict societies

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

8. Rapid urbanization

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

9. Breakdown in respect for the law

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

10. Local drug economy

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

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

C. Responding to the problem

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

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

35. Within the Cape Flats area in South Africa, where there is a long history of high rates of drug abuse, violence, poor health and low employment, national and international agencies have implemented initiatives aimed at reducing the level of street-related violence through urban upgrading. These initiatives, often targeting areas with high levels of crime, involve upgrading and developing local transport systems, reclaiming neglected

urban space, improving lighting and closer monitoring as a way of enhancing the safety of local residents. Within a number of these communities, small community centres called “active boxes” have been set up along major pedestrian routes. Staffed 24 hours a day by local residents, the centres have been used to reduce the risk of violence to local people.

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

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

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

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

40. In Scotland, where drug abuse and criminality were seen to be having a particular impact on a specific area, the local police and council developed a child safety initiative in which local police were empowered to pick up children under the age of 16 who were on the streets and unsupervised after 9 p.m. and return them to their parents. In Liverpool and some other cities in the United

Kingdom, similar projects that involve taking vulnerable young people off the streets at night have been developed as a way of tackling problems involving gang membership and street-based criminality.

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

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

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

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

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

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

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

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

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

D. Recommendations

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

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

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

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

(d) In so far as possible, a comprehensive programme of community rehabilitation measures should be implemented within communities suffering from social disintegration and problems related to drug abuse. As a

first step, where necessary, Governments should support the development of an effective system of local governance, with the involvement of citizens, families and civil society, in order to empower the communities and promote a culture of aspiration rather than one of marginalization. In some communities, where necessary, Governments should invest in the provision of effective and equitable transport, health, educational and social support systems, as well as employment opportunities, and in the provision of adequate retail facilities. The involvement of the private sector should be encouraged as an investment opportunity rather than as a charitable donation;

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

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

(g) Government agencies should ensure that high-quality drug treatment and rehabilitation services are easily accessible so that those with a drug abuse disorder can receive effective treatment with minimum delay. Treatment should be based on enabling individuals to

become drug-free rather than on simply seeking to reduce some of the harm associated with continued levels of drug misuse;

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

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

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

III. Drugs and corruptionⁱⁱⁱ

1. Nothing has a more debilitating effect on efforts to curtail the illicit drug trade than the successful attempts of criminal organizations to intimidate and corrupt public officials. Nothing undermines international drug control efforts as much as the numerous cases of corrupt officials who facilitate or participate in drug trafficking. Yet violence and corruption are integral parts of illicit drug markets.

2. Intimidation and corruption are the most effective tools used by organized criminal groups to counter the drug control efforts of law enforcement agencies. They are two sides of the same coin. An organized criminal group can purchase the complicity of a public official just as easily as it can pay for his or her assassination. The intimidation or corruption of public officials is ultimately what empowers criminal organizations, often placing the organizations beyond the reach of the law. Corruption is a pernicious phenomenon that has a deep and detrimental effect on people, societies and social institutions. It is frequently responsible for the disappointing results (or outright failure) of drug control efforts.

3. When it comes to fighting organized crime and stopping the illicit drug trade, the police, together with other criminal justice officials, have a difficult and often dangerous task. They work tirelessly and courageously, but the odds are often stacked against them when they confront some of the wealthy and powerful criminal organizations involved in drug trafficking. In some cases, the police face incredible pressure from organized crime: when they are not fending off attacks or immediate threats of violence and retaliation, they are thwarting attempts to corrupt officials, including officials from their own ranks. In spite of the power of organized crime, an overwhelming number of law enforcement and judicial officials worldwide resist corruption and intimidation. Regrettably, some law enforcement and judicial officials even lose their lives in the fight against drug-related corruption.

4. Without adequate support and protection, many law enforcement and judicial officials find themselves confronted with a difficult choice: to become victims of violence and possibly even lose their lives; or to sacrifice their integrity and become the accomplices of ruthless criminals. If they choose to accept a bribe, for example, they (and many of the drug control efforts of the law enforcement and criminal justice institutions for which they work) are compromised forever.

5. Vast drug trafficking networks have emerged in most parts of the world, extending across borders. The huge profits generated by illicit drug markets fuel the growth of powerful criminal organizations, whose

financial resources sometimes exceed those of state institutions. That the intimidation and corruption of public officials facilitate the exploitation of those illicit drug markets by criminal organizations is a fact that cannot be neglected. All of the factors described above contribute to the weakening of law enforcement and criminal justice institutions. They constitute a threat to national and international security and stability.

6. Over the years, the International Narcotics Control Board has expressed its deep concern about the many ways in which the illicit drug trade is facilitated by violence and corruption. The Board is responsible for examining the functioning of the international drug control mechanisms at the national and international levels. Thus, the Board is well aware of how the huge profits generated by illicit drug markets have fuelled corruption. It is also quite aware of the fact that corruption and the illicit drug trade are interlocked with each other in mutually reinforcing cycles. The Board is very concerned about the broader social consequences of drug-related corruption, including the fact that in some cases the illicit drug trade and the accompanying violence and corruption have weakened governments and debilitated social institutions.

7. It is important to recognize that drug-related corruption, or “narco-corruption” as it is often called, allows some criminal organizations to perpetuate their illicit activities, to operate with minimal interference from the authorities and to derive maximum profit from illicit drug markets. For international drug control to be more effective, the violence and corruption associated with drug trafficking must be addressed more resolutely and more systematically. Drug control strategies must be informed by a better understanding of how criminal organizations conspire to buy the complicity of key officials, particularly law enforcement and criminal justice officials, and often succeed in weakening drug control initiatives and operating with relative impunity. The stakes are high. The widespread corruption and recurring violence associated with illicit drug markets can easily get out of control and disrupt or completely paralyse existing drug control mechanisms.

8. Combating corruption is an essential element of any comprehensive strategy to curb drug trafficking. Putting in place effective measures to counter corruption is one way to reduce the illicit drug trade and the proliferation of powerful organized criminal groups. The present chapter focuses on the issue of corruption and the complex linkages between it and illicit drug markets, as well as on strategies to fight drug-related corruption. The Board’s main interest lies in identifying practical measures and strategies

that can be used to help counter drug-related corruption at the national and international levels. Some of those measures are not very different from those designed to combat corruption in general. Others will need to be carefully integrated into existing drug control strategies.

9. International cooperation in repressing drug trafficking and the related violence and corruption is a necessity. It was precisely the need to foster such cooperation that led to the establishment of the International Narcotics Control Board in 1961 and the adoption of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.¹⁵ Since then, other international instruments have been adopted to remove obstacles to international cooperation in fighting organized crime and corruption. Over the past 10 years or so, the implementation of the United Nations Convention against Transnational Organized Crime¹⁶ and the United Nations Convention against Corruption¹⁷ has led to the development of some effective tools for the prevention and control of organized crime and corruption. Those tools can be used to fight drug-related corruption and can help States cooperate more effectively in efforts to disrupt drug trafficking operations.

10. In this chapter, there is a brief section on corruption and illicit drug markets and on the impact of drug-related corruption. That is followed by a section on the corrupting influence of organized crime and how it can undermine international drug control efforts; that section includes a discussion on some of the main manifestations of drug-related corruption among the police, the military and the judiciary, as well as among policymakers and politicians. The third section outlines some strategies for controlling drug-related corruption and emphasizes the particular importance of international cooperation in addressing that problem. The final section contains a list of recommendations made by the Board to prompt Governments and drug control authorities to reconsider what they can do to prevent and control drug-related corruption.

A. Drug-related corruption and its impact

1. What is corruption

11. Corruption is not a new phenomenon, nor is it a simple one. There may not be universal agreement on a definition of corruption, but corruption in one form

or another is condemned everywhere. It takes on many forms, reflecting the many ways in which people use and exchange wealth and power and the relative strength of the norms and institutions that govern and control those exchanges. In the final analysis, it is the responsibility of governments to protect their populations against intimidation and corruption.

12. There is no reason to believe that drug-related corruption is fundamentally different from other forms of corruption. Bribery, bribe-seeking and extortion are often associated with drug trafficking or organized crime in general, but they are also prevalent in many other social and economic areas. In some instances, other types of corruption may also be significant and damaging; examples of such corruption include electoral fraud; procurement fraud; or corruption related to the smuggling of migrants, trafficking in persons, trafficking in firearms or the illicit trade in diamonds. Bribery in international business transactions, for example, has been and continues to be a major concern.¹⁸ That type of corruption can have a devastating effect on good governance and economic development.

13. In the absence of a universal definition of corruption, legal definitions have been limited to the definition of certain acts of corruption. For example, States parties to the United Nations Convention against Corruption are required to criminalize a number of specific acts such as bribery, illicit enrichment, abuse of function, trading in influence, embezzlement and misappropriation or other diversion of property by a public official. Corruption tends to involve the abuse of entrusted power. For a public official, it involves giving or obtaining an advantage through illegitimate means or through means inconsistent with his or her duty.

14. Beyond legal definitions, there are some cultural and historical differences in how corruption is defined and perceived in various parts of the world. Cultural differences are very relevant, especially as they relate to social status, gift-giving, family ties, reciprocity and community, and they must be acknowledged. Paying attention to those cultural variations may lead to a better understanding of how people in different cultural contexts recognize and respond to corrupt behaviour. However, such cultural differences should not be used to justify corruption. In virtually all cultures, corrupt conduct seems to be regarded as unacceptable.

¹⁵ United Nations, *Treaty Series*, vol. 1582, No. 27627.

¹⁶ *Ibid.*, vol. 2225, No. 39574.

¹⁷ *Ibid.*, vol. 2349, No. 42146.

¹⁸ See, for example, the Organization for Economic Cooperation and Development (OECD) Convention on Combating Bribery of Foreign Public Officials in International Business Transactions; the United Nations Convention against Corruption; and the United Nations Declaration against Corruption and Bribery in International Commercial Transactions (General Assembly resolution 51/191, annex).

15. Corruption needs to be understood in the political, economic and social context within which it occurs. For example, the level of tolerance towards corruption, irrespective of existing legislation, may vary from one context to another. Understanding why corruption is tolerated or even accepted in some contexts is equally relevant. Corruption, in some circumstances, may be a natural social reaction to institutional failure. Individuals may feel that the cost of fighting corruption is greater than the benefits that could be accrued by eradicating it. Some groups may perceive corruption as instrumental and expedient in achieving some legitimate collective or political goals. Ultimately, however, corruption can only lead to a weakening of social and political institutions. A vicious cycle is created whereby corruption undermines effective governance and ineffective governance breeds corruption.

2. Corruption and illicit drug markets

16. Illicit drug markets are complex and constantly changing; they also tend to be quite resilient. Drug traffickers adapt quickly in order to counter governments' efforts. Drug trafficking activities are frequently displaced when law enforcement initiatives threaten to disrupt them. A minimum level of sophistication and organization is required in order for any group to effectively exploit the illicit drug markets. That is why criminal organizations tend to dominate such markets. The most successful criminal organizations are usually those that are able to make strategic use of violence and systematic use of corruption and intimidation to weaken official controls and law enforcement. What criminal organizations cannot achieve through corruption, they achieve through violence and intimidation. That is why cities, countries or other geographical areas exposed to intensified drug trafficking activities often have a high incidence of violence and corruption.

17. Some criminal organizations focus their activities entirely on the illicit drug markets. Others have added illicit drug production and drug trafficking to their criminal activities. For them, illicit drug production and drug trafficking and related criminal activities represent sources of enormous revenue. Since criminal organizations must mitigate the risk of detection and prosecution, they use the proceeds of their illegal activities to corrupt law enforcement, justice and other officials, to obstruct justice and to enable them to operate as much as possible without interference. In many instances, criminal organizations manage to buy the protection of public officials so that they can undermine the activities of competing criminal organizations and establish a near-monopoly over illicit drug markets.

18. There is evidence suggesting that criminal groups, including youth gangs, involved in the illicit

drug trade are more violent than other criminal groups. Competition among such criminal groups leads to violent confrontation and puts ordinary citizens at risk. There are also frequent violent confrontations between criminal organizations and law enforcement agencies. Intimidation and violence are routine aspects of the illicit drug trade. The inherently risky and violently competitive nature of the illicit drug trade drives those involved to seek the collusion, protection and assistance of certain public officials, whether through bribes or through intimidation and violence. When a criminal group has secured such protection and threatens to use it to eliminate its rivals, the struggle to control the illicit market for a particular drug can become quite violent.

19. Having a share of the proceeds of drug trafficking is a strong incentive to engage in corruption. In fact, some senior law enforcement officials have argued that it is the most powerful driving force behind the corruption faced by their agencies. The huge profits generated by the illicit drug trade enable criminal organizations to engage in corruption on a very large scale. Corruption is essential to maintaining the flow of illicit drug shipments. In order to ensure that they receive the highest returns on their investment in illicit drug production and trade, most criminal organizations are constantly looking for and finding ways to obtain the complicity of key public officials.

20. Officials involved in drug law enforcement are at great risk of corruption, blackmail and intimidation. In exchange for a share of the profits obtained from drug trafficking, some officials may refrain from enforcing the law or may not enforce it thoroughly, thereby allowing criminals to operate relatively freely; and some officials may be paid to enforce the law selectively or to use it to harass the rivals of a particular criminal group.

21. In some cases, criminal organizations with thriving drug trafficking operations have become political forces of their own and have succeeded in usurping the power and authority of legitimate political institutions. Some of those criminal organizations, in collusion with corrupt political elites striving to gain some political advantage or to establish a political monopoly, have succeeded in obtaining control over large illicit markets. Such mutually reinforcing spheres of political and criminal influence eventually undermine the legitimacy of public institutions.

22. Thus, the very mechanisms and authorities established to reduce the illicit drug trade are often hindered or neutralized by corruption. In some Central American countries, for example, drug-related corruption has been detected among high-level officials, including heads of drug law enforcement agencies. In 2008, the Government of Mexico

launched Operation Clean-up, aimed at purging the top ranks of the police of the influence of drug cartels. As a result, both the interim commissioner of the federal police and the acting head of the division of drug control operations were arrested and convicted. That is an example of how Governments are capable of fighting pervasive drug-related corruption at the highest level.

3. How widespread is corruption

23. Corruption is secretive; the persons affected by corruption may be unaware that they have been victimized. For that reason, the problem is extremely hard to quantify. It has been argued that it is not possible to accurately measure the prevalence of corruption, as most methods used to measure it are inherently flawed.

24. Data based on reported cases of bribery or corruption usually do not reflect the true extent of the problem. Official data on corruption are usually drawn from national crime statistics; such “objective” measures of corruption are more indicative of the relative success of anti-corruption initiatives than of the prevailing level of corruption. Official data on corruption are also affected by public confidence in the police and by the willingness to report the crime to the authorities. Finally, since official definitions of corruption tend to vary from country to country, international comparisons based on official criminal justice data are difficult to make and potentially misleading.

25. Surveys are often used to measure or estimate the prevalence of corruption based on the experiences and/or perceptions of respondents. Indicators based on the perceptions of citizens, public officials or business people are widely used and are popular with the media. Those indicators are often aggregated into composite indices, such as the annual Corruption Perceptions Index, published by Transparency International, the World Bank’s governance indicators, which also measure the ability of countries to control corruption, and the indices prepared by the World Economic Forum to identify obstacles to business. Such indices can be useful, but their findings are typically affected by methodological limitations and by the varying cultural and social environments from which they are drawn. Victimization studies, such as the International Crime Victim Survey conducted by the United Nations Office on Drugs and Crime (UNODC) and the United Nations Interregional Crime and Justice Research Institute, focus on how respondents have experienced corruption. In recent years, the results of the International Crime Victim Survey have led to the development of the International Crime Business Survey, focusing on respondents who have experienced corruption, fraud and extortion.

4. The impact of drug-related corruption

26. The huge proceeds of the illicit drug trade are a powerful corrupting force. The consequences of corruption can be pervasive and profound. Corruption is a threat to democracy and development, working to the detriment of good governance and weakening social institutions. Drug-related corruption can have an extremely detrimental effect on the credibility and efficiency of the criminal justice system and weaken the rule of law. It can also have an adverse effect on the credibility and legitimacy of other social institutions. It fuels public distrust in both public and private sector initiatives. It can have a devastating impact on a country’s economic and social development.

27. If left unchecked, low-level corruption can spread throughout social institutions. Once corruption has become systemic and institutionalized, officials find it easier to engage in various forms of extortion and protection rackets. To speak of such forms of corruption as a major crisis requiring immediate attention is hardly an exaggeration. Experience has shown how serious that danger is. There are numerous examples of the catastrophic effect of drug-related corruption on the state and its institutions. In some instances, drug-related corruption has had a damaging effect on the country’s entire political system.

28. Corruption can be both a product and a cause of the failure of governance mechanisms. Corruption thrives where policies and the regulatory regime provide scope for it and where institutions for providing control are weak. Corruption can thus be seen as a direct consequence of inadequate, illegitimate or ineffective governance mechanisms and institutions at various levels. The converse is also true: corruption can sabotage those institutions and the essential governance functions they perform.

29. Countries with serious drug trafficking problems are particularly vulnerable to the machinations of organized criminal groups. The illicit drug trade can have a destabilizing effect on the national economy, the political process and civil society.¹⁹ Political corruption, patronage and clientelism create opportunities for criminal groups to establish their control over certain population groups, as well as over the political process. Drug traffickers can find ways to enter into the process by ensuring that votes are exchanged for favours. The clientelism practised by certain criminal organizations, with or without the involvement of politicians, can have a profound impact on the political life of a community. The above-mentioned challenges, which are very complex, demonstrate the need for broad initiatives to prevent

¹⁹ See *Report of the International Narcotics Control Board for 2002* (United Nations publication, Sales No. E.03.XI.1), chap. I.

drug-related corruption through community empowerment, education and institutional reform. When fighting drug-related corruption and addressing its detrimental social effects, denial and abdication cannot be tolerated. Governments clearly need to adopt strong measures to prevent and control corruption. Ironically, those Governments which have already been infiltrated and weakened by drug-related or other types of corruption are the least likely to adopt effective anti-corruption measures.

B. Corruption and drug control

30. Just as corruption is a major impediment to social and economic development, it is also an impediment to a well-functioning justice and security sector. People are more likely to commit a criminal act if the likelihood of being caught is low and if a bribe is the best way to avoid being held accountable for a criminal act. As time goes on, corruption becomes institutionalized and systemic and can affect the entire justice system. The credibility and legitimacy of the justice system are soon affected. The effectiveness of the justice system suffers because it is no longer able to count on the public support it requires in order to perform its function effectively. From that point, corruption can eventually reach the highest levels of a government and affect its credibility, legitimacy, stability and, ultimately, its viability.

1. Organized crime and the corruption and intimidation of public officials

31. A fundamental characteristic of organized crime is its ability to take advantage of weak institutions and its reliance on corruption and intimidation to enable it to conduct its business with as little interference as possible. Organized crime is more likely to flourish in cities, countries and other geographical areas where government control and local institutions are weak and public officials are corrupt. The extent to which criminal organizations succeed in infiltrating the public sector depends on their characteristics and activities, and on the relative strength and resilience of the public institutions. The activities of drug traffickers and other organized criminal groups are not necessarily the main cause of corruption; weak law enforcement and criminal justice institutions represent an open invitation to corruption. In extreme cases, organized criminal groups may even use corruption to control dysfunctional state agencies.

32. There is abundant evidence of the systematic use of corruption and intimidation by organized criminal groups and of the frequent collusion between criminals and corrupt officials at various levels of

government. The most common type of corruption is bribery to influence the functions of government. Corrupt public officials become the puppets of criminals, who are then able to rely on their complicity.

2. Corruption of police, customs and other law enforcement officials

33. There is a growing realization that police corruption is not always just an aberration. The corrupting effect of organized crime is systemic and lasting. Criminal groups have been known to enter into relatively stable arrangements with the police or other law enforcement and regulatory agencies. Those arrangements may involve non-enforcement or selective enforcement of the law by an official who, in exchange for a share of the proceeds derived from illicit activities, allows a criminal group to obtain or consolidate control over an illicit market. Law enforcement authorities may carry out raids against insignificant illegal operations or against a competing criminal group. In some instances, violence erupts between criminal groups wishing to have access to or influence over corrupt officials who control certain areas (such as a landing strip or a border control station). Criminal groups may, out of fear of being betrayed, target the officials they have bribed.

34. Police, customs and other agencies involved in drug law enforcement are particularly exposed to corruption. Several official reports, for example, in Australia, the Bahamas and the United States of America,²⁰ have acknowledged the fact that the illicit drug trade has left law enforcement and customs agencies highly vulnerable to drug-related corruption. Drug control units are particularly vulnerable to corruption because of both the large sums of money and quantities of drugs involved in their work and the willingness of criminals to pay bribes to avoid trouble. The frequent contact that members of specialized drug law enforcement units have with drug abusers and illicit drug suppliers multiply the opportunities for corruption and heighten the risk of misconduct. Officers working in drug control units

²⁰ Bahamas, *Report of the Commission of Inquiry, Appointed to Inquire into the Illegal Use of the Bahamas for the Transshipment of Dangerous Drugs Destined for the United States of America, November 1983-December 1984* (Nassau, Commission of Inquiry, 1984); United States of America, General Accounting Office, *Law Enforcement: Information on Drug-Related Police Corruption*, GAO report GAO/GGD-98-111 (Washington, D.C., May 1998); *The Knapp Commission Report on Police Corruption* (New York, George Braziller, 1973); and Australia, New South Wales, *Project Odin: Identifying and Managing High Risk Officers in the NSW Police Force* (Sydney, Police Integrity Commission, September 2009).

are more exposed to corruption than others; they are also aggressively recruited by criminal groups. Drug control units are often at risk of being infiltrated by organized criminal groups involved in drug trafficking. Law enforcement officers working on drug trafficking cases are particularly prone to corruption because their work entails the use of informants, undercover investigations and investigative techniques such as controlled delivery. Furthermore, police and police recruits may believe that corruption is justifiable and acceptable in certain circumstances, a misperception that is sometimes reinforced by the local police subculture.

35. There have been frequent reports of drug-related corruption involving police officers who were engaged in serious criminal activities such as stealing money and/or drugs from drug dealers, conducting illegal searches to appropriate drugs or drug money, selling stolen drugs, protecting drug trafficking operations, providing false testimony or submitting false crime reports.²¹ There have been reports in many countries of rogue police officers being actively engaged in trafficking in drugs in some cases drugs that had been confiscated, or guarding illicit crop cultivation sites for a criminal organization.

36. There have also been reports of drugs being diverted in large quantities from licit distribution channels to be sold on illicit markets as a result of officials abusing their authority, thereby defeating the purposes of regulatory agencies and drug control mechanisms.

37. As it relates to the illicit drug trade, police corruption frequently takes the form of a bribe: a “tax” or “rent” secretly levied on illicit profits. As drug law enforcement efforts intensify, so does the capacity of the police (and other criminal justice officials) to levy a “tax” on the profits of the illicit drug trade. In some instances, that practice has led to open competition and even violent conflict between corrupt police officers to determine who collects the bribes. Well-established drug trafficking organizations may find that such a system works in their favour, as they are able to pay the bribes and redirect the attention of the police and prosecutors towards more poorly “connected” criminal groups. Corruption can help a criminal group establish tight control over a particular licit or illicit market by enlisting the authorities’ help to drive out or weaken the competition.

38. Police corruption hinders international cooperation in criminal matters and in drug control. There are many obstacles to effective law enforcement cooperation at the international level. Sovereignty issues, absence of enabling legislation,

poor channels of communication and diversity of law enforcement structures have been identified as some of the challenges that must be faced in that area. International cooperation in fighting organized crime and drug trafficking is facilitated by various legal instruments and institutional arrangements. Ultimately, however, international cooperation is based on relationships of trust and reciprocity among law enforcement agencies and officials. Those relationships can be seriously compromised by corruption or even the mere suspicion of corruption. Corruption undermines international coordination efforts and condemns some of the best international drug control initiatives to failure.

39. The success of strategic approaches to fighting drug trafficking, whether at the local, regional or international levels, always depends on the capacity and willingness of the officials in the various agencies involved to cooperate with each other. That capacity can be seriously reduced by corruption and the level of distrust it generates among those involved. When corrupt police officers or prosecutors have access to critical information or evidence received from another jurisdiction about an ongoing investigation, that investigation is compromised. As a result, some of the witnesses, informants and agents involved in that investigation may also be compromised, threatened or even killed. Some of the police and criminal justice officials involved may face betrayal, intimidation and retaliation. Thus, corruption may render joint police operations or cross-border investigations useless. International cooperation in the areas of intelligence-sharing and witness protection may also be precluded by police corruption.

40. Police corruption is difficult to control, but it should be clear to all those concerned that no amount of corruption should ever be tolerated within a police, customs or drug control unit. Temporary repressive measures are usually insufficient to address the problem. Their impact tends to be limited and short-lived. Broader anti-corruption strategies are necessary, including measures focusing on the prevention of corruption and periodic checks. Independent police oversight mechanisms, proactive internal investigations and the creation of special anti-corruption units must be part of any comprehensive strategy to identify and eradicate corruption as soon as it emerges.

41. In addition to front-line police, customs and other law enforcement officers, other security officers may be targeted by criminal organizations. For example, security and other personnel working at international airports and other border control points are also vulnerable to attempts to infiltrate or corrupt them. In Canada, a strategic assessment conducted by the Royal Canadian Mounted Police revealed that organized criminal groups had attempted to exploit

²¹ *Law Enforcement: Information on Drug-Related Police Corruption ...* (see footnote 6).

airports by corrupting employees or by placing criminal associates in the airport workforce.²²

42. Regulatory agencies are also exposed to drug-related corruption. For instance, because criminal organizations must hide the proceeds of their illicit activities, they often need to collaborate with regulators, people in financial institutions and other professionals to launder those proceeds. That collaboration, obtained through intimidation or corruption, is used to defeat the efforts of police and other law enforcement agencies to trace, freeze, seize and/or confiscate those assets.

3. Military corruption

43. In several countries, police corruption has resulted in pressure being generated to involve the military in drug control, illicit crop eradication and border control efforts. That, in turn, has sometimes resulted in the problem of drug-related corruption spreading to the military and, in some cases, has affected the integrity, credibility and legitimacy of the military institutions involved. In some cases, in order to limit the devastating effects of corruption, a decision has had to be made to withdraw the military personnel that had been stationed in illicit drug production areas or assigned to pursue drug traffickers. In other cases, the population saw the police and the military accuse each other of corruption (or even attacking each other) and the credibility of both institutions suffered greatly.

4. Judicial corruption

44. The judiciary is equally at risk of drug-related corruption and intimidation. Because of the influence they have over the entire criminal justice process, judges and prosecutors are often targeted by criminal groups. The authority that judges and prosecutors have to initiate and terminate criminal investigations makes them extremely vulnerable to corruption and intimidation. Many members of the judiciary fall victim to intimidation, retaliation and violence. Others become corrupt. Once compromised, those officials are outside of the normal protection of the law and are unable to resist the pressure exerted by criminal organizations.

45. Once members of the judiciary or the prosecutorial services are compromised, they are unable to effectively perform their function of overseeing the rest of the criminal justice system. Unfortunately, existing judicial oversight and control mechanisms are not always sufficient to prevent or repress corruption. Protecting the independence of the

judiciary is an important means of protecting it against corruption, but it must also be supported by other effective action against judicial corruption. Preventive measures should include the elaboration of codes of professional conduct for members of the judiciary, as well as educational and training activities. Mechanisms should be put in place for ensuring that judges report and seek support in cases of intimidation. In some countries, it is difficult to enforce sanctions against judges convicted of corruption. Therefore, Governments should ensure that legislation enables sanctions to be enforced where appropriate.

46. Judges obviously have an important role to play in the fight against corruption. In some legal systems, they often play a direct role in the investigation and prosecution of corruption. Lack of resources, the complexity of the cases involved, the failing support of the police, the destruction of evidence, violence, intimidation, insufficient protection and political interference can all hinder effective action against corruption.

5. Drug-related corruption in countries with weakened controls or in post-conflict situations

47. Drug-related organized crime is becoming a major threat to peace and security. Countries in post-conflict situations and countries with economies in transition are particularly vulnerable to that threat. War, civil conflict, insurgency and natural disaster can all put tremendous pressure on justice and public safety institutions. The social control vacuum resulting from such situations often leads to violence, instability and corruption. The rapid social change and the weakened and disoriented law enforcement and justice institutions that tend to characterize those situations provide an environment in which organized criminal groups thrive and the illicit drug trade and corruption flourish. Drug-related corruption and organized crime can cause immeasurable harm to the social, political and economic development of countries in which such conditions prevail. Drug trafficking and the violence and corruption associated with it usually have a destabilizing effect on post-conflict societies and a devastating impact on their peacebuilding and reconstruction efforts. The proceeds of drug trafficking are all too frequently used in such situations to support insurgencies, supply weapons, destabilize Governments, undermine the democratic process or neutralize law enforcement and criminal justice institutions.

48. In Afghanistan, for instance, drug trafficking accelerated the development of organized crime and has been a massive source of corruption. Drug trafficking and corruption are major obstacles to peacekeeping, peacebuilding and reconstruction

²² Royal Canadian Mounted Police, *Project SPAWN: A Strategic Assessment of Criminal Activity and Organized Crime Infiltration at Canada's Class 1 Airports* (Ottawa, 2008).

efforts. A recent UNODC report entitled *Corruption in Afghanistan: Bribery as Reported by the Victims* has revealed that drug trafficking and corruption are the two largest income generators in Afghanistan. Together they account for half of the gross domestic product of Afghanistan. The report highlights how corruption has eroded the trust in public officials and the Government as a whole and how it is one of the most significant factors undermining peacebuilding in that country.

49. Many countries with economies in transition have experienced a rapid proliferation of organized crime and drug trafficking. In the Balkans, for example, organized criminal groups have become firmly established. In Senegal, the police have reported that trafficking in cannabis in the Casamance region has benefited from low-intensity conflict.²³ In Sierra Leone, the police reported that members of the Armed Forces Revolutionary Council, which had controlled the country in the period 1997-1998, were responsible for establishing Sierra Leone as a transit area for illicit drug shipments. In South-Eastern Europe where, according to a recent UNODC report, drug trafficking is the criminal activity with the highest value, drug-related corruption is a significant problem that has a direct effect on criminal justice institutions.²⁴

50. Since the late 1980s, coups and wars in West Africa have resulted in a blurring of the relationship between politics and crime in that subregion, not to mention general uncertainty surrounding wealth and the manner of its acquisition. That has provided fertile ground for corruption and has exacerbated the problem of organized crime in that subregion.²⁵ According to a UNODC report,²⁶ cocaine and other drugs illicitly manufactured in South America are increasingly being smuggled through West Africa on their way to the growing illicit markets in Europe. West Africa, a subregion recovering from several violent civil conflicts, is affected to such a great extent by drug trafficking mainly because of the ability of traffickers to operate with impunity. One of the greatest vulnerabilities of West Africa is its under-resourced criminal justice agencies, which are extremely susceptible to corruption. According to the UNODC report, international drug traffickers

operating in West Africa, when arrested, are seldom convicted and sentenced.

C. Combating corruption

drug-related

1. Tackling organized crime

51. Dismantling the criminal organizations involved in drug trafficking or, at the very least, disrupting their activities is a prerequisite for successful drug control strategies. Organized crime presents many unique and pressing challenges to criminal justice systems throughout the world. The rapid globalization of criminal networks adds to those challenges by testing the will and capacity of national agencies and institutions to work with each other to curtail the international activities of powerful criminal groups. Criminal organizations are good at exploiting the weaknesses of drug control agencies and other law enforcement agencies. They are also able to quickly adjust to new drug control and law enforcement tactics and approaches. Often the most that can be achieved is the short-term disruption of the activities of criminal organizations, leaving more or less intact their capacity to further engage in drug trafficking.

52. There are some obvious difficulties involved in fighting organized crime. Organized criminal groups usually have enormous resources at their disposal and have access to sophisticated technologies to support their activities. Organized criminal groups are difficult to infiltrate and they go to great lengths to protect themselves against defectors, informants and police agents. They do not hesitate to use violence. Because of the dynamic nature of the criminal activities involved, particularly drug trafficking activities, law enforcement and criminal justice institutions must constantly refine, redefine and perfect their own strategies. When possible, modern techniques of investigation, such as controlled delivery, electronic surveillance or infiltration must be utilized. Law enforcement and criminal justice institutions must develop a capacity for international cooperation and be able to work effectively with their counterparts in other countries.

53. It is also important to emphasize the importance of efforts to address money-laundering and to trace and seize the proceeds of the illicit drug trade, corruption and other types of crime. The regime for countering money-laundering is based on a number of standards and international instruments that are intended to ensure that there are no safe havens for criminals. Some of those key instruments are the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, the United Nations Convention against Transnational Organized Crime, the United Nations Convention

²³ *Transnational Organized Crime in the West African Region* (United Nations publication, Sales No. E.05.XI.1), p. 8.

²⁴ *Crime and Its Impact on the Balkans and Affected Countries*, published by the United Nations Office on Drugs and Crime in March 2008, pp. 12-13.

²⁵ *Transnational Organized Crime in the West African Region*, p. 7.

²⁶ *Drug Trafficking as a Security Threat in West Africa*, published by the United Nations Office on Drugs and Crime in November 2008.

against Corruption and the recommendations of the Financial Action Task Force on Money Laundering. The regime for countering money-laundering makes it possible to disrupt criminal organizations and seize the proceeds of their illegal activities.

2. Implementing necessary preventive measures

54. There are several measures that can be taken to prevent drug-related corruption. Many are the same as those that can be taken to fight corruption in general. They include measures to prevent, detect and investigate incidents of corruption. In the law enforcement and justice sectors, they include measures to develop and strengthen multiple accountability structures, internal investigation mechanisms and disciplinary processes. The most important measures to prevent drug-related corruption are found in the United Nations Convention against Corruption.

55. Deterring drug-related corruption through investigations, prosecutions and serious sanctions is a fundamental element of any comprehensive strategy to address the problem. It is, however, only one part of such a strategy. Emphasis must also be placed on education and prevention because, in the long run, they have more far-reaching benefits in terms of promoting the integrity of public institutions and managing the conduct of public officials. The Convention against Corruption allows for the establishment of independent bodies, with formal legislative authority, that can promote good practices in preventing corruption. The Convention also suggests that there should be periodic evaluations of relevant legal instruments and administrative measures to determine their effectiveness in preventing corruption.

56. The prevention of corruption requires all public agencies to have in place some efficient, transparent and objective systems for the recruitment, hiring, retention, promotion and retirement of public officials. Those systems must also recognize that certain persons or agencies, such as those involved in drug law enforcement and drug control activities, may be more susceptible to corruption than others. The specific vulnerabilities of those persons and agencies must be identified and analysed. The specific risks in those areas of work need to be identified and addressed by concrete measures, and those measures need to be evaluated and revised periodically. Some of the risks may be addressed by measures such as the following: pre-appointment screening of successful candidates for the post or for special assignments involving drug control activities; rotation of staff; and benchmarking the performance of individuals and teams.

57. All agencies involved in drug control activities should ensure that they have in place specific support and oversight procedures for all their staff, in particular for those who are directly exposed to corruption. Those agencies, because of their vulnerability to corruption, should all have in place procedures such as: regular appraisals; disclosure of conflicts of interest, incompatibilities and associated activities; and the declaration and registration of assets, interests and gifts, as well as adequate procedures for monitoring the accuracy of those declarations. Procedures to allow for confidential reporting of suspicious transactions and incidents ought to be put in place, together with provisions for effective investigation of those reports by internal affairs departments or independent oversight mechanisms.

58. Whenever the existing process and procedures provide a level of discretionary authority for certain officials, effective measures to monitor and review the use of that authority must be instituted. Depending on the level of risk of corruption, systems providing multiple levels of review and approval for certain decisions are always preferable to having a single individual with the sole authority to make those decisions. Encouraging transparency and accountability with respect to the decisions made at all levels is one of the most effective ways of preventing corruption. The operational requirement for secrecy to protect the integrity of drug control investigations and protect the officials involved must not serve as a means to avoid operational and public accountability.

59. Preventing the laundering of the proceeds of corruption is an important prevention method. Attempts to trace and seize the profits of drug dealers have led to the creation of sophisticated international mechanisms to prevent and counter money-laundering and deprive drug traffickers of the proceeds of their illegal activities. Those mechanisms can also be used to prevent corrupt officials from laundering their illegally obtained wealth. Measures to counter money-laundering rely in part on the vigilance and collaboration of financial institutions and their employees and other professionals (accountants, investors, lawyers). They, too, must be protected against corruption.

60. Addressing corruption and intimidation of the judiciary is a priority of an effective anti-corruption strategy. When members of the judiciary are compromised, the legal and institutional mechanisms designed to curb corruption are neutralized. In order to prevent such corruption, codes of conduct for the judiciary, effective oversight mechanisms and strong disciplinary measures can be put into place without affecting the independence of the judiciary. The

Bangalore Principles of Judicial Conduct²⁷ reaffirm the notion that judges must be accountable for their conduct to appropriate institutions established to maintain judicial standards, which are themselves independent and impartial, and are intended to supplement and not to derogate from existing rules of law and conduct that bind judges. The Principles reaffirm the fact that integrity is essential to the proper discharge of the judicial office and that judges must ensure that their conduct is above reproach.

61. The work for which judges and prosecutors are responsible must be protected against the risk of corruption and intimidation by ensuring that the judicial process is open and accessible. Judicial proceedings should be open to the public, judges must be required to provide reasons for their decisions and those decisions must be recorded and accessible to the public through the media. Judges and court administrators have a responsibility to prevent corruption by ensuring the effective and accountable administration of court proceedings, including systems to maintain and manage court records, procedures for reducing court delays, registries of decisions and procedures to respond to public complaints. Measures must be in place to prevent the destruction or theft of evidence and exhibits and the disappearance or destruction of court records.

62. Prosecutors have a special role to play in preventing corruption. They must be able to perform their professional functions without intimidation, hindrance, harassment, political interference or unjustified personal exposure to liability. They must be held accountable for their decisions and should be able to explain them in a frank and transparent manner. Where disciplinary steps are necessary, they should only be taken after an expeditious and fair hearing has taken place. Prosecutors, like judges, must be well protected: their personal safety and that of their families should never be threatened as a result of them carrying out their professional responsibilities.

63. There are several approaches to preventing corruption among the police and customs. In law enforcement, preventing corruption involves taking decisive action in a number of areas, including: (a) recruitment, training and promotion; (b) provision of adequate resources; (c) correcting faulty compensation, reward and incentive structures within the organization; (d) strengthening the existing governance and accountability structures within and outside the organization; (e) increasing transparency; (f) changing attitudes and traditions within the organization that inhibit the development of professional and ethical police standards; and

(g) countering any internal subculture that may perpetuate the acceptance of corruption.

64. Preventing and reducing corruption within the customs administration are also particularly relevant to the prevention of drug trafficking. Customs administrations are very vulnerable to corruption. A decision by a customs official to knowingly accept a fraudulent declaration can compromise the achievements representing months of work in a drug control operation. Considerable attention must be given to the recruitment, training and monitoring of customs staff and supervisory personnel. The development of strategies to counter corruption among customs officers involves determining the specific risks of corrupt behaviour at the various stages of the customs clearance process and, if appropriate, the developments of a “risk map” outlining the extent to which various elements of the existing process facilitate potential violations and create opportunities for corruption. The World Customs Organization has identified a number of areas to be focused on in efforts to prevent corruption in customs operations: leadership and commitment; regulatory framework; transparency; automation; reform and modernization; audit and investigation; code of conduct; human resource management; and morale and organization culture.²⁸

65. Integrated approaches are therefore needed to effectively address the factors that facilitate corruption within law enforcement agencies. The main elements of a comprehensive corruption prevention plan include improved recruiting and training practices, adequate remuneration, adequate policies, procedures, supervision, and administrative control to detect and respond to the problems of drug abuse and corruption among law enforcement officers. Responsible and accountable management and supervision are essential to the success of those approaches. Police managers must be inculcated with a sense of responsibility and be held accountable for the integrity of their staff. Organizational reforms must be introduced to ensure internal accountability and effective supervision, and to change procedures and practices that are conducive to corruption. Finally, corruption cannot be completely rooted out without having in place effective measures to detect, investigate and punish corruption. For that, an independent internal investigative unit is required, functioning as it should under an independent civilian oversight mechanism.

66. Detecting corruption within a law enforcement agency may present some challenges. The detection of

²⁷ E/CN.4/2003/65, annex; see also Economic and Social Council resolution 2006/23, annex.

²⁸ World Customs Organization, Revised Arusha Declaration: Declaration of the Customs Cooperation Council concerning Good Governance and Integrity in Customs, 2003; see also World Customs Organization, *Integrity Development Guide* (2007).

corruption may rely in part on reports from citizens or from law enforcement officers, but reports alone are usually insufficient. The agency may also rely on integrity testing, an early warning system to detect officers who may be prone to corruption, and the proactive investigation of individual officers involved in squads or areas with a high number of corruption-related complaints. The identification of officers at risk of corruption or misconduct is an important part of effective detection and investigation. Some areas of policing, in particular drug law enforcement, require special attention: they are at greater risk of corruption because they tend to be characterized by a large degree of secrecy and little managerial, administrative or civilian oversight. Corruption resistance and prevention plans can be developed once a proper risk assessment has been conducted and the risks of misconduct and the officers at risk have been identified.²⁹

67. Measures to protect against unjustified treatment those persons who report in good faith an alleged incident of corruption are essential to efforts to combat and prevent corruption at all levels. Such measures must strike a balance between the need to protect the rights of the person who is the object of the allegation and the need to protect the person making the allegation. Because false accusations of corruption may be used to discredit officials and neutralize their efforts to combat crime, such measures must also offer some protection against false accusation. There is also a need to protect witnesses, experts and victims who give information or testimony in cases involving corruption. Intimidation can take many forms and a variety of measures are usually necessary to protect those at risk. Measures should be designed to provide physical protection for witnesses who might be in danger and evidentiary rules should be adopted to allow them to provide testimony in a manner that ensures their safety. It is important to have in place comprehensive witness protection programmes to protect those who collaborate with the justice system in the investigation and prosecution of cases involving corruption.

D. Recommendations

68. Efforts to curtail the illicit drug trade must be better coordinated and aligned with broader strategies to control organized crime and to limit the damaging effects of drug-related corruption. To ensure more effective implementation of the international drug control conventions, the Board recommends the following:

(a) Governments must give greater attention to initiatives to prevent corruption, particularly those initiatives relating to public agencies and officials actively engaged, at all levels, in the enforcement of drug control laws. Those officials are particularly vulnerable to the threat of corruption and must be protected against it. Corruption resistance and prevention plans can be developed once a proper risk assessment has been conducted and the risks of misconduct and corruption have been identified;

(b) Governments must give priority to strategies aimed at preventing corruption and raising public awareness about corruption, building on the strengths and values that are unique to each cultural context;

(c) Governments must give priority to preventing corruption and intimidation, in particular among the judiciary. A corrupt judiciary is as serious an impediment to the success of anti-corruption measures as it is to the success of drug control strategies;

(d) All law enforcement and criminal justice agencies involved in drug control or in the fight against organized crime should formally adopt and enforce within their agencies a policy of absolute intolerance towards corruption;

(e) Law enforcement and criminal justice agencies involved in drug control should adopt, as a matter of priority, concrete measures to prevent drug-related and other forms of corruption and misconduct within their ranks. Such measures may include: promoting incorruptible and transparent recruitment, training, deployment and supervision practices; integrity-testing; strengthened internal investigation mechanisms; independent civilian oversight; effective prosecution; and greater protection for informants (“whistle-blowers”) and witnesses;

(f) All agencies involved in drug control activities should prevent corruption by ensuring that they have in place specific support and oversight procedures for all their staff, in particular for those who are directly exposed to corruption. Those agencies, because they are particularly vulnerable to corruption, should all have in place prevention procedures such as: regular appraisals; disclosure of conflicts of interest, incompatibilities and associated activities; and declaration and registration of assets, interests and gifts, as well as adequate procedures for monitoring the accuracy of those declarations. Procedures should be in place to allow for confidential reporting of suspicious transactions and incidents, with provisions for effective investigation of those reports by internal affairs departments, inspectorates or independent civilian oversight mechanisms;

²⁹ See, for example: *Project Odin: Identifying and Managing High Risk Officers in the NSW Police Force* (see footnote 6).

(g) There must be renewed efforts, at the national and international levels, to further strengthen measures to counter money-laundering and ensure that they focus on the identification and confiscation of the proceeds of drug-related corruption, as well as other types of drug-related crime;

(h) International and regional cooperation and the capacity of the relevant law enforcement and criminal justice agencies to cooperate with each other must continue to be strengthened, particularly as they relate to the prevention and eradication of drug-related corruption and intimidation;

(i) States that have not already done so are encouraged to ratify and implement the United Nations Convention against Transnational Organized Crime and the United Nations Convention against Corruption (see annex III), thereby enabling those conventions to realize their full potential in fighting drug-related crime, particularly at the international level;

(j) The international community should provide assistance to States that are struggling to cope with drug-related corruption and intimidation and require technical and other assistance in order to build their capacity to combat drug-related corruption.

IV. Primary prevention of drug abuse^{iv}

1. As the global community renews its commitment to tackling the world drug problem over the next 10 years, policymakers are increasingly looking to demand reduction to make a key contribution.³⁰ The term “demand reduction” refers to all activities aimed at reducing demand for drugs and includes primary, secondary and tertiary prevention. The present chapter focuses on primary prevention, that is, measures to prevent and reduce drug use in populations that are either not using or not seriously involved with drugs. The chapter includes a brief review of the extent of drug use and factors associated with such use, a description of primary prevention measures supported by scientific evidence, a discussion on the positioning of a focal point for prevention at the national level and recommendations for action to enable societies to build their capacity for prevention.

2. In the present chapter, the term “drugs” refers to narcotic drugs and psychotropic substances covered by the international drug control conventions: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol;³¹ the Convention on Psychotropic Substances of 1971;³² and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.³³ The distribution of those narcotic drugs and psychotropic substances are permitted by law only if they are distributed through medical and pharmaceutical channels for medical and scientific purposes. In this chapter, the term “drug use” should be understood to mean illicit use of those drugs.

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

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

4. In the Declaration on the Guiding Principles of Drug Demand Reduction,³⁴ adopted by the General Assembly at its twentieth special session, in 1998, it is stated that demand reduction efforts should be integrated into broader social welfare and health promotion policies and preventive education programmes. Health promotion and primary, secondary and tertiary prevention together contribute to the overall aim of reducing problems associated with drug use. Treatment activities are aimed at individuals diagnosed with drug dependence. Secondary prevention measures are aimed at reaching early those individuals who are seriously involved with drugs but are not dependent on drugs. Primary prevention, the third critical and complementary element in a demand reduction framework, is directed at populations not currently using or not seriously involved with drugs. Such populations are much larger than those targeted by secondary and tertiary prevention; hence their potential for reducing rates of drug use in a jurisdiction is significant.

5. Primary prevention promotes the non-use of drugs and is aimed at preventing or delaying the first use of drugs and the transition to more serious use of drugs among occasional users. Most drug use begins during adolescence and early adulthood, when young people are developing cognitively and socially. For that reason, primary prevention is mainly directed at those life stages and those before them. Primary prevention activities may be directed at whole populations (also referred to as universal prevention) or at particular groups of people who may be vulnerable because of risk conditions in their lives (i.e. selective prevention).³⁵ Drug use may be prevented, directly through activities aimed at preventing drug use or indirectly through activities that prevent drug use by promoting the overall health of a population.³⁶

6. There is good reason for society to give considerable attention to preventing drug use. There

³⁰ See, for example, the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (A/64/92-E/2009/98, sect. II.A); and *World Drug Report 2008* (United Nations publication, Sales No. E.08.XI.11).

³¹ United Nations, *Treaty Series*, vol. 976, No. 14152.

³² *Ibid.*, vol. 1019, No. 14956.

³³ *Ibid.*, vol. 1582, No. 27627.

³⁴ General Assembly resolution S-20/3, annex.

³⁵ Individuals who are more seriously involved with drugs but are not drug-dependent are also addressed through targeted services referred to as “indicated prevention”. Those services are not part of primary prevention.

³⁶ For the remainder of this chapter, it should be assumed that primary prevention includes health promotion measures and principles.

is no doubt that a single drug-using experience can have unpredictable and serious consequences (such as injury or overdose), particularly for naive users. Immediate problems are more likely to occur if large amounts of drugs are used and if particularly hazardous modes and contexts of drug use are involved (e.g. use of drugs by injection, use of multiple drugs, use of drugs in association with work or sexual activity or use of drugs while pregnant). Frequent use of drugs over a long period can have a number of consequences for the individual, the community and society. Personal consequences can include structural damage to the brain (e.g. due to chronic cocaine or methamphetamine use) or other organs, deteriorating family relations, poorer performance in school or work, unwanted and/or unprotected sexual activity, violence and trouble with the authorities. Of particular concern is the greatly increased risk for blood-borne infection (HIV, hepatitis B and C) associated with the use of drugs by injection. Widespread use of drugs by injection and other forms of chronic drug use in a community can result in reduced community safety and cohesion and elevated criminal activity. Drug use exacts a significant economic toll on communities and societies due to increased law enforcement, social welfare and health care and lost productivity. According to the World Health Organization (WHO), close to 1 per cent of ill health in the world can be attributed to drug use; for developed countries, the figure is 2.3 per cent.³⁷

A. Extent and nature of drug use

7. Societal efforts to prevent drug use need to be based on the best possible available data. It is challenging to generate reliable information on the nature and extent of the drug use situation; without a good understanding of the situation, it is impossible to plan properly or know whether strategies are having a positive effect. School and household surveys on the prevalence of drug use provide a broad view of the situation regarding drugs of concern and age and gender differences. Other sources of useful data on drug use vary from region to region but may include hospital emergency units, drug treatment centres, medical networks, police departments, government health and social service offices and university research institutes. In some jurisdictions, networks with representation from these groups have been established to monitor trends in drug use at the municipal, district or national level. However it is gathered, relevant information for primary prevention

aimed at preventing or delaying the onset of drug use includes information on the prevalence of drug use, the age of first drug use, gender differences, factors linked to the use and non-use of drugs and the socio-cultural context of drug use. A primary prevention strategy aimed at preventing in a population the transition of occasional drug use into serious involvement with drugs should include the collection of information on the frequency of drug use, the amount of drugs used and the factors linked to making the transition to more serious drug use.

8. It is estimated that between 172 million and 250 million persons in the world used a drug in the past year.³⁸ What that estimate does not reveal is that rates of drug use vary greatly depending on the drug type, region, age group and gender:

- Cannabis is by far the most commonly used drug among young and older adults: in 2007, 3.3-4.4 per cent of the world's population aged 15-64 years reported having used that drug in the past year. The next most commonly used drugs among person aged 15-64 years are amphetamine-type stimulants (including methamphetamine (0.4-1.2 per cent) and methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy") (0.3-0.5 per cent)), followed by cocaine (0.4-0.5 per cent) and opiates (0.3-0.5 per cent).³⁹
- Rates and patterns of drug use in different regions are constantly in flux, affected by socio-economic forces and the availability of various drugs. Generally, the highest rates of drug use are found in North America, Oceania and Western Europe, although countries in those regions and subregions have reported drug use to be stable or declining in recent years. While cannabis is the most commonly used drug in most regions, the use of amphetamine-type stimulants is more common in East and South-East Asia. The highest rates of opiate use in the world are reported in countries along the main drug trafficking routes leading from Afghanistan. Increases in the use of drugs by injection and the HIV infection rate in Central Asian countries are among the steepest in the world, partly because those countries are used as transit areas for Afghan heroin bound for the Russian Federation and other countries in Europe. While rates of drug use are currently stable or declining in regions and subregions with high drug use rates, countries with economies in transition (e.g. countries in Eastern Europe and South America) and countries used as illicit drug production or transit areas (e.g. Central Asian countries) are at risk for and, in some cases, show signs of increasing drug use. This shift may be

³⁷ World Health Organization, *World Health Report 2002: Reducing Risks, Promoting Healthy Life* (Geneva, 2002).

³⁸ *World Drug Report 2009* (United Nations publication, Sales No. E.09.XI.12).

³⁹ Ibid.

part of a larger phenomenon of “risk transition” resulting from marked changes in living patterns in many parts of the world.⁴⁰

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

- Rates of drug use tend to be higher during the teenage and early adult years. First use of drugs most often occurs in adolescence. In the past, it could generally be said that if young persons had not begun using drugs by the end of their adolescent years, they were unlikely to begin; however, an increase in the number of persons first using drugs in their early adult years has been reported in numerous countries, perhaps partly because of marriage being delayed: getting married (and beginning a family) generally has the effect of reducing drug use. In the past, young males were more likely to use drugs; while that is generally still the case, the gap between drug use among females and drug use among males has narrowed for certain drugs in various countries throughout the world.⁴¹

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

10. Risk and protective factors can affect an individual’s development at any point, from

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

1. Personal factors

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

⁴⁰ World Health Organization, *World Health Report 2002* ...

⁴¹ *World Drug Report 2009* ...

2. Family factors

12. The quality of family life is a large factor affecting health and behaviour throughout childhood and adolescence. Early deprivation (e.g. lack of affection from caregivers, neglect or abuse) often has a profound affect on a child's pathway through life. Children of drug- or alcohol-dependent parents are at particular risk for later drug use. In adolescence, discipline and family rules are factors, and extreme approaches (i.e. being either too

permissive or too punitive) are associated with problems. Transitions or significant changes in family life (such as parental separation, loss of a close family member or moving to a new neighbourhood or school) can place any young person at risk. Parents who are good listeners, set reasonable expectations, monitor their child's activities and model healthy attitudes and behaviour (e.g. in relation to use of medication) have a protective effect.

3. Social factors

13. Social influences play an increasingly prominent role as children approach adolescence. In some societies, the media have contributed to a normalization of drug use. That is important because young people tend to be influenced by their perception of how common or "normative" drug use is in their networks. If a young person's friends or peers smoke, drink or use drugs or it is believed that they do, the young person is more likely to do those things, too. However, the phenomenon of peer influence as a risk factor is complex; peer influence rarely takes the form of overt coercion to try drugs, as is sometimes assumed. Decisions on the use of a particular drug are also linked to perceptions of the risk associated with the use of that drug. An emerging drug may go through a phase in which there is little information available about the risks or consequences of its use. Inaccurate information often fills that void, leading to an image of the drug being safe or of its users being somehow different from other drug users. As the perceived risk associated with the use of the drug increases, the rate of its use tends to decline. However, the concept of drug-related risk is best considered in relation to the benefits perceived by the young person. Some young people may perceive unhealthy behaviour such as drug use as having important social benefits (for example, supporting a desired identity or making friends). Consequently, knowledge about drug risks does not serve as a protective factor in itself, but belief that the relative risks of drug use outweigh the benefits does. Spiritual engagement, active involvement in healthy recreational activities and service to a community are all important social factors that provide protection during adolescence.

4. Gender factors

14. It is important to consider gender differences for protective and risk factors in relation to drug use. Certain protective and risk factors may hold equal importance for boys and girls (e.g. social support, academic achievement, poverty) but may be expressed in different ways. Boys have a higher prevalence of conduct disorder and ADD⁴² during childhood, which can lead to them having earlier association with deviant peers and earlier initiation into drug use than girls. Other risk factors tend to be more important for girls; such risk factors include negative self-image or self-esteem, weight concerns, early onset of puberty, or a higher level of anxiety or depression. During adolescence, girls tend to give greater priority to social relationships than do boys; girls also appear to be more vulnerable to the influence of drug-using friends. Certain protective factors, such as parental support and consistent discipline, tend to be more important for girls than for boys.

5. School factors

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

⁴² See World Health Organization, *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (Geneva, 1992); and American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR*, 4th ed. (Washington, D.C., 2000).

B. Community and societal factors

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

1. Vulnerable populations

17. Young people around the world live in a vast range of circumstances. Many young people are exposed to ordinary levels of risk in the various areas of their lives, and most choose not to use drugs. However, some young people at least try drugs, particularly cannabis and amphetamine-type stimulants (along with alcohol, tobacco and, increasingly, without a doctor's supervision, psychoactive medicines), and some experience problems as a result. In every region, however, there is a population of children and young people exposed to more than an average level of risk. That risk may be manifested in various ways; if drugs are available to young people during adolescence and adulthood (e.g. as a result of drug use in the family or a high level of drug trafficking in the neighbourhood), they are more likely to use drugs. The challenge (and opportunity) for society is to systematically offer protective conditions and experiences to all children and youth, particularly those who are more vulnerable.

2. Strategies for preventing drug use

18. Primary prevention strategies need to ensure that attention is given to both whole (or universal) populations as well as targeted (selective) populations. Well-based whole population initiatives can both reduce demand and help identify gaps or population groups that are not being sufficiently

addressed. To effectively address their needs, particular groups or vulnerable populations may benefit from initiatives with greater focus or intensity. Consequently, a prevention plan needs to include both types of measures: measures targeting the general population and measures targeting the more vulnerable population groups. Research provides good direction on the most fruitful whole population and targeted approaches for the various life stages.

3. Early childhood

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

4. Later childhood

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

21. In some regions, family skills training programmes are becoming increasingly common, bringing groups of families together for approximately eight sessions. They have been found effective for groups of families assembled on the basis of shared risk factors (e.g. families with a drug-dependent parent), as well as those assembled without regard to their risk level. In both cases, the programmes typically help parents to improve their ability to listen and communicate effectively, solve problems, provide appropriate discipline and monitor their children's activities during adolescence. The sessions need to be interactive (instead of in a lecture format) and to include opportunities for parents and children to test new ideas and skills together. The sessions are often organized in concert with the local school, emphasizing mutual support between parents and teachers. Providing incentives such as paid transportation, arrangement for childcare, free communal meals and vouchers for consumer goods at the end of the programme can greatly enhance the participation of parents and families. On the whole, family skills training programmes are among the most effective drug use prevention options; they have also been shown to decrease other types of problem behaviour (aggressiveness, truancy) and increase attachment to school.⁴³

5. Early and middle adolescence

22. For children in early adolescence who are able to attend school, education aimed at raising awareness of the risks of drug use is an important prevention component. The ability of classroom instruction to prevent drug use is much strengthened when such instruction is delivered in the context of a "health-promoting school" approach integrating attention to the environment in and around schools, good access to services and strong parent and community involvement. The most promising classroom models for such education ensure that accurate, balanced information on the risks and consequences of drug use is provided in the context of exploring social influences and teaching key life skills (such as coping, decision-making, critical thinking and assertiveness).⁴⁴ But in order to be manageable for schools, such education needs to be woven with other issues (e.g. mental health problems) that share the same risk and protective factors. Interactive teaching approaches are essential to effective education about the risks of drug use, as

simply providing information has been found to be ineffective. Because relevance is critical, culturally appropriate education programming is likely to increase the potential of programmes for educating students of differing ethnicity about the risks of drug use.⁴⁵ The effectiveness of even the best programmes is limited given that many of the risk factors lie beyond the school grounds. However, such programmes are viewed as cost-effective because they are relatively inexpensive to deliver and have been shown to have an impact on other types of behaviour and because delaying the onset of drug use by even a year or two for a few students helps avoid significant social costs in the future.

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

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

⁴³ *Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention* (United Nations publication, Sales No. E.09.XI.8).

⁴⁴ World Health Organization, *Skills for Health: Skills-Based Health Education Including Life Skills – An Important Component of a Child-Friendly/Health-Promoting School*, Information Series on School Health, No. 9 (Geneva, 2003).

⁴⁵ *Drug Abuse Prevention among Youth from Ethnic and Indigenous Minorities* (United Nations publication, Sales No. E.04.XI.17).

motivational approaches have shown particular promise for students who use alcohol and may have a similar effect on students who use drugs.

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

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

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

- It is extremely difficult for most adults to keep abreast of youth trends and age-specific considerations; hence, it is important to involve members of the target group in designing media initiatives.

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

6. Late adolescence and early adulthood

28. Given their dominant role in the lives of many older adolescents and young adults, the workplace, nightlife settings (such as clubs, discotheques, bars, parties and music festivals) and post-secondary institutions (e.g. colleges and universities) are important for primary prevention.⁴⁶ A “healthy-setting” approach that recognizes their potential to either promote or hinder health can be effective in all cases:

- Working conditions and organizational practices can either alleviate or aggravate stress on workers, which has a large influence on workers' health and drug use. Giving employees input into the way their work is organized can help reduce stress, as can measures such as providing regular feedback on performance and having work schedules that are reasonable and flexible. Companies, large and small, can also reduce drug use by raising the awareness of employees and supervisors about drug issues, implementing an effective approach to identifying drug users and achieving a balance between disciplinary measures and access to assistance.⁴⁷
- Prevention of drug use in nightlife settings is best addressed through comprehensive interventions aimed at promoting the health and safety of both staff and customers. Health and safety issues within those settings are wide-

⁴⁶ In all societies, there is a population of older adolescents and young adults who have less access to resources. Young people who are unemployed and living in poor housing or on the street (for example, due to an abusive or unstable upbringing, or mental illness) are more likely to benefit from intensive targeted services than primary prevention activities.

⁴⁷ International Labour Office, *Management of Alcohol- and Drug-Related Issues in the Workplace*, ILO Code of Practice (Geneva, 1996). Available from http://www.ilo.org/public/libdoc/ilo/1996/96B09_297_engl.pdf.

ranging; such issues may include ventilation, fire, sound levels, sexually transmitted infections and unwanted pregnancies, unintentional injuries due to falls or violence, and impaired driving upon leaving the workplace. Such issues are best addressed by a combination of basic venue policies, training serving staff and door supervisors and helping with access to treatment for staff if necessary.

- Post-secondary institutions are also advised to take a comprehensive approach that ideally combines awareness and education, as well as the training of peer leaders, with policy that is consistently applied. Initiatives in such institutions should be based on understanding that drug use interferes with academic performance.

7. All life stages

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

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

recreational associations and others in the community working together to support healthy development.

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

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

32. Primary prevention strategies based on evidence have considerable potential to reduce drug demand; to realize that potential, however, Governments need to bring primary prevention out of the shadows of other strategic measures and be committed to that work. Drug control strategies aim to achieve a balance between various components, yet primary prevention continues to suffer from lack of attention relative to other components. Supply reduction is a vitally important part of the mixture of components needed to effectively address drug problems. Although evaluation and cost-benefit analyses of drug supply reduction measures are scarce, it is assumed that those activities have the effect of raising drug prices and making drugs less accessible in communities. To the extent that that is the case, supply reduction activities have the effect of reducing demand. The reverse is also likely to be true: effective drug demand reduction, including primary prevention, has the effect of reducing drug supply in communities. Primary prevention also needs to re-establish its place alongside secondary prevention, which has dominated the discussion in recent years.

While the needs of those seriously involved with drugs must be addressed, promoting the non-use of drugs has obvious public health benefits as well. Finally, it is important for primary prevention to come out of the shadow of treatment for drug abuse. Historically, much of the work in the area of prevention of drug use has been done by treatment and medical practitioners. Their close knowledge of drug use problems has provided important insight into prevention work; however, clinicians tend to deal with problems using an individual, case-by-case approach rather than a “system” approach. It is vital to adopt a “system” approach that takes into account the various contexts or environmental factors that influence drug use.

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

- *Vertical linkages:* drug use issues are fundamentally health issues, and prevention is most closely connected to public health, health promotion and child and youth development; consequently, health authorities at all levels of government need to be an integral part of primary prevention efforts. Vertical linkages are necessary because a focal point for drug use prevention should have input into social policy decision-making at the highest levels of government. Risk for drug use most often originates in broad socio-economic factors, and prevention policy needs to advocate social policy at the government level that promotes more equitable access to protective factors for children and families (e.g. anti-poverty and social inclusion initiatives).

- *Horizontal linkages:* early factors can render a child at risk for drug use later in life. Thus, strategies for drug use prevention need to be linked with and support child development initiatives. Ministries of education have a large role to play in primary prevention but often experience severe constraints, so it is critical for authorities responsible for prevention and those responsible for education to arrive at plans for drug use prevention in school that are both feasible and effective. The factors that contribute to drug use also contribute to other behavioural and social problems such as poor school performance, mental health problems, violence and criminal activity; therefore, it is important for a focal point for drug use prevention to link with strategies directed at those other types of behaviours that represent a health risk. A priority topic of inter-strategy discussions is the need for other strategies to include drug use prevention

among their objectives and in their evaluations and for strategies for drug use prevention to reciprocate. Because early use of legally available substances is linked to later drug use, a plan for drug use prevention needs to include or be linked to efforts to address the abuse of such substances. Finally, primary prevention services need to be linked with secondary prevention and treatment components of a demand reduction continuum to ensure seamless coordination between service levels.

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

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

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

- In any population of young people, there is a large group of people who are not using drugs or use them occasionally; those people would benefit from measures and messages that promote not using drugs. Some of those young people have advantages or protective factors and would benefit from broad universal prevention measures; others are more vulnerable because they have one or more risk factors. Governments may be tempted to allocate their limited resources to either one population group or the other, but they are advised to set aside resources for both. Universal prevention interventions tend to have a limited effect (that is, they prevent only a small

percentage of the population from starting drug use than would otherwise be the case); however, because they are serving whole populations, that percentage of the population may represent a significant number of people and provide an important public health benefit. Targeting vulnerable population groups allows for interventions to be more closely tailored to the needs of particular population groups.

- Key words in statements of long-term outcomes include “prevent use”, “delay use”, “promote non-use among occasional users” and “prevent occasional use from shifting to serious use”. More immediate outcomes that can contribute to those long-term aims include “developing health-related life skills”, “building protective factors”, “promoting resiliency” and “promoting individual or organizational capacity”. All elements of a strategy (e.g. targets, aims and activities) need to be logically linked in an accountability framework.

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

38. At the local level, persons responsible for programmes for drug use prevention should strive for quality in their work. That means that they should be able to show that they addressed the identified needs, that activities were implemented as planned (e.g. the intended number and types of individuals were reached), that activities resulted in the desired changes or outcomes (e.g. fewer students using cannabis) and achieved the changes at a reasonable cost and so on. If local organizers adopt a programme that has been found to be effective elsewhere, they will need to retain core elements of the programme when adapting it to the local culture and circumstances. As programmers around the world increasingly evaluate and share their work, the understanding of what works in different populations and cultures will improve considerably.⁴⁸

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

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

prevention at the local level, see *Monitoring and Evaluating Youth Substance Abuse Prevention Programmes* (United Nations publication, Sales No. E.06.XI.7).

⁴⁸ For a useful resource to guide the evaluation of

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

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

- Governments should establish a clear focal point and accountability for primary prevention. That will enable primary prevention to assume its proper place alongside secondary and tertiary prevention.
- Governments should integrate primary prevention into the national drug control strategy and use a public health framework. A public health framework provides a scientific basis for prevention and ensures that the full range of factors that contribute to drug use are addressed.
- Governments should build capacity for and ensure collaboration and linkage among all government sectors pursuing similar prevention aims. Because a wide variety of factors contribute to drug use and many of those factors also contribute to other kinds of health issues or risk behaviour (e.g. mental health problems, violence, criminality), linkages with other government offices having similar aims will lead to synergies at the government level.
- Governments should encourage various groups with a stake in prevention (e.g. families, schools, youth agencies and non-governmental organizations, the media, religious groups, police, community coalitions and the private sector) to work together towards the achievement of prevention aims. Limited resources are most effectively and efficiently utilized when relationships are characterized by open communication and commitment to collaboration.
- Governments should establish mechanisms to improve the understanding of drug use and the factors that influence drug use. It is

important that prevention be data-based to the extent possible. Only with a clear understanding of the current extent and nature of drug use is it possible to determine whether prevention initiatives are having the desired effect.

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

Part Two. Addressing emerging developments and trends in drug control

I. Universal application of the international drug control treaties

i. Global drug policy debate^v

1. The Board takes note of recent calls by some Governments for a review, by States Members of the United Nations, of the approach to the global drug problem hitherto adopted by the international community, with the aim of adopting a balanced approach in enhancing the effectiveness of the strategies and instruments used by the world community in confronting the challenge of the drug problem and its effects. The Board welcomes and supports initiatives by Governments aimed at further enhancing international drug control, undertaken in conformity with the international drug control conventions.

2. At the same time, the Board notes with concern recent declarations and initiatives reported from some countries in the Western hemisphere proposing the legalization of the possession of narcotic drugs and psychotropic substances for purposes other than medical or scientific use, and the decriminalization of the cultivation of cannabis plant for non-medical use. In this regard, the Board notes with deep concern a proposal by the Government of Uruguay before the Parliament of Uruguay that would allow the State to assume control over and regulation of activities related to the importation, production, acquisition of any title, storage, sale and distribution of cannabis or its derivatives, under terms and conditions to be determined by a regulation, for the purpose of non-medical use.

3. The Board wishes to point out that such an initiative, if it were to be implemented, would be contrary to the provisions of the international drug control conventions. The 1961 Convention and the 1988 Convention require all States parties to limit the use of narcotic drugs, including cannabis, exclusively to medical and scientific purposes. Non-compliance by any party with the provisions of the international drug control treaties could have far-reaching negative consequences for the functioning of the entire international drug control system.

4. The Governments of those States, which are parties to the international drug control treaties, have demonstrated over many years their commitment to the aims and object of the international drug control conventions, extending their valuable cooperation to the Board in the implementation of the treaties. The Board stands ready, in line with its mandate, to continue a dialogue with all Governments in order to promote universal compliance with the provisions of the international drug control treaties.

ii. Application of the international drug control treaties in countries with federal structures^{vi}

5. The international drug control treaties must be implemented by States parties, including States with federal structures, regardless of their internal legislation, on their entire territory. While all States have different legal systems and legal traditions, the Board wishes to remind the States parties of the basic principles of international law enshrined in the provisions of articles 27 (on the irrelevance of internal law) and 29 (on the application of the treaty on the entire territory of the party) of the 1969 Vienna Convention on the Law of Treaties.⁴⁹

6. Over the last few decades, the majority of States parties to the international drug control treaties have applied adequate control measures, as required under the treaties, to ensure that narcotic drugs and psychotropic substances are used only for medical and scientific purposes. For example, consensus among States parties had developed in favour of firm control over cannabis, a substance included not only in Schedule I but also in Schedule IV of the 1961 Convention as amended by the 1972 Protocol, which requires the most stringent control measures. The Board notes that almost all States parties have applied the strict control measures foreseen in the international drug control treaties. The almost universal application of the treaties has substantially enhanced the efforts of the international community to fight drug abuse and drug trafficking.

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

8. The Board notes that in some countries, such policy changes took place at the state and/or provincial level, and the federal Government is consequently often confronted with challenges in complying with the international drug control treaties. In the United States, for example, although the use, sale and possession of cannabis remain

⁴⁹ United Nations, *Treaty Series*, vol. 1155, No. 18232.

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

9. The situations described above make it difficult for the Governments of those countries to fulfil their obligations under the international drug control treaties and to ensure the implementation of the treaties on their entire territory. Some of the Governments concerned have stated that their domestic legal systems prevent them from fully complying with the treaties, as their state and/or provincial legislative and judicial structures and competencies are independent and prevail over their national or federal legislation and jurisdiction.

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

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

12. The Board wishes to point out that the changes in policy and legislation on cannabis are taking place

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

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

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

iii. Treaty obligations applicable in the entire territory of a State party^{vii}

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

16. Despite the almost universal application of the international drug control treaties, the Board has noted with concern that a number of States parties to the treaties have been turning to and persisting in the implementation of national policies that are not in line with the treaties. In particular, the Board has

noted that a number of States parties have permitted the use of “safer crack kits”, the “medical” use of cannabis, “coffee shops” and the establishment and operation of so-called “drug injection rooms”, which contravene the international drug control treaties.

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

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

19. In this connection, the Board wishes to stress the basic principles of international law enshrined in the provisions of articles 26 (on the obligation of parties to fulfil their treaty-based obligations in good faith) and 27 (on the primacy of international law over national legislation) of the Vienna Convention on the Law of Treaties,⁵⁰ as well as the international drug control treaties.

20. Moreover, the 1961 Convention and that Convention as amended by the 1972 Protocol sets very strict and unavoidable control measures for cannabis, limiting its use to medical and scientific purposes by defining it as a drug under the terms of article 1 (Definitions) and including it in Schedule I. Besides those general provisions, specific obligations are set for parties on the control of cannabis (in article 28) and penal provisions (in article 36). The 1988 Convention goes much further into the detailed penal provisions related to the illicit traffic in narcotic drugs and psychotropic substances (in article 3) and with a non-derogation clause (in article 25), solves all possible arguments on any perceived contradiction vis-à-vis the other international drug control treaties.

21. The Board recognizes the fact that certain state, regional and/or provincial powers, jurisdictions and delegated competencies are expressly granted and guaranteed in the constitutional frameworks of some States parties. Legislation and policies adopted by provinces or federated states are enacted in

concordance with the constitution of the State party. Accession to the international drug control treaties should result in States parties adopting national strategies and measures that ensure their full compliance with the treaties. Those treaty obligations are applicable in the entire territory of each State party, including its federated states and/or provinces.

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

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

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

⁵⁰ United Nations, *Treaty Series*, vol. 1155, No. 18232.

II. Availability of internationally controlled substances for medical and scientific purposes

i. Obstacles to the availability of internationally controlled substances for scientific purposes^{viii}

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

2. That issue was discussed by the Board in its annual report for 2005.⁵¹ In 2007, the Board issued the *Guidelines for the Import and Export of Drug and Precursor Reference Standards for Use by National Drug-Testing Laboratories and Competent National Authorities*,⁵² in which it recognized the importance of forensic laboratories, as well as the need to ensure that such laboratories had access to the facilities and tools they need to carry out their work, including high-quality reference standards. In the guidelines, the Board identified some of the obstacles to obtaining reference samples in a timely manner that were encountered most frequently by laboratories, and guidance was provided on possible ways to remove those obstacles.

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

4. Concerned by those continuing difficulties, the Commission on Narcotic Drugs adopted resolution 54/3, on ensuring the availability of reference and test samples of controlled substances at drug-testing laboratories for scientific purposes. In the resolution, the Commission requested Member States to review, in consultation with

the Board and UNODC, national procedures, in order to facilitate access to internationally controlled substances for use as test and reference samples by drug-testing laboratories.

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

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

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

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

⁵¹ *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.2), paras. 216-218.

⁵² United Nations publication, Sales No. M.08.XI.6 (available at www.incb.org/documents/Reference_standard_guidelines/reference-standards_en.pdf).

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

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

11. The Board has noted that, if competent national authorities are unaware of the importance of test and reference samples for drug-testing laboratories or of the work done by those laboratories, they may unnecessarily delay or deny imports, thus hindering availability. The Board reminds all States that all parties involved in the acquisition of test and reference samples of internationally controlled substances should be made aware of their critical importance to the work of drug-testing laboratories and should cooperate in facilitating access to such samples. Possible awareness-raising measures may include the designation of a national coordinator for the procurement and distribution of reference samples; the institutionalization of cooperation

between Government agencies, such as the formation of an inter-agency working group; and the establishment of a coordinating body for classifying new drugs that are seized and distributing samples of them to laboratories throughout the country.

12. Several competent national authorities reported that they refused imports of test and reference samples if they exceeded the estimates provided to the Board for the substances in question. Others reported that although such imports were not refused, they were delayed until a supplementary estimate for the substances in question could be sent to the Board. In order to avoid the refusal of imports on the basis of estimates that do not take into account the needs of drug-testing laboratories, the Board invites all States parties to the international drug control conventions to consult those laboratories when establishing their estimated annual requirements of internationally controlled substances. The Board also reminds States parties that they may, at any time, submit supplementary estimates should their initial estimates need to be increased to meet unforeseen needs, including those of drug-testing laboratories.

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

14. The Board notes that in suggesting possible mechanisms to facilitate access to test and reference samples, several European Union member States pointed to Council of the European Union decision 2001/419/JHA on the transmission of samples of controlled substances as a possible model from which solutions could be drawn. The decision establishes a system for the transmission of samples of controlled substances between European Union member States, subject to certain formal requirements such as that the samples be intended for use in the detection, investigation and prosecution of criminal offences or for the forensic analysis of samples. Moreover, the quantity of the sample should not exceed the quantity deemed necessary for law enforcement and judicial purposes. In its decision, the Council provided for

the designation of national contact points, which could act as the sole competent bodies for authorizing the transmission of samples. The transmission of samples is agreed upon between the national contact points of the sending and the receiving States using a standardized form, and the national contact points of any transit States are also duly informed ahead of time. The decision states that samples must be transported in a secure way and it provides guidelines on which means of transport are considered secure. In seeking to identify solutions to the problem of the availability of test and reference samples at the international level, the Board invites all States to share best practices that have been adopted at the national and regional levels and that have proved effective in fostering greater availability of test and reference samples of internationally controlled substances.

15. The Board reiterates that the key to removing obstacles to the availability of test and reference samples of internationally controlled substances is awareness-raising and inter-agency cooperation and invites all States

to renew their efforts to ensure that drug-testing laboratories are given the tools they need to carry out their indispensable work.

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

III. Emerging substances of abuse

i. New psychoactive substances^{ix}

1. The term “new psychoactive substances” denotes substances of abuse that are not subject to international control measures but that have effects similar to those of controlled drugs. It is a generic term that includes emerging drugs of abuse sometimes referred to as “designer drugs”, “herbal highs”, “research chemicals” and “legal highs”. It also includes substances that are not necessarily new but which have recently been increasingly abused.

2. In the past several years, the warnings about the dangers posed by new psychoactive substances have multiplied. Public health officials and drug control stakeholders have been raising awareness of the emergence of new psychoactive substances which are outside the scope of international control for some time. In its annual report for 2010, the Board warned Governments of this growing threat and recommended that they take concrete steps to monitor the emergence of new psychoactive substances with a view to adopting national control measures intended to stem the manufacturing, export, import, distribution and sale of these substances.

3. The Board notes that the international community has taken notice of the problem and has turned its attention to identifying ways to address it effectively. The Board also reminds Governments that pursuant to the international drug control conventions, States parties are explicitly authorized to adopt whatever national control measures they deem necessary in addition to those existing at the international level. In this regard, the Board acknowledges the adoption in many States of legislative and regulatory measures aimed at establishing mechanisms to address the public health dangers caused by the emergence of new psychoactive substances.

4. In March 2012, the Commission on Narcotic Drugs adopted resolution 55/1, entitled “Promoting international cooperation in responding to the challenges posed by new psychoactive substances”, in which the Commission encouraged States to take various decisive individual and collective actions to deal with the threat posed by new psychoactive substances. Through that resolution, the Commission recognized that the capacity of States to effectively deal with new psychoactive substances is a function of their ability to identify those substances in a timely manner, allowing for preventive measures to be taken, and, given the global nature of the problem, to share that information with other States and relevant stakeholders in order to make concerted action possible.

5. In recent years, there has been an unprecedented increase in the emergence of new psychoactive substances not within the purview of the international drug control conventions. The most common categories of these drugs have been synthetic cannabinoids, synthetic cathinones, piperazines and phenethylamines. According to EMCDDA, the number of notifications of new psychoactive substances received by the Centre averaged five per year from 2000 to 2005. In 2011, the figure had increased to 49, meaning that a new psychoactive substance was put on the market almost every week on average. Although it is impossible to know the exact number of new psychoactive substances on the market, experts have advanced estimates running well into the thousands. As abuse of these substances has increased, so too has the number of users who have experienced grave health consequences or even suffered death due to exposure to them. In many countries, use of such substances has manifested itself in marked increases in emergency room visits for adverse health reactions caused by the ingestion of new psychoactive substances, as well as in significant increases in calls to poison treatment centres.

6. The Board encourages all Governments to establish formal mechanisms aimed at collecting information regarding new psychoactive substances, including information regarding their chemical make-up, patterns of abuse, marketing techniques, trade names, distribution and diversion methods and countries of origin. There is mounting evidence suggesting that many new psychoactive substances are being manufactured in China and India. The Board urges the Governments of China and India to investigate this matter and to take decisive action to prevent the manufacturing of new psychoactive substances on their territory.

7. The Board notes that several States have established early warning systems for new psychoactive substances, which have been pivotal in national efforts to identify and move to control new psychoactive substances. With respect to the regional level, the Board acknowledges the leading role taken by EMCDDA on the question of new psychoactive substances, particularly through its establishment of a European early warning system. The Board encourages those States that have not yet done so to consider establishing early warning systems and to establish mechanisms for the sharing of obtained information with other States and with multilateral stakeholders, including WHO, INTERPOL, UNODC and INCB. The Board urges those multilateral stakeholders to continue to examine specific aspects of the problem of new psychoactive substances and to disclose their

findings to the international community. The Board also acknowledges the particularly important role of WHO in monitoring the emerging abuse of uncontrolled substances and recommending scheduling when it deems appropriate.

8. The Board particularly welcomes efforts made by UNODC in response to Commission on Narcotic Drugs resolution 55/1 aimed at collecting information about new psychoactive substances, including through the elaboration and distribution to national laboratories of a questionnaire on the topic. The Board encourages UNODC to act as a focal point on the question of new psychoactive substances and to gather information from States regarding new substances of abuse and measures adopted to address the problem. The Board also encourages States to continue to support ongoing UNODC activities regarding new psychoactive substances such as the global Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme.⁵³

9. A particular challenge to Government efforts to place new psychoactive substances under national control is the difficulty of identifying those substances in a timely manner, given the rapid succession of new substances entering the market, their inconsistent chemical composition and the lack of technical and pharmacological data and reference material, as well as insufficient forensic and toxicological capacity on the part of some States. The Board acknowledges the recommendation contained in Commission on Narcotic Drugs resolution 55/1 that UNODC should continue to provide technical assistance to States, upon request, in order to assist them in bolstering the capacity of their institutions to deal with the problem of new psychoactive substances. The Board also encourages closer cooperation between States on a bilateral and multilateral level, as well the provision of technical assistance where required.

10. In order to raise awareness of the public health dangers associated with many new psychoactive substances and, in particular, to dispel the misconception that those substances are safe since they are not controlled, the Board invites all Governments to include new psychoactive substances in the scope of all existing prevention programmes, and, if deemed necessary, to design specific prevention initiatives targeting this phenomenon. The Board reminds States that it is impossible to gauge the extent of the abuse of new psychoactive substances without comprehensive data on prevalence of abuse, populations specifically at risk and patterns of abuse, and encourages Governments to include new psychoactive substances in their national drug abuse surveys and to effectively disseminate the findings of those studies to all stakeholders, as well as to the public, as an additional means of awareness-raising.

11. The Board also encourages States to cooperate in the development of chemical reference standards aimed at identifying new psychoactive substances and to make those standards available to drug-testing laboratories as necessary. Where such reference samples are not available, the Board encourages States to share analytical data. The Board is aware that in many cases, the work of forensic laboratories in identifying new substances is hampered by obstacles to the availability of test and reference samples of internationally controlled substances. INCB encourages States to consider the recommendations made by the Board in its *Guidelines for the Import and Export of Drug and Precursor Reference Standards for Use by National Drug Testing Laboratories and Competent National Authorities*⁵⁴ and the “Additional courses of action in support of the implementation of the 2007 INCB Guidelines for the import and export of drug and precursor reference standards for use by national drug testing laboratories and competent national authorities”,⁵⁵ which are available on the Board’s website.

12. A further obstacle has been the distribution of new psychoactive substances through the Internet. The Board encourages Governments to monitor the activities of websites selling new psychoactive substances and products containing those substances that are based in their territory, as well as such websites based in other countries, and to share information in that regard with the competent authorities of countries used as a base for such websites. The Board invites Governments to apply the recommendations contained in its *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*⁵⁶ to the extent to which they are relevant to addressing the sale of new psychoactive substances on the Internet.

13. In addition to the measures listed above, States have taken various legislative and regulatory action to reduce the supply of new psychoactive substances on their territory.

14. Traditionally, national attempts to address new psychoactive substances have been primarily concentrated within the ambit of drug control legislation. Given the speed with which new substances are designed, manufactured and put on the market, drug syndicates are often able to outpace existing controls by staying one step ahead of national legislative and regulatory norms.

⁵³ Available from www.unodc.org/unodc/en/scientists/smart.html.

⁵⁴ United Nations publication, Sales No. M.08.XI.6 (available from www.incb.org/documents/Narcotic-Drugs/Guidelines/reference_standards/NAR_Guideline_s_reference-standards_en.pdf).

⁵⁵ Available from www.incb.org/documents/Narcotic-Drugs/Guidelines/reference_standards/Additional_courses_of_action_ref_standards_EN.pdf.

⁵⁶ United Nations publication, Sales No. E.09.XI.6.

Further exacerbating this problem is the fact that the onus of identifying and evaluating the potential for harm of new psychoactive substances generally falls upon States, and in many cases no action can be taken to control the substance until that process has been concluded.

15. The adoption of traditional national control measures is often a lengthy and onerous process which, in many cases, has shown itself to be ill-suited for use in addressing such a dynamic phenomenon. In recognition of this fact, States have increasingly developed novel approaches to combating the problem of new psychoactive substances by supplementing traditional drug control measures through an innovative combination of emergency control powers, consumer protection measures and food and drug safety mechanisms in order to expedite the application of control measures to new substances.

16. Among the methods used by States to address the emergence of new psychoactive substances have been the use of “generic” and “analogue” scheduling. In the case of analogue scheduling, a substance that is both structurally similar and has a similar or greater psychoactive effect as a substance already controlled is deemed to be a controlled substance analogue and as such is also considered to be controlled. Under generic scheduling measures, particular variations of a core molecular structure are to be controlled. Thus, each substance does not have to be dealt with individually, and new types of substances can be controlled through these approaches. However, the analogue approach requires the availability of pharmacological data to be able to demonstrate the similarity of psychoactive effects.

17. In seeking to protect the public from potentially harmful substances, States have also made increasing use of “emergency scheduling” procedures that allow them to take swift action to remove a substance from the market while a decision is pending on whether permanent control measures are to be applied to that substance. The adoption of such emergency measures has been highly effective in ensuring that the public is not unnecessarily put at risk before a comprehensive evaluation of the substance can be undertaken by national authorities.

18. Another approach taken by States to limit the public health dangers posed by some new psychoactive substances has been to subject such substances to requirements similar to those imposed upon manufacturers of medications. This has meant that in order for a new psychoactive substance to be deemed to be legal and obtain market authorization, it must have gone through a rigorous approval process backed up by toxicological data, medical trials etc. States having resorted to this type of control measure have reported that the costs associated with the approval process have acted

as an effective deterrent for manufacturers of new psychoactive substances.

19. In many countries, recourse has been made to provisions under consumer and health protection laws with respect to requirements for clear disclosure of ingredients, labelling and instructions for use, leading to the confiscation of contravening products, as well as the closure of retail outlets selling them.

20. As noted above, the legal framework established by the international drug control conventions provides the possibility for States to adopt national control measures beyond those mandated at the international level. The choice by each State of what type of measures to apply is informed by the real situation on the ground that such measures are meant to address, and is also governed by the legal and regulatory norms and structures in place. While the Board acknowledges that each State must pursue the adoption of measures tailored to its specific situation, it remains convinced that in identifying appropriate responses to the emergence of new psychoactive substances, States may benefit from an exchange of best practices on the matter.

21. A global problem such as the proliferation of new psychoactive substances requires global solutions. The Board notes the efforts that have been undertaken at the national, regional and international levels to find effective ways to deal with this imposing problem, and encourages States and international organizations to continue to work together in sharing information, developing common strategies and exchanging best practices. In the pursuit of its mandate, the Board stands ready to assist Governments.

ii. Synthetic cannabinoid receptor agonists^x

22. During the past several years, synthetic cannabinoid receptor agonists have emerged as a new class of substances of abuse requiring the attention of drug regulators. These substances are added to herbal mixtures, marketed under brand names such as Spice, which are sold through the Internet and in specialized shops. The synthetic cannabinoid receptor agonists that have been detected in these herbal mixtures are not under international control. However, in 2009, concern about the potential health risks posed by their abuse prompted authorities in several countries to adopt national measures to prevent such abuse. Some countries have added specific synthetic cannabinoid receptor agonists, notably ones such as JWH-018 and CP 47497 and homologues most commonly identified in seized samples of herbal mixtures, to the list of substances controlled under national legislation. However, a large number of synthetic cannabinoid receptor agonists have been synthesized such that non-controlled ones could appear on the market. To

pre-empt this problem, some States, such as the United Kingdom, have adopted measures for the control of groups of structurally related synthetic cannabinoid receptor agonists.

23. Concerned that herbal mixtures containing cannabinoid receptor agonists were increasingly being sold through various channels, the Commission on Narcotic Drugs, adopted resolution 53/11, entitled “Promoting the sharing of information on the potential abuse of and trafficking in synthetic cannabinoid receptor agonists”. In that resolution, the Commission welcomed the work of the Board in bringing to the attention of Member States the abuse of herbal mixtures containing synthetic cannabinoid receptor agonists through the inclusion of information on that matter in the report of the Board for 2009⁵⁷ and requested the Board to continue to play a role in gathering from Member States information on synthetic cannabinoid receptor agonists, including new types of those substances not under international control, and in sharing that information with other Member States and WHO.

24. Pursuant to that request, the Board has sent a letter to the Governments of selected countries in all regions requesting information regarding recent trends in the abuse of synthetic cannabinoid receptor agonists and the presence on the market of new types of such substances. The Board has reviewed the information provided by Governments, as well as other official reports about measures implemented to deal with the problem of the abuse of synthetic cannabinoid receptor agonists in various parts of the world.

25. The availability on the market of products containing synthetic cannabinoid receptor agonists continues to be a matter of concern for Governments. In 2010, a number of Governments have introduced or intend to introduce measures to prevent trafficking in such products. In countries such as Belarus and Ukraine, a number of synthetic cannabinoid receptor agonists have been added to the list of substances controlled under national legislation, whereas Ireland has placed groups of structurally related synthetic cannabinoid receptor agonists under national control. In the United States, only the synthetic cannabinoid HU-210 is under control due to its being a structural analogy to THC. However, concerned that herbal mixtures containing synthetic cannabinoid receptor agonists have recently become available in specialized shops throughout the United States, lawmakers in several states have adopted legislation to control the use of and trade in specific synthetic cannabinoid receptor agonists, including JWH-018 and CP 47497 and some of its homologues.

26. Governments of some countries that had already adopted national legislation to control specific synthetic cannabinoid receptor agonists reported to the Board that law enforcement authorities had, since the adoption of that legislation, detected non-controlled agonists in samples taken from herbal mixtures that had been seized in their countries. For example, JWH-250 was recently detected in herbal mixtures seized in France, Japan and the Russian Federation. Another synthetic cannabinoid receptor agonist, JWH-081, was detected in samples taken from herbal mixtures seized in Finland, France and Sweden.

27. The Board encourages Governments to continue monitoring the abuse of synthetic cannabinoid receptor agonists and adopt measures to prevent their trafficking and abuse. In that regard, all Governments concerned are encouraged to implement Commission on Narcotic Drugs resolution 53/11. The Board invites Governments to continue to provide it with information regarding the extent of abuse of and trafficking in products containing synthetic cannabinoid receptor agonists and measures that have been adopted to counter such abuse.

iii. Recently identified “designer drugs”^{xi}

28. The term “designer drugs” is used to describe substances of abuse that have been developed to avoid existing control measures, including those foreseen under the international drug control conventions. Frequently, they are manufactured by means of a minor modification of the molecular structure of controlled substances, resulting in a new substance with similar pharmacological effects. They can be easily manufactured, as instructions on their manufacture and a description of their pharmacological effects are often found on the Internet.

29. The abuse of 4-methyl-methcathinone, a “designer drug” also known as “mephedrone” or “4-MMC”, has been reported in a growing number of countries and regions. Mephedrone is a derivative of methcathinone, which itself is chemically related to cathinone, one of the psychoactive ingredients found in khat (*Catha edulis*). Its chemical structure is also related to amphetamines. The effects of the substance are reported to be similar to other stimulant drugs, such as cocaine, amphetamine and MDMA (“ecstasy”), although there is little existing research into its pharmacology and toxicity.

30. The abuse of mephedrone was first noted in 2007, in the United Kingdom. By 2008, its abuse had become so widespread in Europe that notification was given to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) so that the substance could be monitored through the European Union early

⁵⁷ Report of the International Narcotics Control Board for 2009 ..., paras. 242-248.

warning system. In a few cases, the abuse of mephedrone, especially in combination with other substances, has resulted in death. In 2010, there was an increasing number of reports of the seizure or abuse of mephedrone in regions other than Europe — in countries in North America, South-East Asia and Oceania, in particular Australia and New Zealand.

31. Mephedrone is easily obtained through the Internet and has been marketed through retail outlets (“smart shops”) in some countries. Organized criminal groups are involved in its trafficking and distribution. Mephedrone has been advertised as bath salt, plant food and a research chemical, presumably to escape detection by drug control authorities and to avoid legal proceedings against the marketing of the substance. The substance appears to have no legitimate use.

32. In many countries where mephedrone was not already controlled as an analogue of methcathinone, the substance has been placed under national control fairly rapidly. Other Governments are planning to place the substance under national legislation or have already taken steps to do so. In addition, in Europe, the region where the abuse of mephedrone started and has spread the most so far, the Council of Europe took a decision to undertake a formal risk assessment of the substance. The Board appreciates those actions, which show that Governments can respond quickly to emerging trends in drug abuse.

33. However, mephedrone is not the only recent designer stimulant that is abused. For example, in Europe alone, some 15 other “designer cathinones” are currently being monitored by EMCDDA. Among those, methedrone and methylone, which are also analogues of methcathinone, are abused in the United Kingdom. In addition, naphyrone, another synthetic compound with stimulating effects that is not related to cathinone, is abused in Europe.

34. In countries where the national legislation does not support generic scheduling, the list of substances that are subject to national controls has to be amended for each newly identified “designer drug” or other substance that has been identified as problematic. For example, in Japan, 51 drugs (including mephedrone and salvinorin A, a substance obtained from the plant *Salvia divinorum*) have recently been placed under national control. Belarus, Brazil and Finland also found it necessary to amend their national drug control legislation and place several “designer drugs” on the list of controlled substances.

35. Governments are well aware that the abuse of new substances can spread quickly within and among regions. The Board recommends that all Governments closely monitor trends in drug abuse on their territory, with a view to identifying new substances of abuse, such as designer stimulants. In that regard,

Governments should monitor Internet forums to identify the substances that might replace mephedrone as a result of that substance being placed under national control in a growing number of countries. Governments are urged to share with the Board and WHO any new trends in substance abuse. If necessary, Governments that have not yet done so should take immediate action to place mephedrone and other “designer drugs” under national control, in order to be able to prosecute the persons responsible for their distribution. To that end, Governments might consider generic scheduling, where national legislation allows it.

36. Furthermore, in view of the fact that mephedrone is abused in several regions and appears to be smuggled from region to region, Governments might consider notifying the Secretary-General of problems experienced with the abuse of mephedrone on their territory, with a view to adding the substance to any of the Schedules of the 1971 Convention. In that regard, the Board notes that WHO has, for some time, not been able to convene its Expert Committee on Drug Dependence to assess substances for possible scheduling under the 1961 Convention and the 1971 Convention, a situation that has serious repercussions for the international drug control system.

37. The Board therefore urges Governments and international entities such as UNODC, through its Laboratory and Scientific Section, and WHO to develop effective measures to address the problem of “designer drugs”. In view of the responsibility given to WHO under the 1961 Convention and the 1971 Convention, the Board calls on WHO, as a first step, to resume its activities to assess new substances as soon as possible.

iv. Abuse of volatile organic compounds referred to as “poppers”^{xii}

38. The Board notes that the Governments of some countries, in particular in South America, have experienced problems with regard to the abuse by inhalation of volatile organic compounds containing various alkyl nitrites, such as amyl nitrite. Those mixtures, which are commonly referred to as “poppers”, are currently not under international control. They are not “designer drugs”; however, their abuse raises concerns about adverse health effects. In response to those developments, in its resolution 53/13, entitled “Use of ‘poppers’ as an emerging trend in drug abuse in some regions”, the Commission invited Member States to address the potential problem of the use of “poppers” and to share information on best practices and lessons learned to counter that emerging trend. In that resolution, the Commission also invited Member States to share available information on abuse of “poppers” with the Board and other interested parties.

In view of the concerns regarding the adverse health effects of the abuse of “poppers”, the Board recommends that Member States share with WHO information on health issues related to such abuse.

v. Herbal mixtures containing synthetic cannabinoids^{xiii}

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

40. To receive more information on abuse of Spice products, the Board sent a letter to Governments of selected countries in all regions to request information regarding the prevalence of the use of Spice products, the profile of Spice product users, health problems arising from the use of Spice products and the abuse liability of their constituents. The Board has reviewed the information provided by Governments, as well as reports on Spice products by bodies monitoring substance abuse, such as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

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

42. Information about the psychoactive effects of using Spice products has been obtained primarily from anecdotal reports on Internet forums, where users of Spice products mentioned experiencing a “high” similar to that induced by cannabis. The synthetic cannabinoids detected in Spice products were originally produced for research on the endogenous cannabinoid receptors and have not been developed as pharmaceutical products; consequently,

little is known about their toxicological effects in humans. However, although information from studies on the effects of those synthetic cannabinoids on humans is lacking, studies of their effects on animals in vitro studies suggest that the substances may be even more potent than cannabis. That raises concerns about the potential health risks associated with the use of those synthetic cannabinoids and with the consumption of unknown quantities of such substances surreptitiously introduced in herbal mixtures such as the Spice products.

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

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

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

vi. Control of ketamine^{xiv}

46. During the past several years, the Board has taken note with concern of reports on the abuse of and trafficking in ketamine, a substance currently not under international control. Through its annual reports, the Board has repeatedly drawn the attention of Governments to the problems of the widespread abuse of ketamine, particularly among youth, in East and South-East Asia and of trafficking in ketamine in that region and in other regions, including in the Americas.

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

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

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

50. In its report for 2006,⁵⁸ the Board welcomed the adoption of resolution 49/6 by the Commission on Narcotic Drugs and called upon all Governments to implement that resolution without delay. In particular, the Board encouraged all Governments concerned to take steps to determine the size of the population abusing ketamine and, wherever warranted, to place ketamine under their national legislation. Furthermore, the Board urged all Governments to provide to WHO, and to the Board, all available information on the abuse of ketamine in their countries, in order to assist the WHO Expert Committee on Drug Dependence in its efforts to assess ketamine for possible scheduling under the 1971 Convention.

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

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

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

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

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

56. The Board has started to publish, on a secure page of its website, information on the national requirements already in place in individual

⁵⁸ *Report of the International Narcotics Control Board for 2006* ..., para. 202.

countries for authorizing the import and export of ketamine.

IV. Diversion and abuse of internationally controlled substances

i. Illegal Internet pharmacies and seizures of licitly manufactured substances ordered via the Internet and delivered through the mail^{xv}

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

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

providers and difficulties in coordination and cooperation among various national agencies were frequently mentioned.

(a) Action to be taken

3. One of the principal suggestions made by respondents to the questionnaire was that Governments that had already implemented the guidelines should share their experiences with those that had not, in order to identify good practices. A second suggestion was that Governments that had implemented the guidelines should provide training for those that had not, in order to improve the capacity of officials to identify and counteract the activities of illegal Internet pharmacies. The responses to the questionnaire show that the vast majority of Governments with experience in dealing with illegal Internet pharmacies have not, to date, been offering technical assistance to those Governments requiring such assistance. One example given of the technical assistance currently being offered at the international level was Project Drug.net of the International Criminal Police Organization (INTERPOL). Several Governments suggested the use of joint operations to improve procedures and controls. That might also help to respond to the concern expressed by several Governments that action against offending websites could only be taken on their territory and that websites based in other countries cannot be confronted with restrictive action.

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

5. A significant portion of illegal Internet pharmacies' activities involve smuggling their products to consumers,

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

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

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

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

8. Based on the information provided to the Board, the main countries and territories of origin identified for seized pharmaceutical preparations were India (accounting for 58 per cent of seized substances), followed by the United States, China and Poland. In addition to national postal services, a number of courier or

express package delivery services were mentioned as being misused for the smuggling of drugs, both pharmaceutical preparations and illicit drugs. The most frequently seized licit psychotropic substances were diazepam and phentermine. The most frequently seized licit narcotic drugs were methadone and codeine; the most frequently seized precursors were ephedrine and pseudoephedrine. The most frequently seized drugs of illicit origin included cannabis, khat, amphetamine, cocaine, heroin and JWH-122 (a synthetic cannabinoid).

(c) Further developments involving illegal Internet pharmacies

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

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

ii. Illegal Internet pharmacies – Guidelines on Preventing Illegal Sale of Internationally Controlled Substances through the Internet^{xvi}

11. The Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet,⁵⁹ developed by the Board, were launched in March 2009, during the fifty-second session of the Commission on Narcotic Drugs. The Guidelines were then sent to the competent authorities of all countries. The Board hopes that the Guidelines will help each Government to identify the control measures most appropriate for its country. Some of the recommendations will need to be implemented by all Governments, particularly those recommendations relating to the provisions of the three international drug control treaties. Furthermore, in order to ensure concerted action at the international level, basic requirements on information exchange and cooperation should be met by all States. The Board calls upon all Governments to implement the recommendations contained in the Guidelines without delay and to the fullest extent possible. Using a questionnaire to be distributed to all Governments in 2010, the Board will assess the progress achieved in implementing the Guidelines.

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

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

controlled substances by means of the Internet. In January 2009, Belgium adopted new legislation containing legal requirements specifically for Internet pharmacies and prohibiting the sale of prescription drugs through the Internet.

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

iii. Abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances^{xvii}

15. Over the years, the Board has repeatedly drawn the attention of Governments to the increasing abuse of prescription drugs containing controlled substances. In its annual report for 2009, in particular, the Board devoted a special topic to this problem to highlight the need for Governments to give it increased attention and to introduce countermeasures. Since 2009, the abuse of prescription drugs has continued to spread in all regions of the world, and is posing serious health and social challenges in some countries. In North America and South and South-East Asia, as well as some countries in Europe and South America, prescription drug abuse has increased substantially in recent years. In the United States, for example, prescription drug abuse is more prevalent than the abuse of any other internationally controlled substance except cannabis. In Germany and the Russian Federation, sedatives and tranquillizers containing benzodiazepines ranked the second most commonly abused substance group. The most abused substances that have been reported include opioids containing buprenorphine, codeine, hydrocodone, methadone and oxycodone, sedatives and tranquillizers containing benzodiazepines, barbiturates or GHB, and stimulants.

16. The abuse of prescription drugs by injection, which increases the risk of HIV, hepatitis B and hepatitis C infection, has also been reported by many Governments. This problem is noted particularly in South Asia, where the most commonly injected prescription drugs include a variety of benzodiazepines and buprenorphine. Health-care coverage among injection drug users in the region is

⁵⁹ United Nations publication, Sales No. E.09.XI.6.

low; this increases the likelihood of drug abusers sharing their injection equipment.

17. One particular concern of the Board is the increase in recent years in the reported abuse of prescription drugs containing psychotropic substances. According to a recent CICAD report on drug abuse in the Americas, the past year prevalence of the abuse of tranquillizers obtained without a prescription among secondary school students was higher than 6 per cent in Bolivia (Plurinational State of), Paraguay and Colombia. In Singapore, the Government has reported a large increase in the abuse of sedatives and tranquillizers containing benzodiazepines. Increased deaths related to the abuse of psychotropic substances have been reported by a number of countries.

18. While more and more Governments have become aware of the increased abuse of prescription drugs containing psychotropic substances, the problem remains largely underreported worldwide, compared to the abuse of prescription drugs containing narcotic drugs. Furthermore, the Board is concerned that the general public, in particular youth, are not adequately informed about the damaging effects of such abuse.

19. As with the abuse of prescription drugs in general, the abuse of prescription drugs containing psychotropic substances has gained popularity, owing mainly to the fact that such abuse is less stigmatized than the abuse of illicitly manufactured drugs, the perception that such medications can be obtained legally (for example, from health-care professionals) and the mistaken belief that the abuse of such substances is not damaging to health.

20. Another concern of the Board relates to the role of health-care professionals: they may intentionally or unintentionally contribute to the problem of prescription drug abuse in different ways. According to the latest United States National Survey on Drug Use and Health, the majority of prescription drug abusers who obtained such preparations from a friend or relative indicated that the friend or relative had obtained them using a legitimate prescription. Research has indicated that the training that health-care professionals have received in prescribing and dispensing controlled substances and identifying substance abuse was insufficient in many countries. In addition, the dispensing of prescription drugs by pharmacists without the required prescriptions is a factor in sustaining the illicit use of prescription drugs in some regions, such as South Asia.

21. In response to the challenges posed by prescription drug abuse, many Governments have taken action to address this growing problem. For instance, the Government of Singapore requires medical practitioners to report information such as the duration of treatment periods and the dosage and quantities of prescription drugs that are prescribed to suspected drug addicts. The Governments of Germany and the United States have

formulated targeted action plans to monitor and reduce prescription drug abuse. However, more needs to be done.

22. The crucial first step is to improve knowledge about the nature and extent of the abuse of prescription drugs, so as to devise a targeted response. Although a number of studies and research papers regarding prescription drug abuse have become available recently, knowledge about this problem in most countries remains extremely limited. The lack of information on the extent of abuse is a particular concern in Africa, where the availability of prescription drugs on unregulated markets outside the control of the health authorities appears to be a serious problem. As the Board outlined in its annual report for 2009, Governments should include prescription drugs containing controlled substances in national drug abuse surveys to obtain information on the nature and extent of the abuse. In some countries where this has already been done, the questions on the abuse of prescription drugs in the surveys tend to be unspecific and do not lead to sound conclusions. In some other countries, queries about the abuse of psychotropic substances have been omitted in such surveys, perhaps owing to the perception that the high abuse of opioid analgesics is a greater concern. In all such cases, national surveys should be improved by making the questions comprehensive as well as specific regarding the type of substance abused.

23. Secondly, although there has been significant improvement in some countries in raising awareness about the harmful effects of prescription drug abuse, many people, including from the medical profession, are still not aware that the abuse of prescription drugs containing controlled substances can be as dangerous as the illicit use of other drugs such as heroin and cocaine. Therefore, it is necessary for Governments to formulate and implement effective prevention strategies; such strategies should target the general public and medical professionals, who need to be better educated about the dangers associated with prescription drug abuse. Health authorities and professional organizations should develop guidelines and codes of conduct and enhance training programmes for health-care professions, with the aim of promoting rational prescription and dispensation and reducing abuse of prescription drugs.

24. In some countries, prescription drugs that have high rates of abuse have been removed from the market or replaced with variants less prone to abuse. While such approaches can be part of an effective strategy to tackle the abuse of certain prescription drugs over the longer term, care needs to be taken when applying such approaches because they might limit the availability of those substances on the licit market. In addition, dependent abusers can switch to other forms of abuse to substitute for the substance or substances they were abusing previously, and the substitutes may be even more harmful. Therefore, a balanced approach is needed to

prevent abuse while at the same time ensuring the availability of prescription drugs for licit purposes.

25. Last but not least, to tackle the problem of prescription drug abuse, measures need to be taken to prevent the illicit supply of prescription drugs. In addition to diversion from licit channels, the clandestine manufacture of pharmaceutical preparations containing controlled substances has been uncovered in some countries. This suggests that the abuse of certain prescription drugs has become so widespread that traffickers are seeking new methods to meet the demand. Therefore, the Board urges all Governments to take measures to prevent the diversion and illicit manufacture of prescription drugs, as an effective way to prevent abuse.

26. Some psychotropic substances, all of them central nervous system stimulants, are used mainly in the treatment of attention deficit hyperactivity disorder (ADHD), a mental and behavioural disorder that usually results in learning problems, among many others. Methylphenidate is the most widely known and prescribed substance, and in some countries the only substance, used for such treatment. Dexmethylphenidate, the more potent stereoisomeric form of methylphenidate (which is controlled under the 1971 Convention), is now increasingly imported and used in some countries. Furthermore, amphetamine and dexamphetamine, alone or in combination products, are used for the treatment of ADHD. All three substances mentioned above are included in Schedule II of the 1971 Convention, since they are considered to be of little to moderate therapeutic usefulness and their liability to abuse constitutes a substantial risk to public health. On a much smaller scale, pemoline, a substance included in Schedule IV of the 1971 Convention, has also been used in the treatment of ADHD. More recently, lisdexamfetamine, a prodrug of dexamphetamine (after consumption it metabolizes in the body to dexamphetamine) that is not under international control, has been developed. That substance is considered to be less liable to abuse than amphetamines and methylphenidate, and its use in the treatment of ADHD is spreading in some countries. A number of other substances that are not under international control are also used in the treatment of ADHD.

27. The diagnosis of ADHD, in particular in children, is time-consuming and should follow complex assessments of medical, developmental and educational parameters to exclude the possibility that the behavioural and learning problems are caused by other disorders or by family and environmental circumstances. Diagnosis of ADHD and its treatment with the help of central nervous system stimulants, primarily in children, started to grow substantially in North America about two decades ago,

and that growth has subsequently spread to many countries and regions. Since consumption of the substances used to treat ADHD improves academic performance and alleviates behavioural problems, there have been reports of pressure from schools or parents to prescribe such substances to pupils and students without a proper diagnosis of ADHD. ADHD was previously considered to be mainly a problem of schoolchildren; however, ADHD in pre-school children and in adults has also been increasingly diagnosed and treated with stimulants such as methylphenidate.

28. Partly as a consequence of the developments described above, global use of the substances used in the treatment of ADHD has increased during the past two decades, although there have been changes in the use levels of the various substances mentioned above. Whereas global manufacture and use levels of amphetamines increased in the 1990s, when they were consistently much higher than the manufacture and use of methylphenidate, they have followed a downward trend since about 2000. The manufacture and use of pemoline were also much higher in the 1990s and have declined since. In contrast, the global manufacture of methylphenidate, which increased more than tenfold, from 4.2 tons in 1992 to 45.2 tons in 2011, and in 2009 surpassed the combined global manufacture of all amphetamines, continues to grow. The calculated global consumption increased during the same period from 4.2 tons (139 million defined daily doses for statistical purposes (S-DDD)) to 51 tons (1.5 billion S-DDD). While the Board has no direct information on the levels of use of many stimulants such as lisdexamfetamine that are not internationally controlled, there are signs that the total manufacture and use of central nervous system stimulants for the treatment of ADHD are not levelling off.

29. The high demand in the United States, where the use of methylphenidate and other substances for the treatment of ADHD is heavily advertised, including directly to potential consumers, and is promoted at schools, has been the major driving force for the manufacture and use of methylphenidate. The United States has traditionally been the major manufacturer and user of methylphenidate, in addition

to being the major importer of amphetamines used in the manufacture of preparations to treat ADHD. In that country, the levels of calculated consumption⁶⁰ of

⁶⁰ The 1971 Convention does not require that Governments furnish to the Board statistics on the consumption of psychotropic substances. In 2011, the Commission on Narcotic Drugs, in its resolution 54/6, requested Governments to submit consumption statistics for psychotropic substances to the Board to enable it to evaluate the availability of psychotropic substances in countries and regions. Some

methylphenidate increased steadily and sharply from 1.5 S-DDD per 1,000 inhabitants per day in 1992 to 10.8 S-DDD per 1,000 inhabitants per day⁶¹ in 2011.

30. The use of methylphenidate for the treatment of ADHD has spread to a number of other countries. In 1992, the share of the United States in the total calculated use of methylphenidate was 86 per cent; in 2011, that figure dropped to 69 per cent. Whereas in 1992 a total of 63 countries and territories reported use of methylphenidate, in recent years over 100 Governments have reported such use. In 2011, Canada and Iceland, for the second consecutive year, showed higher calculated per capita consumption levels than the United States. Other countries in Europe and Oceania⁶² that show very high rates of per capita consumption of methylphenidate are also among the countries with very high per capita consumption levels of amphetamines.

31. It should be noted that about half of the countries and territories in the world do not report any use of the psychotropic substances that are typically used in the treatment of ADHD. In particular, many countries where the population is much younger than in the countries reporting high consumption levels of stimulants used in ADHD, and that presumably would have a high rate of ADHD, hardly use such stimulants.

32. The increase in the availability and use of the substances used to treat ADHD, in particular methylphenidate, has been accompanied by frequent reports of diversion and abuse of the pharmaceutical preparations containing those substances from licit distribution into illicit channels, in particular in countries where consumption levels have been high. The preparations are typically abused by two groups: (a) students and pupils who want to improve their academic performance and who seem to ignore the health risks involved in the use of such substances without medical supervision, and (b) abusers of amphetamine-type stimulants who crush and subsequently snort, dissolve or inject the substances in question, such as methylphenidate, or mix them with street drugs to create what is called a “speedball”. In the United States in the mid-1990s, the levels of abuse of substances that are used to treat ADHD were not less than the abuse levels of stimulants that were illicitly manufactured.⁶³ Whereas

most other amphetamine-type stimulants have been obtained from illicit manufacture, all the methylphenidate found in illicit markets is believed to be diverted from domestic distribution channels.

33. Many methods for the diversion of those preparations were identified. For example, methylphenidate is among the substances most often obtained through illegal Internet pharmacies. In several countries adolescents and young adults reported little difficulty in obtaining preparations containing methylphenidate or amphetamines from friends or schoolmates. Furthermore, schools have been broken into and medication supplies stolen. In some countries there were reports that methylphenidate could be obtained without a prescription, in contravention of the provisions of the 1971 Convention. At least one criminal network was identified that was involved in falsifying orders for preparations containing methylphenidate.⁶⁴

34. The Board recognizes the usefulness of stimulants in the treatment of ADHD when prescribed on the basis of careful and appropriate diagnosis and proper treatment evaluation. Nevertheless, the Board has repeatedly expressed its concern about the high level of consumption of methylphenidate and the other substances used in the treatment of ADHD, which has led to the widespread diversion and abuse of pharmaceutical preparations containing those substances. The Board has requested the countries concerned to ensure that the control measures foreseen in the 1971 Convention are applied to the stimulants listed in Schedule II of that Convention and to take additional measures, as necessary, to prevent both the diversion from licit distribution channels and the abuse of preparations containing that substance.⁶⁵ The Board has also stressed on numerous occasions the importance of education and training for health professionals on the rational use of psychoactive drugs, to prevent the abuse of prescription drugs. In this connection, the Board noted that the significant increase in the use of stimulants for ADHD treatment in many countries could be attributed to possible overdiagnosis and overprescription.

35. Diversions of methylphenidate and other substances used in the treatment of ADHD, direct advertising to the general public to promote their use and wide public dissemination of information about the misuse and abuse of such substances, as well as the sources where they can be obtained, have helped to create an illicit market for preparations containing such substances. The Board is therefore concerned about the unabated increase in consumption of methylphenidate in a number of

Governments have started to submit such statistics; however, so far the data received are not sufficient for the comparison of statistics between countries and years.

⁶¹ Since 2010, statistical data on consumption were reported by the United States. The reported data confirm excessively high consumption levels.

⁶² Namely, Australia, Belgium, Denmark, the Netherlands, New Zealand, Norway, Spain and Sweden.

⁶³ *Report of the International Narcotics Control Board for 2006* (United Nations publication, Sales No.

E.07.XI.11), para. 87.

⁶⁴ *Report of the International Narcotics Control Board for 2009* (United Nations publication, Sales No. E.10.XI.1), para. 98.

⁶⁵ For example, in recommendation 24 of the *Report of the International Narcotics Control Board for 2009*.

countries. Inadequately controlled supplies of those substances at sites such as schools, private homes and illegal Internet pharmacies, as well as the continued lack of awareness on the part of potential abusers about the health risks associated with the abuse of those stimulants, may lead to increased diversion and abuse.

36. The Board therefore reiterates that Governments should closely monitor the consumption levels of all stimulants that are used in the treatment of ADHD and ensure that they are prescribed in accordance with sound medical practice, as required under article 9, paragraph 2, of the 1971 Convention and in line with the rational use of psychoactive drugs, as recommended by WHO. The competent authorities of the countries concerned should further increase their vigilance with regard to the diversion of, trafficking in and abuse of stimulants in Schedule II used for the treatment of ADHD. Where necessary — for example, at schools — safety measures for storage and distribution should be enforced. Health professionals prescribing substances for the treatment of ADHD and health authorities should advise the general public, students and, in particular, parents of young patients of the risks and consequences of the abuse of such substances. The Board calls further on all Governments to inform it of any new development with regard to the diversion of, trafficking in and abuse of those substances.

iv. International cooperation in countering the covert administration of psychoactive substances to facilitate the commission of sexual assault and other criminal acts^{xviii}

37. Substances under international control, as well as some substances that are not controlled, have been known to be used to facilitate the commission of sexual assault or other criminal acts. The substances are concealed in food or, more frequently, drinks in doses that are higher than those used for therapeutic purposes, in order to weaken the resistance of individuals and ensure that victims have no recollection afterwards of what happened. Most notable has been the widespread use of flunitrazepam as a so-called “date-rape drug”. The Board has referred repeatedly to such use and the actions taken by Governments and industry to counter such problems.⁶⁶

38. In its resolution 52/8, the Commission on Narcotic Drugs addressed the use of pharmaceutical

products to facilitate sexual assault (“date rape”). In its report for 2009, the Board welcomed the adoption of Commission resolution 52/8 and urged all Governments to implement the resolution as soon as possible. The Board also referred to cases in which those pharmaceutical products had been used to rob victims, for example, to obtain their credit card information or use of their motor vehicles, and invited the international community to consider the implementation of Commission resolution 52/8 with regard to such drug-facilitated crime, including sexual assault.⁶⁷ The Board notes that, as a result, the risk of use of pharmaceutical products to weaken the resistance of potential victims with criminal intent has come to the attention of the general public and the media. In particular, the fact that sexual assault is often facilitated by “date-rape drugs”, and the lack of effective countermeasures taken so far was highlighted in media reports appearing in many countries and regions in 2010.

39. In the light of those developments and in order to obtain more information on the extent of the problem and the countermeasures taken so far, the Commission on Narcotic Drugs adopted resolution 53/7, as follow-up to its resolution 52/8. In its resolution 53/7, the Commission urged States to combat the phenomenon, inter alia, by raising public awareness of the *modi operandi* of the assailants and of the means of recourse available to the victims, and encouraged States to forward any relevant experiences and research findings to the Board and UNODC. In addition, the Commission invited States to promote research in that area, with a view to measuring the extent of the problem, ascertaining the *modi operandi* and identifying the substances used, whether the substances were under international control or not. Moreover, the Commission urged relevant international organizations, including the Board, UNODC and WHO, to gather information and further analyse the phenomenon, with a view to developing common definitions and standards, such as guidelines for forensic analyses to identify the presence of psychoactive substances used to commit sexual assault or other criminal acts.

40. Pursuant to Commission on Narcotic Drugs resolution 53/7, the Board contacted all Governments in July 2010, drawing their attention to that resolution and requesting that the information required under the resolution be communicated to the Board. By 1 November 2010, 47 Governments had replied to the Board.

41. The replies received by the above date indicate that drug-facilitated criminal acts have occurred in many countries and regions. The information available suggests that psychoactive substances have

⁶⁶ *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.1), paras. 37-39.

⁶⁷ *Report of the International Narcotics Control Board for 2009 ...*, paras. 260-268.

been used predominantly on young women, for the purpose of committing sexual assault. However, in several countries, there is also information on drug-facilitated robbery and ownership fraud, in which cases the victims tend to be men. Most Governments indicated that they have difficulties in providing accurate data on this issue, owing to the lack of forensic or other evidence in such cases. The actual extent of the problem is therefore hard to ascertain, and it is believed to be significantly underreported in most countries.

42. The reason for the difficulties in collecting such data is that victims themselves may not be aware that a crime has been committed, or may not be willing or able to make a public accusation. First, they may not remember what happened as a consequence of having taken such substances. Second, since the preparations used by the assailants are tasteless, colourless and odourless, victims may not suspect that they have been drugged and thus may not consider undertaking a forensic examination of their blood or urine. Third, substances such as *gamma*-butyrolactone (GBL) and GHB are metabolized very quickly and may not, after a few hours, leave any traces in blood or urine. In addition, in the case of sexual assault, in some cultures the nature of the crime makes it difficult for the victim to seek professional help, especially when the assailant had been acquainted with the victim before the crime. Victims may not report such incidents out of shame or fear of being blamed or because of the stigma that, in some societies, is associated with being a victim of such crime. Therefore, law enforcement authorities dealing with cases involving drug-facilitated crime should undergo special training on interrogating the victims of such crime. The Board therefore trusts that Governments will not limit their search for such data to official criminal records but will also continue looking for empirical data, for example, by contacting social workers, including special services and crisis centres for women, and the medical profession, to obtain realistic estimates of the extent of the problem.

43. The Board is pleased to note that many countries have introduced countermeasures to tackle this problem, as recommended in Commission on Narcotic Drugs resolution 53/7. In that connection, the Board welcomes initiatives started by some Governments, in cooperation with industry, to prevent the diversion and use of medicines for the commission of drug-facilitated crime, similar to what was done with flunitrazepam in the 1990s, without having a negative impact on the bioavailability and medical use of the preparations in question. The Board calls on all Governments that have not yet done so and that are affected by such problems, to consider taking appropriate measures to prevent the covert administration of psychoactive substances to commit sexual assault or other crime.

44. The Board notes the actions taken and planned by UNODC and interested Governments to develop common definitions and guidelines for forensic analyses, with a view to identifying the presence of psychoactive substances used to commit sexual assault or other criminal acts. The Board welcomes those initiatives and will support them in accordance with its mandate. Furthermore, the Board will continue to monitor problems experienced with drug-facilitated crime, share the information collected with UNODC and other international bodies, such as WHO, take further action as necessary to develop appropriate countermeasures, and include in future annual reports newly received information on the subject, as applicable.

v. Abuse of prescription drugs containing controlled substances^{xix}

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

46. In many countries, the illicit supply of prescription drugs containing narcotic drugs or psychotropic substances, through what used to be the main channels, such as diversion from international trade, has been significantly reduced. Attempts at diversion from international trade have been impeded by Governments in cooperation with the Board. However, the Board has noted that, in some countries, the diversion of such prescription drugs from domestic distribution channels has increased. In addition, new channels of trafficking have been opened, such as illegally operating Internet pharmacies and the use of the mail for smuggling.

47. As the Board mentioned in its report for 2006,⁶⁸ the diversion of pharmaceutical preparations from domestic distribution channels continues to be underreported. Despite the fact that the abuse of prescription drugs is a fast-growing global problem, it continues to be difficult to obtain comprehensive data on the actual level of abuse of such drugs, as systematic data collection is lacking in most countries. The information available on the abuse of prescription drugs is mostly limited to anecdotal evidence or to data collected for one or two specific substances (such as morphine or methadone).

⁶⁸ *Report of the International Narcotics Control Board for 2006* (United Nations publication, Sales No. E.07.XI.11), paras. 54-58.

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

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

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

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

52. In some countries, the collection of data on the abuse of prescription drugs is more systematic and, therefore, more precise information is available. For example, according to the 2008 National Survey on Drug Use and Health, 6.2 million persons in the United States abuse prescription drugs, more than the

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

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

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

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

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

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

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

58. The distribution of internationally controlled drugs through the unregulated market, often characterized by the involvement of organized criminal networks and increasingly facilitated by the Internet, has become a global problem, mostly

affecting developing countries. The use of medicaments containing internationally controlled substances obtained on the unregulated market, regardless of whether they have been diverted from licit channels or are counterfeit drugs, may result in serious health problems, including dependence, or even death.

59. The Board drew in the past the attention of the international community to the widespread practice of distributing medicaments through the unregulated market and recommended that concerted measures be taken by all Governments, the pharmaceutical industry, professional associations and international organizations, to deal with that problem.⁶⁹ In 2007, the Commission on Narcotic Drugs adopted resolution 51/13 to address the problem of distributing internationally controlled substances through the unregulated market and invited relevant international bodies, such as WHO, INTERPOL and UNODC, to assist member States in their efforts to deal with that problem, as necessary.

60. The cooperation of the pharmaceutical industry and professional associations is needed to obtain lasting results in reducing the distribution of medicaments on unregulated markets worldwide and, in particular, in reducing sales of counterfeit medicaments. The Board appreciates the efforts of the International Medical Products Anti-Counterfeiting Taskforce of WHO, together with INTERPOL, the World Customs Organization, UNODC and other relevant partners, including pharmaceutical associations, to combat problems related to the unregulated markets and to prevent trade in and distribution of counterfeit products or medicaments of poor quality. The Board notes with appreciation that UNODC conducted a threat assessment of transnational trafficking and the rule of law in West Africa, which addressed, among other issues, the problem of counterfeiting medicines in that subregion, one of the areas most affected by that problem, and that UNODC is continuing its efforts to formulate an effective response to the problem.

61. The Board reiterates the need for all parties concerned to strictly apply the control measures foreseen under the international drug control treaties and enforce existing legislation to ensure that controlled substances are not illegally manufactured, imported or exported and are not diverted to the unregulated market. All Governments should further implement the recommendations on that subject contained in the report of the Board for 2006.⁷⁰ The Board notes that the range of products that can be found on the unregulated market, including those containing narcotic drugs or psychotropic substances,

⁶⁹ *Report of the International Narcotics Control Board for 2006 ...*, paras. 1-39.

⁷⁰ *Ibid.*, paras. 37-39.

has been expanding. Competent national authorities, in particular customs authorities, are therefore frequently unaware of the varieties of medicaments entering their countries to be distributed on the unregulated market. In addition, such authorities often lack the expertise necessary to identify consignments of counterfeit medicaments that may be destined for the unregulated market. The Board therefore encourages all Governments to consider providing training and introducing technology for use by customs authorities to identify counterfeit medicaments.

vii. Use of pharmaceutical products to facilitate sexual assault and other crimes)^{xxi}

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

63. The misuse of substances, regardless of whether they were illicitly manufactured or diverted from legitimate channels, for the commission of sexual assault or other crimes is not new. In particular, the benzodiazepines, many of which are controlled under the 1971 Convention, have a history of such misuse that is well documented in scientific and legal literature. They have been used with criminal intent to weaken the resistance of individuals, for example to exploit their property or body with their apparent

consent, without them having the slightest recollection afterwards of what happened. Unwanted behaviour induced by the unknowing consumption of benzodiazepines includes revealing credit card information, making purchases in a number of shops and signing cheques or charging credit cards, giving away a motor vehicle (together with the key and vehicle registration papers) and perceiving being raped as a pleasurable experience. The drug doses involved in such criminal activities are higher than those used for therapeutic purposes, and food or drinks are used to disguise the drugs, which are often consumed in combination with alcohol. Such crimes may be committed not only in places such as bars, restaurants, nightclubs and airports, but also in private surroundings, for example, at a friend’s house.

64. Of the benzodiazepines, flunitrazepam was once so commonly misused for the commitment of sexual assault that it was called the “date-rape drug”. Flunitrazepam was first included in Schedule IV of the 1971 Convention in 1984 but was transferred to Schedule III of the Convention in 1995; after that, its diversion from international trade⁷¹ was successfully stopped. However, the diversion of flunitrazepam from domestic distribution channels continued in the 1990s. Concerted action by Governments of all major manufacturers and importers of the substance, in close cooperation with the pharmaceutical industry, has proved effective: reports of seizures of diverted flunitrazepam have decreased significantly since 2004.⁷² The measures taken by industry to stop the misuse of flunitrazepam to commit sexual assault include: termination of the worldwide manufacture and distribution of high-dosage tablets; development and marketing of a new small dosage tablet; and inclusion of a dye in the core and surface of the new tablet to make it easily detectable in liquid and to prolong its dissolution time.

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

⁷¹ Flunitrazepam was diverted mainly for abuse by heroin addicts. Only a small portion of the flunitrazepam diverted was misused to commit sexual assault.

⁷² *Report of the International Narcotics Control Board for 2005 ...*, paras. 37-39.

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

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

68. The Board wishes to remind all Governments of the need to ensure that all control measures required under the international drug control treaties, such as the requirement of prescriptions and the system of inspection of operators, are strictly applied to the substances under international control in order to prevent those substances from being used with criminal intent. The Board encourages Governments to consider, pursuant to Commission on Narcotic Drugs resolution 52/8, imposing stricter controls than those currently foreseen under the international drug control treaties, where necessary, to prevent the diversion of substances from domestic distribution channels for the purpose of committing a crime. As

an example, since ketamine is one of the substances most often used for the commission of crime, Governments should consider controlling ketamine by placing it on the list of substances controlled under their national legislation if the situation in their territories so requires.

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

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

V. Others

i. Use of cannabis seeds for illicit purposes^{xxii}

1. The Commission on Narcotic Drugs, in its resolution 52/5, entitled “Exploration of all aspects related to the use of cannabis seeds for illicit purposes”, addressed the use of cannabis seeds for the illicit cultivation of the cannabis plant. In that resolution, the Commission requested the Board, within its mandate under the international drug control treaties and, as appropriate, in cooperation with other competent international bodies, to gather from Member States regulatory information on cannabis seeds, including on the sale of cannabis seeds through the Internet, and to share that information with Member States.

2. The Board sent to all Governments a questionnaire on regulations pertaining to cannabis seeds in order to identify provisions in national laws and administrative regulations aimed at preventing the use of cannabis seeds for the illicit cultivation of the cannabis plant and to obtain descriptions of the various regulations on cannabis seeds applied in countries worldwide. International organizations were requested to provide information on any regulations pertaining to cannabis seeds that were obtained in the course of carrying out their mandates and programmes.

3. The European Commission provided an overview of European Union legislation on hemp seeds. European Union legislation provides that only cannabis varieties listed in the Commission’s Common Catalogue of Varieties of Agricultural Plant Species and having a tetrahydrocannabinol (THC) content not exceeding 0.2 per cent are eligible for direct agricultural support payments. Accordingly, import of cannabis seeds into the European Union for sowing is authorized only when the THC content of the cannabis variety in question does not exceed 0.2 per cent. Cannabis seeds not for sowing may be imported only if they are non-viable (having been rendered unsuitable for sowing), mixed with other grains for animal nutrition or destined for re-export to a country outside the European Union.

4. The Board received responses to the questionnaire on regulations pertaining to cannabis seeds from 104 (49 per cent) of the 211 Governments requested. In general, the responses showed that a wide range of regulatory approaches are applied in different countries.

5. A majority of the responding Governments (59 per cent) stated that national laws or administrative regulations on the production of

cannabis seeds were in place. One regulatory approach is to include cannabis seeds in the legal definition of cannabis (reported by Anguilla, Australia, El Salvador, Guyana, Hong Kong (China), Lithuania, Malaysia, Malta, Mauritius, Mexico, New Zealand and Zimbabwe), hence placing cannabis seeds under the relevant narcotic drug laws and regulating production of cannabis seeds as production of a narcotic drug. Other approaches are: placing only viable cannabis seeds under national drug control (in Canada, Malta and the United States); permitting the production of seeds of cannabis whose THC content is below an established threshold (reported by a number of States members of the European Union); or permitting the import of cannabis seeds only with special authorization (reported by Colombia and India).

6. With respect to international trade in cannabis seeds, about half of the responding Governments (53 per cent) indicated having provisions to control the import of cannabis seeds and about half (47 per cent) reported having provisions to control the export of cannabis seeds. In most of those countries, authorization is required for the import or export of cannabis seeds. In countries where cannabis seeds are controlled drugs, international trade is regulated in accordance with the provisions on trade in narcotic drugs. In some countries, imports or exports are limited to certain types of cannabis seeds, such as cannabis seeds having undergone anti-germination treatment (reported by Japan), seeds of cannabis varieties with a THC content below a specified level or seeds listed in a catalogue of approved species (as reported by a number of States members of the European Union). The import or export of cannabis seeds is prohibited in some countries (Argentina, Brazil, China, Guatemala, Iceland, Lebanon, Panama and Zambia).

7. About half of the responding Governments (51 per cent) regulate the domestic sale, purchase, advertisement or possession of cannabis seeds. In countries where cannabis seeds are subject to national drug control, the unlawful sale, purchase and possession of cannabis seeds are drug-related offences. In some countries (such as Cyprus, Estonia, Finland, Hungary and Japan), it is illegal to possess, purchase and/or sell cannabis seeds if the seeds are to be used for the illicit cultivation of cannabis plants. In such cases, the possession of and trade in cannabis seeds are regarded as preparatory acts of such illicit cultivation and are dealt with under provisions against such illicit cultivation. A few States (Brazil, Dominican Republic, Israel, Japan, Mexico, United States and Zimbabwe) have prohibited the advertisement of cannabis seeds or have made it

illegal to advertise illicit drugs. The vast majority of the responding Governments (87 per cent) reported not having specific regulations on the sale of cannabis seeds through the Internet. Many, however, emphasized that the sale of cannabis seeds through the Internet was covered by general provisions on the sale of cannabis seeds, which were applicable irrespective of the mode of sale. One third of the responding Governments (33 per cent) reported having noted suspicious transactions involving cannabis seeds to be used for illicit purposes or having effected seizures of cannabis seeds, mostly in small quantities.

8. A number of Governments felt that comprehensive measures were required, including in the areas of law enforcement, cooperation among government agencies, the sharing of information at the international level and awareness-raising, to prevent the use of cannabis seeds for the illicit cultivation of the cannabis plant. With respect to possible measures for the control of cannabis seeds, it was suggested that a distinction should be made between cannabis seeds capable of germination and non-viable seeds. The view was also expressed that the international community, when considering control measures, should seek to avoid having an adverse impact on legitimate use of cannabis seeds.

9. The Board notes that the wide availability of cannabis seeds, which are not controlled under the international drug control treaties, contributes to the illicit cultivation of the cannabis plant. Given the various regulatory approaches with respect to cannabis seeds that were described in the responses to the questionnaire, the Board encourages all Governments to continue identifying best practices in addressing the use of cannabis seeds for illicit purposes. The Board invites Governments to consider appropriate measures at the national level to effectively prevent such use. Those measures may include, for instance, trade restrictions on cannabis seeds capable of germination or on seeds of cannabis varieties with a THC content exceeding a certain threshold.

10. The Board is concerned about the widespread sale, particularly over the Internet, of cannabis seeds to be used for illicit purposes. Those who use websites and electronic advertisements to sell cannabis seeds obviously incite individuals to engage in the illicit cultivation of cannabis plants. The Board therefore requested selected Governments to provide information on the sale of cannabis seeds over the Internet, including on detected transactions, the website operators involved and the sources and destinations of shipments of cannabis seeds, and on measures taken by Governments to address this issue. From the responses received, it appears that information on Internet transactions involving the sale of cannabis seeds to be used for illicit purposes is

often not available to Governments. The Board therefore invites Governments to increasingly monitor cases involving the use of the Internet to sell cannabis seeds to be used for illicit purposes and to strengthen efforts to stop such activity. In that connection, the Board calls upon Governments to apply article 3, paragraph 1 (c) (iii), of the 1988 Convention, which requires States parties to establish as a criminal offence public incitement or inducement of others to engage in, inter alia, the illicit cultivation of cannabis plant and the illicit use of cannabis.

ii. Plant material containing psychoactive substances^{xxiii}

11. Many plants that contain psychoactive substances with stimulating or hallucinogenic properties, as well as preparations made from those plants, have traditional uses in some countries or regions; for example, some are used in religious rites. Under the 1961 Convention and that Convention as amended by the 1972 Protocol, plants that are the sources of narcotic drugs, such as cannabis plant, opium poppy and coca bush, are subject to specific control measures. In contrast, although some active stimulant or hallucinogenic ingredients contained in certain plants are controlled under the 1971 Convention, no plants are currently controlled under that Convention or under the 1988 Convention. Preparations (e.g. decoctions for oral use) made from plants containing those active ingredients are also not under international control.

12. Examples of such plants or plant material include khat (*Catha edulis*), whose active ingredients cathinone and cathine are listed in Schedules I and III of the 1971 Convention; ayahuasca, a preparation made from plants indigenous to the Amazon basin of South America, mainly a jungle vine (*Banisteriopsis caapi*) and another tryptamine-rich plant (*Psychotria viridis*) containing a number of psychoactive alkaloids, including DMT; the peyote cactus (*Lophophora williamsii*), containing mescaline; magic mushrooms (*Psilocybe*), which contain psilocybine and psilocine; *Ephedra*, containing ephedrine; “kratom” (*Mitragyna speciosa*), a plant indigenous to South-East Asia that contains mitragynine; iboga (*Tabernanthe iboga*), a plant that contains the hallucinogen ibogaine and is native to the western part of

Central Africa; varieties of *Datura* containing hyoscyamine (atropine) and scopolamine; and *Salvia divinorum*, a plant originating in Mexico that contains the hallucinogen salvinorin A.

13. The Board notes increased interest in the recreational use of such plant materials. In addition, such plants are often used outside of their original socio-economic context to exploit substance abusers.

As they can be transported quickly by air to any country in the world, the use of such plants or of preparations made from such plants, is no longer limited to the regions where the plants grow, or to the communities that have traditionally used the plants. Potential abusers have been using the Internet to inform themselves about the stimulating or hallucinogenic properties of such plant material, about the fact that the plant material is not under international control and about Internet sites through which the plant material can be purchased. As a result, increased trade, use and abuse of such plant material have been noted in many countries. The use of such plant material may have adverse effects on the abuser, including nausea, vomiting, drowsiness, poisoning and flashbacks. In addition, any impairment resulting from a person's use of such plant material might have serious consequences for

the well-being of other persons — consequences similar to those of driving under the influence of psychoactive substances.

14. The Board notes that, in view of the health risks associated with the abuse of such plant material, some Governments have placed certain types of plant material and preparations under national control. The Board recommends that Governments that have not yet done so and have experienced problems with regard to persons engaging in the recreational use of or trafficking in such plant material, to remain vigilant (since the risks associated with such use may increase) and to notify the Board and the WHO of those problems. The Board recommends that Governments should consider controlling such plant material at the national level where necessary.

Part Three. Precursor control

I. Twenty years of international precursor control: progress and challenges^{xxiv}

1. Over the past 20 years, the Board has reported on the international community's progress in implementing precursor control.¹⁹ There have been many accomplishments: the 1988 Convention has been acceded to by most countries; national legislation and monitoring infrastructure have been developed; and communication has increased, as has international cooperation. Much has been learned, patterns of diversion have been identified and controls with respect to international trade have been adapted and strengthened.

2. Substantively, most controlled chemicals are now more difficult to obtain from international trade than they were 20 years ago, as a result of an increasing number of countries having precursor legislation in place, as well as greater regulatory and monitoring capacity and awareness among relevant industries. The tightening of control measures in an increasing number of countries is reflected, for example, in routes of diversion having become more complex and in non-scheduled substances, especially immediate precursors with few legitimate uses other than as intermediates in legitimate industries, now being commercially available, substituting for the more strictly controlled traditional chemicals.

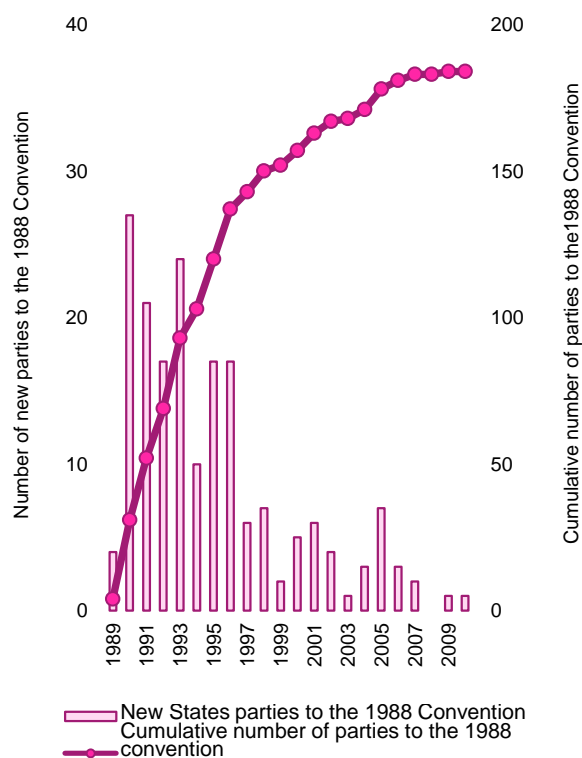
3. The effective tools available to Governments are increasingly comprehensive, but, while their simplicity in design allows for increasing use by all competent national authorities, they have not had universal implementation. Equal progress has not been seen among all countries, with lower-income countries and indeed entire regions lagging behind. Gaps in global coverage remain, as technical assistance has been neither prioritized nor provided at an adequate level. As criminal chemical trafficking organizations become more organized, specialized and resourceful in their methods of circumventing effective international controls, so too must individual Governments and the international community adapt and respond.

A. Progress

4. Since 1988, the Board has developed and deployed the annual precursor questionnaire (form D); begun the collection, organization and analysis of data; extended assistance to Governments in organizing and coordinating their approaches to the monitoring and control of precursors; and developed and maintained the precursor databank.

5. Most Governments have established competent national authorities responsible for regulating or enforcing national controls over precursors. While 188 such authorities exist, to date 21 countries have not yet reported a competent national authority.²⁰ This is true primarily among African countries, where nine countries, or one in six, have no competent national authority responsible for precursor control at the national level, making the African region vulnerable to attempts by traffickers to obtain chemicals for illicit purposes.

Figure XVII. Number of new States parties and total number of parties to the 1988 Convention, 1989-2010



6. Reporting to the Board on seizures of precursors, diversions and illicit drug manufacture, as well as on licit trade, has also greatly increased over the past 20 years as systems at the national level to control, track and ultimately report have been implemented or improved. In

¹⁹ The Board's first report on the implementation of article 12 was issued in 1991 (E/CN.7/1991/21 and Corr.1).

²⁰ The Board has not been informed of competent national authorities for the 1988 Convention by the following Governments: Albania, Angola, Belarus, Belize, Burundi, Comoros, France (Martinique), Haiti, Liberia, Liechtenstein, Malawi, Marshall Islands, Mauritania, Mongolia, Mozambique, Nauru, Palau, San Marino, Somalia, South Sudan and Yemen.

1990, 104 Governments submitted form D, but only one Government in five was able to provide any information related to chemical seizures. Fewer still were able to provide information related to the diversion of precursors and stopped shipments of chemicals, or details related to clandestine manufacture. In 2010, the number of Governments reporting increased to 132, and the percentage able to provide information on the seizure of precursors, mandatory under the 1988 Convention, nearly doubled, to 37 per cent. Increases were also seen in the provision of data on legitimate trade, increasing from 47 per cent of submissions in 1995 to 89 per cent by 2010, and estimates of annual legitimate requirements for imports of select precursors of amphetamine-type stimulants.

7. Identifying suspicious transactions in legitimate trade is possible by knowing the market and its players and understanding and recognizing regular trade patterns, legitimate trade requirements, companies trading in precursors, end-users and end-uses. To be able to assess the legitimacy of an import and object to it in case of doubt, the competent national authority of the importing country needs to be aware of the proposed transaction. One of the most effective means to this end is the system of pre-export notifications. Increasingly, Governments are requiring notifications in accordance with article 12, paragraph 10 (a), of the 1988 Convention. The number of Governments having requested notification prior to a proposed import has grown to 79. Nevertheless, although new Governments are slowly being added each year, only 40 per cent of countries require any notification. With only 21 per cent of low-income countries requiring pre-export notification, versus 66 per cent and 40 per cent for upper- and middle-income countries, respectively,²¹ low-income countries are disproportionately more likely to be vulnerable to diversion attempts.

8. Significant improvements in the monitoring of international trade in precursors were seen with the launch of the PEN Online system in 2006. With this automated system, it has now become possible for the competent national authorities of exporting and importing countries to communicate through a single, centralized system, confirming the legitimacy of individual transactions or suspending or stopping suspicious shipments in real time. Pre-export notifications sent via the PEN Online portal have increased to more than 20,000 annually to 169 countries and territories. There are now 126 registered users of the system, which the Board provides to Governments; however, only 43 per cent of low-income countries are registered, a disproportionately smaller

number than among either upper- or middle-income countries (85 per cent and 65 per cent, respectively).

9. It is important to continue the development of the PEN Online system and to individually and collectively perform a risk analysis of the proposed shipments reported via PEN Online. Although it is not a party to proposed transactions between exporting and importing countries, the Board assists Governments in verifying transactions to countries, in particular countries and regions where notifications are either not required or where resources and capacity are limited.

10. Results have been achieved in implementing the General Assembly recommendations on improving the exchange of information regarding suspicious transactions and on the need for increased multilateral cooperation in exchanging information on transactions involving precursors and disseminating systematic information on the *modi operandi* used by chemical trafficking organizations.²² The Board has supported various international time-bound operational activities to counter the diversion of precursor chemicals and to launch backtracking investigations: Operation Purple (1999-2005), Operation Topaz (2001-2005) and Project Cohesion — the resulting merger of the other two in 2005 — provided Governments with strategic information on the trafficking of potassium permanganate and acetic anhydride, while Project Prism (since 2002) focuses on select precursors of amphetamine-type stimulants. These multilateral operations have led to an increase in the number of cases in which diversions (or attempted diversions) from international trade and into illicit channels have been identified, communicated and prevented. Examples of these successes are illustrated in chapter III, section H.

11. The information developed under these operations, combined with annual reporting, also feeds into the process of scheduling and rescheduling substances under international control. In response to emerging trends in illicit trafficking and manufacture, the Board has previously proposed to the Commission on Narcotic Drugs that it schedule or reschedule several chemicals. Norephedrine, which had emerged for use in the illicit manufacture of amphetamine-type stimulants, was added to Table I in 2000. Since that time, several other chemicals have been rescheduled from Table II to Table I, including acetic anhydride (2001), potassium permanganate (2001) and phenylacetic acid and its salts (2011).

²¹ Income categorization is based on 2010 World Bank data on gross national income per capita, in United States dollars using the Atlas method, averaged from 2006 to 2010.

²² General Assembly resolution S-20/4B.

Figure XVIII. Annual submissions of form D and the provision of select data, 1990-2010

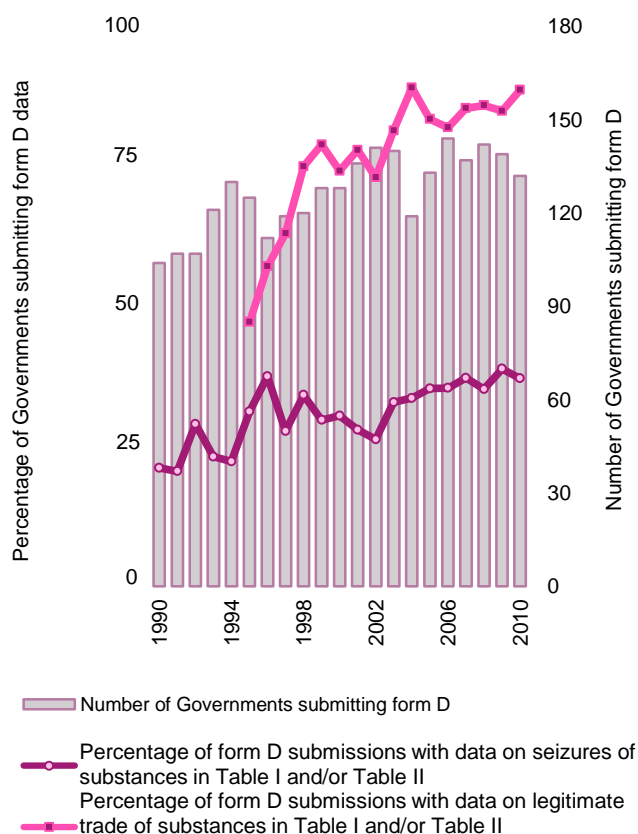


Figure XIX. Governments invoking article 12, paragraph 10 (a), of the 1988 Convention requiring pre-notification of export of chemicals, 1995-2011

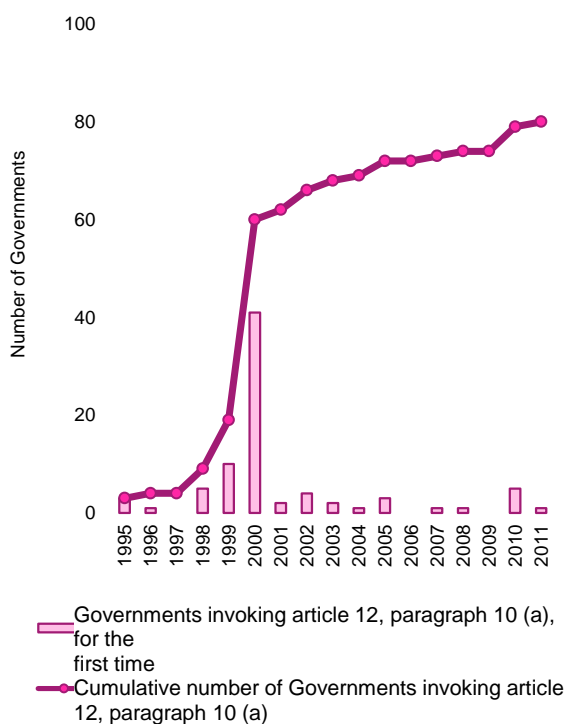
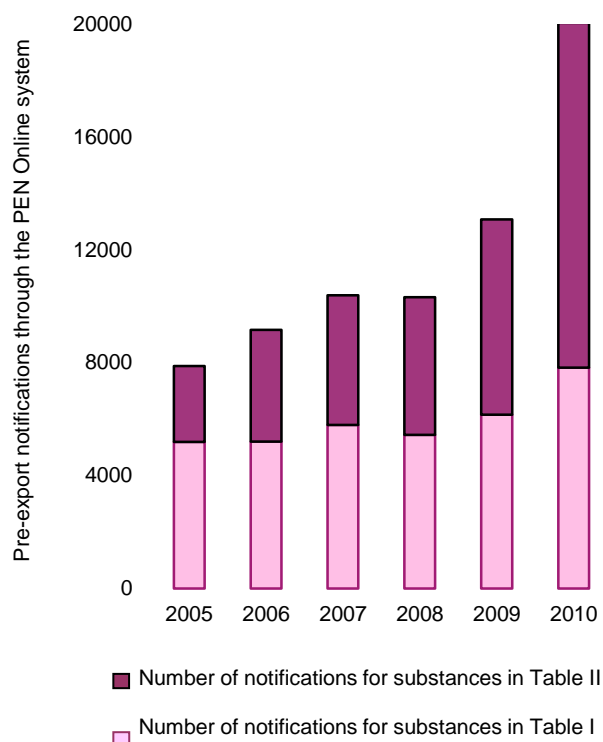


Figure XX. Pre-export notifications for substances in Table I and Table II communicated through the PEN Online system, 2005-2010



12. Increasingly, over the last several years, chemical trafficking organizations have begun obtaining alternative chemicals, including made-to-order chemicals, directly from industry. In response, Governments are increasingly adopting the concept of industry as a critical partner in preventing diversion. The Board's *Guidelines for a Voluntary Code of Practice for the Chemical Industry* and the limited international special surveillance list of non-scheduled substances are free tools that can assist in that regard. The surveillance list, established in 1998 in response to increasing concern about the use of substitute chemicals, aids Governments in flexibly targeting non-scheduled substances most likely to be diverted from legitimate trade, while balancing the requirements of legitimate industry. The list has grown to now include 52 substances and is distributed to regulatory authorities for use in partnership with industry.

B. Challenges and the way forward

13. Twenty years of international precursor control have demonstrated that the international system of controls provides for a number of necessary tools. Experience has shown, however, that the tools have not had universal implementation and that there remains a need to implement them more comprehensively within countries and at the global level. Specific examples of these tools are listed in chapter V below.

14. Twenty years of international precursor control have also demonstrated the ability of chemical trafficking organizations to rapidly adapt to pressures from regulatory and law enforcement agencies. Specifically, their ability to obtain intermediates, pre-precursors and made-to-order chemicals has increased, as has the size and sophistication of manufacture, as evidenced by their ability to use other starting materials and methods which were previously considered too complex and costly to employ in illicit settings. This is compounded by the continued increase in the type and amount of synthetic, non-plant-based drugs and the unprecedented speed with which shifts now occur. The inherent flexibility in the sourcing of precursors and in illicit manufacture means that mechanisms to counter these developments must also be flexible.

15. The concept of scheduling individual substances is a reactive measure that cannot keep pace with the rapid emergence of new precursor substances used in the illicit manufacture of drugs. Instead, a more flexible approach is needed, with a shorter response time to identify suspicious orders and prevent diversion of new chemicals, which can only be achieved in partnership with industry.

16. At the same time, legislation must be more flexible to allow for the investigation and prosecution of incidents which involve new chemicals when there is suspicion that

such chemicals are intended for use in the illicit manufacture of substances. Similar to seizures of chemicals currently under control, incidents utilizing new unscheduled chemicals should be considered the beginning of an investigation rather than its end.

17. Governments must also consider the degree to which the criminal act of trafficking in chemicals corresponds to the punishment. Penal, civil and administrative sanctions involving new chemicals must be proportional to the type and amount of illicit substance for which manufacture was intended. Thus, cases involving precursors intended for use in illicit drug manufacture should result in sanctions consistent with the amount of drugs that were to have been manufactured.

18. Finally, in order for the international community to benefit from the knowledge of new developments and prevent future diversions, it is paramount to improve the dissemination of information and strategic intelligence on suspicious orders, stopped shipments and seized precursors in real time. Regulatory and law enforcement agencies and relevant industry, both nationally and internationally, all play an equally important role in understanding the dynamics and complexities of modern-day diversion and trafficking, identifying weaknesses and devising adequate solutions.

II. Challenges in international precursor control^{xxv}

1. The Board's 2011 report on precursors focused on achievements and progress in terms of implementing the framework requirements established under the 1988 Convention, related resolutions and the available tools. The present chapter contains a more detailed analysis of the existing gaps and outlines the future challenges of precursor control. From the Board's analysis of the implementation of article 12 of the 1988 Convention, it emerges that at this stage the key challenges of precursor control are related to two main areas:

- The lack of comprehensive implementation of the provisions of the 1988 Convention and related resolutions at the national level (i.e. domestic controls)
- The emergence of new challenges not comprehensively addressed in the existing legal framework

A. The lack of comprehensive implementation of the provisions of the 1988 Convention and related resolutions at the national level

2. The backbone of the international precursor control system is article 12 of the 1988 Convention, complemented by resolutions of the Commission on Narcotic Drugs, the Economic and Social Council and the General Assembly. Over the years, more than 20 resolutions have been devoted exclusively to issues involving precursors, requesting complementary measures.²⁶ In addition, elements of precursor control have been mentioned in at least 10 additional resolutions, in the context of drug control in general, including Security Council resolution 1817 (2008) on the situation in Afghanistan. The 1988 Convention also provides for a number of other measures relevant to the prevention of diversion of associated materials and equipment (article 13) and to ensure the integrity of the movement of consignments by commercial carriers (article 15), by sea (article 17), via free trade zones and free ports (article 18) and the mail (article 19).

1. National control as a prerequisite for the effective prevention of diversion

3. With 187 States parties, the 1988 Convention is now the most adhered to of the three international drug control treaties. The 1988 Convention gives significant discretion to each party in taking measures to achieve the central goal of article 12, namely to prevent the diversion of substances used for illicit drug manufacture. Such discretion is given specifically with regard to various measures to monitor licit manufacture and domestic distribution, recognizing the different roles and circumstances of countries regarding the nature and extent of legitimate industry and trade and of illicit drug manufacture within their borders. It is critical to recognize that the ability to comply with the requirements set out in the 1988 Convention for the monitoring of international trade is very closely intertwined with the existence of the corresponding legal basis at the national level and of an appropriate regulatory framework, procedures and working mechanisms. Without information about the domestic market and its players, including end users, a party may not be in a position to comply with its obligations related to preventing the diversion of precursors.

4. One element of such strategic information is knowledge about legitimate manufacturers. The Economic and Social Council, in its resolution 1995/20, requested Governments to submit information on manufacturers of substances in Table I of the 1988 Convention. However, since 2007, only 19 Governments have provided information on any substance in Table I.²⁷

5. Other areas of weaknesses may include inadequate systems for the national registration of operators involved in the manufacture, distribution and commercialization, brokerage, import and export and/or end use of scheduled substances, or the inconsistent implementation of those systems.

2. Threshold quantities of precursor chemicals below which monitoring requirements for import, export or domestic distribution do not apply

6. One related area of concern is the establishment of thresholds for the import and distribution of certain substances in Table I and Table II of the 1988 Convention. Considering that the diversion of a very small proportion

²⁶ General Assembly resolution S-20/4; Economic and Social Council resolutions 1991/40, 1992/29, 1993/40, 1995/20, 1996/29, 1997/41, 1999/31, 2001/14, 2003/39, 2004/38; and Commission on Narcotic Drugs resolutions 42/1, 42/2, 43/9, 43/10, 45/12, 48/11, 49/3, 49/7, 50/5, 50/6, 50/10, 51/10, 51/16, 53/15 and 54/8.

²⁷ See *Manufacture of Narcotic Drugs, Psychotropic Substances and Their Precursors: 2011* (United Nations publication, Sales No. T.12.XI.6).

of legitimately traded precursor chemicals would be sufficient to supply illicit drug manufacture, thresholds based on legitimate trade volumes might thus still allow significant diversion into illicit drug manufacture. A case in point are identified diversions and seizures of acetic anhydride, which were primarily reported by countries and/or related to regions with inadequate or light regulations relating to domestic trade, including thresholds and the requirement of end-user registration. These included, for example, Hungary, Mexico and Slovenia, which were among the world's top five countries reporting seizures of acetic anhydride in the period 2007-2011. According to information available to the Board, the identified weaknesses are currently being addressed. Another example is the domestic manufacture in Canada and the United States that is partially the result of circumventing purchase limits on pharmaceutical preparations containing pseudoephedrine or ephedrine: in the United States, existing purchase limits allow the spread of small-scale illicit methamphetamine manufacture for personal consumption; and in Canada, illicit drug manufacturers are relying on dietary health products that do not typically fall under the tighter controls of pharmaceutical preparations containing pseudoephedrine and ephedrine.

3. Difficulty in assessing actual needs

7. The Commission on Narcotic Drugs, in its resolution 49/3, requested Member States to provide the Board with annual estimates of their legitimate requirements for imports of four precursor chemicals of amphetamine-type stimulants (see para. 19 above). While the number of both Governments and substances for which such estimates are provided have been increasing steadily over the past couple of years and currently stands at 150 countries and territories, the Board also notes the difficulty some Governments are facing in providing adequate estimates. Too often, Governments build in a "safety margin" of significant proportions to ensure that possible increases during a year are accommodated rather than trying to establish realistic estimates as an additional tool to exercise their regulatory functions and role in diversion control. For example, in the case of countries for which both data sets are available, 45 countries imported significantly less (at least 40 per cent less) in 2011 than what they had estimated to be their annual legitimate import requirements for either ephedrine or pseudoephedrine (both in raw form and in the form of preparations). Discrepancies are highest in Eastern Europe, Central America and the Caribbean and South Asia for pseudoephedrine and in South Asia and North America for ephedrine. By contrast, the Governments of 16 countries exceeded their annual legitimate

requirements for imports of these substances by 120 per cent or more.²⁸

8. The Board recognizes the difficulties encountered by some countries in establishing accurate estimates for these precursor chemicals, especially when the chemicals are not used in the importing country but instead imported for the purpose of re-export (i.e. by countries with a significant proportion of trading and re-exporting companies). However, for at least two of the four precursors concerned, namely P-2-P and 3,4-MDP-2-P, licit trade is limited and legitimate uses are very limited. Establishing estimates for such limited use, or prohibiting the import of those substances, should therefore be relatively straightforward. Indeed, 50-60 per cent of Governments reporting legitimate requirements for imports have established a zero import requirement for the two substances and two Governments have prohibited the import of P-2-P; the Governments of seven additional countries (all in Latin America), have prohibited the import of ephedrine and/or pseudoephedrine and preparations containing them.²⁹ All Governments are reminded of the need to share their methodologies for preparing estimates with each other and the Board so as to gradually improve the methodologies used. Governments are also reminded of the *Guide on Estimating Requirements for Substances under International Control*, developed jointly by the Board and WHO, and the Board's guidance note on issues that Governments may consider when determining annual legitimate requirements for ephedrine and pseudoephedrine, both available on the Board's website (www.incb.org).

4. Compartmentalization and lack of cooperation at the national level

9. One of the obstacles to a more comprehensive implementation of the 1988 Convention and related resolutions remains the compartmentalization of precursor control. This is evident in the various types of legislation on precursor issues at the national level and is grounded in the differences in the nature of the substances involved, ranging from industrial chemicals to pharmaceutical raw materials and medical products. This is further compounded by the absence — in many countries — of a central authority responsible for precursor control, as well as the absence of adequate levels of cooperation and information-sharing between all the agencies concerned at the national level and with their counterparts in other

²⁸ Mostly Governments of countries in South-Eastern Europe and Africa exceeding their requirements for imports of ephedrine.

²⁹ Exceptions for the limited imports of injectable preparations and/or bulk material for their manufacture exist (for details, see www.incb.org/pdf/e/precursors/REQUIREMENTS/INCB_ALR_WEB.pdf).

countries. To address the challenges of the future, Governments should review precursor-related information-sharing and practical working mechanisms between concerned regulatory and law enforcement agencies. They should ensure that there are neither gaps nor overlaps in responsibility that might be exploited by organizations trafficking in precursors.

5. Common markets

10. Improving or facilitating international trade has an impact on the flow of all items of commerce, including precursor chemicals. The European Union single market will be celebrating 20 years of its existence on 1 January 2013, and there is a growing move towards customs unions elsewhere (e.g. the Caribbean Community Single Market and Economy, the Common Market of the South (MERCOSUR), the African Community Common Market (i.e. Burundi, Kenya, Rwanda, Uganda and the United Republic of Tanzania) and the declaration by the Governments of Belarus, Kazakhstan and the Russian Federation to deepen mutual economic integration by establishing a common economic space in 2012), increasing the volume of trade and reducing the number of international trade transactions. The creation of common internal markets may present some difficulties regarding control that competent national authorities should be aware of and effectively address. The European Union, for example, is adjusting its regulations concerning acetic anhydride and pharmaceutical preparations containing ephedrine and pseudoephedrine.

11. Similarly, increases in transportation networks, including container trade, as well as free trade zones, sometimes pose new challenges to precursor control.

6. Equipment and materials

12. Article 13 of the 1988 Convention concerns the prevention of trade in and diversion of materials and equipment used for the illicit manufacture of drugs. The scope of this article is considered to range from substances not listed in Table I or II of the Convention, to cutting agents, diluents, tablet excipients, packaging material, manufacturing equipment such as laboratory glassware and equipment (for example, tableting machines, including those obtained from legitimate sources, new or second-hand, and specialized or oversized pieces of equipment). Although the specific measures are at the discretion of the parties, the article requires States parties to cooperate with each other in order to prevent not only the use of such materials and equipment on their own territory but also the smuggling of such materials and equipment into other countries for use in illicit drug manufacture there.

13. Against the background of the successes in monitoring international trade in substances in Table I and Table II of the 1988 Convention, article 13 offers another complementary but as yet underutilized tool for countering illicit drug manufacture. Some countries or regions already make use of the provisions of article 13, for both regulatory and investigative purposes, such as the coordinated efforts within the European Union. A voluntary code of conduct for industries that produce or trade in this equipment (a code of conduct similar to the one for industries that produce or trade in chemicals) could be applied.

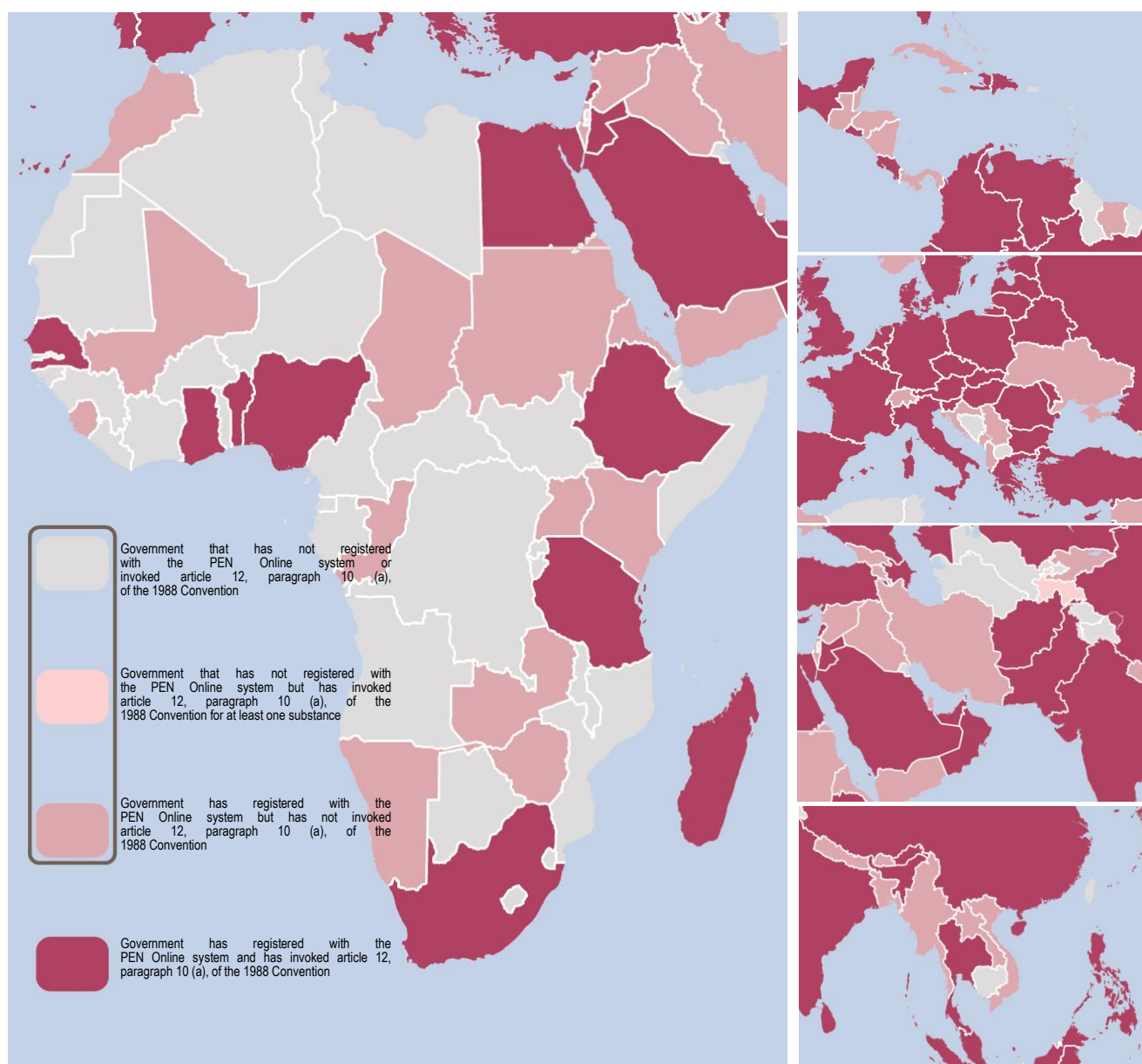
B. International controls

1. Countries not making use of basic tools

14. Article 12, paragraph 10 (a), of the 1988 Convention provides the possibility for States parties to make it mandatory for an exporting country to inform the importing country of the planned export of any substances in Table I. Since 1990, when the Convention entered into force, only 81 Governments have made use of this provision, leaving the notification of exports to more than 100 countries at the exporting countries' discretion. Closer analysis indicates that gaps in this mechanism correlate with regions and subregions currently being targeted by traffickers, including parts of Africa, Central America and the Caribbean, Central Asia, South-East Asia and South-Eastern Europe (see map 8). The countries concerned have to recognize their responsibility to create the conditions for being notified of exports of precursor chemicals. Otherwise, they may continue to be regarded as easy targets by organizations trafficking in such chemicals. The provisions of article 12, paragraph 10 (a), if used and implemented by all, could create a robust and practical mechanism for the control of international trade in scheduled chemicals.

15. A comparison of shipments of precursors pre-notified through the PEN Online system with actual imports in a particular year shows that there are significant discrepancies in both directions. While higher amounts pre-notified through PEN Online might not be of immediate concern, as not all planned imports might materialize, the Board is concerned that about half of the 30 countries for which both data sets are available for 2011 reported on form D imports to be higher than indicated by the pre-export notifications. Discrepancies are particularly evident for substances in Table II of the 1988 Convention, and for some substances in Table I, particularly acetic anhydride and phenylacetic acid.

Map 8. Examples of regions with weak mechanisms for monitoring the import of precursor chemicals^a



^a See annex X to the present publication.

2. Not all countries apply a system of import and export control

16. Governments that do not apply some system of control over exports of precursors are not in a position to comply with their treaty obligation to contribute to the prevention of diversion, which is a shared responsibility. In addition, those Governments which do not apply any system of authorization to exports of certain precursors in Table I and Table II of the 1988 Convention, or which base their exports of those substances solely on the issuance of a general permit may not be in a position to comply with their obligation to provide notifications to importing countries prior to the export of precursors pursuant to article 12, paragraph 10 (a), of the Convention. The Board is aware of about 70 Governments

which require individual authorizations for the export of all substances in Table I and Table II, while fewer than 30 Governments which had informed the Board of their export authorization systems indicated that they had only a general permit or no export controls in place.

3. Objections through PEN Online

17. An analysis of the replies of importing countries sent in response to pre-export notifications from exporting countries shows that about 7 per cent of pre-export notifications, accounting for 4 per cent of the total volume, resulted in the importing country objecting to the shipment. Most of the objections related to pre-export notifications for shipments of solvents in Table II of the 1988 Convention. Some pre-export notifications resulted in the importing country objecting to the shipment of

substances in Table I, above all ephedrine and pseudoephedrine, potassium permanganate and acetic anhydride. At this stage, however, it is difficult to assess how many of those objections were for administrative reasons and how many were because of suspicion. In any case, the analysis of pre-export notifications resulting in objections and the reasons for the objections, from the perspective of both exporting and importing countries, could help to determine patterns that, in turn, could be used to identify weaknesses at the national level, and that information could subsequently be used to strengthen existing systems. It is therefore important for importing countries that object to shipments of precursors to indicate the reasons for their objections.

C. Emerging precursors and other non-scheduled substances used in illicit drug manufacture

18. Another key challenge is the emergence of substitute or alternative chemicals, which are used to replace traditional precursors under international control. Moreover, a number of non-scheduled substances are required, in addition to the scheduled precursors or their substitutes, in the illicit manufacture of drugs. The number of substances in Table I and Table II of the 1988 Convention has remained unchanged since 2000, when norephedrine, a precursor of amphetamine-type stimulants, was added to Table I; the other changes affecting the scheduling of those substances involved only transferring substances from Table II, containing substances under less stringent control, to Table I (see figure IX). However, seizures of non-scheduled substances, reported to the Board on form D, increased from 24 to 225 (almost 10-fold) between 2003 and 2011 (see figure X).

19. The emergence of substitute chemicals used in illicit drug manufacture is partly attributable to increased controls, at the national and international levels, over the chemicals traditionally used in such manufacture and to an unprecedented increase in the diversification, sophistication and scale of the illicit manufacture of drugs and precursors, enabling those involved in that illegal activity to use manufacturing methods that were impossible to use in illicit settings before.

20. One area that has seen significant growth at a level that was unanticipated during the drafting of the 1988 Convention is the diversion of pharmaceutical preparations containing ephedrine and pseudoephedrine. The same trend is reflected in scientific analysis of methamphetamine end-products, which indicates significant use of pharmaceutical preparations in the illicit manufacture of methamphetamine throughout the world (see figure XI).

Figure IX. Substances in Table I and Table II of the 1988 Convention, 1988-2011

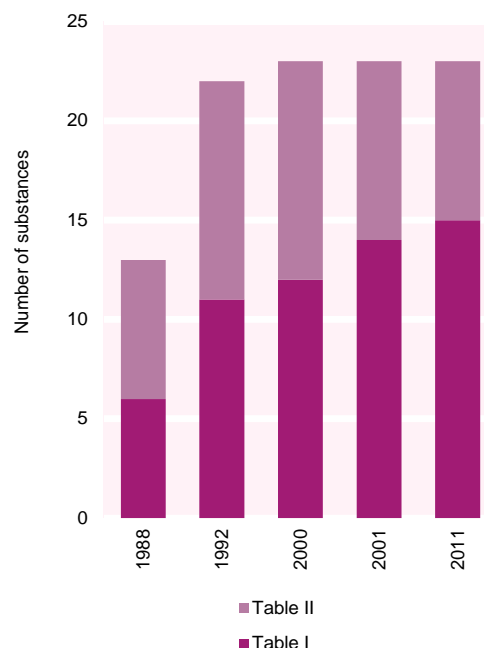


Figure X. Cumulative number of non-scheduled substances reported seized by Governments on form D, 2003-2011

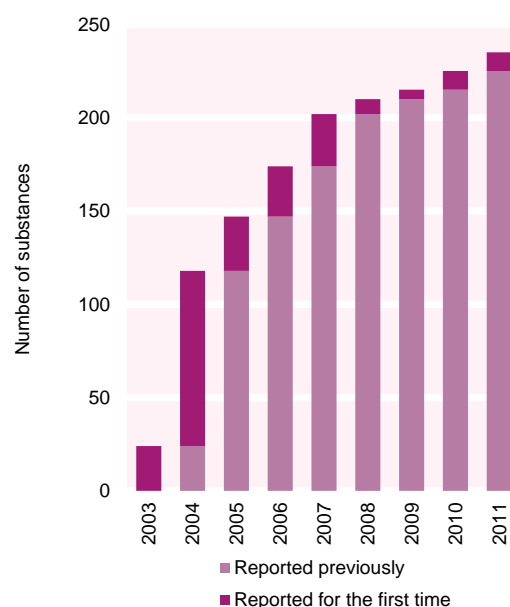
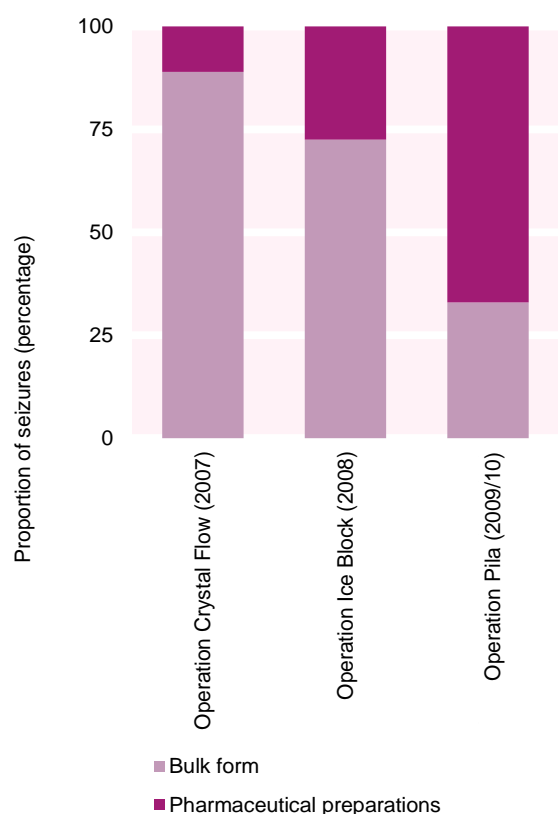


Figure XI. Proportion of seizures of ephedrine and pseudoephedrine by physical form reported under Project Prism initiatives, 2007-2010



21. This development, which emerged initially in North America, has most recently reached countries in South-East Asia, where amphetamine-type stimulants have been illicitly manufactured for many years and where the use of ephedrine and pseudoephedrine in bulk has predominated. Since 2003, the Board has recommended that international trade in pharmaceutical preparations should be monitored in the same manner as the precursors that those preparations contain. Similarly, in several resolutions, most recently Commission on Narcotic Drugs resolution 54/8, there have been calls for strengthening measures to prevent diversion, while recognizing the need not to impair their availability for medical use. However, the situation is complicated by the fact that in several countries the regulatory entities responsible for the control of pharmaceutical preparations are different from the entities responsible for the control of the precursors that such preparations contain. Maintaining seamless and effective regulatory controls over both precursor chemicals and pharmaceutical preparations containing those chemicals requires close cooperation between different competent authorities.

22. From a technical point of view, the PEN Online system allows for the sending of pre-export notifications for pharmaceutical preparations and other preparations. Since 2009, there has been an average of about 28

countries that regularly use the system to notify importing countries of the export of ephedrine and pseudoephedrine. The Governments of the vast majority of those countries send pre-export notifications for those substances in bulk form and in the form of pharmaceutical preparations. The authorities of three countries — Malaysia, Thailand and the United Arab Emirates — have formally requested the Board to be notified of the export of pharmaceutical preparations containing ephedrine and pseudoephedrine to their territory.

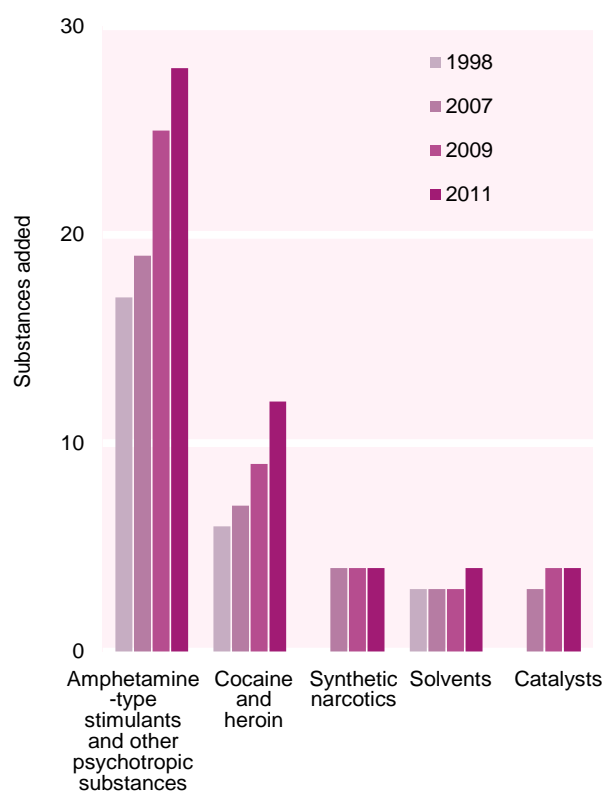
23. Pursuant to Economic and Social Council resolution 1996/29, the Board established already in 1998 a list of non-scheduled substances that are likely to be diverted from legitimate trade in order to be substituted for, or to be used together with, substances in Table I or II of the 1988 Convention, or that are likely to be used in the illicit manufacture of drugs that cannot be manufactured using the precursors controlled under the Convention. The list, known as the limited international special surveillance list of non-scheduled substances, is aimed at assisting Governments, in partnership with industry, in targeting non-scheduled substances in a flexible manner, preventing their use in the illicit manufacture of drugs and, at the same time, being sensitive to the requirements of legitimate trade. The number of substances on the list has doubled since 1998 — from 26 to 52 (see figure XII).

24. In addition, individual Governments have introduced regulations for additional substances not under international control. The Board is aware that 48 countries, in addition to 27 European Union member States, have established some form of control over a total of 150 substances that are not included in Table I or II of the 1988 Convention or on the limited international special surveillance list of non-scheduled substances. Governments' responses to this newly emerging situation are varied. While some Governments have expanded their control measures to include the new substances on a substance-by-substance basis, others have responded by enacting legislation allowing them to proactively counter such new developments. Others have turned to practical solutions based on voluntary cooperation by industry. In order to properly address these developments, it will be necessary for Governments to share their experiences with each other. The Board is currently reviewing the various approaches implemented by Governments.

D. Role of the Internet: unregulated sale of precursors

25. The use of the Internet for trading in precursors may justify a more in-depth analysis, considering the different forms of legitimate trade through the Internet and the modus operandi of those using the Internet for unlawful purposes. The issue was addressed in 2000 by the

Figure XII. Substances included on the limited international special surveillance list of non-scheduled substances, grouped by use, 1998-2011
(As at 1 November 2012)



Commission on Narcotic Drugs in its resolution 43/8. There is a need to enhance the exchange of experiences and lessons learned by Governments experimenting with different approaches in order to decrease the likelihood of the Internet becoming a major vehicle for the unregulated supply of precursor chemicals.

E. Conclusion

26. There are a range of tools already available to Governments to control diversion. However, the use of those tools continues to be uneven, providing opportunities for trafficking organizations to circumvent existing legislation. Such trends could be better addressed by proactive cooperative measures, such as voluntary cooperation with industries and acting in the spirit of the 1988 Convention (i.e. preventing diversion). A key element in this concept is intragovernmental cooperation between the various agencies involved in precursor control. In addition, as successes in reducing diversion from international trade have resulted in trafficking organizations increasingly obtaining precursors through diversion and subsequently smuggling the precursors across national borders, efforts to counter such smuggling should also be stepped up, as part of an integrated strategy in which law enforcement efforts and regulatory efforts complement each other. The starting points for new approaches are varied, as the previous paragraphs have highlighted. This also implies a willingness to reconsider currently underutilized tools, as well as a readiness to recognize that new challenges may require new solutions.

III. Use of non-scheduled substances in the illicit manufacture of narcotic drugs and psychotropic substances^{xxvi}

1. As more and more States have implemented the provisions of the 1988 Convention, it has become more difficult for traffickers to obtain some of the substances listed in Tables I and II of that Convention. In response, traffickers are seeking non-scheduled substitutes for the more closely monitored precursors. The Board has noted this development over the past several years and has identified the following general trends:

(a) Shifts to different forms of, or products containing, the controlled precursor, for example, pharmaceutical preparations, natural products (e.g. ephedra extracts) or derivatives that can be converted into the controlled precursor through readily available means. These may include commercially available products that do not fall within the purview of precursor control or products and derivatives that are specifically designed to circumvent existing controls, including made-on-order preparations;

(b) The illicit manufacture of the controlled primary precursor from non-scheduled pre-precursors;

(c) The use of new or altered methods of processing or manufacture that require substances not currently listed in Table I or II of the 1988 Convention;

(d) The illicit manufacture of related “designer drugs” that require as starting material substances not currently listed in Table I or II of the 1988 Convention.

2. Forty-four Governments reported the seizure of a total of 170 non-scheduled substances in the five-year period 2005-2009. Because of the flexibility inherent to the manufacture of amphetamine-type stimulants and the variety of such substances, the range of reported non-scheduled substances has been greater for this group than for other drug groups. However, the Board has noted in its technical reports on precursors the seizure or actual use of non-scheduled substitute chemicals used in the illicit manufacture of cocaine and heroin.

3. Specifically, the Board has drawn attention to several substitutes for ephedrine- and pseudoephedrine-based methods for illicit methamphetamine manufacture, including 1-phenylacetylcarbinol (1-PAC), an intermediate substance used in the industrial manufacture of ephedrine, and *N*-acetylpseudoephedrine acetate, which can be easily converted to pseudoephedrine using a hydrolysis reaction. Both substances enable illicit

operators to continue to use familiar manufacturing techniques. The Board is also aware of attempts to produce ephedrine from *N*-methyl-DL-alanine. In connection with P-2-P-based methods for the illicit manufacture of methamphetamine, seizures of non-scheduled derivatives of phenylacetic acid, in particular its esters, are among the most significant developments. Seizures of tartaric acid, a chemical employed in the post-manufacture purification of methamphetamine manufactured from P-2-P, provide further evidence of a resurgence of P-2-P-based methods in the wake of strengthened controls on ephedrine and pseudoephedrine and preparations containing them. Purpose-made P-2-P in the form of its bisulphite adduct has also been encountered in an attempt to disguise its physical characteristics and thus circumvent controls, as has been a purpose-made derivative of 3,4-MDP-2-P known as “3,4-MDP-2-P glycidate”. The latter two may also be classified as “hidden” precursors.

4. With regard to the manufacture of cocaine, the use of non-scheduled substances brought to the attention of the Board extends from the use of a range of alternative solvents and a method employing ethanol to substitute for the traditional potassium permanganate process for the purification of the crude cocaine base, to the illicit manufacture of key precursors such as sulphuric acid, and potassium permanganate from potassium manganate or manganese dioxide.

5. For heroin, the majority of the non-scheduled substances are chemicals that are employed, in addition to acetic anhydride, in various steps of the traditional manufacturing process, such as ammonium chloride, sodium carbonate and bicarbonate and ammonia. In addition, large-scale seizures of acetyl chloride and glacial acetic acid have led to claims of the illicit manufacture of acetic anhydride from non-scheduled pre-precursors or the direct use of substitute acetylating agents. However, while those processes are technically feasible, the claims remain to be corroborated.

6. Concern over such developments led the Board in 1998, in response to Economic and Social Council resolution 1996/29, to establish the limited international special surveillance list of non-scheduled substances — substitute and “new” chemicals for which there was substantial information on actual use in illicit drug manufacture. A total of 26 substances aside from those listed in Tables I and II of the 1988 Convention were originally included on the special surveillance list. The special surveillance list, which is available on the Board’s secure website,

currently includes 45 chemicals. Distributed annually by the Board to competent national authorities, the special surveillance list is aimed at assisting Governments in devising, in cooperation with the industries concerned, a flexible system that is sensitive to the requirements of legitimate trade while preventing the use of non-scheduled substances in the illicit manufacture of drugs. The usefulness of the special surveillance list has been demonstrated by the numerous seizures of substances included on the list and by the establishment of similar surveillance lists at the regional level.

7. With regard to the maintenance and use of the special surveillance list, the Board notes that there is a need to improve the gathering and sharing of intelligence and other information with regard to the chemicals found when dismantling illicit drug manufacturing laboratories, both among other entities at the national level and among international organizations and bodies, such as the Board.

8. Individual Governments have introduced additional regulations for substances not under international control. The Board is aware of 38 States that have established some form of control over a total of 132 substances not included in Tables I and II of the 1988 Convention or on the special surveillance list. While the Board welcomes the increased alertness and the introduction of appropriate measures by individual Governments to prevent the use of non-scheduled substances by traffickers, it wishes to highlight the importance of coordinating those approaches at the regional level to avoid situations whereby sources, points of diversion or trans-shipment routes are displaced from one country to another. The Board also wishes to remind all competent national authorities to keep themselves up to date on, and comply with, the existing regulations of their trade partners and to cooperate with each other in verifying the legitimacy of orders and investigating suspicious shipments of all substances that could be used in illicit drug manufacture.

9. There is a need to counter the use of numerous substitute chemicals not controlled under the 1988 Convention of which a negligible proportion of the amounts required for legitimate purposes is being used in illicit drug manufacture. The Board considers comprehensive voluntary cooperation between the industries concerned and the competent national authorities to be one of the main means of countering continual shifts between such substitute chemicals used as precursors. Key elements of such cooperation include: good trade practices, such as the sharing of knowledge and the continuous monitoring of patterns of legitimate manufacture and trade involving such substances, in order to identify irregularities and suspicious transactions; the know-your-client principle and reliable estimates of annual legitimate requirements for the substances in question and the products containing them, such as pharmaceutical preparations. In addition, Governments are reminded to consider, pursuant to General Assembly resolution S-20/4 B, punishing, as a criminal offence in the sense of article 3 of the 1988 Convention, unlawful conduct of persons or companies in connection with the diversion of non-scheduled substances with the knowledge that they are intended for use in the illicit manufacture of narcotic drugs or psychotropic substances and introducing related penal, civil and administrative sanctions.

10. The Board is aware that the above-mentioned recommendations can be only a subset of the measures required to address an issue as complex as that of preventing the use of non-scheduled substances in the illicit manufacture of drugs. It therefore calls on Governments to examine all available options to establish appropriate mechanisms to monitor the movement of non-scheduled substances and identify suspicious transactions involving them and to cooperate with each other and the Board to that end.

Endnotes:

- ⁱ Report of the International Narcotics Control Board for 2012 (United Nations publication, Sales No. E13.XI.1). chap.I.
- ⁱⁱ Report of the International Narcotics Control Board for 2011 (United Nations publication, Sales No. E12.XI.5). chap.I.
- ⁱⁱⁱ Report of the International Narcotics Control Board for 2010 (United Nations publication, Sales No. E11.XI.1). chap.I.
- ^{iv} Report of the International Narcotics Control Board for 2009 (United Nations publication, Sales No. E10.XI.1). chap.I.
- ^v Report of the International Narcotics Control Board for 2012 (United Nations publication, Sales No. E13.XI.1). chap.II.
- ^{vi} Report of the International Narcotics Control Board for 2011 (United Nations publication, Sales No. E12.XI.5). chap.II.
- ^{vii} Report of the International Narcotics Control Board for 2009 (United Nations publication, Sales No. E10.XI.1). chap.II.
- ^{viii} Report of the International Narcotics Control Board for 2011 (United Nations publication, Sales No. E12.XI.5). chap.II.
- ^{ix} Report of the International Narcotics Control Board for 2012 (United Nations publication, Sales No. E13.XI.1). chap.II.
- ^x Report of the International Narcotics Control Board for 2010 (United Nations publication, Sales No. E11.XI.1). chap.II.
- ^{xi} Report of the International Narcotics Control Board for 2010 (United Nations publication, Sales No. E11.XI.1). chap.II.
- ^{xii} Report of the International Narcotics Control Board for 2010 (United Nations publication, Sales No. E11.XI.1). chap.II.
- ^{xiii} Report of the International Narcotics Control Board for 2009 (United Nations publication, Sales No. E10.XI.1). chap.II.
- ^{xiv} Report of the International Narcotics Control Board for 2009 (United Nations publication, Sales No. E10.XI.1). chap.II.
- ^{xv} Report of the International Narcotics Control Board for 2011 (United Nations publication, Sales No. E12.XI.5). chap.II.
- ^{xvi} Report of the International Narcotics Control Board for 2009 (United Nations publication, Sales No. E10.XI.1). chap.II.
- ^{xvii} Report of the International Narcotics Control Board for 2012 (United Nations publication, Sales No. E13.XI.1). chap.II.
- ^{xviii} Report of the International Narcotics Control Board for 2010 (United Nations publication, Sales No. E11.XI.1). chap.II.
- ^{xix} Report of the International Narcotics Control Board for 2009 (United Nations publication, Sales No. E10.XI.1). chap.II.
- ^{xx} Report of the International Narcotics Control Board for 2009 (United Nations publication, Sales No. E10.XI.1). chap.II.
- ^{xxi} Report of the International Narcotics Control Board for 2009 (United Nations publication, Sales No. E10.XI.1). chap.II.
- ^{xxii} Report of the International Narcotics Control Board for 2010 (United Nations publication, Sales No. E11.XI.1). chap.II.
- ^{xxiii} Report of the International Narcotics Control Board for 2010 (United Nations publication, Sales No. E11.XI.1). chap.II.
- ^{xxiv} Report of the International Narcotics Control Board on Precursors for 2011 (United Nations publication, Sales No. E12.XI.4). chap.IV.
- ^{xxv} Report of the International Narcotics Control Board on Precursors for 2012 (United Nations publication, Sales No. E13.XI.4). chap.IV.
- ^{xxvi} Report of the International Narcotics Control Board for 2010 (United Nations publication, Sales No. E11.XI.1). chap.II.