

the illicit manufacture of methamphetamine. During the operation, participating countries verified the legitimacy of importers and end-users and identified suspicious transactions. When evidence of such suspicious transactions was found, data were provided to the Task Force members in the region concerned with the aim of launching backtracking investigations into seizures and stopped shipments. Wherever possible, controlled deliveries were organized. The secretariat of the Board served as the global focal point for the exchange of information. The monitoring of 1,400 individual shipments of ephedrine and pseudoephedrine led to the identification of 35 suspicious transactions and prevented the diversion of a total of 52 tons of those substances, a quantity sufficient to manufacture 48 tons of methamphetamine (9.6 billion doses).

48. Activities carried out as part of Project Prism provided evidence that traffickers are attempting to obtain large amounts of pharmaceutical preparations containing ephedrine and pseudoephedrine. The Board reiterates its recommendation to all Governments to control pharmaceutical preparations containing scheduled substances in the same way as they control scheduled substances.

### **3. Substitute chemicals**

49. As underlined in the resolutions adopted by the General Assembly at its twentieth special session, information on non-scheduled chemicals is crucial because it enables Governments and the Board to identify new trends in illicit drug manufacture and trafficking in precursors. Because the monitoring of precursors has been strengthened, trafficking organizations are seeking out non-scheduled substances, including derivatives specially designed to circumvent existing controls. The Board invites Governments to use the updated limited international special surveillance list of non-scheduled substances, which was provided to all competent authorities in June 2007. It also invites Governments to put in place mechanisms for alerting them to suspicious transactions involving such substances and to provide the Board with detailed information on any seizures of non-scheduled precursors.

50. In response to emerging trends in illicit trafficking and pursuant to the proposals of the Board, the Commission on Narcotic Drugs assessed and scheduled phenylpropanolamine, which is used in the illicit manufacture of ATS; and transferred from Table II to Table I of the 1988 Convention acetic anhydride and potassium permanganate, two key chemicals used in the manufacture of heroin and cocaine, respectively. The Board is currently conducting an assessment of phenylacetic acid with a view to possibly recommending the transfer of the substance from Table II to Table I.

## **IV. Other specific tasks related to the twentieth special session of the General Assembly undertaken by the Board**

51. The mandate of the International Narcotics Control Board under the international drug control treaties, and the very essence of its work, is to evaluate treaty implementation based on the examination and analysis of information available to it and based on its own continuous evaluation of efforts by Governments.

52. In furthering the aims of the international drug control treaties, the Board has also undertaken tasks that are not directly addressed to the Board by the resolutions adopted by the General Assembly at its twentieth special session, but are important to ensure full implementation of those treaties. Those tasks relate to, among other things, accession to the international drug control treaties, measures for demand reduction and measures against drug trafficking through the Internet and mail services.

#### **A. Universal accession to the international drug control treaties**

53. In advocating implementation of the three international drug control treaties, the Board has maintained an ongoing dialogue with the Governments concerned, calling upon States that have not yet done so to become parties to and fully implement the treaties. Such efforts have been further strengthened since 1998 by means of various methods, the issue of accession by States being placed high on the agenda of the Board.

54. Following the decision taken at its sixty-sixth session, in May 1999, the Board developed a strategy aimed at promoting accession by Governments to the international drug control treaties. As a first step, 10 States were approached in view of the fact that they were not yet parties to one or more of the treaties but had an important role to play in drug control. The strategy listed a series of tools to be used, including sending people on missions to countries, addressing the issue in meetings with Government officials and sending letters to national authorities enquiring about the reasons for the delay of accession. Subsequently, all 10 States became parties to all three of the treaties.

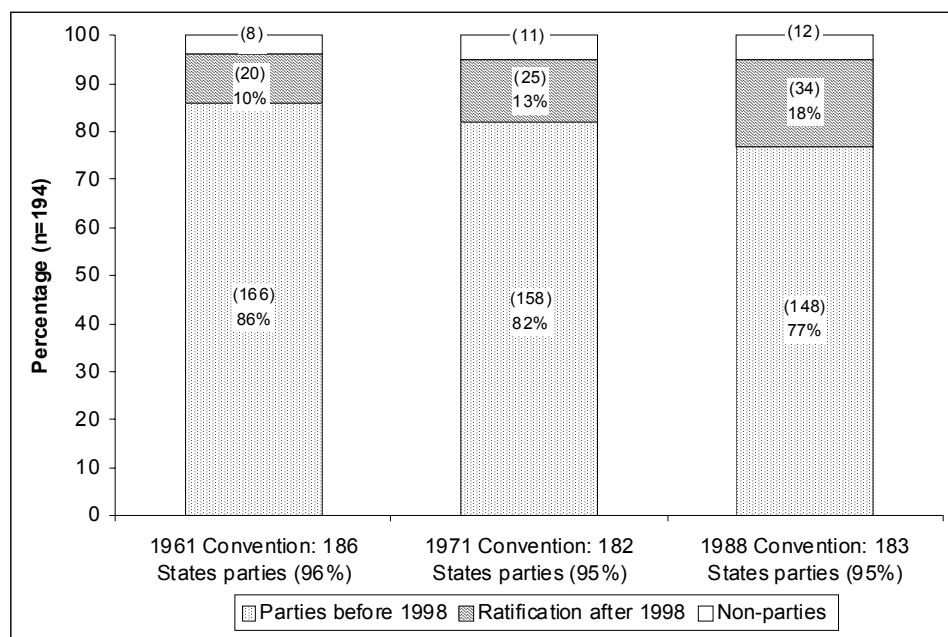
55. In June 2005, the President of the Board sent a letter to all States that had yet to accede to one or more of the international drug control treaties, urging them to take substantive steps to ensure their accession to the treaties at the earliest opportunity. In addition, during the substantive session of the Economic and Social Council, held in New York from 29 June to 27 July 2005, the President of the Board met with the permanent representatives of the States concerned with a view to promoting the adherence of those States to the treaties. Furthermore, the Board, while planning its country missions, has placed high on its agenda the issue of treaty adherence. The Board has also recommended that UNODC provide legal assistance to States, upon request.

56. The efforts of the Board have contributed to considerable progress towards universal accession to the international drug control treaties. As shown in figure I, since 1998, an additional 20 States have acceded to the Single Convention on Narcotic Drugs of 1961<sup>10</sup> (or that Convention as amended by the 1972 Protocol), an additional 25 States have acceded to the 1971 Convention and an additional 34 States have acceded to the 1988 Convention. As at 1 November 2008, the number of States parties to the 1961 Convention or to that Convention as amended had reached 186 (in other words, 96 per cent of all States). As at 1 November 2008, there were 183 States parties to the 1971 Convention (95 per cent of all States) and 182 States parties to the 1988 Convention (95 per cent of all States).

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<sup>10</sup> United Nations, *Treaty Series*, vol. 520, No. 7515.

Figure I  
**Status of ratification by States of the international drug control treaties**



*Note:* The absolute number of States and territories (194) is displayed in parentheses; percentages have been rounded off.

57. That almost universal accession to the international drug control treaties demonstrates the commitment by Governments to complying with the treaties and to addressing the world drug problem in a concerted manner. The Board notes, however, that 50 per cent of the States not parties to the conventions are in Oceania, despite the efforts of the Board in that region over the past 10 years.

## B. Increasing national capacity for drug control

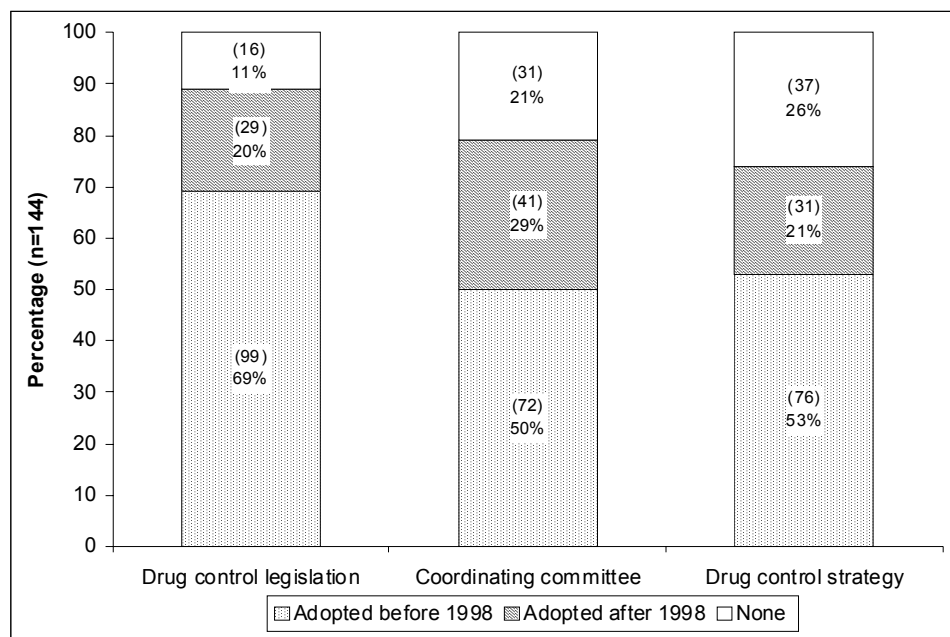
58. The prerequisites for effective practical measures and international assistance in the field of drug control are adequate drug control legislation, a functioning national drug control body and an up-to-date and balanced drug control strategy. A country cannot effectively participate in concerted, worldwide drug control activities if it lacks those elements.

59. As noted above, as part of the evaluation of progress made in drug control since the twentieth special session of the General Assembly, the Board conducted in 2007 a review of overall treaty compliance by all States and territories. A total of 144 States and territories (67 per cent) responded to the questionnaire.

60. The findings of the review indicated that an increased number of States and territories have taken concrete steps towards building capacity for the implementation of the international drug control treaties. Since 1998, an additional 29 States and territories have adopted comprehensive drug control legislation, 41 have established a coordinating committee and 31 have developed a drug control

strategy (figure II). A total of 128 States and territories (89 per cent of those responding) have comprehensive drug control legislation in place, 113 States and territories (78 per cent of those responding) have set up a coordinating committee on drug control and 107 States and territories (74 per cent of those responding) have developed and implemented drug control strategies. A better understanding of drug-related problems has reinforced coordination at the national level and cooperation between different professional and national authorities.

Figure II  
Capacity-building in national drug control



Note: The number of States and territories (144) is displayed in parentheses; percentages have been rounded off.

### C. Promoting availability of opiates for medical needs

61. Pursuant to the aims of the international drug control treaties, the Board has made continuous efforts to ensure that narcotic drugs, opiates in particular, are available for medical and scientific purposes. In 1996, the Board, in cooperation with WHO, issued a special report entitled *Availability of Opiates for Medical Needs*.<sup>11</sup> The report contained various recommendations for consideration by Governments, the United Nations International Drug Control Programme (now UNODC), the Commission on Narcotic Drugs, WHO, international and regional drug control, health and humanitarian organizations, educational institutions and non-governmental health-care organizations and other health-care representatives, all of whom were encouraged to promote the adequate availability of opiates for the treatment of pain, particularly that related to cancer.

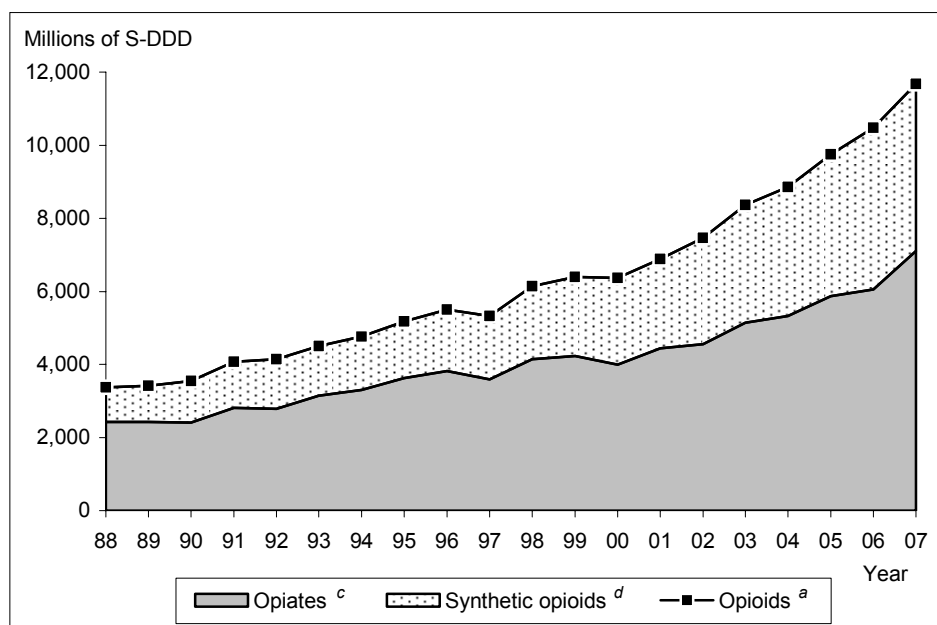
<sup>11</sup> United Nations publication, Sales No. E.96.XI.6.

62. In its annual report, the Board has consistently addressed the issue of making opiates available for medical needs, urging Governments to critically examine their methods of assessing domestic medical needs for opiates and to take the steps necessary to remove impediments to the adequate availability of those drugs for medical and scientific purposes. As a result, global consumption of opioid analgesics for the treatment of moderate to severe pain, expressed in defined daily doses for statistical purposes, increased by more than 2.5 times during the past decade. This is largely the result of efforts by Governments, WHO and health professionals to improve the relief of pain due to cancer.

63. A review of trends in global consumption of opiates and synthetic opioids for the 20-year period 1988-2007 (see figure III) indicates that the consumption of opiates increased steadily, almost tripling after 1987. The consumption of synthetic opioids almost quadrupled during that same period. The increase occurred mainly in countries in Europe and North America, which together accounted for about 89 per cent of global morphine consumption in 2007, for example.

Figure III

**Global consumption of opioids,<sup>a</sup> in millions of defined daily doses for statistical purposes,<sup>b</sup> 1988-2007**



<sup>a</sup> Opioids: opiates and synthetic opioids.

<sup>b</sup> The statistical defined daily doses for statistical purposes (S-DDD) are technical units of measurement for the purpose of statistical analysis and are not recommended prescription doses.

<sup>c</sup> Including buprenorphine, an opiate under the control of the Convention on Psychotropic Substances of 1971.

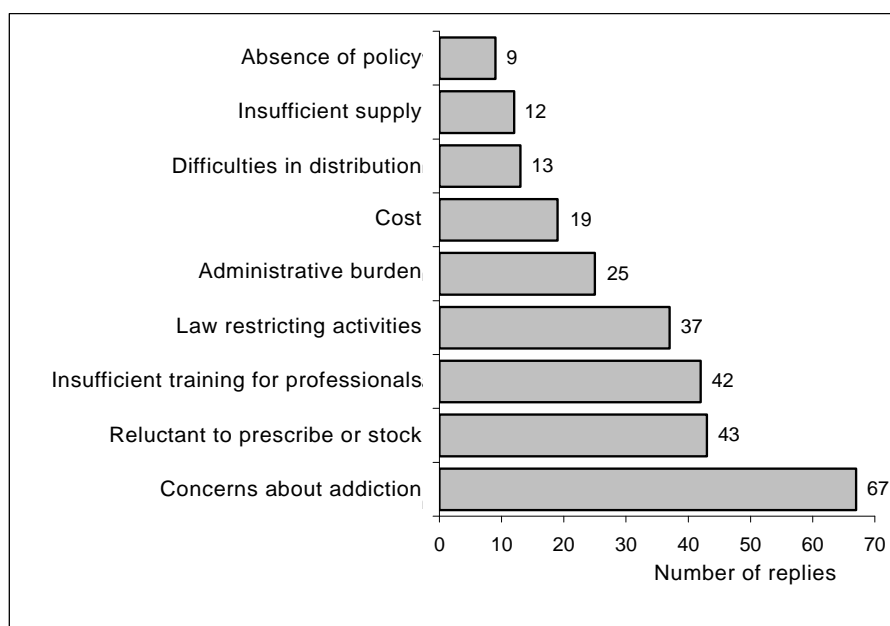
<sup>d</sup> Including pentazocine, a synthetic opioid under the control of the Convention on Psychotropic Substances of 1971.

64. The results of the 2007 survey reveal that concern about addiction is the factor that has the greatest impact on the availability of opioids for medical needs (see figure IV). Other factors, such as reluctance to prescribe or stock opioids,

insufficient training of health-care professionals and the existence of restrictive laws, also play an important role. While concern about addiction is the most influential factor in all regions, the existence of restrictive laws and regulations appear to play a significant role in Asia, and in countries in the Americas reluctance to prescribe or stock those medications is seen as having a greater impact on the availability of opioids than other factors.

Figure IV

#### Main factors affecting the availability of opioids for medical needs



*Note:* The results shown in the figure are based on replies submitted by countries and territories (n=144) responding to a specific multiple-choice question. The countries and territories could choose one or more factors contained in that question.

#### D. Strengthening efforts in reducing demand for illicit drugs

65. Demand reduction is a core component of the international drug control treaties. Pursuant to article 38 of the 1961 Convention as amended by the 1972 Protocol and article 20 of the 1971 Convention, parties are required to take all practicable measures for the prevention of abuse of narcotic drugs and psychotropic substances and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved. According to article 14, paragraph 4, of the 1988 Convention, parties are required to adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering and eliminating financial incentives for illicit traffic.

66. The objectives of demand reduction programmes are to prevent and reduce the abuse of drugs, treat the addicted and reduce the adverse consequences of drug abuse. Demand reduction programmes provide for and encourage the active participation of the general public and target those at particular risk, regardless of

the location or economic conditions. Community-, school- and family-based prevention programmes promote proper attitudes about the availability and abuse of drugs and the perception of their risks. They may also increase awareness of vulnerability, risk and factors that are closely associated with a disposition to abuse drugs.

67. The Board first brought the issue of drug demand reduction to the attention of the international community in its report for 1993,<sup>12</sup> in which the Board referred to the crucial importance of drug demand reduction programmes. The Board has also expressed its appreciation for the initiative taken by the General Assembly in adopting, at its twentieth special session, the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution S-20/3, annex), further raising awareness of the importance of that issue.

68. In the Declaration, Member States pledged to invest in demand reduction programmes. A series of actions were called for, including: regularly assessing the nature and magnitude of drug abuse; ensuring that demand reduction programmes covered all areas of prevention, from discouraging initial use to reducing the negative consequences of drug abuse; forging partnerships among national and community-based stakeholders; tailoring approaches to address the needs of the population in general, as well as those of specific groups, in particular youth; and ensuring that disseminated information was accurate and reliable.

69. The survey conducted by the Board in 2007 on the implementation of the international drug control treaties (see para. 10 above) indicated that there had been positive developments in the area of demand reduction since 1998: 103 States and territories (72 per cent of respondents) indicated that they had developed and implemented both demand reduction and supply reduction policies since 1998. Most of the responding States and territories reported having put in place policies for demand reduction (108 States and territories, or 75 per cent of respondents). Such policies focused on three areas: reduction of harm associated with drug abuse, prevention of drug abuse and treatment of drug addiction. Of those States and territories that had not yet adopted policies on demand reduction (35 States and territories, or 24 per cent of respondents), some reported having in place measures on demand reduction, particularly in the areas of preventing drug abuse and treating drug addiction.

70. While welcoming those positive developments, the Board emphasizes that demand reduction programmes need to be implemented continuously and be based on thorough assessments of drug abuse at the local level. In addition, such programmes should be comprehensive, focusing on all the areas mentioned in the Declaration, including prevention and treatment.

## **E. Countering money-laundering and promoting judicial cooperation**

71. Chapter I of the report of the Board for 1995<sup>13</sup> was devoted to the issue of money-laundering. In that chapter, fighting money-laundering was identified as being vital to any approach to countering drug trafficking. International trafficking

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<sup>12</sup> United Nations publication, Sales No. E.94.XI.2.

<sup>13</sup> United Nations publication, Sales No. E.96.XI.1.

in narcotic drugs and psychotropic substances generates huge amounts of capital for its initiators and organizers. Drug cartels and trafficking groups are organized and structured to function efficiently within national economies, as well as at the international level. The profits derived from their illicit activities are either integrated into the licit economy or are used in corrupt and criminal ways to enhance such activities. In response, Governments decided to introduce measures to detect and punish money-laundering activities through the 1988 Convention. In article 5 of the Convention, parties undertook to adopt such measures as might be necessary to enable the confiscation of the proceeds of drug trafficking. The Board has recommended that Governments implement the provisions of that article, including through constitutional amendments.

72. At its twentieth special session, the General Assembly also adopted measures on combating money-laundering, urging all States to implement the relevant provisions contained in the 1988 Convention by, inter alia, establishing a legislative, financial and regulatory framework. The Board urges all Governments to abide by that recommendation and to cooperate fully with relevant international institutions, in particular the Financial Action Task Force on Money Laundering, an intergovernmental body developing and promoting policies to combat money-laundering. In February 2000, the Financial Action Task Force published a report on non-cooperative countries and territories, in which a total of 23 States and territories were identified as not cooperating in international efforts to counter money-laundering or showing critical deficiencies. That number decreased rapidly as Governments introduced stronger measures against money-laundering. In October 2006, the Financial Action Task Force removed the last jurisdiction from the list.

73. Cooperation in judicial matters such as extradition is essential to addressing drug trafficking and fulfilling the aims of the international drug control treaties. The Board discussed extradition in chapter I of its report for 1996.<sup>14</sup> In that report, the Board suggested that the twentieth special session of the General Assembly should be used to seek to determine principles for the good management of criminal justice systems. Subsequently, the Assembly adopted measures on judicial cooperation and encouraged States to facilitate the extradition of nationals for serious drug-related offences, based on the 1988 Convention. Article 6 of the Convention states that parties undertake to include the drug-related offences stipulated in the Convention as extraditable offences in any extradition treaty existing between them and that parties may consider using the Convention as the legal basis for extradition, in the absence of a bilateral or multilateral treaty to that effect.

74. In the survey carried out by the Board in 2007 to review efforts made by Governments to implement the international drug control treaties (see para. 10 above), a question was asked as to whether national legislation explicitly allowed for extradition based on the 1988 Convention. Of the 109 States that responded, 47 per cent indicated that drug-related offenders were extradited on the basis of the 1988 Convention. The rest still required a bilateral agreement for extradition; the largest share of those States were in Asia (21 per cent), followed by Africa (12 per cent) and the Americas (12 per cent). Although those statistics indicate progress, the Board encourages Governments that have not yet done so to

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<sup>14</sup> United Nations publication, Sales No. E.97.XI.3.

use the provisions of the 1988 Convention to facilitate extradition for serious drug-related offences.

75. Pursuant to article 7 of the 1988 Convention, States parties are required to afford each other the widest measure of mutual legal assistance in investigations, prosecutions and judicial proceedings, in order to counter drug trafficking. Article 18 of the United Nations Convention against Transnational Organized Crime<sup>15</sup> contains similar provisions.

## **F. Providing legitimate alternative livelihoods**

76. Alternative development, in the context of drug control, is a strategy aimed at reducing or eliminating the illicit supply of drugs derived from illicitly cultivated plants. It has been applied in rural areas of developing countries where such plants, mainly opium poppy and coca bush, are grown. The most successful approach to getting growers of illicit drug crops to discontinue that activity involves a combination of disincentives and incentives. Thus, law enforcement and the threat of penalties and eradication, combined with the prospect of a legitimate alternative livelihood and broad sustainable economic assistance, including in the areas of education, health care and the development of infrastructure, may be the solution. In the Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development, the General Assembly reaffirmed the need for a comprehensive approach to eliminating narcotic drugs, stressing the special importance of cooperation in alternative development.

77. In its report for 2002, the Board underlined that, far from being a stable and sustainable source of income, illicit drug production, by nature a criminal activity, could be a destabilizing factor and an impediment to development.<sup>16</sup> Subsequently, the Board dedicated the first chapter of its report for 2005 to alternative development; in that chapter, the Board noted that a truly comprehensive concept of alternative development would include not only the cultivation of alternative crops, but also the development of infrastructure, the provision of a viable means of transporting legal products to markets and the provision of assistance in the areas of education and health care.<sup>17</sup>

78. Despite efforts by the international community, the illicit cultivation of opium poppy and coca bush continues, and there has been only limited success in developing alternative livelihoods. The Board has pointed out that alternative development programmes are possible only where adequate security and stability can be ensured. Unless Governments are able to establish their authority and provide a safe environment, alternative development efforts cannot be effective. The Board has urged the international community to provide assistance to Governments in their efforts to maintain security in areas where alternative development is to be introduced. The Board has recommended that Governments, as well as relevant international organizations, integrate alternative development into their broader development programmes.

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<sup>15</sup> United Nations, *Treaty Series*, vol. 2225, No. 39574.

<sup>16</sup> *Report of the International Narcotics Control Board for 2002* (United Nations publication, Sales No. E.03.XI.1), chap. I.

<sup>17</sup> *Report of the International Narcotics Control Board for 2005 ...*, para. 9.

79. In its report for 2005, the Board recommended that the current “project-by-project” approach to alternative development should be changed, with commitment being made towards long-term strategies for the provision of legitimate alternative livelihoods. The predominance of “project-by-project” implementation has not provided adequate opportunities for alternative development to have an impact on drug control on a larger scale. The vast majority of illicit crop growers have unfortunately not received direct alternative development assistance.<sup>18</sup> In addition, Governments often neglect to provide for adequate infrastructure for the transport of alternative crops, which means that the crops have no easy access to markets. Lack of general education or literacy programmes may result in legitimate livelihoods being unsustainable in the long run. The provision of health care is often inadequate, in particular taking into consideration the fact that illicit drug crop cultivation is often followed by increasing drug abuse in the farming communities.

## **G. Cooperation with other international organizations**

80. Governments cooperate with each other through the activities of organizations involved in drug control. In addition to UNODC, WHO, INTERPOL and the World Customs Organization are involved in various areas of drug control. In addition, many regional organizations have established specialized structures to assist States in dealing with issues related to drug control and have played an important role in strengthening regional cooperation in combating illicit drug abuse and trafficking.

81. Joint projects of such regional and international organizations exist. However, the Board has observed that the joint efforts that take place at the regional and international levels tend to be in the areas of supply reduction and law enforcement. Although groundbreaking work has been done by individual organizations in the area of demand reduction, such efforts are too often carried out in isolation from one another. Arguably, demand reduction efforts are by nature more specific to the given country and context. Nevertheless, much knowledge and expertise could be shared in the area of demand reduction and the Board urges further development of cooperation in that area.

## **V. Challenges**

82. The Board underlines that the goals for 2008 set by the General Assembly at its twentieth special session continue to be as relevant and as important as they were in 1998 and that new challenges to international drug control have surfaced. Some of the many challenges Governments are facing in that area are highlighted below.

83. Demand for illicit drugs continues to be high throughout the world. Measures in demand reduction must be further strengthened at the national and international levels. In particular, many Governments have not yet given priority to this issue, owing to a lack of capacity and resources, especially in the area of treating drug addiction.

84. Significant challenges remain in ensuring adequate control of ATS at the national and international levels. The diversion of pharmaceutical preparations

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<sup>18</sup> Ibid., paras. 30 and 49 (b).