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Narcotic Drugs: Estimated World Requirements for 2005; Statistics for 2003 (E/INCB/2004/2)

Psychotropic Substances: Statistics for 2003; Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV (E/INCB/2004/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2004 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2004/4)

The updated lists of substances under international control, comprising narcotic drugs, psychotropic substances and substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, are contained in the latest editions of the annexes to the statistical forms (“Yellow List”, “Green List” and “Red List”), which are also issued by the Board.

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



INTERNATIONAL NARCOTICS CONTROL BOARD

Report

of the International Narcotics
Control Board for 2004



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Foreword

The supply of and demand for illicit drugs at first seem to be quite separate: drugs are manufactured, trafficked and sold on the illicit market by one group of people; the drugs are bought and consumed by others. However, illicit drug supply and demand are in fact inextricably linked components of a single phenomenon. The demand for drugs stimulates the supply; the availability of drugs, in turn, creates demand, as more people become dependent upon drugs.

In chapter I of its report for 2004, the International Narcotics Control Board analyses this interaction between supply and demand and emphasizes the need for a balanced and integrated approach. It is all too easy for government action against the drug problem to focus on supply, which is just one element of the problem. While that may produce results, even dramatic results, in the short term, including large seizures of illicit drugs, it does not and cannot have a long-term effect because new sources soon emerge to meet continuing demand. Unfortunately, there are no quick ways to reduce demand; sustained preventive intervention is required to do that. It is therefore essential to develop comprehensive strategies, combining action to reduce both supply and demand. Then and only then will there be significant progress in dealing with drug abuse problems.

Chapter II of the report presents a review of the Board's consultations with Afghanistan pursuant to article 14 of the Single Convention on Narcotic Drugs of 1961. In the first democratic elections, held in October 2004, Hamid Karzai was elected President of Afghanistan. Unfortunately, the widespread drug problem has become a severe threat to this new democracy, as well as the stability and economic recovery of the country as a whole. Illicit opium poppy cultivation continues to increase in Afghanistan, supplying three quarters of the world's heroin; in addition, Afghanistan has become a major source of cannabis resin for illicit markets in West Asia and beyond and a destination for smuggled psychotropic substances and precursors.

In response, Afghanistan has adopted a national drug control strategy aimed at eliminating the cultivation of illicit crops and the illicit production of and trafficking in narcotic drugs, psychotropic substances and precursors within a 10-year period. The United Nations Office on Drugs and Crime, together with the international community as a whole, is supporting Afghanistan in its efforts to achieve that goal and to comply with the international drug control treaties. Ultimately, however, it is the responsibility of the Government of Afghanistan to fulfil its commitments under the international drug control treaties and to ensure that its people are protected from the drug scourge.

In October 2004, the Board convened an expert group in Vienna to consider the problem of illicit sales of controlled substances through Internet pharmacies. Such sales contravene the Convention on Psychotropic Substances of 1971 in several respects. Firstly, Internet pharmacies are not licensed to deal in internationally controlled substances as required by article 8 of the 1971 Convention. Secondly, the preparations that they sell are advertised to the general public, which is contrary to article 10. And thirdly, contrary to article 12, the requirements for import or export authorizations are not observed. Despite those contraventions, it is difficult to apprehend the traffickers involved and such illicit sales have increased continuously over the past few years. That is because if laws are strengthened and enforced in the country where an Internet pharmacy is located, the pharmacy can easily be "relocated" to another country. Moreover, there are no international standards for Internet pharmacies and no record-keeping requirements. Investigators cannot obtain information on subscribers from Internet service providers, nor can they, in many cases, prevent the drug traffickers from purging information on their customers.

The Economic and Social Council, in its resolution 2004/42 of 21 July 2004, entitled “Sale of internationally controlled licit drugs to individuals via the Internet”, called on States to actively pursue those that are in violation of the importing or exporting provisions of the international drug control treaties. To achieve that, it is essential that authorities work in close cooperation with Internet service providers and the pharmaceutical and chemical industries. It is also important to exploit the opportunities offered by the Internet by disseminating information aimed at discouraging people from abusing drugs.

The rate of HIV/AIDS infection among injecting drug abusers has been increasing rapidly in some parts of the world, particularly in Eastern Europe and Asia. In many cases, the alarming spread of HIV/AIDS and other infectious diseases is associated with shockingly low levels of awareness of the basic facts about those diseases and their modes of transmission. Governments must address such ignorance and find ways to limit the spread of HIV. In doing so, they must ensure that current drug control policies do not perpetuate the vicious circle of injecting drug abuse and HIV/AIDS. Measures to prevent the spread of infectious diseases must not be seen as facilitating or even promoting drug abuse, which is, after all, the root of the problem. In other words, the primary and overriding focus of all interventions must be to prevent drug abuse because it is a dangerous and damaging practice in its own right and it has the potential to create even more havoc by contributing to the spread of HIV/AIDS and other serious infectious diseases.



Hamid **Ghodse**

President of the International Narcotics Control Board

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Explanatory notes

The following abbreviations have been used in this report:

ACCORD	ASEAN and China Cooperative Operations in Response to Dangerous Drugs
ADD	attention deficit disorder
ADHD	attention deficit/hyperactivity disorder
ASEAN	Association of South-East Asian Nations
CICAD	Inter-American Drug Abuse Control Commission
CIS	Commonwealth of Independent States
ECO	Economic Cooperation Organization
ESAAMLG	Eastern and Southern Africa Anti-Money Laundering Group
ESPAD	European School Survey Project on Alcohol and Other Drugs
Europol	European Police Office
FATF	Financial Action Task Force on Money Laundering
GABAC	Action Group against Money-Laundering in Central Africa
GBL	<i>gamma</i> -butyrolactone
GHB	<i>gamma</i> -hydroxybutyric acid
GIABA	Groupe intergouvernemental d'action contre le blanchiment d'argent en Afrique de l'Ouest
Interpol	International Criminal Police Organization
LSD	lysergic acid diethylamide
MDMA	methylenedioxyamphetamine
MINUSTAH	United Nations Stabilization Mission in Haiti
SAARC	South Asian Association for Regional Cooperation
SADC	South African Development Community
TADOC	Turkish International Academy against Drugs and Organized Crime
THC	tetrahydrocannabinol
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNMISSET	United Nations Mission of Support in East Timor
WHO	World Health Organization

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

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

Data reported later than 1 November 2004
could not be taken into consideration in
preparing this report.

I. Integration of supply and demand reduction strategies: moving beyond a balanced approach

1. The ultimate goal of both supply and demand reduction strategies is the same: to minimize or eliminate the use and abuse of illicit drugs. If that goal is attained, the development of substance use disorders and the health and social problems associated with them will also be reduced. Since the supply of and demand for illicit drugs are inextricably connected, programmes aimed at reducing the drug problem should be integrated, complementary and mutually reinforcing rather than isolated or competing activities.

2. Illicit drug use is a complex behaviour dependent upon the individual, his or her environment and the drugs themselves. Illicit drug markets at all levels are affected by the interaction between the demand for drugs and their availability. The interaction is influenced by social, cultural, economic and political forces.

3. Early efforts to confront drug abuse issues, including international drug control instruments, focused on reducing the supply of illicit drugs. The first formal international recognition that drug supply is linked with demand was the inclusion of an estimate system for licit narcotic drugs in the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs, in order to prevent the diversion of such drugs into illicit channels.

4. The international drug control treaties¹ are the foundation of international efforts against the abuse of illicit drugs. They codify supply reduction measures and recognize the impact of the demand for illicit drugs on its relationship to supply. Parties to those treaties are required to, *inter alia*, give special attention to, and take practical measures to reduce, the demand for illicit drugs.

5. In previous reports,^{2, 3, 4} the International Narcotics Control Board has emphasized the need for a balanced approach to the world drug problem, noting that addressing the demand for illicit drugs must be combined with continued efforts to restrict their cultivation and manufacture, to limit the availability of source materials and precursors and to reduce the availability of drugs at the street level. The need for such a balanced approach has also been stressed in the

1987 Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control⁵ and in various resolutions of the General Assembly, the Economic and Social Council and the Commission on Narcotic Drugs.

6. The General Assembly at its twentieth special session adopted the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution S-20/3, annex), in which it called for a balanced approach between demand reduction and supply reduction, each reinforcing the other, in an integrated approach to solving the drug problem. The Joint Ministerial Statement and further measures to implement the action plans emanating from the twentieth special session of the General Assembly, adopted during the ministerial segment of the forty-sixth session of the Commission on Narcotic Drugs,⁶ reaffirmed the integrated and balanced approach.

7. Neither demand reduction programmes nor supply reduction programmes alone have been fully successful in addressing the drug problem. In the present chapter, the Board examines the relationship and interaction between the supply of and demand for illicit drugs and the synergistic impact of complementary efforts. It emphasizes the need for policy makers, competent and national authorities and others involved in implementing drug control strategies to utilize balanced, combined and integrated approaches at all levels for maximum effectiveness.

A. Market perspectives

Illicit drug markets

8. There is a clear association between drug availability (supply) and drug consumption (demand) in illicit drug markets. In its simplest form, this means that drug supply satisfies and creates demand and that drug demand supports the existing drug supply or creates a new one. That association is illustrated by the availability of alcohol and nicotine and the problems related to their use, despite attempts to change attitudes and use through education and prevention efforts. The

same rationale may be applied to controlled substances. Although that association is not direct, within certain limitations, as an addictive drug becomes more available, a larger number of vulnerable individuals will be exposed to it, the likelihood of drug experimentation will increase and the problems associated with drug abuse will become more prominent.

9. This one-dimensional view, however, hides the complexities inherent in the interaction between the supply of and demand for illicit drugs. In reality, this continuum is affected by factors such as alternative substances and sources, new markets and users, relapse and social, ideological and economic challenges. While individual supply and demand reduction efforts have had a positive impact, most have been limited in duration, location or substance. Demand, particularly among chronic users and those attempting to profit from the demand, has led traffickers to seek alternative sources or substances. Drug traffickers may attempt to establish new drug markets and to expand existing ones by recruiting new users and marketing new substances. How supply can create demand is illustrated by the crack cocaine epidemic in the United States of America in the 1980s, during which a new and cheaper form of a traditional drug became widely available.

10. Recent evidence suggests that illicit drug demand can vary inversely with price.⁷ Supply reduction efforts have increased the prices of illicit drugs to levels far above those which would have otherwise prevailed. Studies also indicate that this inverse relationship also applies to measures of morbidity from drug use (for example, emergency department episodes). The extent to which higher prices affect the extent of demand for and abuse of illicit drugs is dependent on the specific substance, the age and social status of the individuals, the type of market and prevailing social, cultural and economic conditions. There is strong evidence that, at least for cannabis, price and easy availability, along with peer pressure, influence naïve adolescents in their decision to begin experimenting with drugs. For older and chronic drug abusers, price might have less of an influence on the decision to continue drug abuse.⁸ Furthermore, experience has shown that vigorous law enforcement efforts do not always result in price increases.⁹

11. Drug policy makers often analyse the availability of illicit drugs and illicit drug markets as both major determinants and major consequences of drug abuse, particularly in terms of where and how they interact with the demand for drugs and with responses to the drug problem. Illicit drug markets may be considered as new or emerging or as well established or mature. Such markets vary by, inter alia, the type of substances involved, the number and type of abusers. Mature markets are composed of a small proportion of heavy drug abusers who consume large volumes of illicit drugs (for example, heroin addicts) or a large number of abusers who each consumes a smaller volume of illicit drugs (for example, abusers of methylenedioxymethamphetamine (MDMA, commonly known as Ecstasy)). Those markets may exist side by side in local communities, individual countries or different regions.

12. The determination and understanding of the type of illicit drug markets in a given area enable policy makers to establish focused strategies regarding the supply of and demand for illicit drugs in those markets. There are substantive differences in the dynamics of supply and demand in well-established (mature) and new illicit drug markets. Interdiction efforts are most effective when aimed at disrupting mature illicit drug markets, whether at the local, national or international level. Arresting and imprisoning a large number of drug users or street-level dealers may not be as valuable in a mature illicit drug market; arresting a smaller number of larger distributors or more violent and disruptive offenders may be more effective in situations where heavy drug abusers account for the bulk of illicit drug demand and consumption.

13. When a relatively small proportion of drug abusers consume most of the volume of the illicit drugs in a mature market, supply and demand are primarily influenced by what happens to that group. Demand for illicit drugs in that population is not significantly affected by prevention based on education or information-based programmes. Drug abuse treatment intervention may be more effective in reducing demand in that population. Treatment often begins with referral of the individual for an addiction-related problem, such as a criminal act, a workplace safety issue or an infectious disease. The availability of and access to quality treatment facilities and associated programmes

may reduce the number of illicit drug users, the quantity of illicit drugs used and, consequently, illicit drug trafficking and supply.

14. Reducing the availability of illicit drugs in a mature market may also lead chronic drug abusers to seek treatment and may reduce demand. For example, a reduction of the heroin supply in the Australian Capital Territory between 1999 and 2002 was accompanied by a large decline in ambulance call-outs and an increase in methadone treatment admissions. During the same period, there was also a decrease in heroin purity and property crime.¹⁰ Such a situation is possible if law enforcement activities are sustained and complemented by demand reduction efforts; however, if those activities are not sustained and complemented by demand reduction efforts, the situation may go back to the way it was.

15. In emerging illicit drug markets, both supply and demand are particularly sensitive to early efforts to reduce availability. Law enforcement has the potential to focus its efforts, to respond quickly and to be drug-specific. Early intervention in these areas may have a significant deterrent effect and prevent demand from developing. It is important to react in a timely manner, as authorities may be hesitant to reallocate resources to an emerging drug problem until it is well recognized. The arrest of illicit laboratory operators and the dismantling of laboratories producing new synthetic substances (controlled substance analogues), coupled with drug control efforts and public health warnings, have prevented the development or spread of significant illicit drug markets and problems.

16. Prevention and education efforts, if started early in a new illicit drug market, may reduce demand, even though they often lag behind in raising awareness of the dangers of a newly emerging drug. Individuals with significant risk factors, including those associated with family, peer group, social, environmental and psychological difficulties, are more likely to become new drug users in emerging illicit drug markets. Early intervention aimed at minimizing the influence of such risk factors and reducing drug abuse by developing life skills can be effective in reducing illicit drug demand. Reducing the number of vulnerable individuals and the level of vulnerability will make it less likely that emerging drug markets will become established, thus reducing the need for and ultimately the supply of illicit drugs.

17. Established attitudes against drug abuse will influence whether or not new illicit drugs will take hold on the market and even whether or not illicit drugs in general will be available. If successful programmes to reduce drug abuse are not maintained, complacency and tolerance for illicit drug use may develop, creating a fertile environment for drug dealers. The drug epidemic that began in the 1960s has been attributed, in part, to a lack of protective knowledge about the dangers of drug abuse.¹¹ Ongoing education and prevention programmes that form part of regular health education programmes protect the population against seductive claims about certain drugs of abuse.

18. Social and economic factors also affect the relationship between the supply of and demand for illicit drugs in establishing new markets. Some areas in which illicit drugs are produced are prime targets for such expansion. The drugs are readily available, and there are often poor economic and social conditions and political unrest. Drug trafficking may be one of the few sources of income. The supply of illicit drugs in areas in which the drug crops are cultivated or the illicit drugs are processed or transported, together with the above-mentioned factors, has also created demand for the drugs in those areas. For reasons that have not yet been determined, that demand has been increasing more rapidly in some areas and slower in others. The number of drug abusers has been increasing in some countries that were once considered source or transit countries. In some areas in Asia, particularly in countries where the problems associated with amphetamine-type stimulants mainly involved the manufacture of and transit traffic in such stimulants, the abuse of such stimulants has spread to other countries and has occurred among broader population groups.¹² Reducing supply in those areas would have a positive impact on the demand for illicit drugs.

19. The increasing availability of high-speed technology has also complicated actions by authorities in addressing the dynamics of supply and demand. The Internet is a significant source of information about all types of drugs, health problems and treatments. Drug education and prevention programmes reach more people more quickly by using Internet technology. At the same time, however, unregulated Internet web sites advertise and sell controlled pharmaceuticals, contrary to laws in the importing countries and elsewhere. They provide forums for the free exchange of information on

illicit drugs (such as how to make them and administer them), including new illicit drugs and their effects, and on other related illicit drug activity, leading to increased experimentation with and demand for such drugs. This problem particularly affects young people, who frequently rely on the Internet for information and are prone to experimentation.

20. Making effective use of scientific and technological advances is critical to international drug control efforts. Communication and other technology now enable law enforcement authorities to collect and exchange information in real time in a secure environment, to conduct surveillance more effectively, to search for and identify contraband more rapidly and to conduct controlled delivery operations.

Licily manufactured controlled drugs

21. The supply of and demand for drugs manufactured for medical purposes can also affect the illicit drug problem. International drug control treaties and national controls attempt to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes and to ensure that these drugs are available to meet legitimate needs. Weak or inappropriate controls and some commercial promotional activities contribute to increased drug availability, and people will have greater access to more drugs than are required to meet their legitimate needs. That, in turn, may increase the potential for new drug abusers and illicit demand. For example, the abuse of psychotropic substances in some countries is associated with a lack of enforcement of prescription requirements resulting in such drugs being available over-the-counter.

22. This increased demand may be satisfied through the diversion of existing products or through trafficking in pharmacologically similar illicit substances. When illicit drugs are in short supply, chronic drug abusers may turn to drugs manufactured for medical purposes as alternatives or reinforcing drugs, contributing to increased and often sustained demand for them. The oversupply and inappropriate prescription of drugs manufactured for medical purposes also contribute to increased demand. The international drug control treaties have been successful in reducing the availability of those drugs on the illicit market. However, criminal organizations have partly counteracted that by supplying sophisticated look-alike

medicines that are particularly in demand by addicted persons and, at the same time, financially profitable for such organizations.

23. Reducing demand through responsible and adequate prescribing by the medical profession, as well as concerted action to eliminate the supply of such illicitly manufactured medicines, should influence the demand for and, ultimately, the supply of illicit drugs. At the same time, however, adequate availability and appropriate prescribing of drugs for the treatment of medical disorders may also reduce the demand for and rate of abuse of controlled substances. This, in turn, may also affect the supply of illicit drugs.

24. For example, when methadone and buprenorphine, used in the treatment of opiate dependence, are diverted and sold to purchase heroin, that also contributes to increased demand for and supply of illicit drugs. Furthermore, many drug abusers use benzodiazepines or amphetamines to enhance the effects of opioids, to alleviate withdrawal or abstinence syndromes, to temper the effects of cocaine or to modulate withdrawal states.

25. The repercussions of unbalanced government controls and law enforcement may adversely affect the availability of drugs for medical purposes and may unduly limit access to medicines required for medical and scientific purposes. The international drug control treaties require Governments to establish data collection systems to assess the legitimate demand for and supply of those substances. Coordination of drug supply and demand activities among health, regulatory and law enforcement agencies, the medical community and the pharmaceutical industry can ensure that controlled substances are available to meet legitimate needs while preventing their oversupply.

B. Goals of supply and demand reduction strategies

26. Supply reduction efforts support demand reduction efforts because, for some drugs, in times of short supply, illicit drug prices may increase, illicit drug purity may decrease, and it is more likely that chronic drug abusers will seek treatment and new drug abusers have less opportunity to obtain drugs. Similarly, demand reduction activities can make supply reduction activities more effective: decreased demand

leads to fewer addicts and new drug abusers; and when there are fewer drug abusers, criminal networks may be weakened and there is less economic incentive for traffickers to manufacture illicit drugs. Demand reduction activities also minimize the likelihood that drug abusers will switch to other drugs of abuse when their drug of choice is not available; instead, they may be motivated to seek treatment for their addiction.

27. Drug abusers are often coerced into criminal activities such as drug trafficking, prostitution, fraud and theft in exchange for a steady supply of drugs. They are frequently made responsible for distributing illicit drugs to younger drug users or persons who experiment with drugs. Drug prevention efforts, coupled with accessible treatment programmes offering psychosocial support and pharmacological therapy, supported by local law enforcement efforts that target the drug trafficking activities of addicts, may have a synergistic effect: reducing both the supply of and the demand for illicit drugs. Programmes that offer alternatives to prison and combine both law enforcement and individual recovery components have proved to be effective both in treating health conditions associated with drug abuse and in reducing crime; they may also prevent young drug abusers from coming into contact with the criminal culture in prison. Consequently, demand reduction activities such as treatment alternatives that provide choices for drug abusers outside drug distribution networks may affect drug trafficking organizations and reduce their ability to supply illicit drugs.

28. Supply reduction programmes attempt to reduce the quantity of illicit drugs available for abuse. To maximize their efficiency and effectiveness, most of those efforts focus on the drug sources, including illicit crop cultivation sites, illicit drug laboratories, drug trafficking organizations at the regional, national or local level and street-level dealers. Supply reduction measures vary depending on the source of the drug. Crop eradication, chemical control and the dismantling of illicit drug laboratories are effective in addressing problems of illicit drug production. Interdiction efforts are important at all levels of the distribution system, including areas in which smuggling is significant, as well as in local communities. Measures such as penal sanctions and alternative development programmes are an integral part of both supply and demand reduction programmes and illustrate the need for law

enforcement, health and social authorities to work together.

29. Both supply reduction programmes and demand reduction programmes generally have measurable outcomes. Most Governments monitor drug, chemical and clandestine laboratory seizures, arrests, prosecutions and convictions, the diversion of substances to the illicit market and the price, purity and availability of various illicit drugs. Reporting and sharing such information in a timely manner, in compliance with international treaty obligations, help to ensure that the most effective programmes are implemented. For demand reduction programmes, there are measurable outcomes such as participation; the number of persons reached in the target population; the number of persons trained; the rates of recidivism; the involvement of the family, the community and non-governmental organizations; improvement in educational performance; and the development of best practices. Successful outcomes are enhanced by long-term commitment and funding; the involvement of target populations (families, schools and communities) in the design and implementation of programmes; improved life skills; and consideration of gender, culture, age, risk and socio-economic factors.

30. The objectives of demand reduction programmes are to prevent and reduce the use of illicit drugs, to treat the addicted and to reduce the adverse consequences of illicit drug use. 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 use of illicit 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 use illicit drugs, with a society's tolerance for drug dealers, with the likelihood of adolescent drug experimentation and with the public's attitude towards illicit drug availability.

31. In areas where illicit drugs are constantly present and there is little or no awareness of the consequences of substance abuse, society may have developed a tolerance for illicit drug use, regarding it as an inevitable part of everyday life. Demand reduction programmes involving all segments and levels of

society can raise the awareness of a society and sensitize it to the adverse consequences of illicit drug use. They can also reduce tolerance for such activity and prevent children and adolescents from being exposed to illicit drugs. Unified programmes working against drug abuse and drug trafficking organizations can result in society adopting the proper attitudes towards drug abuse and ultimately reduce illicit drug availability. Furthermore, citizens involved in such programmes are more likely to support police in counteracting drug trafficking, to support the use of resources for supply and demand reduction efforts and to reinforce social networks that increase resilience factors that reduce the likelihood that individuals abuse drugs. Drug abuse prevention programmes that use media professionals to spread messages about the dangers of drug abuse help to establish a cultural mindset that enables youth to be against drug abuse and to resist the entreaties of drug dealers. Drug abuse prevention activities can succeed in changing attitudes and influencing drug-using behaviour, and that, in turn, may lead to reduced drug abuse and, subsequently, reduced supply of illicit drugs.

32. The benefits of the prevention and treatment of drug abuse and the rehabilitation of drug abusers are well documented.^{13, 14} The effectiveness of demand reduction programmes and their interaction with supply reduction programmes can be enhanced through the use of evidence-based strategies embodied in national and international guidelines. Governments are increasingly recognizing the importance of efforts to make demand reduction an integral part of their drug control strategies. The Board is encouraged that the Executive Director of the United Nations Office on Drugs and Crime, in his second biennial report on the outcome of the twentieth special session of the General Assembly,¹⁵ noted that 89 per cent of reporting States indicated that they had a national strategy for demand reduction during the period 2000-2002; moreover, 82 per cent of the States with a national strategy reported that the strategy incorporated the Guiding Principles of Drug Demand Reduction.

33. Best practices, which have been published by many organizations, differ from region to region and from community to community. Some treatment paradigms, including methadone maintenance and other drug substitution therapies, are not accepted by the authorities in some countries. However, research clearly indicates that, for persons with severe forms of

drug dependence, ongoing pharmacotherapy similar to that for other chronic illnesses has had positive effects, such as improved personal health and social functioning and reduced public health and safety threats.¹⁶ Those programmes have an effect on the supply of illicit substances, since addicts successfully participating in treatment programmes have less need for illicit drugs and have reduced contact with criminal organizations. Targeted demand reduction programmes, such as personalized therapeutic programmes, early contact with adolescent experimenters and psychiatric comorbidity treatment, may all increase the number of drug abusers who seek treatment and remove themselves from the influence of criminal organizations; that, in turn, has clear implications for the illicit drug supply.

C. Global relationship between supply and demand

34. Supply and demand forces interact within and between communities, countries and regions. Local demand reduction and interdiction efforts have an impact both on the local situation and on illicit drug manufacturing and trafficking at the international level. The global continuum of supply and demand is manifested in several ways. Drug traffickers attempt to find new production areas or trafficking routes in response to successful supply reduction efforts in a particular area, country or region. As long as there is demand for an illicit drug, sources will be found to satisfy that demand and vice versa. Sustained successful supply reduction programmes depend on demand reduction programmes in those countries which are major consumers of illicit drugs. Successful national programmes, although not sufficient to address worldwide problems, form the basis of cooperative and complementary strategies.

35. The integration of diplomacy, drug control policies, international cooperation and law enforcement intervention in the 1970s resulted in a significant disruption of the heroin markets in certain regions. Turkey was a traditional supplier of opium for legitimate pharmaceutical products. Opium poppy cultivated in Turkey was also the source material for the heroin sold on illicit markets. The Government of Turkey imposed a ban on all opium production in 1972 that, in conjunction with law enforcement efforts,

succeeded in significantly reducing heroin supplies in Europe and the United States. With the support of the international community and substantial and sustained funding of alternative development programmes, Turkey did not resume production of opium but switched to the production of concentrate of poppy straw to meet legitimate medical demand. Those efforts were successful in eliminating the diversion and availability of opium in Turkey for heroin manufacture. However, the reduction in the supply of and demand for heroin was short-lived, as demand reduction efforts were not sufficient to ensure long-lasting proper attitudes towards illicit drugs in those countries where heroin was most widely abused. Consequently, other sources of supply emerged to meet the existing demand. Programmes targeting the supply of illicit drugs must be regional or global in nature and must be complemented by demand reduction initiatives in all areas where demand exists.

36. Shortly after its introduction as a sleep aid, methaqualone became a popular street drug in many countries. National drug control and law enforcement efforts quickly reduced its availability on the illicit market in several countries. However, continued availability of the drug in some areas and established demand led to trafficking and the development of counterfeit products. Bilateral drug control measures in those countries where methaqualone was being manufactured and those where the drug was being abused were followed by significant seizures and ultimately by strict international trade controls and a rescheduling action. Continued education programmes and other forms of intervention, supported by law enforcement activities, eliminated both the supply of and the demand for methaqualone in many countries. Currently, the abuse of methaqualone continues to be significant in only one regional market (Eastern and Southern Africa). The case of methaqualone demonstrates that coordinated and integrated efforts by Governments, guided by the Board, can result in a dramatic global reduction in the supply of a particular illicit drug and, consequently, significantly reduce the demand for that drug.

37. Bolivia instituted a comprehensive supply reduction strategy that reduced coca production by 70 per cent between 1995 and 2001. Sustained eradication, alternative development, strict drug laws, precursor control and interdiction programmes, together with attempts to address social and economic

needs, were supported by strong government commitment, focused budget and resource allocation and the financial and political backing of a number of Governments. Those combined actions resulted in a significant disruption in the traffic (including the transit traffic) in cocaine and precursor chemicals and in the dismantling of key criminal organizations and the seizure of their assets. As cocaine manufacture decreased, cocaine purity dropped (to 47 per cent in 2001) and demand for Bolivian cocaine base decreased. However, that development was not accompanied by similar changes elsewhere in the region, and coca bush cultivation increased in other areas.

38. Political, economic and social issues also prevented the successful developments in Bolivia from being sustained. While strong political commitment is critical to sustained successful drug control programmes, unsuccessful programmes resulting from a lack of commitment or implementation efforts may reduce the likelihood of positive social and economic development and even lead to more political instability. Although expansion of alternative development opportunities with the involvement of local authorities (which will improve social and economic conditions) are important to future success, an increased level of coca bush cultivation, if not reversed, may lead to more political instability and make it extremely difficult to develop social and economic programmes. Similarly, increased levels of illicit opium poppy cultivation and opiate trafficking in Afghanistan are likely to lead to further political instability and difficulties in the reconstruction efforts in that country.

39. Monitoring the drug situation in those areas where programmes are being implemented, as well as where illicit drugs are being consumed, and sharing that information with others are important to ensuring flexible responses to the changing dynamics of supply and demand. In the United States, indicators of demand for cocaine show that the number of cocaine abusers has stabilized in recent years. The annual prevalence figure is approximately 60 per cent lower than in 1985, the peak of the crack cocaine epidemic. Traffickers continue to try to establish new markets: demand appears to be growing in South America and new market outlets are being established in Asia and Europe, thus indicating a shifting cocaine market. International organizations and Governments monitor the illicit cultivation of opium poppy and coca bush.

Reporting and sharing information on such developments facilitates the evaluation of the effectiveness of various programmes for development and drug crop eradication and the identification of areas that require increased efforts and resources. There are indications that programmes in Peru and, most recently, in Brazil and Colombia to deal with problems involving illicit drugs and diverted chemicals have refocused their efforts, making use of the lessons learned from the integrated approach applied in other countries. Integrated and balanced programmes such as the Plan of Action on Drug Control in Africa: 2002-2006, which is being implemented by the African Union, have incorporated economic, social and health-related activities into a regional drug control strategy. Coordinated government commitment to drug control policies within and between regions prevents drug trafficking organizations from moving to areas with less control in order to conduct their illegal activities, creating new demand or meeting existing demand.

D. National and local perspectives

40. An understanding of the nature and extent of each drug problem, its origin, effects and ramifications will help national and local authorities to take advantage of the knowledge of the dynamics of supply and demand and to establish meaningful goals, outcome measures and priorities. Surveys, questionnaires and epidemiological studies are useful in characterizing the relationship between the supply of and the demand for illicit drugs. They can be coupled with measures of availability, consumption, morbidity and mortality. Although a long-term goal is to develop scientifically tested data collection systems, such systems are expensive and often not timely. There is a need for short-term practical analyses, based on real-time information from law enforcement and health authorities.

41. Programmes aimed at changing or maintaining general attitudes towards drug abuse are not usually subject to substance or population variables. Nevertheless, the public's perception of drugs and drug policy varies from country to country and from region to region. Attempting to change attitudes requires concerted action. Key components include strong commitment at the national level, a coordinated effort involving all relevant institutions and involvement of

the community in building consensus against the acceptance of drug abuse. The most effective programmes are early education interventions that are part of a broad-based curriculum, emphasize the risks involved in all forms of drug abuse, have political and societal support and are accompanied by strong supply reduction efforts

42. The dissemination of information, in particular information regarding the harmful effects of drugs, has traditionally been a common component of drug abuse prevention. Evaluations have shown that such efforts can increase the target group's knowledge of the adverse consequences of drug abuse and can contribute to the development of more appropriate attitudes towards drugs. Recent studies have shown a positive correlation between (a) exposure to messages about the dangers of drug abuse and the development of an appropriate attitude towards drugs and (b) the decisions that adolescents make regarding the abuse of a wide range of substances.

43. Attitudes are used to predict future trends in drug use, particularly for new users. In member States of the European Union, disapproval and the perception of great risks attached to experimenting with cocaine, heroin and MDMA (Ecstasy) have increased among adolescents; that is especially true for Ecstasy. Media coverage, together with an increasing awareness that it is possible that damage to the brain may result from prolonged use of Ecstasy in high doses, appears to have contributed to a downward trend in the abuse of that drug.

44. The lessons learned and the experience of several decades of drug abuse prevention suggest that three general elements should be included in prevention programmes: (a) addressing the values, perceptions, expectations and beliefs that the community associates with drugs and drug abuse; (b) developing the personal and social skills of people, especially children and young people, to increase their capacity to make informed and healthy choices; and (c) creating an environment where people have the possibility to develop and lead healthy lifestyles.

45. Properly focused leadership and the firm commitment of Governments at the highest political level to disrupt the illicit drug trade and to reduce the demand for illicit drugs constitute the foundation for addressing the relationship between illicit drug supply and demand. Such leadership is critical to the

coordination of drug control efforts at all levels—by regional, national and local authorities, as well as by non-governmental organizations. Unified government commitment to strong drug control policies facilitates the appropriate allocation of financial and human resources and ensures that all relevant institutions work together.

E. Criminal justice, health and social agencies working together

46. Since illicit drug supply and demand are inseparable parts of a single problem, the success of efforts to reduce the one is related to a commitment to simultaneously reduce the other. Programmes involving partnerships between law enforcement and health and social authorities can generate synergy and can be cost-effective. In order to achieve that objective, a number of obstacles must be overcome. For example, in many cases, demand reduction and supply reduction agencies have conflicting agendas and approaches.

47. A successful multidisciplinary approach requires mutual respect between the personnel and agencies involved. If one group does not trust or respect another, that may hinder communication, the coordination of activities or their acceptance by the community. Although each discipline and agency maintains professional independence, continuing interdisciplinary training and education promote the development of an effective workforce with common goals, resulting in more effective planning and implementation of the programmes. Sustained, dedicated and balanced funding is necessary and justified because of the significant reduction in costs to criminal justice, law enforcement, health and social programmes.¹⁷

48. The deterrent effect of law enforcement efforts influences the demand for illicit drugs. The risk of penal sanctions may act as a deterrent to members of the general population who have never abused drugs. Though the risk of such sanctions does not, in all cases, deter addicts who require drugs regardless of the consequences, the impact of law enforcement efforts on supply may force addicts to take advantage of treatment and psychosocial intervention. Collaboration between the criminal justice system and the treatment or health-care system in the form of drug courts and similar programmes is found in a number of countries.

Such programmes utilize the coercive powers of the courts to mandate treatment and to promote abstinence and appropriate social behaviour. The goals are to reduce drug abuse and associated criminal behaviour by maintaining drug offenders in treatment services to address their addiction and other needs; recovering addicts who are trying to reintegrate into society are particularly prone to relapsing and to reinitiating risky social behaviour. Cross-training among the various professional disciplines involved is critical to the success of such joint programmes. Police authorities can then contribute to mitigating some of the environmental risk factors for drug abuse, such as deviant peer groups, criminal groups or abusing families, while simultaneously disrupting illicit drug markets. Reviews of drug courts and similar programmes in several countries indicate that drug use and criminal behaviour are substantially reduced while offenders are participating in drug courts and that recidivism appears to be reduced. Drug courts generate cost savings, at least in the short term, from reduced incarceration time, reduced criminality and lower criminal justice costs, and drug courts are able to reach individuals who have abused substances for many years.¹⁸

49. In many countries, there are proportionately more drug abusers in the prison population than in the general population. That indicates that there is a need to provide treatment for drug abusers who are in prison and to keep illicit drugs out of prison; studies have shown that such treatment can be highly effective. Alternatives to incarceration have been used for first-time drug possession offenders, probation being dependent on the requirement that the offender remain drug-free; in some cases, this is verified by periodic drug-testing. Mandatory treatment for recidivist users has also been used in place of, or in addition to, incarceration. Budgetary implications abound here since, for such alternatives to work, adequate treatment facilities are necessary. It does no good to mandate treatment or other services for offenders if such services are not available. Nevertheless, criminal justice systems are important in reaching drug addicts who are not covered by traditional drug treatment or other services. In addition, there is a need to provide treatment and other services for drug abusers who are not criminals instead of reserving such services only for those who have been brought in through the criminal justice system.

F. Recommendations

50. Supply reduction programmes or demand reduction programmes individually have had limited success. The supply of and demand for illicit drugs are inextricably linked to form a continuum and should be treated as such. Balanced strategies continue to treat supply and demand as separate issues. Integrated strategies at all levels, which combine components of supply and demand reduction in multidisciplinary programmes, have a synergistic effect.

51. In order to assist Governments in meeting the goals set for 2008 in the Political Declaration adopted by the General Assembly at its twentieth special session (Assembly resolution S-20/2, annex), the Board makes the following recommendations:

(a) Supply reduction activities should be integrated into and coordinated with demand reduction activities. Efforts among government ministries and agencies responsible for law enforcement, health, education, social issues and economic development activities should be integrated into a complementary strategy. Efforts at various levels of government should also be coordinated to ensure both a unified approach and singular commitment;

(b) A central national authority, with a balanced representation of supply and demand reduction agencies, to coordinate efforts and to prioritize the distribution of financial and other resources among those responsible for providing health, law enforcement, criminal justice, education and social services should be considered;

(c) Training programmes for criminal justice and public health, education and social service officials on the interaction of both dimensions of the problem and strategies should be developed and implemented; combined training activities will contribute to mutual understanding between these groups;

(d) Research and analysis of existing programmes to obtain scientific evidence should be conducted and the results used to develop evidence-based integrated supply and demand programmes and to update them as appropriate;

(e) Governments should be encouraged to compile practical and effective experiences of supply

and demand strategies and to exchange them with local, national, regional and international authorities;

(f) Interdiction efforts are most effective if they focus on disrupting illicit drug markets and sources of supply. Efforts to restrict the cultivation of illicit crops and the manufacture of illicit substances at the source are critical and require international cooperation and sustained support in the form of economic, political, financial and technical aid. Eradication of illicit crop cultivation and interdiction in source areas should be accompanied by parallel social and alternative development programmes. Alternative sources of work and education programmes targeting at-risk populations are essential;

(g) Supply reduction through street-level law enforcement activities are most effective when integrated with other programmes aimed at reducing demand. Targeted education programmes can complement law enforcement activities. Consideration should be given to providing alternatives to incarceration for some non-violent drug users and to increasing services to drug abusers in prisons. The convergence of criminal justice pressure and public health services that can encourage drug abusers and hard-to-reach addicts to obtain the necessary treatment has been effective in some areas;

(h) Sustained education programmes are important in eliminating tolerance for and creating and maintaining appropriate attitudes against illicit drug availability and use. Such programmes address the perceptions of drug abuse; develop personal and social skills to help individuals make informed and healthy choices; create an environment where people can develop and lead healthy lifestyles; and are integrated into the public health curriculum in school-, community- and family-based prevention programmes;

(i) In order to protect drug abusers from the influence of criminal networks, consideration should be given to providing combined demand and supply reduction programmes that increase access to treatment, provide alternatives to incarceration and offer greater opportunities for rehabilitation and social integration. People- and service-oriented policing integrated into community-level demand reduction initiatives has been effective.

II. Operation of the international drug control system

A. Status of adherence to the international drug control treaties

52. The Single Convention on Narcotic Drugs of 1961¹⁹ and the Convention on Psychotropic Substances of 1971²⁰ form the basis of the international drug control system. The accession of all States to those treaties and the universal implementation of all the treaty provisions are prerequisites for effective drug control worldwide, including the achievement of the objectives of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.²¹

Single Convention on Narcotic Drugs of 1961

53. As at 1 November 2004, the number of States parties to the Single Convention on Narcotic Drugs of 1961 stood at 180, of which 176 were parties to that Convention as amended by the 1972 Protocol.²² The Board welcomes the accession, in 2004, of the Congo to the 1961 Convention as amended by the 1972 Protocol. A total of 12 States have not yet become parties to the 1961 Convention: 2 States in Africa (Angola and Equatorial Guinea), 4 in Asia (Bhutan, Cambodia, the Democratic People's Republic of Korea and Timor-Leste), 1 in Europe (Andorra) and 5 in Oceania (Kiribati, Nauru, Samoa, Tuvalu and Vanuatu). (Andorra and Bhutan have already become parties to the 1988 Convention.) The Board urges all those States to implement the provisions of the 1961 Convention and become parties to that convention without further delay.

54. Four States (Afghanistan, Chad, the Lao People's Democratic Republic and Nicaragua) are parties to the 1961 Convention but have not yet become parties to the 1972 Protocol amending the 1961 Convention.²³ The Board reiterates its request to those States to take action to accede to or ratify the 1972 Protocol as soon as possible (see also paragraphs 163 and 164 below).

Convention on Psychotropic Substances of 1971

55. As at 1 November 2004, the number of States parties to the 1971 Convention stood at 175. The Board

welcomes the accession of the Congo to the 1971 Convention.

56. Of the 17 States that have yet to become parties to the 1971 Convention, there are 3 in Africa (Angola, Equatorial Guinea and Liberia), 2 in the Americas (Haiti and Honduras), 5 in Asia (Bhutan, Cambodia, the Democratic People's Republic of Korea, Nepal and Timor-Leste), 1 in Europe (Andorra) and 6 in Oceania (Kiribati, Nauru, Samoa, the Solomon Islands, Tuvalu and Vanuatu). (Andorra, Bhutan, Haiti, Honduras and Nepal have already become parties to the 1988 Convention.) The Board urges all these States to implement the provisions of the 1971 Convention and to become parties to 1971 Convention without delay.

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

57. The Board welcomes the accession of the following States to the 1988 Convention during the period under review: Congo, Lao People's Democratic Republic and Micronesia (Federated States of). As at 1 November 2004, a total of 170 States, plus the European Community (extent of competence: article 12), were parties to the 1988 Convention. A total of 22 States have not yet become parties to the 1988 Convention: 7 States in Africa (Angola, the Democratic Republic of the Congo, Equatorial Guinea, Gabon, Liberia, Namibia and Somalia), 3 in Asia (Cambodia, the Democratic People's Republic of Korea and Timor-Leste), 3 in Europe (the Holy See, Liechtenstein and Switzerland) and 9 in Oceania (Kiribati, the Marshall Islands, Nauru, Palau, Papua New Guinea, Samoa, the Solomon Islands, Tuvalu and Vanuatu). The Board urges all those States to implement the provisions of article 12 and to become parties to the 1988 Convention as soon as possible.

58. The Board is pleased to note that, with the exception of Switzerland, all States that are major manufacturers, exporters and importers of scheduled chemicals are now parties to the 1988 Convention.

B. Cooperation with Governments

Reports on narcotic drugs

Submission of annual and quarterly statistics

59. The majority of States regularly submit the mandatory annual and quarterly statistical reports. As at 1 November 2004, a total of 175 States and territories had submitted to the Board annual statistics on narcotic drugs for 2003, in conformity with the provisions of article 20 of the 1961 Convention. That accounts for 83 per cent of the 210 States and territories required to furnish such statistics. A total of 188 States and territories provided quarterly statistics of imports and exports of narcotic drugs for 2003; that figure represents 90 per cent of the 210 States and territories requested to furnish those data.

60. In 2004, the Board noted an improvement in the furnishing of statistical data by Honduras, Mongolia and Yemen. In addition, after not furnishing annual statistical reports for several years, the British Virgin Islands, the Comoros, Djibouti, Dominica and French Polynesia resumed submission of those reports. The Board urges all Governments to furnish in a timely manner all statistical reports required under the 1961 Convention. The Board will continue to monitor closely the situation in countries whose Governments do not regularly submit the required reports and will consider further measures to ensure their compliance with their obligations under the 1961 Convention.

61. Parties to the 1961 Convention are obliged to submit annual statistical reports on narcotic drugs to the Board not later than on 30 June following the year to which they relate. The Board continues to be concerned that several States, including some that are major manufacturers, importers, exporters or users of narcotic drugs, such as Brazil, Canada, India, the Netherlands and Thailand, did not comply in 2004 with that requirement and furnished their reports with a significant delay. The late submission of reports makes it difficult for the Board to monitor manufacture of, trade in and consumption of narcotic drugs and hampers the analysis by the Board. The Board urges all States that experience difficulties in complying in a timely manner with their reporting obligations to take all measures necessary to ensure the observance of the deadline set in the 1961 Convention for the submission of annual reports.

Estimates of requirements for narcotic drugs

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

63. As at 1 November 2004, annual estimates of narcotic drug requirements for 2005 had been furnished by 176 States and territories, or 84 per cent of the States and territories required to furnish such estimates. The Board is concerned that several States and territories failed to provide their estimates in time for examination and confirmation by the Board. The Board had to establish estimates for them in accordance with article 12, paragraph 3, of the 1961 Convention.

64. The estimates established by the Board are based on the estimates and statistics reported in the past by the respective Governments. The estimates have in some cases been considerably lowered, as a precaution in view of the risk of diversion. As a result, the States and territories concerned may experience difficulties in importing in a timely manner the quantities of narcotic drugs required to meet their medical needs. The Board urges the States and territories concerned to take all the necessary measures to establish their own estimates of narcotic drug requirements and furnish those estimates to the Board as soon as possible. The Board is ready to assist those States and territories by providing clarifications on the provisions of the 1961 Convention relating to the system of estimates.

65. The Board reviews the estimates received, including supplementary estimates, with a view to limiting the use and distribution of narcotic drugs to the amount required for medical and scientific purposes and to ensuring adequate availability of those drugs for such purposes. The Board contacted several Governments prior to confirming estimates for 2005, as those estimates, according to the information available,

appeared to be inadequate. The Board is pleased to note that, in 2004, as in previous years, most Governments provided clarifications promptly or corrected their estimates.

66. The Board notes that the number of supplementary estimates furnished by Governments in accordance with article 19, paragraph 3, of the 1961 Convention increased in 2004 compared with recent years. A total of 414 supplementary estimates had been received by 1 November 2004, compared with fewer than 250 in 2001. The Board urges Governments to calculate their annual medical needs as accurately as possible and to make every effort to submit supplementary estimates only in cases involving unforeseen circumstances.

Frequent problems in reporting estimates and statistics of narcotic drugs

67. The Board examines the statistical data and estimates furnished by Governments and contacts the competent authorities, as necessary, in order to clarify inconsistencies identified in their reports that may indicate shortcomings in national control systems and/or the diversion of drugs into illicit channels. The most frequent problems in reporting include the omission of data on stocks of narcotic drugs in the relevant estimates or statistical reports submitted by Governments to the Board and confusion in reporting estimates and statistical information concerning preparations exempted from some reporting requirements (preparations in Schedule III of the 1961 Convention). The Board encourages all Governments to ensure precise reporting on narcotic drugs.

68. In addition, in 2004, as in 2003,²⁴ several Governments did not comply with their obligation under article 20, paragraph 1 (e), of the 1961 Convention to furnish to the Board statistical reports on seizures of narcotic drugs and disposal thereof. The Board reiterates its request to the Governments concerned to adopt all measures necessary to ensure that statistics on seizures of narcotic drugs and disposal thereof, covering information from all relevant national authorities, are submitted to the Board, including information on the quantities of seized drugs released for licit purposes. While other international organizations use the seizure data reported by Governments mainly for trend analysis, the purpose of reporting such data to the Board is to ensure that seized drugs have been handled properly and that those drugs have not been diverted back into illicit

channels. In addition, the reporting on seized drugs released for licit purposes, including medical and scientific purposes, is important for the analysis of the licit supply of those drugs in individual countries and worldwide.

Reports on psychotropic substances

Submission of annual and quarterly statistics

69. As at 1 November 2004, a total of 155 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 2003 in conformity with the provisions of article 16 of the 1971 Convention. The rate of submission for 2003 was one of the highest in the past 10 years.

70. The cooperation of some States, however, continues to be unsatisfactory. In recent years, more than one third of the States in Africa and Oceania failed to submit annual statistical reports.

71. The failure of some main manufacturing and exporting States to submit annual statistical reports on psychotropic substances continues to create difficulties for international control, in particular if those States failed to submit on time for the previous two years their annual statistical reports on psychotropic substances. Statistical information on the manufacture, import and export of psychotropic substances in those countries is necessary to prepare a reliable analysis of global trends in manufacture and international trade of psychotropic substances. Missing or inaccurate data on exports and imports hinder identification of discrepancies in trade statistics, thereby impeding international drug control efforts. The Board urges the authorities of the countries concerned to examine the situation and to cooperate with the Board in providing annual statistics on psychotropic substances within the deadline, as required under the 1971 Convention.

Assessments of requirements for psychotropic substances

72. Assessments of annual domestic medical and scientific requirements (simplified estimates) have been submitted to the Board by Governments pursuant to Economic and Social Council resolution 1981/7 with respect to substances in Schedule II of the 1971 Convention and Council resolution 1991/44 with respect to substances in Schedules III and IV of that convention. Pursuant to Council resolution 1996/30, the Board

established in 1997 assessments for 57 Governments that had failed to furnish such information. Since then, almost all of those Governments have established their own assessments. The assessments are communicated to competent authorities of all States and territories that are required to use them as guidance when approving exports of psychotropic substances.

73. Despite the fact that assessments of requirements for psychotropic substances submitted by States and territories do not require confirmation by the Board and need not be submitted on an annual basis, the provision of accurate assessments is necessary to ensure the functioning of the control system. The Board has recommended to the Governments to review and update their assessments of annual medical and scientific requirements for psychotropic substances at least every three years. While the majority of Governments submit modifications from time to time, a few Governments have decided to submit revised assessments every year, as is the case with regard to estimates for narcotic drugs.

74. The Board is concerned that a number of Governments have not updated their assessments for several years. Their assessments may no longer reflect their actual domestic medical and scientific requirements for psychotropic substances. Assessments that are lower than the actual legitimate requirements may delay imports of psychotropic substances urgently needed for medical or scientific purposes in the country concerned because of the need to verify the legitimacy of import orders. Assessments that are significantly higher than the actual legitimate needs may create an opportunity for diversion of psychotropic substances into the illicit traffic. The Board encourages all Governments to ensure that their assessments are regularly updated and that it is informed of any modifications.

Reports on precursors

Submission of annual information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances

75. As at 1 November 2004, 135 States and territories, together with the European Commission (on behalf of the States members of the European Union), had provided the Board with the required annual information

on chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances (on form D). The Board notes that Canada, after the adoption of comprehensive precursor control legislation, has resumed its reporting to the Board.

76. The Board urges those parties to the 1988 Convention which have not yet submitted such information or have failed to submit it for a number of years to provide the required data as soon as possible. Those parties, which include Afghanistan, Albania, Morocco, Mozambique, New Zealand, the Republic of Moldova, Serbia and Montenegro, Turkmenistan and Zimbabwe, should comply with their treaty obligations as soon as possible.

77. While over 40 Governments have reported seizures of precursors for 2003, few of them have supplemented that data with the required additional information on non-scheduled chemicals, methods of diversion and stopped shipments. The Board calls upon all Governments effecting seizures or intercepting shipments of precursors to thoroughly investigate those cases and to report the results to it. That information is needed to identify new trends in illicit drug manufacture and trafficking in precursors.

Submission of annual information on the licit trade in and uses of substances in Tables I and II of the 1988 Convention

78. Data on the licit trade in, uses of and requirements for scheduled substances is essential to the effective verification of the legitimacy of transactions. Adequate mechanisms and procedures for monitoring the licit trade enable Governments to know the trade patterns and to identify unusual transactions, which is essential to preventing attempted diversions. Therefore, the Board encourages all Governments that have not yet done so to collect and report the relevant data in accordance with Economic and Social Council resolution 1995/20.²⁵

79. Almost 10 years ago, all Governments recognized the need for such voluntary information. The Board notes with satisfaction that most States and territories submitting form D are also including such information in their reports. For example, in the Americas and Europe, approximately 95 per cent of Governments submitting form D are also providing data on licit trade.

80. All of the major manufacturing and exporting countries have continued to furnish comprehensive information on exports of scheduled substances. The Board welcomes the fact that China, a major exporter of precursors, has for the first time provided it with data on licit trade in substances in Table I of the 1988 Convention. Canada, which is one of the major importers of acetic anhydride, potassium permanganate and pseudoephedrine, has also furnished comprehensive data on licit trade in, uses of and requirements for those and other substances. The Board invites Pakistan, which imports significant quantities of ephedrine and pseudoephedrine, to also furnish the requested data.

81. All major exporting countries participating in Operation Topaz and Operation Purple, the international tracking programmes for acetic anhydride and potassium permanganate, have continued to provide information on individual exports of those substances through pre-export notifications. The number of Governments reporting exports and imports of potassium permanganate was the highest recorded in the past five years. More and more Governments also report on their licit requirements for the two substances.

82. A large number of Governments have reported data for 2003 on the licit movement of and requirements for ephedrine and pseudoephedrine, precursors of methamphetamine. Some of the main countries exporting, importing and trans-shipping a relatively newly scheduled precursor, norephedrine, have also provided data on licit trade in that substance.

83. With regard to other key precursors of amphetamine-type stimulants, it has been noted that no country reported any imports or exports of 3,4-methylenedioxyphenyl-2-propanone for 2003. More countries provided data on imports and exports of 1-phenyl-2-propanone and safrole for 2003 than for previous years. The increase in reporting may be partly attributed to the growing awareness of Governments of the importance of monitoring the trade in relevant precursors through mechanisms already in place, such as Project Prism. The Board trusts that with the further development of cooperation under Project Prism, which is aimed at monitoring both the international trade in and domestic distribution of those substances, more comprehensive data will become available.

C. Prevention of diversion into the illicit traffic

Narcotic drugs

Diversion from international trade

84. The system of control measures set out in the 1961 Convention provides for effective protection of international trade in narcotic drugs against attempts at their diversion into the illicit traffic. In 2004, as in recent years, no cases involving the diversion of narcotic drugs from licit international trade into illicit channels were detected, despite the very large quantities of drugs and the large number of transactions involved.

85. Effective prevention of the diversion of narcotic drugs from international trade requires the implementation by Governments, in cooperation with the Board, of all control measures for those drugs, as provided for in the 1961 Convention. While most Governments have been fully implementing the system of estimates and the import and export authorization system, some Governments authorized in 2003 and 2004 exports of narcotic drugs from their countries in excess of the corresponding total of the estimates of the respective importing countries. The Board reminds the Governments concerned that such exports are contrary to the provisions of article 31 of the 1961 Convention and could result in the diversion of narcotic drugs if falsified import authorizations were used by drug traffickers. The Board has contacted the Governments in question and urged them to ensure compliance with the provisions of article 31 of the 1961 Convention when authorizing exports of narcotic drugs in the future.

Diversion from domestic distribution channels

86. In 2003, the Board sent a questionnaire to selected developing countries to obtain information on the diversion and abuse of pharmaceutical preparations containing narcotic drugs. The replies received confirmed that there has been some diversion and abuse of such preparations, in particular codeine syrups and tablets, dextropropoxyphene tablets and ampoules, and pethidine ampoules. The most frequent methods of diversion include illegal purchases from wholesalers and retailers, as well as theft from various domestic distributors, including hospitals. Several countries reported that smuggling from abroad was one source of the illicit supply of the preparations.

87. The Board requests all Governments concerned to strictly implement the control measures stipulated in the 1961 Convention to stop the diversion and abuse of pharmaceutical preparations. The Board notes with appreciation that some Governments have taken such measures. For example, in Malaysia, close monitoring of the distribution of cough mixtures containing codeine and pholcodine was introduced and the size of cough mixture packages containing pholcodine was reduced. In Thailand, the dispensing of codeine cough syrups without prescription in drugstores and clinics was stopped. In Zimbabwe, a prescription requirement was introduced for cough mixtures containing codeine.

88. In some countries, the diversion and abuse of narcotic drugs involve preparations for which certain control measures (such as prescription requirement) are not mandatory under the 1961 Convention. While the availability of those preparations for medical purposes should not be reduced, the Governments concerned should carefully examine the impact of those exemptions on the diversion and abuse of such preparations in their countries and, if necessary, apply more appropriate levels of control, in accordance with the provisions of article 39 of the 1961 Convention.

89. The Board urges the Governments of countries into which pharmaceutical products containing narcotic drugs are smuggled from abroad to raise the awareness of their customs authorities regarding that problem and to actively seek the cooperation of the countries out of which the products are smuggled, in order to stop those illegal activities. The Board is at the disposal of the interested Governments to facilitate the investigation of cases involving the smuggling of such preparations.

90. Governments of some countries in which problems with the diversion and abuse of pharmaceutical preparations containing narcotic drugs were identified in the past, such as Egypt, India and Pakistan, have not submitted the questionnaire or stated that information is not available. The Board requests the Governments concerned to establish a mechanism for collecting information on the problem, so that, if necessary, measures against such diversion and abuse can be taken promptly. The Board urges international entities, such as the World Health Organization (WHO) and the United Nations Office on Drugs and Crime, to assist Governments, wherever appropriate, in preventing the diversion and abuse of pharmaceutical preparations containing

controlled substances and in monitoring trends in that area.

91. The diversion of pharmaceutical products containing narcotic drugs from domestic licit distribution channels and the abuse of such products continue to be problems not only in developing countries, but also in some developed countries. In the United States, a nationwide survey carried out by the University of Michigan in 2003 indicated that the extent of non-medical use of prescription drugs among young people was second only to the extent of cannabis abuse. According to the survey, among persons in their final year of secondary school (ages 17-18) the abuse of hydrocodone was more than double the abuse of cocaine, Ecstasy or methamphetamine. Among the persons in that age group, 10 per cent reported non-medical use of hydrocodone and about 5 per cent reported non-medical use of oxycodone.

92. The Board welcomes the fact that prevention of the diversion and abuse of pharmaceutical preparations has become one of the priorities in the National Drug Control Strategy of the United States. The Government is developing prescription monitoring programmes to facilitate the collection, analysis and reporting of information on the prescribing, dispensing and use of pharmaceuticals, in order to identify and prevent cases of diversion or inappropriate prescribing.

93. Cases involving the diversion and abuse of opioids, in particular methadone and buprenorphine, when prescribed for substitution treatment have been identified in many countries. The Board requests the Governments of countries where opioids are used for substitution treatment to take measures to prevent their diversion. Such measures may include supervised consumption, short dispensing intervals and central registration of all opioids prescribed for treatment purposes. The Board notes that there have been reports in Austria of the diversion of slow-release oral morphine tablets used for substitution treatment. The Board, aware that the Austrian authorities are investigating the situation, would appreciate being informed promptly of the results of that investigation and, if necessary, of action taken by the authorities to prevent such diversion.

94. The Russian Federation reported cases involving the use of poppy seeds for the illicit manufacture of

extracts containing alkaloids, to be subsequently abused. The investigation of those cases revealed that poppy seeds used for the illicit manufacture of such extracts were contaminated with poppy straw, which was the main reason for the relatively high alkaloid content in the extracts. The poppy seeds in question were imported into the Russian Federation from various countries to be used for culinary purposes. The Board encourages all Governments to be vigilant with respect to attempts by traffickers to use poppy seeds mixed with poppy straw for illicit drug manufacture and to prevent the export and import of such consignments, in accordance with their obligations under the 1961 Convention concerning international trade in poppy straw.

Psychotropic substances

Diversion from international trade

95. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to occasional transactions involving in almost all cases quantities of no more than a few grams. There have been isolated attempts to divert substances in Schedule I over the years, but they have all been thwarted as a result of the strict international control mechanism for those substances.

96. For most substances in Schedule II of the 1971 Convention, licit international trade has been restricted to a limited number of transactions. The only major exception is international trade in methylphenidate, which, since the beginning of the 1990s, has increasingly been used in the treatment of attention deficit disorder (ADD). In recent years, international trade in dexamfetamine, also used in the treatment of ADD, has increased, though to a much smaller extent. In the past, the diversion of substances in Schedule II from licit international trade into the illicit traffic was frequent; however, no significant cases involving such diversion have been identified since 1990. That is attributable to the implementation by Governments of the control measures for substances in Schedule II provided for in the 1971 Convention and to the almost universal application of additional control measures (assessments and quarterly statistical reports) recommended by the Board and endorsed by the Economic and Social Council.

97. Those strict control measures have eliminated the use of international trade for the diversion of substances

in Schedule II into illicit channels. In some cases, however, strong demand in illicit markets for a specific pharmaceutical preparation containing a substance in Schedule II has led to the illicit manufacture of counterfeit preparations. One example of that is the ongoing illicit manufacture of counterfeit Captagon, a pharmaceutical preparation that, in its licit form, contains fenetylline. Numerous diversions of licitly manufactured Captagon and/or the base substance fenetylline occurred during the late 1980s. Since the beginning of the 1990s increased control measures have succeeded in stopping such diversions. Diversion attempts have been thwarted in all cases except one: in 1998, 70 kg of fenetylline were diverted from Switzerland to Azerbaijan. As fenetylline can no longer be obtained from licit sources, traffickers have resorted to the use of illicitly manufactured fenetylline, in addition to substituting other stimulants for fenetylline. In recent years, most of the tablets seized have contained amphetamines, in addition to stimulants not under international control.

98. The illicit markets for the counterfeit Captagon tablets are countries in the area of the Persian Gulf. The illicit consignments are to a large extent smuggled through Turkey. The Turkish law enforcement authorities are aware of the problem and are making every effort to identify diversion attempts. Millions of counterfeit Captagon tablets are seized in Turkey every year, which is an indication of a well-established international trafficking network. According to Turkish seizure data, Bulgaria is the country most often identified as the source of the seized tablets.

99. Licit international trade in psychotropic substances in Schedules III and IV of the 1971 Convention is common; there are thousands of individual transactions involving such substances each year. The analysis by the Board of data on international trade in substances included in those schedules has indicated a significant decrease in the number of cases involving diversion of those substances from international trade in the past five years. Cases identified by national authorities during the past year involved quantities of no more than 1 kg, whereas during the 1990s such cases often involved quantities of several hundred kilograms. That positive development is the result of the implementation by Governments of treaty provisions, combined with voluntary additional controls over international trade recommended by the Board and endorsed by the Economic and Social Council, such as the system of

assessments of annual requirements for psychotropic substances, the import and export authorization system and additional reporting.

100. Despite those positive developments, there continue to be attempts to divert substances in Schedules III and IV of the 1971 Convention. In all cases, the diversion attempts have involved substances identified many years ago as target substances for specific illicit drug markets. During the past year, two such attempts involved pemoline (a stimulant) and temazepam (a benzodiazepine), both of which are included in Schedule IV of the 1971 Convention. Both substances have been the target of numerous diversion attempts over the past decade and are known for their street value in specific illicit drug markets. In both cases, drug traffickers appeared to have placed an order to establish business relations with manufacturers or wholesalers with the intention of then using that first order to establish trust with their business partners before placing larger follow-up orders.

101. The case of attempted diversion of pemoline mentioned in paragraph 100 involved Nigerian drug dealers who tried to illegally import 90 kg of pemoline from China. As in previous attempts to divert large quantities of pemoline into West African countries, the pemoline was purportedly needed for veterinary purposes: to facilitate the transport of cattle over long distances. The investigation carried out by the Board in cooperation with the Chinese and Nigerian authorities revealed that the drug traffickers had first established contact with the manufacturing company in China by Internet. That case demonstrates that certain psychotropic substances, even after a considerable period of time during which their availability on the illicit market has been restricted, continue to be attractive to drug traffickers; thus, attempts to divert such a substance may occur long after the large-scale abuse of the substance has stopped.

102. The same applies to a diversion attempt involving temazepam, a benzodiazepine that has, for many years, been one of the most popular psychotropic substances on the illicit drug market in the United Kingdom of Great Britain and Northern Ireland, particularly in Scotland. Over the years numerous attempts to divert the substance to the illicit market have been discovered and prevented. Whenever a prospective source has been discovered and closed down by the competent authorities of one country, drug traffickers have shifted

their operations to another country. In the most recent case of an attempted diversion of temazepam, a company in Kosovo (Serbia and Montenegro) ordered 6 kg of temazepam from India. The Indian authorities, noting that no assessment had been established for the substance by the authorities in Kosovo, contacted through the Board those authorities, who confirmed that they had never authorized the transaction.

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

104. Encouraged by this positive development in international cooperation, the Board again calls on all Governments to continue to be vigilant with respect to orders for psychotropic substances in Schedules III and IV of the 1971 Convention and, if necessary, to confirm with the Governments of importing countries the legitimacy of those orders prior to approving the export of those substances. The Board continues to be at the disposal of Governments to facilitate such confirmation.

Diversion from domestic distribution channels

105. In contrast to international trade, the diversion of psychotropic substances from domestic distribution channels continues; such diversions involve, in some cases, relatively large quantities of psychotropic

substances. Reports in various countries on the abuse and seizure of psychotropic substances indicate that the diversion of pharmaceutical products containing such substances from licit domestic distribution channels is becoming the most important source for illicit drug suppliers. The methods used by drug traffickers to divert those products include: theft from factories and wholesalers; pretended export; falsified prescription; and the supplying of substances by pharmacies without the required prescriptions.

106. The majority of the diversion cases have involved relatively small quantities of psychotropic substances destined either for abuse by an individual drug addict or for small-scale dealing. Seizure data, however, show that the large-scale diversion of such substances from domestic distribution channels also frequently occurs. For example, more than 100,000 doses of buprenorphine ampoules were seized in Pakistan only in the first half of 2004; 77,250 ampoules were seized in one major haul. All of the seizures were effected during smuggling attempts by commercial air shipment from India.

107. In March 2004, the Board was informed by the Swiss authorities about an attempted diversion of 2,040 packages of Toquilone compositum[®] tablets, containing methaqualone, a substance in Schedule II of the 1971 Convention. The diversion was attempted by a citizen of Serbia and Montenegro who presented to each of a number of Swiss pharmacies a prescription for 120 packages of Toquilone that had been issued by a physician in Serbia and Montenegro. Because of the vigilance of the Swiss pharmacies, the sales were not effected and the competent authorities of Switzerland were immediately alerted.

108. The Board continues to request the cooperation of Governments with regard to the diversion and smuggling of flunitrazepam (under the brand name Rohypnol) from Eastern European countries to Nordic countries. In the 1990s, the substance was diverted from licit manufacturers in the Czech Republic. Investigations undertaken to ascertain whether licitly imported flunitrazepam tablets had been diverted from domestic distribution channels concluded that no cases of diversion had been confirmed in the Russian Federation. It should be noted, however, that the competent authorities of Belarus have reported the uncovering of a channel used for the diversion of flunitrazepam from Belarus to Lithuania. The last significant seizure of the substance in Sweden, made in January 2004, involved

119,500 tablets of Rohypnol. A sample of those tablets tested by a manufacturing company in Switzerland revealed that the tablets consisted of a counterfeit version of green Rohypnol 1 mg tablets. The Board appreciates the cooperation of the Governments of the Russian Federation, Sweden and Switzerland in the above-mentioned investigations.

Precursors

109. Traffickers have been increasingly using new routes and new methods of diversion of substances for the illicit manufacture of drugs. Responses to those developments require modern and flexible approaches to achieve maximum effect. The experience of the past year has shown that the rapid exchange of information concerning both licit trade and trafficking in precursors is currently the most effective way to prevent such diversion. In particular, through pre-export notifications, Governments have been able to rapidly verify the legitimacy of individual shipments. In exercising its functions under article 12 of the 1988 Convention, the Board, through its secretariat, continues to act as the international focal point for the exchange of information under Operation Purple, Operation Topaz and Project Prism. Operational procedures and mechanisms, developed through informal and practical forums, have been particularly useful. The Board and Governments have therefore continued to place high priority on establishing and maintaining such mechanisms. Full details of the activities undertaken under the operations and of the overall impact of those activities are contained in the 2004 report of the Board on the implementation of article 12 of the 1988 Convention.²⁶

110. A total of 20,227 transactions have been notified to the Board and examined under the operations during the past two years. With the assistance of the Board, national competent authorities have initiated additional inquiries in 639 of those cases, which resulted in 161 seizures and 242 stopped shipments and in the identification of 7 attempted diversions and 10 actual diversions. The Board has also initiated a further 605 inquiries, which led to 21 seizures and 56 stopped shipments and the identification of 7 attempted diversions and 6 actual diversions.

111. With regard to future activities, under the operations special efforts should be made to collect, analyse and share real-time operational information and intelligence on the licit trade and traffic in precursors.

Real-time exchange of information on investigations into seizures, stopped shipments and diversion attempts is essential in order to identify both the method of diversion and the persons involved. Controlled deliveries should be used to the maximum extent possible, depending on the circumstances of each individual case. It is the Board's intention to examine the possibilities for harmonizing the work of the three operations, based on the lessons learned from each of them.

112. The Board wishes to remind Governments that the objectives of the operations are in line with the goals agreed at the twentieth special session of the General Assembly concerning amphetamine-type stimulants and the control of precursors. Governments are therefore urged to make available appropriate resources to support operational activities, with a view to meeting those goals. For its part, the Board will continue to support those activities, through its secretariat and in accordance with its mandate under the 1988 Convention.

Project Prism

113. During 2004, activities of Project Prism, the international initiative against diversion of precursors of amphetamine-type stimulants, focused on specific time-bound operations, including the monitoring of international trade in safrole, preventing diversions of pharmaceutical preparations containing pseudoephedrine and locating laboratories involved in the illicit manufacture of 1-phenyl-2-propanone. The Board urges each Government to designate without delay a single contact point, or central national authority, to serve as the focal point for all operational activities under Project Prism, which will assist in ensuring coordination of national efforts and the smooth flow of information.

114. Because of the more effective monitoring of international trade, traffickers are increasingly turning to smuggling chemicals and pharmaceutical preparations containing, in particular, ephedrine and pseudoephedrine. Project Prism has therefore focused on backtracking investigations into seizures of precursors of amphetamine-type stimulants at ports of entry or illicit drug laboratory sites. The Board notes that there were numerous successes in that area in 2004, such as the cooperation between the Governments of China and Poland with regard to a major case involving the smuggling of 1-phenyl-2-propanone into Poland.

115. A specific time-bound operation focusing on backtracking investigations will be launched in Europe with the objective of identifying companies and individuals responsible for the manufacture and diversion of 1-phenyl-2-propanone in the region. The Board welcomes the launching of a limited-time initiative for tracking preparations containing ephedrine and pseudoephedrine; the initiative will focus on the supply of pre-export notifications for shipments of pharmaceutical preparations in international trade and will proceed on a country-by-country basis.

116. The Board reviewed the information supplied by Governments on the licit movement of safrole and found it to be very limited. The Board has therefore endorsed the task force proposal to launch a three-month international programme for tracking safrole in order to identify the exporters and, on the basis of that information, the manufacturers and producers involved. The Board urges all Governments concerned to support the above-mentioned initiatives under the Project.

Operation Purple

117. Operation Purple, the intensive international tracking programme for potassium permanganate, has continued to be useful to Governments in preventing diversions of the substance for use in the illicit manufacture of cocaine. During the phase of the operation from 1 January 2004 to 1 November 2004, a total of 780 shipments, involving over 20,000 tons of potassium permanganate, were monitored. Furthermore, 17 shipments in international trade, involving 620 tons of potassium permanganate, were stopped, as there was reason to suspect that the shipments were to be diverted.

118. One of the main objectives of the Board is to monitor the shipment of potassium permanganate to countries not participating in Operation Purple. The Board has noted, in particular, an increase in the number of shipments reported to non-participating countries in the African region. Following the Board's enquiries, suspicious orders have been identified. For example, the Board appreciates the efforts of the competent authorities of Morocco and Egypt, which are, respectively, the first and the second largest importers of potassium permanganate in Africa. Morocco is currently also the fifth largest importer of potassium permanganate in the world.

119. The Board notes with concern that there is limited reporting on trafficking in potassium permanganate in countries in Central America and South America. Those are the countries most affected by the smuggling of potassium permanganate and the subsequent manufacture of cocaine. The Board therefore urges all those countries to establish the necessary mechanisms for providing information on seizures of potassium permanganate.

Operation Topaz

120. The 46 participating States and territories and the relevant international organizations have continued to use Operation Topaz as an effective tool to monitor international trade in acetic anhydride and to quickly launch backtracking investigations into seizures of that precursor. In addition, the operation has provided a good opportunity to develop synergies between law enforcement and regulatory authorities.

121. The Board welcomes the fact that two more States, Serbia and Montenegro and Turkmenistan, joined the operation in 2004 and that two non-participating countries, Japan and the Republic of Korea, are now supplying pre-export notifications for all shipments of acetic anhydride.

122. The patterns of trade in acetic anhydride have remained largely stable over the past few years. During the first 10 months of 2004, nearly 750 shipments of acetic anhydride, amounting to over 210,000 tons of the substance, were reported in international trade by 17 States and territories. The Board assisted Governments in identifying six attempted diversions of acetic anhydride and also facilitated the launching of backtracking investigations in three significant cases. The Board would like to emphasize the usefulness of operational meetings such as the one hosted by the Government of Austria in Vienna in June 2004.²⁷ Those meetings bring together investigators from various countries concerned by a case, or a series of cases, with the aim of exchanging information on investigations and deciding on further action necessary for the dismantling of trafficking activities. The Board encourages other Governments involved in Operation Topaz to organize such meetings, where necessary, and stands ready to assist in that regard.

123. Shipments of acetic anhydride to West Asia remain a special focus of Operation Topaz. There is no licit requirement for the substance in Afghanistan, and trade

in acetic anhydride in the region is extremely limited. For example, in 2004, only two shipments of acetic anhydride to Afghanistan or its neighbouring countries were reported: both of those shipments were to Pakistan. The only seizure of acetic anhydride reported in the region was one in Afghanistan amounting to 375 litres. It therefore appears that the acetic anhydride being used in illicit heroin manufacture in that country is smuggled through its neighbouring countries and not diverted in the region. The Board urges all Governments to make full use of the mechanisms established under Operation Topaz for addressing the issue of heroin manufacture in West Asia.

D. Control measures

Export of poppy seeds from countries prohibiting cultivation

124. In its resolution 1999/32, the Economic and Social Council called upon Member States to take measures to fight the international trade in poppy seeds from countries where no licit cultivation of opium poppy was permitted. The Board notes with appreciation that several States have taken such measures. Strict control measures were implemented in India for the import of poppy seeds. Similarly, the authorities of Myanmar and Pakistan have adopted measures against trade in poppy seeds from illicit sources.

125. The Board wishes to remind all Governments that, since the cultivation of opium poppy is prohibited in Afghanistan, the import of poppy seeds from that country would be contrary to the efforts of the Government of Afghanistan to eradicate illicit opium poppy cultivation. The Board urges all Governments to prevent all imports of poppy seeds from illicit opium poppy cultivation. The Board would appreciate being informed of action taken by Governments to implement Council resolution 1999/32, including any legislative and administrative measures taken and any seizures of poppy seeds made by their law enforcement authorities because the seeds in question originated in countries where opium poppy cultivation is not permitted.

Implementation of scheduling decisions for psychotropic substances

126. Some Governments have reported difficulties in implementing the scheduling decisions for psychotropic

substances within the time frame stipulated by the 1971 Convention, namely 180 days after the date of the communication of such a decision by the Secretary-General to all States. The Board reminds the Governments concerned of their obligations under article 2 of the 1971 Convention and requests them to consider putting in place necessary legislative and administrative arrangements to enable them to ensure prompt scheduling with a view to complying with their treaty obligations. The Board wishes to call the attention of Governments to the national scheduling systems in force in some countries that allow for automatic scheduling of substances under the national control system of those countries whenever a substance is put under international control.

Controls over international trade in psychotropic substances

127. The Board notes with appreciation that Cambodia, the Comoros, Côte d'Ivoire, Ghana, Japan, Kyrgyzstan, Portugal, Slovakia, Sweden and Uganda extended in 2004 the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. The Republic of Korea extended the import authorization requirements for the following substances: amfepramone, *gamma*-hydroxybutyric acid (GHB), mazindol, pemoline, phentermine and zolpidem. Cameroon has notified that the substances pentazocine, alprazolam, chlordiazepoxide and zolpidem require import authorizations. At present, export and import authorizations are required by national legislation for all substances in Schedule III in 186 countries and territories and for all substances in Schedule IV in 192 countries and territories. The Board continues to collect samples of import authorization forms issued by national authorities. Those samples allow the Board to verify the legitimacy of import orders at the request of exporting countries. The Board calls on all Governments that have not yet provided it with such samples to do so without further delay.

128. The Board requests the Governments of all countries that do not yet control the import and export of all psychotropic substances by the system of import and export authorizations to introduce such controls. Experience shows that countries that are the centres of international commerce but do not have such controls are at particular risk of being targeted by drug traffickers. The Governments of some of those countries, including the Government of Ireland, with

which the Board has had a dialogue on this issue for a long time, have stated their intention to extend the import and export authorization system to all psychotropic substances. The Board trusts that they will implement those controls as soon as possible. The Board urges all the other States concerned, regardless of whether or not they are parties to the 1971 Convention, to also introduce such controls.

129. Several exporting countries received in 2003 import authorizations for quantities of psychotropic substances in excess of assessments established by the authorities of the importing countries. The Board notes that the number of countries issuing such authorizations for quantities above the assessments has declined in recent years. The Board appreciates the support received from some major exporting countries, including France, Germany, India and Switzerland, that have been consistently reminding the importing countries of any failure to comply with the assessment system. The Board reiterates its request to all Governments to establish a mechanism to ensure that their assessments are in line with their actual legitimate needs and that no imports exceeding the assessments are authorized.

130. In accordance with Economic and Social Council resolutions 1985/15 and 1987/30, Governments should, in their annual statistical reports, provide the Board with details on trade in substances in Schedules III and IV of the 1971 Convention. Those details should include the names of the countries of origin for imports and the countries of destination for exports. Complete details on trade movements were submitted by 132 Governments. With few exceptions, all the major manufacturing and exporting countries furnished such information for 2003. However, about 20 parties to the 1971 Convention failed to provide that information, which may indicate certain deficiencies in their national reporting systems. The Board encourages the Governments of the countries concerned to improve their data collection systems in order to ensure the submission of details on trade in substances in Schedules III and IV in their future reports to the Board.

131. Many exporting countries request the assistance of the Board in verifying the legitimacy of import authorizations for psychotropic substances purportedly issued by the authorities of the importing countries. The Board notes with concern that in certain cases responses to the Board's inquiries for confirmation of the legitimacy of import orders have taken months. The

Board is concerned that failure to cooperate with it may hinder the investigation of diversion attempts and/or cause delays in the legitimate trade in psychotropic substances. The Board would like to draw the attention of the Governments of Bosnia and Herzegovina, Gabon, the Islamic Republic of Iran, Kenya, Myanmar, the Republic of Korea, Somalia and Sri Lanka to the importance of responding in a timely manner to the Board's requests, in order to avoid delaying imports, which have an adverse effect on the availability of psychotropic substances for legitimate purposes.

Lack of precise information in data collected by law enforcement agencies on seizures of psychotropic substances

132. The Board has noted difficulties in providing specific information regarding the collection and classification of data on seizures of psychotropic substances. The review of the annual reports questionnaire of the Secretary-General in the mid-1990s resulted in, among other things, the classification of such substances into the following three groups: amphetamine type (amphetamine, methamphetamine); hallucinogens (lysergic acid diethylamide (LSD)); and sedatives and tranquillizers (barbiturates, benzodiazepines, methaqualone). Providing such detail allows for more in-depth analysis of trends in trafficking in psychotropic substances. In response, a number of competent national authorities have provided more specific data; sometimes the data have been classified down to the substance level. At the same time, however, many national authorities, in particular law enforcement agencies, continue to use terms such as "tablets" or "synthetic drugs" or they use a term such as "Ecstasy" for drugs containing substances other than MDMA that have been seized at rave parties, as MDMA is the substance most commonly seized at those events. That practice is attributable to a lack of laboratory equipment and also to insufficient training of national law enforcement agencies. The Board wishes to draw to the attention of international organizations such as the International Criminal Police Organization (Interpol) and the Customs Co-operation Council (also called the World Customs Organization) to the important role that they could play in that matter, particularly in raising the awareness of national law enforcement authorities by distributing substance-specific information and providing training to such authorities.

E. Ensuring the availability of drugs for medical purposes

Demand for and supply of opiates

133. The Board, pursuant to the 1961 Convention and relevant Economic and Social Council resolutions, examines on a regular basis issues affecting the supply of and demand for opiates used for medical and scientific purposes and endeavours, in cooperation with Governments, to maintain a lasting balance between the two. A detailed analysis of the current situation with regard to the supply of and demand for opiates for medical and scientific purposes worldwide is contained in the 2004 technical report of the Board on narcotic drugs.²⁸

Monitoring of the global situation of supply of opiate raw materials

134. The Board notes with appreciation that most Governments of producing countries have adhered to its recommendations and taken action to reduce the production of opiate raw materials, those rich in morphine and those rich in thebaine, to reflect the global demand for those raw materials. For both types of raw materials, production had, until recently, been increasing at levels well in excess of global demand. For opiate raw materials rich in morphine, the increase in 2003 was at a lower rate; in that year total production amounted to 487 tons in morphine equivalent. For opiate raw materials rich in thebaine, total production declined to 80 tons in thebaine equivalent in 2003. Advance data submitted by the major producing countries indicate that global production of opiate raw materials rich in morphine is expected to decline to 440 tons in morphine equivalent in 2004, while production of raw materials rich in thebaine is expected to rise to an estimated 95 tons in thebaine equivalent. At present, it is anticipated that global production of both types of opiate raw materials will be slightly higher than the level of global demand, which is about 400 tons in morphine equivalent for raw materials rich in morphine and 90 tons in thebaine equivalent for raw materials rich in thebaine.

135. Increases in the total area cultivated with opium poppy in producing countries and in the agricultural yields obtained, coupled with technological progress, have resulted in overproduction and increasing stocks of opiate raw materials observed in recent years. Stocks of both types of opiate raw materials reached a record high

at the end of 2003. Consequently, those stocks continue to be more than sufficient to cover the global demand for opiate raw materials for one year. Although global demand will slightly increase in 2004 for both types of raw materials, it is not expected to exceed the estimated production in that year. Stocks of opiate raw materials are therefore expected to increase further in 2004.

136. The Board notes with appreciation that, for 2005, most Governments have followed its advice and maintained the area to be cultivated with opium poppy well below the level of 2002 or 2003, which should help to keep the level of production of opiate raw materials in line with global demand. The Board trusts that all Governments of producing countries will adhere to the estimates system for the cultivation of opium poppy and will keep cultivation within the upper limits of the estimates confirmed by the Board or send supplementary estimates to the Board, if necessary.

137. The Board urges all producing countries to act in accordance with the objectives and established policies of international drug control and to maintain their future production of opiate raw materials at a level reflecting the actual requirements for such raw materials worldwide, thus avoiding an inappropriately high level of stocks, which might be a source of diversion if they are not tightly controlled. In view of the continued inadequate global consumption of opiates for the treatment of pain, the Board reiterates that it would welcome a further increase in global demand for opiates (see also paras. 143 and 144 below). The Board encourages Governments to take steps to increase the medical use of opiates in their countries in order to meet their real needs for the treatment of pain.

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

138. The Board has highlighted on several occasions the need for enhanced control over the cultivation of opium poppy and the subsequent production of poppy straw, in line with the relevant Economic and Social Council and General Assembly resolutions (see, for example, the report of the Board for 2003).²⁹ The Board notes the recent technological progress achieved in the cultivation of opium poppy, which has resulted in significant increases in the concentration of alkaloids in opium poppy plants in several producing countries. The potential for diversion of opium poppy plants licitly cultivated in the relevant countries, as well as the abuse

potential of alkaloids obtained illegally from such plants, has therefore also increased substantially. The Board urges all Governments of producing countries to review the adequacy of the existing controls over the licit cultivation of opium poppy in their territories and, if those controls are found to be inadequate, to take remedial measures without delay.

*Prevention of the proliferation of production of
opiate raw materials*

139. In line with the relevant Economic and Social Council resolutions, the Board calls on all Governments to contribute to the maintenance of a balance between the licit supply of and demand for opiate raw materials and to cooperate with it in preventing the proliferation of sources of production of opiate raw materials. Most recently, in its resolution 2004/43, the Council urged Governments of all countries where, in the past, opium poppy had not been cultivated for the licit production of opiate raw materials, in the spirit of shared responsibility, to refrain from engaging in the commercial cultivation of opium poppy, in order to avoid the proliferation of supply sites.

140. The Board wishes to remind Governments that narcotic drugs and their raw materials are not ordinary commodities and that therefore market economy considerations should not be the decisive factors when deciding on whether or not to permit drug crop cultivation. The Board appeals to all Governments to comply with Economic and Social Council resolution 2004/43.

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

141. At the request of the Governments of India and Turkey, the Board convened an informal consultation on the supply of and demand for opiates for medical and scientific purposes, pursuant to Economic and Social Council resolution 2003/40, during the forty-seventh session of the Commission on Narcotic Drugs. All major producers and importers of opiate raw materials participated in the consultation. The Board has convened such informal consultations since 1992 to enable the participating Governments to be informed of recent developments affecting global production of and demand for opiate raw materials and to review the various policies applied in this respect. The information

gathered at such consultations allows the Governments of producing countries to adjust the production of opiate raw materials to global demand for the opiates derived from them and facilitates the monitoring of the situation by the Board. The consultations therefore contribute to the continued availability of opiates for medical purposes while preventing oversupply of the raw materials.

Meeting of permanent representatives on the supply of and demand for opiates for medical and scientific purposes

142. In addition to the above-mentioned informal consultation, which was of a technical nature, the Board convened two meetings with permanent representatives to the United Nations (Vienna) on the issue of supply of and demand for opiates. Invited to those meetings, which were held in May and October 2004, were the representatives of countries that are major producers or importers of opiate raw materials. The objectives of those high-level meetings were to examine the present system for balancing the supply of and demand for opiates and to raise awareness of the necessity to assess the actual medical needs for opiates.

Consumption of narcotic drugs

143. The low consumption of opioid analgesics for the treatment of moderate to severe pain, especially in developing countries, continues to be a matter of great concern to the Board. Global consumption of morphine increased significantly throughout the 1990s; in the past 20 years, it rose almost 10-fold, from 3 tons in 1984 to about 28 tons in 2003. However, the bulk of that increase occurred in some, but not all, developed countries, which represent a small part of the world's population. In 2003, six countries together accounted for 79 per cent of global consumption of morphine. Developing countries, which represent about 80 per cent of the world's population, accounted for only about 6 per cent of global consumption of morphine.

144. Opioid analgesics, such as buprenorphine, fentanyl, hydromorphone and oxycodone (which have become available in newly developed dosage forms, such as transdermal patches and controlled-release tablets), have been increasingly used in recent years for the treatment of pain in some countries. However, the increase in the worldwide consumption of those opioids was again much more pronounced in developed countries, in particular because of the relatively high

costs of those drugs, especially the new preparations (see also paragraphs 193-197 below).

Consumption of psychotropic substances

Consumption of central nervous system stimulants

145. Internationally controlled central nervous system stimulants are used for the treatment of attention deficit disorder (ADD; called attention deficit/hyperactivity disorder (ADHD) in the United States), of narcolepsy and as anorectics in the treatment of obesity. Until the early 1970s, amphetamine and methamphetamine were used in large quantities as anorectics, but that has since been discontinued or reduced to the extent that it now involves only small quantities. The medical use of phenmetrazine has been discontinued worldwide while fenetylline is prescribed in only a few countries.

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

146. The increase in the use of stimulants in Schedule II for the treatment of ADD continues unabated. During the five-year period 1999-2003, the medical use in the United States of all three substances together increased by nearly one quarter, to more than 11 defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day. During most of the 1990s, methylphenidate was the primary drug used in the United States. In recent years, however, amphetamines replaced methylphenidate as the drug of first choice in the treatment of ADD in that country. In the United States, the ratio of the use of methylphenidate to the use of amphetamines in 2003 was 5.21 S-DDD to 6.23 S-DDD.

147. Apart from the United States, only Australia uses more amphetamines than methylphenidate in the treatment of ADD. All other countries reported that methylphenidate was the predominant (if not the only) substance used for such treatment.

148. The major countries consuming methylphenidate include Australia, Canada and the United States, as well as European countries. Iceland, which has increased the use of methylphenidate by more than 500 per cent over the past five years, has become the country with the world's largest per capita consumption of the substance: 5.98 S-DDD per 1,000 inhabitants per day. A number of other European countries, such as Norway, Switzerland and the United Kingdom, have shown increasing rates

similar to that of Iceland. The Board recognizes that, with proper diagnosis, stimulants can be effective in treating ADD. The Board urges the competent authorities to continue to carefully monitor developments in the diagnosis of ADD and other behavioural disorders and to ensure that amphetamines and methylphenidate are prescribed in accordance with sound medical practice as required under article 9, paragraph 2, of the 1971 Convention.

149. The Board reiterates its request to the competent authorities of the countries concerned to increase their vigilance with regard to the diversion of, trafficking in and abuse of stimulants in Schedule II used for the treatment of ADD and to keep the Board informed of any new developments in that area. In a few countries, methylphenidate supplies for pupils under treatment for ADD can be stored at the school, and medication is dispensed by the school nurse during the school day. In such cases, control measures, including safety measures for storage and distribution, should be enforced.

Stimulants in Schedule IV of the 1971 Convention used as anorectics

150. The stimulants in Schedule IV of the 1971 Convention are amphetamine-type stimulants mostly used as anorectics. After the mid-1990s, amphetamine-like anorexigenic drugs were, in most countries, no longer recommended for the treatment of obesity, due to their abuse potential and possible adverse reactions.

151. The Board has closely followed trends in the consumption of such anorectics over the past decade. In the mid-1990s, high consumption levels recorded in countries in the Americas led the Board to investigate the matter; since then, global trends and developments have been regularly presented in the annual reports of the Board. In those reports, the Board has repeatedly requested that the Governments concerned give adequate attention to the matter of elevated consumption levels of anorectics. International and regional conferences were organized in cooperation with the Board and the impact of concerted action was soon felt in a number of countries. Two of the consumer countries with the highest consumption levels, Argentina and Chile, introduced control measures, which led to a reduction of nearly 90 per cent in the consumption of those stimulants.

152. Some countries were less successful in their attempts to curb high consumption levels of anorectics.

Brazil, for example, introduced stricter controls for prescriptions between 1994 and 1997 and a reduction of consumption of anorectics was observed. However, after more lenient legislation was introduced in 1998, the use of amfepramone and fenproporex rose by more than 500 per cent.

153. As the diversion of those anorectics from international trade has decreased, such substances have been mainly diverted from domestic distribution channels, to be abused locally or smuggled into other countries. Over the past decade, the Board has repeatedly requested Governments to monitor carefully the use of amphetamine-type stimulants used as anorectics and to ensure adequate control of domestic distribution channels, in order to prevent the diversion of such substances. Governments of countries in which controlled anorectics had been prescribed in large quantities were asked to monitor the situation closely to prevent overprescribing, which could lead to the abuse of those substances due to their stimulant properties. Those Governments were requested to support educational campaigns to inform the medical and pharmaceutical community, as well as the general public, of the dangers involved in the indiscriminate use of stimulants.

154. The experience gained during the past decade in a number of countries suggests that the measures most successful in curbing inappropriate use of anorectics include improved regulatory measures, such as adequate control of domestic distribution channels and changes in prescription policy, as well as education of medical doctors, pharmacists and the general public. The Board therefore encourages the authorities of countries experiencing problems with high consumption levels of anorectics to learn from the experience of their counterparts in those countries which have successfully dealt with the problem, such as Argentina and Chile.

Consumption of other psychotropic substances

Buprenorphine

155. In several countries, mixed agonist/antagonist opioid analgesics such as buprenorphine are subject to more stringent control measures than other psychotropic substances. Buprenorphine, a potent opioid was included in Schedule III of the 1971 Convention in 1989. As the substance is also used, to an increasing extent, in the detoxification and substitution treatment of heroin addicts, global manufacture and consumption have

increased substantially during the past few years. The Board notes that buprenorphine continues to be diverted from domestic distribution channels in several countries. Taking into account the rapidly expanding licit use of the substance, the Board wishes to draw the attention of Governments to the potential misuse and diversion of the substance from domestic distribution channels. The Board reiterates its request to WHO to include information on the misuse and diversion of buprenorphine when reviewing the control status of the substance and to consider reviewing the control status of this class of drugs.

Benzodiazepines

156. Increasing medical availability of benzodiazepines has led in a number of countries to their increasing abuse. For example, the incidence of benzodiazepine abuse among drug addicts in Europe is high, and drug traffickers have successfully developed markets for specific substances. Widespread availability may indicate loopholes in domestic distribution channels. Moreover, information received by the Board from several countries indicates that some general practitioners prescribe benzodiazepines for unnecessarily long periods and for symptoms that may not require such treatment.

157. The Board reiterates its request to Governments of countries in which there are high levels of consumption of benzodiazepines and increasing abuse of those substances to conduct, in cooperation with non-governmental organizations involved in the treatment and rehabilitation of drug abusers, comprehensive surveys to determine the size of the population abusing those substances. The Board also encourages the Governments concerned to monitor consumption levels of benzodiazepines and to raise the awareness of medical practitioners about the rational use of those substances. Noting that in some regions benzodiazepines are occasionally supplied by pharmacies without prescriptions, the Board requests all Governments to ensure adherence to prescription requirements for all psychotropic substances, including benzodiazepines.

158. Adequate availability of benzodiazepines through regular distribution channels is not ensured in all regions of the world, especially in many developing countries. At the same time, it has come to the attention of the Board that essential psychotropic substances have been distributed through informal markets. The Board reiterates its request to Governments to ensure sufficient

supply of those substances for medical purposes through adequately controlled distribution channels with appropriate counselling to consumers.

F. Follow-up to missions of the Board undertaken in 2001

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

160. In 2004, the Board reviewed the situation in a number of countries to which it had sent missions in 2001. Those countries include Egypt (see paragraphs 253-254 below), Jamaica, Serbia and Montenegro (see paragraphs 547-549 below) and Ukraine (see paragraphs 550-551 below). The Governments of those countries were requested to provide information on measures taken to implement the recommendations of the Board.

161. The Board notes with concern that, despite repeated written requests to do so, the Government of Jamaica has not provided any information on measures taken to implement the recommendations of the Board. The Board calls on the Government of Jamaica to report to the Board any measures that it has taken to comply with those recommendations and to ensure that the provisions of the international drug control treaties are fully complied with in its territory.

162. The Board underlines that it attaches great importance to the implementation of its recommendations and expects the full support and cooperation of Governments. In the absence of information provided by Governments, the Board finds it difficult to conduct a meaningful review and assessment of the drug control situations in various countries.

G. Special topics

1972 Protocol amending the Single Convention on Narcotic Drugs of 1961

163. The amendments brought by the 1972 Protocol to the 1961 Convention reflected two main purposes. The first one was to bestow upon the Board additional

responsibilities and authority to enable it to perform more effectively its role in the supervision of the international drug control system. The second purpose was to reflect the fact that the control of licit drug production, manufacture and trade alone is not sufficient to counter increasing drug abuse and illicit trafficking. The scope of article 14 of the 1961 Convention, regarding the measures by the Board to ensure the execution of the provisions of the convention, was extended to cover not only situations in which the aims of the convention are seriously endangered by reason of a country or territory failing to carry out its provisions, but also serious drug situations not necessarily resulting from the failure of a Government to implement the convention. The Board was authorized to recommend multilateral technical or financial assistance to the Government concerned, if appropriate. The 1961 Convention as amended by the 1972 Protocol gives guidance for parties to establish a balanced approach to the drug abuse problem, based on a system of administrative controls and penal sanctions and, in addition, the prevention of drug abuse and the treatment of drug abusers. The added provisions stipulate that when drug abusers have committed offences under the convention, parties may provide treatment, education, aftercare, rehabilitation and social reintegration, either as an alternative or in addition to conviction or punishment.

164. The Board notes with appreciation that all States that are parties to the 1961 Convention are parties to that convention in its amended form, except for the four States referred to in paragraph 54 above. The Board trusts that those States will soon adhere to the 1972 Protocol and implement its provisions, thus establishing a drug control mechanism in their countries which enables them to deal with the drug problem in a comprehensive and effective manner.

Control of cannabis used for medical or scientific purposes

165. Cannabis is included in Schedules I and IV of the 1961 Convention. According to article 3 of the 1961 Convention, drugs in Schedule IV are those considered particularly liable to abuse and to produce ill effects. Since the end of the 1990s, scientific research on the therapeutic usefulness of cannabis or cannabis extracts is in progress in several countries, including Canada, Germany, the Netherlands, Switzerland, the United Kingdom and the United States.

166. In 2004, the Board contacted the countries where such research was known to take place, asking for the findings of the studies in question. The replies received so far from the relevant countries indicate that results of such research regarding the potential therapeutic usefulness of cannabis or cannabis extracts remain limited. The Board therefore wishes to voice concern about the medical use of cannabis in Canada and the Netherlands and in some jurisdictions of the United States, in the absence of conclusive results on the effectiveness of such use. The Board confirms that it welcomes sound scientific research in this respect, as stated in previous reports,³⁰ and trusts that the results, when available, will be shared with the Board, WHO and the international community.

167. Articles 23 and 28 of the 1961 Convention provide for a national cannabis agency to be established in countries where the cannabis plant is cultivated licitly for the production of cannabis, even if the cannabis produced is used for research purposes only. The Board notes that the Government of the United Kingdom plans to establish a national cannabis agency by the end of 2004 and that the Government of Switzerland is taking steps to provide a legislative basis for the establishment of such an agency in that country.

168. The Board notes with concern that the Governments of several countries where research on the medical use of cannabis or cannabis extracts is taking place or where the medical use of cannabis is permitted have had difficulties furnishing in a timely manner relevant estimates and statistical reports on production, imports, exports and consumption of cannabis or cannabis extracts, in accordance with the 1961 Convention. The Board wishes to remind the Governments concerned that the relevant treaty provisions must be implemented and reiterates its request to those Governments to take the necessary steps to ensure their compliance with those provisions.

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

169. The Commission on Narcotic Drugs, in its resolutions 45/5 and 46/6, encouraged States parties to the 1961 Convention, that Convention as amended by the 1972 Protocol and the 1971 Convention to notify the Board of restrictions currently applicable in their territory to travellers under medical treatment with

drugs containing narcotic drugs and psychotropic substances under international control. The Board has requested Governments to provide specific information on their legal provisions or administrative measures regarding travellers under medical treatment, including restrictions and conditions that need to be met by travellers entering or leaving their territory and carrying medical preparations containing controlled substances for personal use. Several Governments have already provided the requested information to the Board. The Board calls on all Governments that have not yet done so to submit such information without delay. The information received by the Board will be made widely available so that Governments will be able to advise travellers on the restrictions.

Misuse of the Internet

170. Since 1996, the Board has devoted more and more attention to the problem of Internet pharmacies illicitly selling pharmaceuticals containing internationally controlled narcotic drugs and psychotropic substances. While the Board recognizes and has acknowledged that, in principle, the Internet may facilitate access to medical and pharmaceutical services for large segments of society, it has also warned that the potential for misuse is considerable.³¹ This concern has been validated by developments during the past few years. Narcotic drugs and psychotropic substances are increasingly being advertised and illicitly sold without required prescriptions by Internet pharmacies; the pharmacies are thus not only operating in contravention of international and national legislation but also subjecting customers to serious health risks. Furthermore, narcotic drugs and psychotropic substances with high abuse potential are diverted and trafficked through the Internet to the illicit market; thus, the Internet has been acting as a substitute for trafficking channels that have been successfully closed.

171. The Board, aware of the fact that the problem of illicit sales through the Internet requires close cooperation between countries and international organizations, organized in Vienna in 2004 an expert group meeting for experts from relevant international organizations and national authorities. The meeting provided significant insight into the problem and recommended several measures, some of which are presented below.

172. Available information indicates that the illicit sale of pharmaceuticals containing controlled narcotic drugs

and psychotropic substances via the Internet and the illicit distribution of such substances by mail are global problems; resolving those problems requires urgent action by the international community. Evidence collected and analysed by regulatory and law enforcement authorities indicates that several billion doses of controlled substances are illicitly sold each year.

173. Investigations by the United States authorities of illicit Internet pharmacies show that the proportion of the total sales of pharmaceuticals accounted for by prescription drug sales is significantly higher than for traditional licensed pharmacies and that the vast majority (sometimes more than 95 per cent), of their prescription drug sales involve internationally controlled narcotic drugs and psychotropic substances. That information is confirmed by data analysis and case studies undertaken in Asian and European countries. Those investigations also confirm that around 90 per cent of such sales by Internet pharmacies are conducted without the prescriptions required for internationally controlled narcotic drugs and psychotropic substances.

174. Such sales include substances in Schedules I and II of the 1961 Convention and substances in Schedules II, III and IV of the 1971 Convention. One particular concern of the Board is the fact that substances known to have a high abuse potential—certain opioids (such as oxycodone), stimulants (amphetamines) and benzodiazepines (such as alprazolam and diazepam)—are among the substances frequently traded by illicit Internet pharmacies. In addition, certain substances with (possibly fatal) health risks, such as fentanyl and secobarbital, are sold by Internet pharmacies.

175. As the vast majority of Internet pharmacies fulfil these orders without requiring a valid prescription or (in cases of online doctor consultations) without verifying personal details provided by the customer, one special concern involves the age of customers. The illicit trade over the Internet has been identified as one of the major sources for prescription medications abused by children and adolescents in certain countries such as the United States. At present, there are no mechanisms in place to block the access of children and adolescents to those Internet sites or to prevent illicit supplies by Internet pharmacies from reaching persons in that age group.

176. Investigations carried out in the United States and in a number of European countries revealed that purchases from illicit Internet pharmacies are more

expensive than purchases from licensed pharmacies. In addition, costs will not be refunded by national health systems if no prescription has been obtained. Therefore, it appears that those customers who order pharmaceuticals containing internationally controlled substances from illicit Internet pharmacies cannot legally obtain the required prescription. Apart from the higher costs, customers of illicit Internet pharmacies cannot rely on the authenticity and the quality of the pharmaceuticals sold, which may even include counterfeit drugs, as in a recent case where supplies for two Internet pharmacy sites were illicitly manufactured in a clandestine laboratory. Customers of illicit Internet pharmacies should be aware that such purchases constitute a breach of law in almost all countries, as prescription requirements are universal.

177. Given the fact that Internet pharmacies, irrespective of the residence of the owner of the Internet site, can ship orders from pharmacies operating in all regions of the world, meaningful action against such illicit activities depends on close international cooperation and the political will of all Governments to accord importance to the matter. The Board notes with appreciation that the United States has identified the non-medical use of prescription drugs as one of the top three priorities of the 2004 National Drug Control Strategy. The Strategy highlights the importance of state prescription monitoring programmes, physician training, and public education programmes to curb the abuse of prescription drugs. It calls upon the pharmaceutical industry, the medical community and state governments to work in partnership, and it looks for new initiatives and technologies to identify, investigate and prosecute illicit Internet pharmacies. The Board calls upon all Governments to make similar efforts.

178. Diversions of internationally controlled narcotic drugs and psychotropic substances occurring under the anonymity of Internet pharmacies constitute new challenges for investigative as well as prevention efforts. Significant synergies can be achieved through concerted national and international action. The establishment and monitoring of national legislation and regulations involve various government offices and agencies. The international character of the transactions means that the cooperation of such offices and agencies in the countries concerned is called for. The Board plans to organize a meeting to mobilize the regional and international organizations concerned, such as Interpol,

the World Customs Organization, WHO and the Universal Postal Union.

179. Action to be taken in a timely manner necessitates the efficient sharing of experience and exchange of information in specific cases, as well as rapid intervention by national authorities. The Board is pleased to note that positive examples of successful international cooperation show that concerted action can have an impact. The Board commends the efforts of the authorities of the Netherlands Antilles in 2004, in cooperation with national authorities in the United States and countries in Europe, which prevented the diversion of psychotropic substances into illicit channels.

180. While most countries are willing to support investigations involving Internet pharmacies shipping illicit consignments from their territory, a lack of cooperation by some national authorities has been identified as a major impediment to concerted efforts. In its annual report for 2003,³² the Board referred to the illegal shipments of psychotropic substances from an Internet pharmacy in Pakistan to Switzerland and requested the competent authorities of Pakistan to urgently investigate the matter. The Board notes with concern that so far no cooperation has been forthcoming and that other countries, such as the Netherlands, are also receiving similar illicit shipments from Pakistan. As the authorities of Pakistan have received all the details of the Internet pharmacies involved, the Board calls on the authorities to investigate and prosecute the cases without further delay.

181. There is a need to establish a mechanism that will ensure the sharing of experience and the rapid exchange of information on specific cases, as well as the standardization of data collected. The Board, in cooperation with national authorities and international organizations, will seek to identify measures to support such international cooperation. Urgent action is also required with regard to the sharing of information on national legislation regarding Internet pharmacies and shipments of individual orders by mail.

182. National legislation needs to be supported by the universal application of international regulations. Illicit Internet pharmacies dealing with brand products must obtain their supplies from established and recognized suppliers supervised by the competent authorities of the country from which they operate. Implementing and enforcing existing laws in all countries, including

provisions of the relevant international treaties and Economic and Social Council resolutions, would significantly contribute to the prevention of diversions of internationally controlled narcotic drugs and psychotropic substances through the Internet. The Board wishes to remind all Governments to implement fully all provisions of the three international drug control conventions, as well as all relevant measures requested by the Council in its resolutions, such as the establishment and monitoring of the system of assessments for psychotropic substances and the system of requirements for import and export authorizations. The Board also wishes to bring to the attention of all Governments the action plans adopted by the General Assembly at its twentieth special session, in particular the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors (Assembly resolution S-20/4 A), and the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (Assembly resolution 54/132, annex), in which the Assembly recognized that the use of the Internet posed new opportunities and challenges to international cooperation in combating drug abuse and illicit production and trafficking.

183. According to information available to the Board, diversions of narcotic drugs and psychotropic substances mostly occur when consignments pass from the wholesale level to the retail level. Competent authorities should, therefore, seek to identify weaknesses in national regulatory systems with regard to domestic distribution, as well as in reporting and inspection.

184. The support of national authorities is required to increase awareness of problems relating to the diversion of pharmaceutical products containing narcotic drugs and psychotropic substances. The Board once again calls on national authorities to bring to the attention of the judiciary, as well as prosecutors, the urgent need to give greater importance and adequate penalties to court cases involving the diversion of licitly manufactured narcotic drugs and psychotropic substances into illicit channels. In addition, efforts need to be made to educate the general public about the dangers involved in abusing pharmaceutical products containing controlled drugs. Consumers should be made aware that such purchases not only constitute a breach of law but are also potentially dangerous to their health, because there is little or no quality control. Countries should cooperate with the

pharmaceutical industry, as well as with Internet service providers, in order to support international activities in this area. The Board would like to remind all Governments that their political will is necessary if all of the above-mentioned initiatives are to be carried out.

Public incitement to drug abuse

185. During the past few years, the Board has noted an ambiguity towards drug abuse in some countries in Western Europe: while drug abuse prevention campaigns call on young people to refrain from abusing drugs, authorities have not taken measures against incitement to abuse drugs, and drug abuse may even be promoted through certain media or other channels.³³

186. The Board calls on all Governments that have not yet done so to implement article 3, paragraph 1 (c) (iii), of the 1988 Convention, which requires each State party, subject to its constitutional principles and the basic concepts of its legal system, to establish as criminal offences publicly inciting or inducing others to commit any of the offences established in accordance with article 3 or to illicitly use narcotic drugs or psychotropic substances.

187. The Board notes that the criminalization of incitement or inducement to commit drug trafficking offences is covered in most national penal codes by a general provision on "incitement to commit a crime", in addition to being specifically provided for in the national drug control laws of many countries.

188. The Board notes that most European countries have included incitement to illicit drug use as a specific offence in their drug control legislation or among the drug control provisions of their national penal or health code. For example, in France, the Public Health Code provides that anyone who in any way induces the illicit use of narcotic drugs or substances presented as having the effects of narcotic drugs or shows such use in a favourable light is considered to have committed an offence that carries a penalty of up to five years of imprisonment and/or a fine of up to 75,000 euros. In Germany, a term of imprisonment of up to five years or a fine may be imposed on anyone who publicly, at a meeting or by the dissemination of written material, calls for the use of narcotics that have not been prescribed in the permitted manner. However, it remains to be seen how those provisions are being implemented.

189. The Board notes with concern that in some European countries, in particular Spain, the liberal approach towards personal drug consumption appears to have been extended to incitement to engage in, or the advertisement and promotion of, such activity. According to a legal opinion formulated in February 2003 by the public prosecutor of the Supreme Court in Spain, the sale in “grow-shops” of cannabis seeds and equipment for the cultivation of cannabis plants for personal consumption and the advertisement of such seeds and equipment, as well as the dissemination of detailed advice on methods of such cultivation in specialized magazines available to the general public, do not constitute penal offences under current legislation, as long as it has not been established that the cultivation is for purposes of trafficking. In some countries, while there is a provision in the legislation, the liberal approach adopted towards personal drug consumption and related activities might also extend to enforcement of the ban on incitement or on the advertisement and promotion of such activities.

190. The Board stresses that the constitutional principles and basic legal concept that have been invoked in supporting a non-criminalizing approach to dealing with personal drug consumption activities in some countries cannot, by analogy, be extended to acts such as incitement to use illicit drugs or advertisement of such activity. Indeed, inciting or inducing others to illicitly use drugs does not belong to the private sphere of the individual and it can be clearly associated with social harm. Moreover, incitement and advertisement of illicit drug use would be contrary to the emphasis on prevention and education that often accompanies the non-penal treatment of drug abusers in those countries.

191. The Board notes that the WHO Framework Convention on Tobacco Control,³⁴ adopted by the World Health Assembly in May 2003, includes various provisions on a comprehensive ban of all tobacco advertising, promotion and sponsorship. It would be inconsistent if countries undertake a ban on the advertisement of tobacco, the use of which is licit, but deprive themselves of the legal means to prohibit and suppress the advertisement of illicit drugs.

192. The Board is concerned about the situation in countries where the current legal regime makes it extremely difficult to prosecute persons for publicly inciting others to illicitly use drugs or to illicitly cultivate drug crops. The Board reiterates that it is

important for Governments to comply fully with the provisions of the international drug control treaties.

Efforts to improve availability of narcotic drugs for relief of pain

193. Pursuant to its mandate, the Board endeavours to support the availability of narcotic drugs for medical use, including the relief of pain, while preventing their diversion for illicit use.

194. The Board has cooperated with WHO in joint efforts to increase the availability of narcotic analgesics for the treatment of pain worldwide. In recent years, the Board has brought the issue of low availability of opioid analgesics to the attention of the international community at the World Health Assembly. In its address to the Executive Board of WHO in 2004, the Board once again made health policy makers aware of that issue. The Board notes with appreciation that WHO is preparing a comprehensive global strategy against pain, which is aimed at providing assistance to countries in building capacity and raising awareness in the area of using opioids in pain treatment. The Board will cooperate with WHO in the implementation of the activities related to the strategy. The Board calls on the international community to support WHO efforts to ensure adequate pain treatment worldwide.

195. France is one of the countries where the availability of opioids has increased significantly during the past decade. The increase in the consumption of opioid analgesics in France has been linked to the introduction of new medications, the simplification of the regulatory system and the adoption of two action plans on the fight against pain, aimed at raising the awareness of health professionals and the general public.

196. While consumption of narcotic drugs for the treatment of pain continues to be extremely low in many countries, particularly countries in Africa and Asia, commendable progress has been achieved in some developing countries. For example, Uganda, which has been active in the field of pain management since the 1990s, has become the first African country to recognize palliative care as an essential clinical service, integrating pain treatment strategies into its health services and providing morphine free of charge to cancer and HIV/AIDS patients. The Government of Uganda has changed its national legislation to make opioid analgesics (especially morphine) more available. Health-care professionals and community workers have

received training in the proper use of opioid analgesics in the management of pain. In 2004, the Government of Uganda further modified its policy on narcotics to permit nurses with a certificate in specialized palliative care to prescribe and supply certain opioid analgesic drugs, including morphine.

197. The Board encourages Governments that have not yet done so to examine the extent to which their health-care systems and laws and regulations permit the use of opioids for medical purposes, to identify possible impediments to such use and to develop plans of action for the development of long-term pain management strategies, with a view to facilitating the supply and availability of narcotic drugs for all appropriate indications.

Food products and dietary supplements illicitly containing controlled substances

198. In its annual reports for 1995³⁵ and 1998,³⁶ the Board referred to the illicit use of psychotropic substances, in contravention of the provisions of the 1971 Convention, as concealed ingredients in herbal medicines and to attempts to market preparations containing narcotic drugs and psychotropic substances as “food products” and “dietary supplements”. Such attempts have recently reoccurred. The covert and inappropriate use of those substances has in the past led to severe health problems and, in a number of cases, death. The Board therefore urges Governments to investigate such cases of illicit use of narcotic drugs and psychotropic substances without delay and to bring to the attention of WHO and the Board all information required to alert the international community to such potentially dangerous misuse of controlled substances.

Facilities where persons can abuse illicitly acquired drugs

199. The Board notes with concern that facilities where persons can abuse drugs that they have illicitly acquired remain in operation in a number of countries in several regions. The Board reiterates that those facilities contravene the international drug control treaties, in particular article 4 of the 1961 Convention, which obligates parties to ensure that the production, manufacture, import, export and distribution of, trade in and use and possession of drugs should be limited exclusively to medical and scientific purposes. The Board urges the Governments concerned to take

immediate measures to ensure compliance with the international drug control treaties.

Use of narcotic drugs manufactured from seized materials

200. Some Governments release seized material (such as opium and cocaine) for the manufacture of narcotic drugs for medical purposes. That practice is not prohibited under the 1961 Convention. However, the General Assembly, in its resolution 33/168, invited Governments to increase their joint efforts to eradicate illicit cultivation of narcotic plants in order to ensure a continuing balance between licit supply and licit demand, and to avoid unforeseen imbalances caused by sales of seized and confiscated drugs. Moreover, the Economic and Social Council, in its resolutions on the supply of and demand for opiates for scientific and medical needs, has repeatedly encouraged all Governments to avoid unforeseen imbalances between the licit supply of and demand for opiates caused by the exportation of products manufactured from seized and confiscated drugs, and to restrict the use of such products to domestic use only. In order to remove any temptation to countries to use seized raw materials for the manufacture of products destined for export, the Board urges countries that are exporting licitly produced raw materials to maintain the standards of quality of those raw materials.

Medical prescription of heroin

201. Heroin is prescribed in a few countries to a small proportion of long-term opiate addicts, and in some other countries research on prescription of heroin for the treatment of such addicts is under way. The Board reiterates its reservations concerning the medical prescription of heroin. The Board wishes to emphasize the importance of formally involving WHO in the evaluation of the results of all projects on the medical prescription of heroin to addicts.

Measures to ensure the implementation of the international drug control treaties

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

202. Article 14 of the 1961 Convention and article 19 of the 1971 Convention describe measures that, in

certain circumstances, the Board may take to ensure that States implement provisions of the conventions.

203. The Board has, since 1997, formally invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to a limited number of States parties, in view of the drug control situation in those countries and the Governments' lack of compliance with the international drug control treaties. The States involved are not named until such time as the Board deems it necessary to call the attention of the other States parties, the Economic and Social Council and the Commission on Narcotic Drugs to the situation, as in the case of Afghanistan.

204. The Board's objective has been to promote the compliance of States with the conventions when other means failed. As a result of an ongoing dialogue with the Board pursuant to article 14 of the 1961 Convention and article 19 of the 1971 Convention, most of the States took remedial measures. Consequently, the Board decided to terminate any action pursuant to those articles vis-à-vis those States.

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

205. The Board invoked article 14 of the 1961 Convention with respect to Afghanistan in 2000. Since then, the Board has maintained a close dialogue with the authorities of that country. In addition, the Board has undertaken several missions to Afghanistan. In February 2004, at the request of the Board, a delegation from the Government of Afghanistan reported to the Board on the drug control situation in the country, as part of the continuing consultations under article 14 of the 1961 Convention.

206. The Board notes that the Government of Afghanistan, in cooperation with the Government of the United Kingdom and the United Nations Office on Drugs and Crime, has recently developed five action plans within the framework of the national drug control strategy, covering the areas of law enforcement, counter-narcotics judicial reform, alternative livelihoods, drug demand reduction and public awareness. The Board considers that development to be an important step forward in drug control and hopes that the Counter-Narcotics Directorate, the national coordinating body for drug control in Afghanistan, will work closely with all the government ministries concerned to ensure that the implementation of the

national drug control strategy is well coordinated and effectively carried out.

207. The Board also notes that progress has been made in building the capacity of Afghanistan in the area of law enforcement. Since the establishment of the Counter Narcotics Police of Afghanistan (CNPA) and the Special Narcotics Force, there have been a number of successful law enforcement operations, resulting in several significant drug seizures involving heroin, morphine, opium and cannabis resin. The Board encourages the Government to continue its efforts in that area, in order to address the illicit drug trafficking situation in the country in a more effective way.

208. The Board is seriously concerned, however, that the overall drug control situation in Afghanistan appears to have deteriorated. In particular, illicit opium poppy cultivation continued to expand in 2004, occurring in almost all the provinces in the country and involving an increased number of farmers. Consequently, illicit opium production has reached 4,200 tons, an increase of 17 per cent compared with 2003, according to the annual survey conducted by the United Nations Office on Drugs and Crime. That is a clear indication that illicit opium production will continue to thrive unless firm action is taken to eliminate such production and other illicit drug-related activities, including illicit drug manufacture and trafficking.

209. The Board wishes to underline that it is the responsibility of the Government of Afghanistan to fulfil its obligations under the international drug control treaties, to which Afghanistan is a party. The elimination of the illicit cultivation of opium poppy should be of the utmost importance to the Government, as it is essential to the stability of the country, in addition to being in the interest of the international community. The Board urges the Government to establish law and order in rural areas, to extend the enforcement of the ban on opium production so that it applies to the entire country and, with the assistance of the international community, to provide alternative livelihoods to opium poppy growers. The Board stresses that counter-narcotics measures should be brought into the mainstream of overall development assistance. The Board hopes that the targets set out in the national drug control strategy will be met without further delay.

210. Afghanistan is faced with not only the serious problem of illicit opium poppy cultivation, but also growing problems involving illicit manufacture of and

trafficking in opiates, as a result of increased opium production. Opium and heroin of Afghan origin continue to be smuggled on a large scale into other countries in West Asia and, through those countries, into Europe. That situation hinders national reconstruction efforts and also constitutes a serious threat to security and stability in the region. The Board calls upon the international community, the countries into which Afghan opiates are being smuggled, including the neighbouring countries of Afghanistan, to continue strengthening their cooperation with the Government of Afghanistan. Such cooperation should include, whenever possible, the provision of technical and financial assistance to the Government with a view to enhancing its capacity in law enforcement. The full cooperation of the international community will be necessary for the country to succeed in recovering from its disastrous past.

211. The Board notes with concern that drug abuse in Afghanistan has increased significantly over the past few years because of prolonged human deprivation and suffering, the breakdown of traditional social controls, the return of refugees and the almost unlimited availability of opiates within the country. What is especially disturbing is that heroin is frequently mixed with other controlled substances from unknown sources, such as diazepam and phenobarbital. Another major concern is the increasing use of injection as a mode of administering illicit drugs, particularly among heroin abusers. Given the almost total collapse of social and physical infrastructure after over two decades of war and conflict, there are limited treatment facilities and no trained staff to deal with drug abuse problems.

212. The Board notes with appreciation that a project aimed at reducing illicit drug demand in Afghanistan has recently been developed by the United Nations Office on Drugs and Crime. The Board hopes that, with the support of the international community, the Government of Afghanistan will successfully implement its action plan on demand reduction and achieve the targets identified in various areas of demand reduction, including public awareness, training, treatment and rehabilitation.

213. There is substantial evidence that a wide range of pharmaceutical products containing controlled substances can be obtained in Afghanistan over the counter (without medical prescriptions) from unregulated pharmacies, other retail outlets and even roadside stalls. Most of the products are adulterated, out of date and

unregistered and have been illicitly manufactured elsewhere and smuggled into Afghanistan. That situation, if left unaddressed, will contribute to a worsening of the drug abuse problem. The Board urges the national authorities responsible for drug control to increase adherence to drug control regulations, in order to counter the proliferation of such pharmacies and identify the sources of the substances involved, and to ensure that controlled drugs are used exclusively for medical and scientific purposes. In particular, the Ministry of Health should, as a matter of urgency, establish and promulgate rules and regulations on the control of narcotic drugs and psychotropic substances, in order to ensure that controlled drugs are distributed only through official channels and, at the same time, that the legitimate requirements for drugs used for medical needs are met.

214. The Board notes the positive results of a joint technical visit of the United Nations Office on Drugs and Crime and the Board to Afghanistan in May 2004 to accelerate the implementation of the new Afghan drug control law. The Board supports the continuation of such joint technical visits, as they contribute to the strengthening of the national capacity to implement the provisions of the international drug control treaties.

215. The invocation of article 14 of the 1961 Convention will remain in force until such time as the Board is satisfied that Afghanistan is complying with the provisions of that convention. The Board, in accordance with the 1961 Convention, will continue to maintain dialogue with the Government and monitor closely the drug control situation in Afghanistan until substantial progress is made by the Government in its drug control efforts. The recently held election and the firm statement by the President-elect that he will accord high priority to the matter of illicit drugs are the first steps toward a better future for the country.

Policy of the Government of the Netherlands on cannabis

216. In August 2004, the Government of the Netherlands officially informed the Board of a crucial and significant change in its policy on cannabis. In an inter-ministerial policy paper on cannabis, the Government acknowledged that “cannabis is not harmless”, neither for the abusers nor for the community, and stressed the importance of strengthening “measures against street dealing, drug tourism and

cannabis cultivation” and of continuing “to reduce the number of coffee shops”. That is a good example of applying objective evaluation of public policies.

217. The Government of the Netherlands now recognizes that coffee shops are “not blameless” in the maintenance of the illicit drug trade and are not satisfactory in terms of suppressing drug-related crime. The Government also notes that coffee shops may discredit the drug policy of the country in general.

218. The Government of the Netherlands is requesting local authorities responsible for the implementation of the coffee shop policy to assist in tightening the cannabis policy. The Government intends to reduce the number of coffee shops located near schools and in border areas and to take action against uncontrolled outlets. Furthermore, the Government, together with the local authorities, will take action to ensure that drug tourism, in border areas in particular, is kept under control.

219. The Government of the Netherlands also stated that it would implement an action plan to discourage cannabis abuse, which would include specific drug prevention campaigns aimed at high-risk groups, as well as an annual mass-media anti-drug campaign over a period of three years that would specifically target young people between the ages of 12 and 18. The Government also plans to enhance efforts to treat cannabis abusers. Regarding the illicit cultivation of cannabis with a high tetrahydrocannabinol (THC) content (“Nederwiet”, “Dutch skunkweed”) in the Netherlands, the Government advocates a twin-track policy of administrative and criminal law enforcement, with a view to using a combination of sanctions to make cultivation as unattractive as possible. Specifically, the Government noted that new prosecutorial guidelines provide a basis for taking more speedy action against those involved in the cultivation of cannabis; the Government stated that it plans to raise the penalty for large-scale illicit cannabis cultivation to at least five years of imprisonment.

220. The Board welcomes the initiative of the Government of the Netherlands, which is an important step in the right direction—towards full compliance with the international drug control conventions concerning cannabis. The fact that the Government recognizes health and social problems associated with cannabis abuse, its cultivation and trafficking is of importance, not only for the Netherlands, but also for the entire

region and beyond. The Board urges the Government to take further action to reduce the number of coffee shops, which are contrary to the provisions of the international drug control treaties.

221. In view of the emerging evidence of health-related consequences of cannabis abuse, the Board requests WHO to examine that issue.

III. Analysis of the world situation

A. Africa

Major developments

222. Cannabis remains the major drug of concern throughout Africa. In addition, trafficking in and abuse of cocaine, heroin and amphetamine-type stimulants are increasing in many countries in the region. The practice of injecting drug use, which is spreading in a number of African countries, could exacerbate by other means the already severe HIV/AIDS crisis in Africa. The abuse of psychotropic substances is facilitated by the absence of adequate licit control measures in most African countries. That inadequate drug control, together with activities involving organized crime, is hindering development efforts in Africa. The Board therefore welcomes the adoption of the United Nations Convention against Transnational Organized Crime (General Assembly resolution 55/25, annex J) and the United Nations Convention against Corruption (Assembly resolution 58/4, annex) and encourages all States to make use of those international instruments in their efforts to counter drug trafficking.

223. The limited institutional and technical capacity of African countries to deal with the drug issue in an effective and comprehensive manner has had a negative impact on national drug control strategies. There are not sufficient mechanisms or skilled human resources to control and prevent drug trafficking in many countries in Africa, and the provision of counselling, treatment and rehabilitation facilities for drug abusers is inadequate. While Governments of African countries are investing increasing resources to deal with those problems, the investment appears to be inadequate and the continent remains a very weak link in international drug control. The Board therefore calls upon the international community to provide appropriate assistance and support to States in the region to enhance their efforts to combat drug trafficking and abuse.

224. In many countries in Africa that are emerging from conflict and civil strife, drug abuse continues, in particular among child soldiers. The Board encourages the Governments concerned to make an assessment of the nature and extent of the drug abuse situation in

their countries and to put in place appropriate mechanisms to deal with the problem.

225. The uncontrolled sale (without appropriate prescription) in licensed pharmacies of prescription drugs containing narcotic drugs and psychotropic substances, the proliferation of illegal retail pharmaceutical outlets and the diversion from licit distribution channels of such products into street markets are all problems that continue to persist in many countries in Africa. The Board calls on the Governments concerned to establish and/or enhance the capacity of their national drug regulatory authorities to enforce the licensing, distribution and inspection of and trade in pharmaceutical products.

226. Most countries in Africa have no adequate legislative framework and lack the necessary administrative mechanisms for the control of precursor chemicals. Such a situation may lead to serious problems in the international monitoring of trade in such chemicals; consequently, African countries are increasingly being targeted by traffickers attempting to obtain the chemicals they need for illicit drug manufacture. The Board therefore urges those Governments to establish, as a matter of urgency, appropriate mechanisms for the monitoring and control of precursor chemicals in order to prevent their diversion.

Treaty adherence

227. The Board welcomes the accession in March 2004 of the Congo to the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The Board notes that Gabon has approved legislation that will allow the Government to ratify the 1988 Convention and to deposit its instrument of accession with the Secretary-General.

228. Angola and Equatorial Guinea remain the only countries in Africa that are not yet parties to any of the three main international drug control treaties. Chad has not yet acceded to the 1972 Protocol amending the 1961 Convention. Liberia has not yet become party to the 1971 Convention, and the Democratic Republic of

the Congo, Gabon, Liberia, Namibia and Somalia have not yet become parties to the 1988 Convention.

Regional cooperation

229. The Board notes with appreciation the continuing commitment of the African Union to drug control. At its second Ministerial Conference on Drug Control in Africa, to be held in Grande Baie, Mauritius, in December 2004, participants will review the progress made at the national and regional levels in the implementation of the Plan of Action on Drug Control in Africa: 2002-2006. The Board also notes the steps being taken to create a sustainable drug control coordination and advisory capacity within the African Union and a system to review and monitor the progress made in drug control throughout Africa.

230. The Fourteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Cairo from 30 May to 3 June 2004. The Meeting, which was attended by 27 African States,³⁷ made recommendations on the interdiction of drug trafficking in countries emerging from conflict; the development of a common strategy to combat illicit cannabis cultivation, production, trafficking and abuse; and effective control over licit pharmaceutical medicines and precursor chemicals used in the illicit manufacture of amphetamine-type stimulants.

231. The regional training academy for drug control at Jos, Nigeria, held its first international training session in April 2004 for participants from Cape Verde, the Gambia, Ghana, Nigeria and Sierra Leone. The academy is to provide training to drug law enforcement officers from Nigeria and other Western African countries and to promote cooperation among drug law enforcement agencies in the subregion.

232. A training seminar on licit drug control for Eastern African countries was organized jointly by the Board and the United Nations Office on Drugs and Crime in Nairobi in January 2004 to enable the national drug regulatory authorities in Eastern Africa to more effectively monitor and exercise control over the supply and distribution of narcotic drugs and psychotropic substances while ensuring their availability for legitimate medical and scientific purposes.

233. The Board notes the continuing efforts of African countries to enhance regional collaboration in drug control through regular meetings of law enforcement

authorities, such as the fifteenth operational meeting on drugs for Eastern African heads of criminal investigation departments and anti-narcotic units, held in Zanzibar, United Republic of Tanzania, in March 2004 and the sixth Eastern Africa Police Chiefs Cooperation Organization meeting held on Mahé Island, Seychelles, in September 2004. Cooperation among the law enforcement authorities of the countries participating in the West African Joint Operations Initiative led to the seizure of over 140 kg of cocaine in Cotonou, Benin, in April 2004 (see also para. 246 below).

234. The Southern African Development Community (SADC) organized a seminar on the monitoring of precursors for SADC member States in Johannesburg, South Africa, in November 2003. The participants set up a more effective system for controlling the movement of precursors and established information networks to facilitate the seizure of precursors in the illicit traffic in Southern Africa.

235. Activities against money-laundering have also been initiated in some subregions in Africa. Following a preparatory meeting held in Abuja in November 2003, the statutory meeting of the Groupe intergouvernemental d'action contre le blanchiment d'argent en Afrique de l'Ouest (GIABA) was held in Dakar from 22 to 25 June 2004. Mauritania and all member States of the Economic Community of West African States except Liberia, as well as numerous international organizations and financial institutions, were represented at the statutory meeting, which approved the formal establishment of the GIABA secretariat and its work plan for the period 2004-2006. The secretariat of GIABA was subsequently granted observer status with the Financial Action Task Force on Money Laundering (FATF) at a meeting of the Task Force held in Paris in June 2004. The countries in Central Africa officially inaugurated the Action Group against Money-Laundering in Central Africa (GABAC) in Bangui in March 2004. The Eastern and Southern Africa Anti-Money Laundering Group (ESAAMLG)³⁸ held a meeting in Cape Town in May 2004 to assist its member States in the drafting and finalization of national plans to counter money-laundering and the financing of terrorism; the draft plans were discussed during an ESAAMLG meeting held in Grande Baie, Mauritius, in August 2004 and will be finalized in March 2005.

National legislation, policy and action

236. A new penal code passed by the Parliament of Ethiopia increases the severity of the penalties for offences ranging from illicit drug manufacture to trafficking and organized crime to a minimum sentence of 10 years of imprisonment and a maximum sentence of 15 years of imprisonment.

237. In a number of African countries, including Algeria, Cape Verde, Madagascar and Mauritius, steps have been taken to establish and implement national drug control master plans. South Africa is in the process of drafting a new five-year master plan that will take into account experiences gained from the implementation of the master plan for the period 1999-2004.

238. The Board notes the progress made by the Government of the Libyan Arab Jamahiriya in strengthening the national and legal institutional capacities for the control of licit drugs, as well as drug law enforcement.

239. The Government of Morocco has proposed new legislation against money-laundering that conforms with international standards and takes into account the FATF recommendations; the Board calls upon the Government to enact the draft legislation without further delay. The Board notes that, in 2004, the Niger and Senegal adopted national laws modelled after standardized legislation against money-laundering developed by the West African Economic and Monetary Union in 2002. In the remaining member States of the West African Economic and Monetary Union, such legislation is limited or non-existent. Legislation against money-laundering that meets international standards is also in place in Cape Verde, the Gambia, Ghana and Nigeria. In Eastern Africa, Madagascar has adopted a new law against money-laundering. The Board advises States that have not adopted legislation against money-laundering to do so as soon as possible.

240. The Board notes with appreciation that the Government of Zambia has intensified its interdiction efforts. In 2003, 182 tons of cannabis were seized, compared with a total of 30 tons seized in 2001 and 2002.

Cultivation, production, manufacture, trafficking and abuse*Narcotic drugs*

241. Africa continues to be a major source of the cannabis found in illicit markets in the region or smuggled out of the region, mainly into Europe. Production of and trafficking in cannabis have been reported in practically all countries in Africa, while the production of cannabis resin is concentrated mainly in Morocco.

242. According to a joint survey carried out by the United Nations Office on Drugs and Crime and the Government of Morocco in 2003, the total area under cannabis cultivation in Morocco was estimated at 134,000 hectares; the survey estimated that 47,000 tons of cannabis plant material was produced, representing approximately 3,000 tons of cannabis resin. In the same survey, it was estimated that Morocco accounted for approximately 40 per cent of global cannabis resin production. About 60 per cent of the cannabis resin seized in the world continues to be of Moroccan origin; most of the Moroccan cannabis is seized in Western Europe. Cannabis resin from Morocco is smuggled into other African subregions for local consumption and for re-routing to illicit markets elsewhere.

243. There is an urgent need in Morocco for new legislation in support of the national drug control strategy and institutions monitoring drugs. The Board therefore urges the Government of Morocco to develop such legislation; the legislation should provide for the use of eradication measures and the sanctions envisaged in the 1988 Convention, permit the use of investigative techniques such as controlled delivery and facilitate the development of effective international cooperation through, for example, extradition, the confiscation of illicit drug consignments in other countries, mutual legal assistance and the interception of illicit drug consignments in transit.

244. Cannabis herb has remained the most abused illicit drug in most African countries. Several African countries are major sources of cannabis. In some of those countries, the cultivation of cannabis for commercial purposes is reportedly increasing as a result of declining prices for other agricultural products. In Eastern Africa, in particular in the Comoros, Ethiopia, Kenya, Madagascar, Uganda and the United Republic of Tanzania, cannabis constitutes a

significant commercial crop. The country in Southern Africa in which cannabis cultivation is most common is South Africa, followed by Malawi. There is evidence to suggest that some of the many civil conflicts in Africa are partly funded by profits from cannabis trafficking.

245. Weak control measures at seaports, airports and land borders, inadequate drug control legislation and an increasing number of important airline hubs continue to contribute to the growing drug trafficking problem in Eastern Africa. Over the years, Western Africa, in particular Nigeria, has become a major transit area for drug trafficking.

246. Cocaine originating in South America continues to enter Southern and Western Africa before continuing on its way to Europe and North America. For 2003, several countries in Africa reported increased seizures of cocaine. While previously the largest cocaine seizures were reported in Nigeria and South Africa, the year 2004 saw some record seizures in the Gulf of Guinea: in January, about 600 kg of cocaine destined for the United Kingdom were seized and an international drugs cartel was dismantled in Ghana; and in July, some 450 kg of cocaine were seized off the coast of Togo in a joint operation conducted by French and Togolese officials acting on intelligence provided by Spain. Also in July 2004, the authorities of Cape Verde seized 200 kg of cocaine and arrested 10 persons in connection with that seizure. Those cases clearly corroborate an increasing trend in drug trafficking by sea, especially in Western Africa. It is believed that drug traffickers have moved their operations to the coast of Western Africa as a result of effective law enforcement measures off the coast of Portugal and Spain. According to information provided by the Sudanese authorities, there has also been a noticeable increase in the smuggling of drugs, in particular cocaine, from West Africa through the Sudan to countries in the area of the Persian Gulf, including Saudi Arabia. There is relatively little abuse of cocaine in Africa; the abuse of that drug in the region seems to be confined mainly to Nigeria, Senegal and South Africa, as well as transit countries, notably Cape Verde.

247. Heroin originating in South-East Asia and South-West Asia continues to be smuggled into countries in Eastern and Western Africa, the ultimate destination being Europe and, to a lesser extent, North America.

While the quantities involved are small compared with heroin trafficking in other regions, there is a clear upward trend in such trafficking. (Africa accounts for only 0.5 per cent of all the heroin seized in the world.) Countries in Western Africa account for most of the seizures. Seizures of heroin continue to be made at the international airport at Nairobi, as well as in Addis Ababa. A number of African countries are reporting growing abuse of heroin, albeit at a low level; those countries include Côte d'Ivoire, Kenya, Mauritius, Morocco, Mozambique, South Africa and the United Republic of Tanzania. While most heroin is smoked, its use by injection is being increasingly reported in countries in Eastern and Southern Africa, a development that will have serious ramifications for the spread of HIV/AIDS. In South Africa, the large increase in demand for treatment for heroin abuse, which had been observed for a few years, appears to have levelled off.

Psychotropic substances

248. The abuse of pharmaceutical products, in particular preparations containing psychotropic substances, that are increasingly being sold over the counter and without medical prescription continues to be a subject of major concern in Africa. Ephedrine and diazepam are often sold by street vendors or in neighbourhood shops in several Western and Central African countries. Particularly worrying is the fact that some young people in Eastern Africa have access to such diverted drugs. In South Africa, the recent rapid increase in the abuse in the Cape Town area of methamphetamine hydrochloride (commonly called "ice"), which apparently is smuggled into the country from China, and the growing availability of methcathinone (commonly called "cat"), which is clandestinely manufactured in the country, have become a cause for concern for the authorities.

249. The abuse of methaqualone continues to be a matter of concern in South Africa, as well as in other countries in Southern Africa. Methaqualone is usually smoked in combination with cannabis (a combination commonly called "white pipe"). Methaqualone continues to enter South Africa from India and China, and some shipments of the substances pass through Mozambique, Swaziland and Zimbabwe and Eastern African ports and airports. Methaqualone has also been manufactured in clandestine laboratories in countries in Southern Africa. The Board notes that the South

African law enforcement authorities have, on several occasions, been very successful in intercepting some of the methaqualone smuggled into their country. In mid-2004, three major seizures of methaqualone powder (totalling 12 tons and apparently originating in China) were made in Southern Africa: two of them in Durban, South Africa, and one in Maputo.

250. The abuse of MDMA (Ecstasy) seems to be largely confined to South Africa. Most of the substance is smuggled into South Africa, but some MDMA is also manufactured locally. The first clandestine laboratory manufacturing MDMA was identified and dismantled in 1996; since then, the police have been making seizures of MDMA on a regular basis.

251. While the illicit manufacture of amphetamine-type stimulants has remained limited to a few cases in Egypt, amphetamine and methamphetamine tablets are smuggled from West Africa, via the Sudan, to Saudi Arabia and other countries in the area of the Persian Gulf.

Others

252. Khat, which is not under international control, continues to be cultivated in Ethiopia and Kenya, as well as in the Comoros, Madagascar and the United Republic of Tanzania. Khat is abused mainly in Djibouti, Ethiopia and Somalia. Though khat consumption is associated with health-risk and detrimental social consequences, it is only prohibited in some countries, such as Eritrea and the United Republic of Tanzania. Khat is currently under critical review by the WHO Expert Committee on Drug Dependence.

Missions

253. The Board reviewed action taken by the Government of Egypt to implement the recommendations made by the Board following its mission to that country in May 2001. Those recommendations included the systematic conducting of studies on the extent of drug abuse in Egypt and the further development of prevention and treatment services; the strengthening of legal provisions against money-laundering; and the implementation of effective measures in Egypt to prevent controlled psychotropic substances from being made available without the required prescription.

254. The Board, while acknowledging some measures taken by the Ministry of Health and Population of Egypt with regard to the control of licit activities related to psychotropic substances and precursors, notes with concern that recommendations covering other issues of drug control either have not been attended to or have not been adequately addressed. The Board urges the Government to take the necessary steps to ensure that other recommendations of the Board are fully implemented in a more effective and coordinated manner without further delay.

255. The Board sent a mission to Madagascar in June 2004. The Board notes with appreciation that the mission was received by government officials at the highest political level, including the Prime Minister and members of the Cabinet, who clearly expressed the firm political will of the Government to fight the drug problem. Madagascar adopted in 1997 legislation that is in line with the international drug control treaties and has recently enacted provisions against money-laundering.

256. The Board notes with appreciation that a comprehensive national master plan for drug control, including measures to deal with licit control, was adopted in 2003 by the Government of Madagascar but regrets that its implementation has been delayed due to financial constraints. As the interministerial commission for drug control coordination plays a relevant role in all drug control activities in Madagascar, the Board encourages the Government to assign sufficient technical and financial resources to the secretariat of the Commission to enable it to implement the plan and perform its functions effectively.

257. The Board is aware that Madagascar, because of its strategic location in the Indian Ocean, is at risk of being targeted by drug traffickers. In Madagascar, the extensive coastline, the development of tourist resorts in the north of the country and on nearby islands and the shortage of financial and technical resources make it difficult to combat drug abuse and trafficking. The Board notes the importance attached by the Government to improving the current network for the collection of data on drug abuse and trafficking, which will be used as a tool to realign government priorities on prevention measures for the general population, in particular the younger members of the population. The Board recommends that donor countries and relevant

international organizations provide technical and financial assistance to the Government in developing drug prevention programmes, intelligence services and modern detection methods, including law enforcement and laboratory detection techniques, that will enhance the capacity of law enforcement authorities to intercept illicit drug consignments.

258. During a joint technical visit by the secretariat of the Board and the United Nations Office on Drugs and Crime to Mauritania in June 2004, the action taken by the Government pursuant to the recommendations made by the Board after its mission to that country in March 1999 was discussed. Consultations with the authorities of Mauritania are continuing with regard to the improvement of the reporting obligations of Mauritania, as required under the international drug control treaties.

259. The Board notes the various difficulties encountered by the Government of Mauritania in complying with its treaty obligations. However, the Board appreciates the efforts of the Government to rectify the situation and notes with satisfaction the measures taken by the authorities to strengthen the current national drug control legislation. The Board looks forward to the development of a comprehensive national drug control system and hopes that the new draft legislation will soon be adopted, thus providing for better control of the distribution of pharmaceutical products, including internationally controlled substances.

260. The Board notes with appreciation that, despite limited technical and human resources, the national office for the fight against the illicit traffic in narcotic drugs and psychotropic substances is regularly making seizures of illicit consignments of cannabis and psychotropic substances in Mauritania. However, the Board notes that better coordination between the different bodies involved in the fight against drug trafficking and abuse is required if sustained drug control is to be achieved in the country. Therefore, the Board strongly encourages the Government of Mauritania to reinforce the interministerial commission for drug control coordination in order to enable it to carry out its functions of coordination and promotion of efficient cooperation and the sharing of information between the various drug control authorities.

261. In June 2004, the Board sent a mission to South Africa to assess the progress made by the Government

in implementing the recommendations made by the Board following its 1993 mission to that country. While the mission did not have the opportunity to make full assessment of the drug control situation in the country, the Board appreciates the commitment of the Government to international drug control. The legal framework for drug control in South Africa is comprehensive and in compliance with the provisions of the 1961 Convention, the 1971 Convention and the 1988 Convention. Sufficient controls are being exercised over licit narcotic drugs, psychotropic substances and precursor chemicals. However, implementation is hampered by lack of coordination.

262. The Board notes that the Government of South Africa is currently in the process of developing a new national drug control master plan, based on an evaluation of the results achieved under the master plan for the period 1999-2004. The Board urges the Government to ensure improved coordination and cooperation among the regulatory and law enforcement institutions and agencies responsible for drug control issues. The Board looks forward to the implementation of the new master plan, including at the local level, particularly in the areas of prevention and treatment of drug abuse. The Board also looks forward to the Government of South Africa providing rural communities with programmes for sustainable development that discourage cannabis cultivation.

263. The Board notes the active role played by the Government of South Africa in fostering cooperation in the field of drug control at the international and regional levels, in particular among the countries in Southern Africa within the framework provided by SADC. The Board also notes the continued support provided by the Government to the three international operations launched by the Board for preventing the diversion of key chemicals used in the illicit manufacture of heroin, cocaine and amphetamine-type stimulants.

B. Americas

264. The Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States remains the main regional forum for coordinating drug control issues in the Americas. Under its aegis, the third evaluation round of the Multilateral Evaluation Mechanism was launched in

December 2003. A total of 34 countries participated in that round, the main aim of which is to assess the implementation of previous recommendations. The information gathered from participating countries is to be compiled and evaluated at intergovernmental meetings, one of which is to be held in January 2005.

265. Intergovernmental working groups held a meeting under the auspices of CICAD in November 2003. One of the working groups presented a report on maritime drug trafficking. According to the report, 90 per cent of the cocaine manufactured in South America—590 tons out of an estimated total of 655 tons in 2003—is trafficked by sea, mainly through the Caribbean and the Gulf of Mexico; moreover, in many States in the region, there is insufficient funding and a lack of human and material resources and none of the required mechanisms for coordination at the national and regional levels to deal with the situation in an effective manner. The working group recommended the establishment within CICAD of an expert group on maritime control to draft model maritime control legislation and regulations and to develop best practices and strategies for maritime drug control in CICAD member States.

266. A second intergovernmental working group reviewed the control over precursors in the Americas and concluded that there was a need for several States to strengthen their existing legislation and regulations in that area.

Central America and the Caribbean

Major developments

267. The region of Central America and the Caribbean continues to be affected by large-scale cocaine trafficking and abuse; serious drug abuse problems have emerged in countries in the region. In the past year, law enforcement agencies in several countries reported increased seizures of cocaine, as well as stricter controls over precursor chemicals. There are, however, indications that drug trafficking organizations are adapting their methods in order to overcome law enforcement efforts.

268. In countries in Central America, many youth gangs have been involved in violent crime and drug trafficking. Though there is no agreement on the number of persons involved in such gangs, it is

estimated that at least 70,000 persons are members of youth gangs. The majority of them are in El Salvador, Guatemala and Honduras. Stringent measures have been adopted against youth gangs in several countries, including El Salvador, where new legislation penalizing membership in a youth gang has been widely criticized. At a summit held in March 2004, the heads of government of Central American countries agreed to cooperate in the fight against youth gangs.

269. A new Government was formed in Haiti, following upheaval and armed conflict in early 2004. The drug control situation in Haiti has for many years been characterized by ineffective law enforcement and widespread corruption, resulting in the country becoming a key drug trafficking hub in Central America and the Caribbean. The Board urges the new Government of Haiti, with the assistance of the international community and the United Nations Stabilization Mission in Haiti (MINUSTAH), to ensure that drug control is a priority in its national reconstruction programme and to take the measures necessary to combat drug trafficking and the increasing drug abuse in the country.

Treaty adherence

270. All States in Central America and the Caribbean are parties to the 1961 Convention, the 1988 Convention and, with the exception of Haiti and Honduras, the 1971 Convention. The Board calls on Haiti and Honduras to accede to the 1971 Convention and to implement the provisions in that convention without delay. The Board also calls on Nicaragua to ratify the 1972 Protocol amending the 1961 Convention without delay, as it remains the only State in the region that has not yet done so.

Regional cooperation

271. Cooperation between law enforcement agencies in countries in Central America and the Caribbean and elsewhere in the Americas has resulted in the arrest of major drug traffickers. For example, in March 2004, the leader of a major drug trafficking organization in the Dominican Republic was arrested. According to the United States Government, the organization had moved shipments containing several hundred kilograms of cocaine into Puerto Rico and the United States from the British Virgin Islands, the Dominican Republic and unspecified countries in South America.

272. In April 2004, approximately 30 persons were arrested in several countries as a result of cooperative efforts between the law enforcement agencies of Colombia, the Netherlands Antilles and the United States. According to the law enforcement officials involved, the arrests were the result of unprecedented coordinated efforts between the countries involved, including joint activities enabling law enforcement officials to track down persons involved in all stages of the drug trafficking operation, from the sources of supply to the wholesale and retail dealers.

National legislation, policy and action

273. During the past year, steps were taken in several countries in Central America and the Caribbean to strengthen the control of precursors. In January 2004, the Government of Panama recorded a major seizure of ephedrine at the international airport in that country. Given the importance of Panama as a trans-shipment point, the Board encourages the Government of that country to pursue its efforts in strengthening precursor control, in cooperation with other Governments in the region.

274. In Guatemala, the Government adopted new regulations on the control of precursors and established a new inter-ministerial committee to coordinate its action in that area. In Honduras, the Government started to implement the national action plan to strengthen precursor control. In Jamaica, the Government is implementing stricter controls over the shipment of controlled chemical substances at authorized ports of entry, including airports and container freight stations; however, the Government faces serious difficulties in pursuing such operations, including a lack of financial and other resources.

275. In nearly all countries in Central America and the Caribbean, national drug control plans have been adopted in recent years. The Board notes with satisfaction that the Government of the Bahamas has adopted a national drug control plan covering the period 2003-2008, which the Board called for in its report for 2003.³⁹ The Board also notes that, as part of that plan, the Government is in the process of establishing a national drug observatory and is creating minimum standards of care for the treatment of drug addicts. The national drug control plan adopted by Costa Rica provides for institutional restructuring to strengthen efforts in drug control. In El Salvador, a

newly adopted drug control law strengthens penalties for a wide range of drug-related offences.

276. In February 2004, a select committee of the Parliament of Jamaica recommended that national legislation be amended so that the possession and abuse of cannabis in small quantities in private would be minor offences, subject to a moderate fine. The committee recommended that cannabis abuse in public spaces remain subject to criminal sanctions. The committee also recommended that other measures be taken to reduce the abuse of cannabis, including an intensive demand reduction campaign directed at young persons and the strengthening of efforts to eradicate the illicit cultivation of cannabis. The recommendations of the committee were sent to the Parliament for adoption.

277. The Board wishes to stress that cannabis is a harmful drug, requiring strong control under the 1961 Convention. The Board urges the Government of Jamaica to ensure that a clear and correct message is sent to the public regarding the dangers of cannabis abuse.

278. The Government of Belize has developed a national programme for alternative sentencing, whereby, in cases involving drug abuse, first-time and juvenile offenders are given sentences of community service in conjunction with drug treatment or counselling.

279. The Government of Antigua and Barbuda has recently conducted a national survey of drug abuse in schools and is currently in the process of analysing the results. A similar survey in Guatemala indicated that abuse of illicit drugs, including cannabis and cocaine, had increased over the previous five years. Such surveys have also been conducted in Costa Rica and Panama.

280. A national survey conducted on drug abuse in El Salvador was completed in June 2004. The survey indicated that 16 per cent of the population had abused an illicit drug at least once and 7 per cent had done so in the previous year. The survey also showed that the age of initial use of crack and cannabis was approximately 13 years, which indicated a need to ensure adequate drug abuse prevention programmes for children 12 years old and younger.

281. Concrete information on drug abuse in many countries in Central America and the Caribbean

remains scarce. The Board encourages Governments of countries in the region to continue their efforts to collect and analyse data in that area.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

282. Cocaine is trafficked in large quantities throughout Central America and the Caribbean. The authorities of the Netherlands Antilles and Aruba seized almost 5,000 kg of cocaine in 2003, an increase from approximately 2,000 kg in 2002. There are indications that drug trafficking organizations in the Netherlands Antilles are increasingly paying individual drug carriers ("mules") not in cash but in MDMA or cocaine, thereby increasing the level of drug abuse and drug-related crime and exacerbating the adverse social situation in the territory.

283. In Honduras, the total amount of cocaine seized increased from an average annual level of approximately 1,500 kg in the period 1997-2000 to over 5,000 kg in 2003. In August 2004, a truck containing 1,600 kg of cocaine was seized by the authorities in Nicaragua near the border of that country with Honduras.

284. In 2003, the Government of Bahamas seized a total of over 4,000 kg of cocaine, the highest level recorded since 1997. The amount of cocaine seized in Guatemala totalled over 9,000 kg in 2003, reaching previous high levels of 1998 and 1999. The Government of Costa Rica seized a total of 2,900 kg of cocaine in 2002, 4,200 kg in 2003 and 4,300 kg in the first six months of 2004 alone.

285. In response to rigorous efforts by law enforcement agencies, drug trafficking organizations in some countries are changing their modus operandi. In Honduras, there appears to have been an increase in the use of air and sea routes for drug trafficking. In Jamaica, drug traffickers are increasingly using small boats to transport illicit consignments, and drug trafficking organizations were making reconnaissance flights with small aircraft to ensure that sea lanes were clear before dispatching their boats.

286. Cocaine abuse appears to be increasing in Central America and the Caribbean. In Panama, the annual prevalence rate is 1.4 per cent, though that figure is based on data collected in 1997. Barbados, Guatemala,

Nicaragua and Saint Lucia are all estimated to have an annual prevalence rate of 1 per cent. In the Dominican Republic and Haiti, cocaine abuse, though still minimal, is also increasing.

287. Cannabis cultivation takes place in most countries in Central America and the Caribbean; most of the cannabis produced is abused locally or smuggled into neighbouring countries. Governments in the subregion have continued their cannabis eradication programmes.

288. Jamaica has reported considerable success in the elimination of illicit cannabis cultivation, the total area under such cultivation in that country having fallen from 900 hectares in 1999 to 400 hectares in 2003. The total amount of cannabis seized by the authorities in Jamaica in the same period fell from 74,000 to 36,000 kg. Despite those successes, Jamaica continues to be a major source of cannabis in the region. The Board encourages Jamaica to continue its efforts, including the collection of data to assist in monitoring the situation. The Board calls on Jamaica's partners to support those efforts through financial and technical assistance.

289. Heroin abuse in Central America and the Caribbean is relatively low, but the situation is changing as drug trafficking throughout the region is increasing. An increase in heroin abuse has been reported in the Dominican Republic and El Salvador.

290. Females account for an increasing proportion of drug abusers in Central America and the Caribbean. The Board urges Governments in the region to ensure that, in efforts to combat drug abuse, adequate programmes are in place to ensure that special attention is given to female drug abusers.

Psychotropic substances

291. Surveys indicate that the abuse of pharmaceutical medications containing psychotropic substances is at a high level in certain countries in Central America and the Caribbean. One study shows that psychotropic substances, in particular flunitrazepam and diazepam, are the main drugs of abuse among street children in Port-au-Prince, the capital of Haiti. Those substances are diverted from the licit market or international donations or are smuggled from Costa Rica, the Dominican Republic, the Netherlands Antilles, Panama and Venezuela. CICAD has noted that the control of

psychotropic substances remains problematic in several countries in Central America and the Caribbean. The Board urges Governments of countries in the region to ensure that adequate controls are in place for pharmaceutical medications, in accordance with the provisions of the international drug control treaties.

North America

Major developments

292. The North American region is, collectively, the largest market in the world for illicit drugs. Large-scale trafficking and illicit manufacture of drugs are also a grave concern, and the abuse or misuse of prescription drugs appears to be a growing phenomenon. At the same time, the countries in the region devote a large amount of resources to deal with their drug problems, both within and beyond their individual countries. Collaboration between the countries of the region, in particular in the field of law enforcement, is excellent.

293. The first national survey on drug abuse since 1994 was launched in Canada in December 2003. The survey represents the first step in ensuring that comprehensive data on current trends are available, as recommended by the Board. Debate continued in Canada regarding proposed legislation that would reduce the sanctions for possession of small amounts of cannabis from criminal prosecution to a fine.

294. The Government of Mexico continued its law enforcement efforts against drug trafficking, recording several major successes, including the arrest of high-ranking members of drug trafficking organizations. Mexico also acted as host to the High-level Political Conference for the Purpose of Signing the United Nations Convention against Corruption, held in Merida in December 2003.

295. The United States, the world's largest single market for illicit drugs, continued to be a major partner in international drug control efforts, in particular in the area of law enforcement. As a result of law enforcement efforts, including joint operations involving the United States and other countries, eight major international drug trafficking organizations were dismantled during the past year and seven others were severely disrupted. The United States also continued its efforts to address the high level of drug abuse on its territory; consequently, there was a significant decline

in drug abuse among secondary-school students. However, the abuse of some pharmaceutical medications containing narcotic drugs and psychotropic substances appears to be an increasing problem in the country.

Treaty adherence

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

Regional cooperation

297. The three countries in North America continued their excellent cooperation in the area of law enforcement and achieved a number of successes against international drug trafficking organizations. In March 2004, Canada and the United States dismantled an organization that had been engaged in illicit drug manufacture and trafficking on a large-scale; as a result of that operation, more than 130 persons in the United States and 50 persons in Canada were arrested. In May 2004, the authorities of Canada, Colombia, the United Kingdom and the United States dismantled a large-scale money-laundering ring, which had laundered millions of United States dollars of proceeds from the sale of Colombian cocaine.

298. A large number of high-ranking members of drug trafficking organizations were also arrested in Mexico, often as a result of joint operations and the sharing of intelligence with other countries in Central America and/or North America. Mexico extradited 31 persons to the United States, 19 of whom had been charged with drug-related offences. Prosecutors in Mexico and the United States participated in a cooperation programme to identify practical methods to improve extradition procedures.

299. All three States in North America are members of CICAD and participate in the Multilateral Evaluation Mechanism. The thirty-fourth regular session of CICAD was held in Montreal, Canada, in November 2003 and the thirty-fifth regular session was held in Washington, D.C., in April 2004. The Board encourages the three States in North America to continue their active participation in that regional forum.

National legislation, policy and action

300. The Board welcomes that, pursuant to its recommendation, in December 2003, the Government

of Canada commenced the first national survey on drug abuse since 1994. Until the current survey, information on drug abuse in Canada had been incomplete. The Board hopes the findings of the survey will be utilized by the Government of Canada in developing programmes to combat drug abuse in that country.

301. The Board notes that legislation proposed by the Government of Canada to revise penalties for cannabis-related offences remains the subject of debate. While, under the proposed legislation, the possession of cannabis would remain a criminal offence, the possession of small amounts of that substance would not result in a criminal record. The Board is concerned that any revision should not contribute to the mistaken perception that cannabis is a harmless substance. The proposed legislation would also increase penalties for the production of cannabis in certain cases.

302. Mexican law enforcement authorities arrested high-ranking members of major drug trafficking organizations in the past year. For example, in April 2004, members of the Mexican police force arrested a Guatemalan national alleged to have been the head of one of the largest drug trafficking organizations in Central America and, in August 2004, Mexican authorities arrested the leader of an organization alleged to be responsible for having trafficked approximately half of the cocaine entering the United States from Mexico. The Government of Mexico also continued its efforts against corruption, which in many cases was connected to drug trafficking. For example, in April 2004, the Government took action in a state in central Mexico against a large number of police officers who had been accused of transporting cocaine in police vehicles.

303. In July 2004, the Government of Mexico indicated that some of the main drug trafficking organizations had been significantly weakened. The Board encourages the Government to continue its efforts against drug trafficking, especially as there are indications that drug trafficking organizations are becoming more decentralized, with a larger number of smaller organizations.

304. The Board notes that cannabis and opium poppy illicitly cultivated in Mexico, though not on a large scale, have posed problems in North America for some years. As part of its demand reduction efforts, the Government of Mexico continued to establish

municipal committees against drug addiction. The Board notes that the large amount of drugs trafficked through Mexico leaves the country vulnerable to the spillover effect, which has already taken place in other countries. In addition, the Board notes that there are high rates of abuse for some drugs in the northern part of the country. The Board encourages the Government to continue strengthening its efforts in demand reduction, and it hopes that the municipal committees will prove to be a useful tool in combating drug abuse.

305. The Government of the United States continued to give top priority to combating drug trafficking and drug abuse. Besides its efforts on its own territory, the United States is also a major partner in international drug control, having allocated US\$ 731 million for the year 2005 to support drug control efforts in countries in South America, including support for law enforcement, the eradication of illicitly cultivated crops, institution-building, alternative development and demand reduction programmes. The Government also plays a leading role in Project Prism, a global operation initiated by the Board in 2002 to address the diversion of precursors used in the manufacture of amphetamine-type stimulants.

306. Though recent official data show that the rate of drug abuse among the general population of the United States has remained stable since 2002, there has been a significant decrease in the abuse of illicit drugs among secondary-school children, the first such decline in more than a decade. The perception of the risks involved in the abuse of drugs, in particular cannabis, among young persons also appears to have increased—a development that may be attributed in part to the effectiveness of media campaigns.

307. The Board notes with concern that, despite the above-mentioned positive developments, the rate of drug abuse in the United States remains disturbingly high: the prevalence of illicit drug abuse in the past month is 8.2 per cent. The Board encourages the Government to continue its efforts in drug abuse prevention. The Board notes that the rate of drug abuse varies widely among the major ethnic groups in the country, and it encourages the Government to take those differences into account in formulating and implementing demand reduction programmes.

308. The Board notes that experience in several countries and jurisdictions has shown that drug courts

may be effective in ensuring that non-violent drug offenders undergo treatment, and it encourages countries to continue exploring that option in addressing drug abuse and related problems. The Board welcomes the significant increase in the funding available for drug courts in the United States, which was announced by the Government. The Board also notes the efforts by the Government to establish mandatory minimum standards for drug addiction treatment in the country and encourages it to continue those efforts.

309. In July 2004, law enforcement authorities in the United States closed down several web sites that had been used to sell controlled psychotropic substances. The web sites had made it possible for such drugs to be sold to thousands of customers worldwide. The Board has repeatedly expressed concern about the growing phenomenon of the sale of controlled substances over the Internet, and it urges Governments to take adequate measures to ensure compliance with the international drug control treaties. The Board convened an expert meeting on the subject in October 2004, the major conclusions and recommendations of which are reflected in paragraphs 170-184 above.

310. A panel of experts convened by the Government of the United States concluded in February 2004 that the increase in methadone-related emergency room visits and deaths in the period 1995-2002 had not been attributable to any diversion from methadone substitution treatment but had been associated mainly with the use of methadone as medication prescribed for pain.

Cultivation, production, trafficking and abuse

Narcotic drugs

311. Cannabis remains the most abused drug in North America and is produced in significant amounts in all three countries in the region. The Government of the United States estimates that approximately 2,500 tons of cannabis is produced in that country; over 3.3 million cannabis plants were eradicated by the Government in 2002, which represents a slight increase over the level of the previous year.

312. Law enforcement agencies in all provinces of Canada report that illicit cannabis cultivation is one of their main drug law enforcement problems; in several provinces, such cultivation has reached levels that could be deemed epidemic. Despite some reports

regarding the widespread cultivation of high-potency cannabis in Canada, the Royal Canadian Mounted Police points to research indicating that the potency of cannabis cultivated in Canada remains stable. As noted in paragraph 317 above, the Government of Mexico is currently establishing a mechanism for the estimation of illicit drug crop cultivation on its territory.

313. Cocaine is trafficked in large quantities throughout North America; that is largely a result of the fact that the United States is by far the world's largest market for the drug. The abuse of cocaine also takes place in Canada and, to a lesser extent, Mexico. According to the assessment of the Government of Canada, much of the cocaine entering the country from the United States appears to be connected to the smuggling of Canadian cannabis into the United States, indicating that drug trafficking organizations are engaging in a form of barter trade.

314. The total amount of cocaine seized by the Government of Mexico increased significantly, from 12,600 kg in 2002 to approximately 21,000 kg in 2003. There are indications that drug trafficking organizations are using Mexico as a transit point for cocaine destined for Europe. The Board urges the Government of Mexico, in cooperation with other Governments, to make every effort to deal with that new development. The Board is also concerned about recent indications that drug trafficking organizations are beginning to change their methods in Mexico, perhaps targeting the country as an emerging market. That is perhaps evidenced by the recent seizure of a large amount of stored cocaine and the dismantling of a large laboratory for cocaine manufacture, both in Mexico City.

315. A recently published national household survey shows that the rate of cocaine abuse in Mexico, which is concentrated mainly in the states in the northern part of the country, decreased slightly in the period 1998-2002, after having increased for roughly a decade. The Board encourages the Government to continue its efforts in demand reduction.

316. In the United States, cocaine (in powder or crack form) continues to be regarded as the drug that poses as the greatest threat and that most contributes to violent crime.

317. The Government of Mexico estimates that opium poppy cultivation has remained stable in 2003.

According to estimates of the Government of the United States, 4,800 hectares of illicit opium poppy were cultivated in Mexico in 2003. The Board notes that the Government of Mexico is in the process of establishing a system for estimating the quantity of drugs illicitly produced in Mexico. The Board encourages the Government to continue its efforts to obtain an accurate estimate of the scope of illicit crop cultivation on its territory.

318. Data released in 2004 in the United States show an increasing problem involving the abuse or misuse of some prescription drugs under international control, including oxycodone and hydrocodone. Those drugs, which are used for pain treatment, are also abused by young persons. The majority of prescription drugs abused in the country are diverted from the licit market and obtained through Internet pharmacies.

319. Recent research indicates that drug abuse in Mexico is increasing at a faster pace among women than among men: while there were 13 male drug abusers for every female drug abuser in 1998, there were four male drug abusers for every female drug abuser in 2002.

Psychotropic substances

320. The illicit manufacture of methamphetamine in North America has continued on a large scale and appears to be increasing. In 2003, over 9,000 clandestine laboratories used for methamphetamine manufacture were dismantled in the United States—more than in any other country in the region; in the same year, 37 such laboratories were dismantled in Canada and 20 were dismantled in Mexico.

321. The abuse of methamphetamine remains at a high level in the United States, though recent research indicates a gradual decline in the abuse of this drug among young people. In Canada, the abuse of amphetamine-type stimulants, including MDMA (Ecstasy) and methamphetamine, is increasing among young people. There are also indications of increasing use of those drugs among adults. The total amount of MDMA (Ecstasy) seized by Canadian authorities has increased dramatically in recent years, and the number of clandestine MDMA (Ecstasy) laboratories dismantled by the Government has also increased.

South America

Major developments

322. Significant positive developments have occurred in South America during the past year. Drug control in South America continues to be an issue of considerable political importance, not only to the region itself, but also to the rest of the world. That is evidenced by the ongoing discussion on how to maintain the assistance provided by the United States for alternative development and to strengthen institutions and develop social infrastructure in countries in the Andean subregion. Those issues were addressed at the sixth high-level meeting of countries in Latin America and the European Union, held in Dublin in May 2004; at the meeting, Peru was elected President of the coordination and cooperation mechanism in drug matters between the European Union, Latin America and the Caribbean. In South America, the total area under illicit coca bush cultivation was reduced during 2003 for the third consecutive year. The Governments of several countries in the region have had considerable success against drug trafficking networks, as evidenced by, among other things, increased drug seizures. Strengthened regional and bilateral cooperation in interdiction efforts have contributed to that success. Most notably, in June 2004, as a result of a joint operation involving national law enforcement agencies and the United States and other countries outside of the region, the head of one of the largest drug cartels in Colombia was arrested (see para. 330 below). In Colombia, the Government has made progress in combating drug trafficking and guerrilla and paramilitary groups involved in drug trafficking.

323. At the same time, heightened social disturbances and violence related to illegal drugs have continued, particularly in Peru in the first half of 2004. Although there are numerous effective alternative development schemes currently under way, there are still far too many coca bush farmers in Bolivia and Peru who are dependent on income from such illicit cultivation. Insufficient support and implementation of sustainable alternative development programmes in some coca bush cultivation areas might have contributed to this. Drug trafficking, and the money-laundering and corruption associated with it, continues to endanger stability in the region. As in the recent past, drug traffickers have attempted to intimidate public prosecutors, demonstrating once again the close links

between drug trafficking and organized crime. Drug traffickers have responded to interdiction efforts by using different trafficking routes, by entering into new strategic alliances with trafficking organizations from other regions (such as the alliance involving Colombian and Moroccan organizations) and by merging organizations previously concentrating only on either cocaine or heroin.

324. Open clashes between farmers who cultivate coca bush and the Government, which has made an effort to reduce such cultivation, continue in Bolivia; in Peru, the frequency and the level of violence of such clashes have increased. In Peru, where, in 2003, 40 per cent of the reduction in coca bush cultivation was undertaken voluntarily, some federations of coca bush growers are demanding new legislation that would make such cultivation completely legal and would contain no more provisions for drug crop eradication or alternative development. The Government of Peru has found such demands to be unacceptable. The Board urges the Governments of Bolivia and Peru to ensure that the provisions of the 1961 Convention concerning illicit crop cultivation and illicit drug production and trafficking are fully implemented in their countries.

325. The Board is concerned about recent developments in the cultivation of coca bush and the manufacture of cocaine, since a reduction in the total area under cultivation might be offset by increasing yields in most producing countries. At the same time, coca bush cultivation is being moved to areas previously not affected. The increasing seizures of cocaine in and outside the region and the diversification of trafficking routes indicate that there is no shortage of that drug in illicit markets, despite the significant reduction in coca bush cultivation and other achievements of interdiction efforts.

326. Since coca bush cultivation is often found in areas where poverty prevails, the Board is convinced that measures to alleviate poverty are extremely important to achieve a continuous reduction in the production of coca leaf and other narcotic drugs in South America.

Treaty adherence

327. All States in South America are parties to the 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention.

Regional cooperation

328. In South America, countries continue to participate actively in multilateral cooperation mechanisms of CICAD. For example, in a pilot project in South America undertaken by CICAD, Uruguay has been chosen to develop activities related to a programme on estimating the human, social and economic costs of illicit drugs in America (see also para. 336 below). In addition, many States with common geographical characteristics or shared borders have entered into bilateral or multilateral agreements and have continued to adhere to those agreements; for instance, the third meeting of the Executive Committee of the Andean Cooperation Plan for the Control of Illegal Drugs and Related Offences was held in Cuenca, Ecuador, in April 2004. Other examples include the cooperation between Argentina, Bolivia, Chile, Peru and Uruguay in a subregional system for the prevention and treatment of drug abuse. In February 2004, the military forces of Brazil, Colombia and Peru signed an agreement aimed at suppressing drug trafficking and arms smuggling; it was the first agreement of its kind and involved three countries in the Amazon area.

329. At the Thirteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held in Salvador, Brazil, in October 2003, representatives expressed their Governments' concern over the increased manufacture of amphetamine-type stimulants, in particular methamphetamine, and the increasing abuse of such stimulants in the region. The Meeting noted that the use of postal and courier services in drug trafficking had been increasing. The Meeting agreed that Governments should strengthen cooperation with postal and courier services to facilitate the detection and prevention of the use of the postal system for drug trafficking and, where appropriate, to facilitate controlled delivery operations.

330. In June 2004, a joint operation involving the law enforcement agencies of the Bahamas, Canada, Colombia, Jamaica, Panama and the United States led to the arrest of the head of one of the largest drug cartels in Colombia, as well as over 50 members of the cartel. The operation also resulted in the seizure of 6,539 kg of cocaine, 1,209 kg of cannabis and more than US\$ 25 million in currency and seized assets.

331. The United States and countries in Europe continue to provide resources for drug control in South America through bilateral and multilateral agreements in various fields, such as law enforcement, criminal and fiscal investigation and judiciary matters, alternative development and educational programmes for drug abuse prevention.

National legislation, policy and action

332. In Bolivia, the integrated strategy to fight drug trafficking for the period 2004-2008 was approved by the Government in September 2004. The strategy includes promotion of sustainable alternative development, eradication of illicit crop cultivation and control of precursor chemicals, prevention of the diversion of coca leaf into illicit channels, prevention of illicit drug manufacture and trafficking and prevention of laundering of proceeds obtained from illicit activities involving drugs. The strategy also introduces a new focus on the prevention of drug abuse and the treatment and social reintegration of addicts. The national plan for alternative development for the period 2004-2008, which is based on the principles of sustainability, integrity and social participation, was approved by the Government of Bolivia in May 2004. In Peru, the national drug control strategy for the period 2002-2007 was approved in January 2004. In Ecuador, the new decree on the national policy to fight drugs strengthens the role of the competent authority, the Consejo Nacional de Control de Sustancias Estupefacientes y Psicótropicas, and provides for a balanced approach between activities aimed at reducing the demand for and supply of illicit drugs.

333. In Colombia, a reform of the criminal procedure code will enter into force on 1 January 2005 as part of the overall reform of the criminal justice system; during 2003, an updated law on controlled substances, covering narcotic drugs, psychotropic substances and precursors, was issued and judges were trained in legislative measures relevant to their work in the prevention of trafficking in drugs and precursors. In Brazil, a new law amending Act No. 6.368 of 21 October 1976 is currently awaiting adoption by the Federal Senate; if adopted, the new law would remove mandatory prison sentences for drug abuse offences, directing addicts to treatment, and would increase penalties for drug trafficking. The Board trusts that the new law will be in line with the provisions of the international drug control treaties.

334. With regard to action taken to prevent money-laundering, the Board notes that, in Chile, Law No. 19.913 on money-laundering was enacted in 2003, establishing a financial intelligence unit and replacing or strengthening laws against money-laundering dating back to 1995. In Colombia, according to the Government, stricter measures to facilitate forfeiture of property originating from illegal activities have resulted in a significant increase in such forfeitures since mid-2002. The Government of Paraguay reported law enforcement successes vis-à-vis illegal foreign exchange providers and in strengthening judicial and fiscal units; a draft law against money-laundering is still being examined by the parliament. In Peru, the parliament adopted a law strengthening the role of the newly created financial intelligence unit in July 2004. A national strategy to combat money-laundering was adopted in Brazil in January 2004.

335. For precursor control, activities aimed at controlling and combating the use of chemicals for the manufacture of cocaine and heroin continued under Operation Seis Fronteras, a regional initiative involving Bolivia, Brazil, Colombia, Ecuador, Peru and Venezuela, as well as the United States. Governments also cooperated in Operation Purple, the international tracking programme for prevention of the diversion of potassium permanganate (used for the illicit manufacture of cocaine) and Operation Topaz, the international tracking programme for prevention of the diversion of acetic anhydride (used for the illicit manufacture of heroin). In Peru, a new precursor law was adopted in July 2004, strengthening controls and providing for stricter sanctions in the event of non-compliance.

336. Programmes for the prevention and treatment of drug abuse, including relevant training, are coordinated among countries of the Southern Cone (Argentina, Chile, Paraguay and Uruguay). Those programmes include giving special attention to raising awareness about the risks of injecting drug abuse, which might result in the spread of HIV/AIDS, and drug abuse by pregnant women. In Chile, an interim report on the implementation of the national strategy covering the period 2003-2008 shows that prevention programmes have been carried out according to plan in schools, public enterprises, places of work, large communities and the armed forces. The Board notes that the Government of Uruguay is undertaking a survey on drug abuse among persons detained by the police; in

addition, drug abuse prevention activities at schools and correction centres are being evaluated with a view to developing a new consolidated prevention strategy for the country.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

337. Illicit cultivation of cannabis mainly to be used locally or in other countries in South America continues to be detected in most countries in the region and appears to be increasing in several of those countries. For example, cannabis is cultivated in the north-eastern part of Brazil. In Paraguay, more than 5,500 hectares are under cannabis cultivation, and most of the cannabis produced is destined for the Brazilian market. Operation Aliança, a campaign to eradicate illicit cannabis cultivation in the border area between Brazil and Paraguay, is carried out jointly by those two countries on a yearly basis. The eradication of cannabis cultivation has also been reported in Ecuador. Seizures of cannabis have increased in the region.

338. In 2003, the total area under coca bush cultivation in Bolivia, Colombia and Peru decreased by 11 per cent compared with 2002, to 154,000 hectares, the lowest level in a decade. However, as stated in paragraph 325 above, recent developments in coca bush cultivation indicate that reduction in the total area under cultivation in South America appears to be offset by increasing agricultural yields. Although the total area under coca bush cultivation decreased more in Colombia than elsewhere in the region, from 102,000 hectares in 2002 to 86,000 hectares in 2003, such cultivation actually increased in certain parts of that country and is no longer confined to remote areas with no infrastructure. In addition, a shift towards smaller plots has been identified, possibly in an attempt to make it more difficult to carry out eradication efforts involving crop spraying. Moreover, it appears that high-yield varieties of coca bush have been introduced in Colombia.

339. In Peru, it has been found that the reduction of the area under coca bush cultivation in 2003 by 5 per cent compared with 2002, to 44,200 hectares, was at least partly offset by higher yields resulting from improved farming techniques such as increased plant density and the use of fertilizers. According to estimates by the United Nations Office on Drugs and

Crime, there were 23,600 hectares under coca bush cultivation in Bolivia in 2003 and there are worrying signs that such cultivation might have increased during that year. The use of irrigation and fertilizers to cultivate coca bush is now common in Bolivia; for that reason, the agricultural yield of coca leaf in that country was also higher in 2003 than in previous years.

340. In addition, illicit coca bush cultivation continues to be reported in Ecuador and in Venezuela, close to those countries' borders with Colombia; however, the extent of coca bush cultivation in those countries is small compared with that of the major producing countries. In Venezuela, such cultivation is reportedly partly attributable to farmers who leave Colombia as a result of conflict in that country. The Board reiterates its appeal to all States in South America to cooperate with each other in order to prevent the displacement of illicit crop cultivation.

341. In all the above-mentioned countries in South America, illicit coca bush cultivation is being eradicated, mostly manually; only in Colombia is it being eradicated mainly through crop spraying. In Colombia, the reduction in illicit coca bush cultivation is believed to be mainly due to strict law enforcement and crop spraying, since in 2003 spraying activities reached a record high level, although bad weather impeded crop spraying at the end of 2003. In contrast, in Bolivia and Peru, such eradication is carried out, to a great extent, voluntarily. The Board wishes to re-emphasize that continued reduction of illicit coca bush cultivation, either on a voluntary basis or as a result of interdiction efforts, will depend on the ability to offer sustainable alternative livelihood to farmers in the producing countries. It is therefore essential for the international community to continue to support and expand alternative development initiatives in those countries.

342. Based on the estimated cultivation of coca bush, the potential total manufacture of cocaine in South America in 2003 was estimated at 655 tons, compared with 800 tons in 2002. It should be noted that the figure for 2003 has been calculated according to past agricultural yields, which may no longer be valid at times of increasing agricultural yields. In addition, there are indications that cocaine manufacture from coca leaf has also become more effective, since traffickers have begun using better methods for extracting cocaine from coca leaf and have become

more experienced in the use of precursors. The bulk of the cocaine continues to be manufactured in Colombia, but illicit manufacture of cocaine is known to take place or to have taken place in recent years also in all other countries in South America except Paraguay and Uruguay. In Colombia, strengthened law enforcement efforts during 2003 and 2004 resulted in increased detection and dismantling of clandestine laboratories used for cocaine manufacture.

343. Seizures of coca leaf, predominantly reported in the countries in South America where illicit coca leaf production exists, doubled in 2003 compared with 2002, due to strengthened interdiction efforts. Cocaine trafficking in the region continues to consist mainly of transit trafficking: the transport of cocaine consignments destined for the United States or, increasingly, Europe. Brazil, Ecuador and Venezuela are the countries in South America most affected by cocaine trafficking, although transit trafficking has increased in other countries in the region, such as Argentina and Chile. Increasing amounts of cocaine from Brazil and Colombia are smuggled through Portugal into Portuguese-speaking countries in Africa, primarily Angola and Mozambique, and into South Africa. There are also reports that cocaine from South America is being trans-shipped via several African countries to Europe. During 2003 and the first half of 2004, seizures of cocaine increased or remained stable in most countries in South America; increased cocaine seizures were reported in a number of countries in the region, in particular, in Colombia and Venezuela. In Suriname, 341 kg of cocaine were seized from a clandestine airstrip in November 2003.

344. In the recent past, the low level of oxidation of the cocaine seized was evidence of the success of Operation Purple, the international tracking programme for the prevention of the diversion of potassium permanganate. Governments of countries participating in that operation were identifying the legitimacy of end-users and determining the actual requirements of those companies, in order to ensure that no diversion from domestic distribution channels was taking place. In 2003, as in 2002, clandestine laboratories used for the manufacture of potassium permanganate continued to be detected and dismantled in Colombia, indicating that traffickers had found other ways to obtain the chemical in the quantities that they needed. It is not surprising that an increase in the purity of seized cocaine has been reported in Colombia

and Paraguay, although the purity level is not yet comparable to the levels attained in the mid-1990s.

345. While possible methodologies for making sound estimates of the illicit cultivation of opium poppy and the illicit production of opium in South America are still being explored, the Government of Colombia believes that around 4,000 hectares were used for that purpose in 2003, based, inter alia, on the total area of opium poppy eradicated, which amounted to almost 3,000 hectares. It is assumed that the total area under opium poppy cultivation has not changed much in recent years, despite eradication efforts involving crop spraying. Eradication efforts targeting illicit opium poppy cultivation also continue to take place in Peru and Venezuela.

346. Heroin manufacture continues to take place in South America, mainly in Colombia; the majority of the heroin manufactured is destined for the United States. Seizures of heroin in the region have been increasing; the country most commonly reported to be the source of the heroin seized is Colombia. While, in 2003, Colombia continued to report the highest level of heroin seizures in South America, the level of such seizures in Venezuela increased significantly in 2002 and has remained high since then, which may be an indication that that country is on one of the main transit routes used for smuggling heroin out of the region.

347. According to the Government of Colombia, more than 95 per cent of the chemicals used in illicit drug manufacture in that country have been smuggled into the country and only 5 per cent have been diverted from domestic licit distribution; that highlights the need for neighbouring countries to remain vigilant and prevent the smuggling of those chemicals into Colombia. The Governments of many countries in South America, including that of Colombia, indicated that in 2003 they had effected an increased number of seizures of such chemicals and in 2003 and 2004 had dismantled several clandestine laboratories used in illicit drug manufacture. The Board is greatly concerned that Colombia did not submit to it information on seizures of such chemicals or any information related to the origin or destination of the chemicals in question. The Board wishes to re-emphasize that seizures of precursors should be investigated with a view to identifying the trafficking routes used. The results of such investigations should

then be shared with the Board, in order to alert other Governments, where necessary.

348. Although cannabis herb and resin are widely abused in South America, they are not necessarily the primary drugs of abuse. In Venezuela, for example, cannabis abuse is reported to be second only to cocaine abuse, whereas in Brazil cannabis abuse ranks second after the abuse of benzodiazepines. Cannabis and cocaine, in that order, were identified as the main drugs of abuse in a national survey on drug abuse conducted in Uruguay in 2003. While several countries in the region have reported increasing drug abuse, in Chile the prevalence of drug abuse continues to be decreasing or stable, as indicated by a national survey on secondary-school students undertaken during 2003 and a study conducted during 2002. According to data collected by CICAD for a comparative study of the use of illicit drugs in selected countries in Latin America, there are considerable differences in the perceived accessibility of such drugs among the selected countries; the accessibility of such drugs is considered to be more difficult in Ecuador and Uruguay than in Paraguay and Venezuela.

Psychotropic substances

349. There is limited illicit manufacture of psychotropic substances in South America. In 2003, clandestine laboratories used to manufacture MDMA (Ecstasy) were dismantled in Argentina and Suriname; illicit manufacture of MDMA (Ecstasy) has also been reported in Venezuela. Seizures of stimulants, mainly smuggled out of Europe, continue to be effected in countries in the region. The diversion and over-prescription of a variety of psychotropic substances continue, reflecting the need for Governments to strengthen control over the prescription of controlled pharmaceuticals and to inspect records relating to the sales of such pharmaceuticals, as requested repeatedly by the Board.⁴⁰ Seizures of diverted pharmaceuticals were reported for 2003 only by Brazil and Chile, indicating that law enforcement authorities in other countries in the region may have to pay more attention to that area.

Missions

350. The Board sent a mission to Brazil in December 2003 and found that the Government had made efforts to implement the provisions of the international drug

control treaties. At the same time, the mission found a number of areas of concern about the current status of the government policies on countering drug abuse and trafficking. The Board encourages the Government to continue to attach high priority to drug control issues and, in particular, to ensure that all bodies involved in drug-related issues have adequate resources to enable them to carry out their functions.

351. The most recent epidemiological study on drug abuse undertaken in Brazil shows that prescription medicines such as benzodiazepines or medications containing codeine are frequently abused in Brazil. In order to learn more about that problem and to be in a position to address it properly, the Board strongly encourages the Government to monitor and analyse prescription patterns more closely in order to establish the reasons behind that high rate of abuse of such drugs. The Board recommends that a nationwide initiative be launched to educate members of the medical profession, as well as the public, on the rational use of narcotic drugs and psychotropic substances and to promote sound medical prescription practices.

352. While efforts have been made to strengthen control of chemicals that are often used in the illicit manufacture of drugs, the competent authorities for precursor control have not established a working relationship and there is no coordination or exchange of information between those entities. The Board wishes to emphasize that an effective system for precursor control requires active cooperation and a good working relationship between the different regulatory and enforcement authorities involved. The Board therefore urges the Government to ensure cooperation between the regulatory and law enforcement authorities involved in the control of precursors and to request all those authorities to establish functioning channels for exchanging information on a regular basis.

353. The Board notes both the efforts made by Brazil to fight drug trafficking and the recent increase in cocaine seizures in that country. Nevertheless, the absence of cooperation between federal and state police forces seriously limits the effectiveness of those efforts. The Board therefore encourages Brazil to continue to intensify cooperation and exchange of information between state and federal police forces, in order to be able to address drug trafficking in a more coordinated and effective manner.

C. Asia

East and South-East Asia

Major developments

354. In South-East Asia illicit opium poppy production continued to decline. In 2004, illicit opium poppy cultivation was significantly reduced in the Lao People's Democratic Republic and Myanmar. The average yield of illicit opium production was also reduced. Thailand is no longer a major source of illicit opium and heroin. Some small-scale opium poppy cultivation took place in the remote and mountainous areas in the northern part of Thailand. There was no opium production reported in Viet Nam.

355. The illicit manufacture of, trafficking in and abuse of amphetamine-type stimulants, especially methamphetamine, remain a major concern in East and South-East Asia. Large quantities of crystallized methamphetamine were seized in Japan, Myanmar and the Philippines. Thailand also reported large seizures of methamphetamine, mainly in the form of tablets. The majority of countries in the region reported a significant increase in seizures of MDMA (Ecstasy) in 2003.

356. In several countries in East and South-East Asia, namely Cambodia, China, Myanmar, Thailand and Viet Nam, the abuse of opiates appears to have shifted away from opium and towards heroin. In Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam, data on admissions to drug abuse treatment centres show that heroin is the primary reason that drug abusers are receiving treatment. Heroin is also the main drug used by injecting drug abusers, raising concern about HIV/AIDS transmission in many countries in the region.

357. Injecting drug abusers who share syringes continue to account for the largest percentage of new HIV/AIDS cases in China and Viet Nam. The rate for sharing syringes has been reported to be as high as 50 per cent in parts of Malaysia, Myanmar and Thailand. The Board notes with satisfaction that Governments, non-governmental organizations and international organizations have shown a sustained commitment to addressing the issue. The XV International AIDS Conference was held in Bangkok from 11 to 16 July 2004. The theme of the

Conference was access to education, information and medication for all infected and affected groups. The Board encourages the relevant countries to continue to strengthen their efforts to deal with the double epidemic of injecting drug abuse and HIV/AIDS.

Treaty adherence

358. In East and South-East Asia, Cambodia and the Democratic People's Republic of Korea have not yet become parties to any of the international drug control treaties. The Board calls on those States to ratify the treaties without further delay. The Board also encourages Timor-Leste to ratify the treaties as soon as possible.

359. The Board welcomes the accession of the Lao People's Democratic Republic to the 1988 Convention in October 2004. The Board calls on that State to become a party to the 1972 Protocol amending the 1961 Convention without further delay.

Regional cooperation

360. The Board notes that a number of regional meetings on precursor control have recently been held in Thailand. The first Senior Officials Meeting and first Ministerial Meeting of Pentalateral Cooperation on Drug Control among China, India, the Lao People's Democratic Republic, Myanmar and Thailand were held in Chiang Rai, Thailand, in July 2003, and the Second Senior Officials Meeting of Pentalateral Cooperation on Drug Control among China, India, the Lao People's Democratic Republic, Myanmar and Thailand was held in Pattaya, Thailand, in April 2004.

361. The Board welcomes the continued cooperation of the Association of South-East Asian Nations (ASEAN) and China under the ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD) Plan of Action. In January 2004, a memorandum of understanding was signed by ASEAN and China to develop practical strategies for combating transnational crime, including drug trafficking, terrorism and money-laundering. Under the memorandum of understanding, the States agreed to exchange information, conduct personnel exchange and training, cooperate in the field of law enforcement and conduct joint research. They also agreed to hold an annual meeting to review the implementation of the memorandum of understanding and discuss future plans. At the first ASEAN Plus Three (ASEAN plus

China, Japan and the Republic of Korea) Ministerial Meeting on Transnational Crime, held in Bangkok on 19 January 2004, views were exchanged on joint efforts to tackle regional political and security issues such as terrorism, which has been associated with other forms of transnational crime such as drug trafficking and money-laundering.

362. The Board notes that the annual meeting of senior officials of the signatories of the 1993 memorandum of understanding on drug control between the countries in the Mekong area (Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) was held in Krabi, Thailand, from 17 to 19 May 2004. The meeting agreed to continue strengthening regional cooperation and establishing institutional links in order to share innovative approaches and best practices in the areas of community-based alternative development and the elimination of illicit opium poppy cultivation. The meeting also endorsed stronger measures to deal with the abuse of amphetamine-type stimulants and HIV vulnerability in custodial and community settings, as well as judicial and prosecutorial capacity-building. The Board commends the signatory States of the memorandum of understanding for contributing financially to the project "Support for MOU partnership in East Asia".

363. The Board commends the various bilateral efforts in East and South-East Asia to combat illicit drug production and trafficking.

National legislation, policy and action

364. In April 2004, China launched a five-month campaign against drug trafficking, focusing mainly on Yunnan Province, from where it is suspected that most of the drugs from the Golden Triangle are smuggled into the country. Over the past three years, seizures in Yunnan Province of heroin reportedly originating in Myanmar have accounted for 80 per cent of all seizures of heroin in China. A total of 8,000 kg of heroin was seized in Yunnan Province in 2003. Following the success of its first five-year drug elimination plan, covering the period 1999-2004 Myanmar has launched a second five-year drug elimination plan, covering the period 2004-2009. The Board notes the progress made in Myanmar thus far and encourages the Government to continue its efforts.

365. The Board notes with concern that Indonesia, Myanmar and the Philippines remain on the list of countries and territories considered by FATF to be "non-cooperative" in efforts to counter money-laundering or having critical deficiencies in their systems for countering money-laundering. However, the Board notes the progress made in those countries in addressing weaknesses in their systems and encourages them to continue their efforts. The Board reiterates that it is important for each country to implement relevant legislation to prevent money-laundering as an integral part of the fight against drug trafficking.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

366. Cannabis continued to be cultivated throughout East and South-East Asia. Most countries and areas in the region, namely the Hong Kong Special Administrative Region of China, Indonesia, Mongolia, Myanmar and the Republic of Korea, reported a large decrease in seizures of cannabis in 2003 compared with the previous year. However, a significant increase in such seizures was reported by a few countries, including Japan, the Lao People's Democratic Republic and Malaysia.

367. Cannabis continues to be abused in many countries in East and South-East Asia, namely Brunei Darussalam, Indonesia, Malaysia, Mongolia, the Philippines and the Republic of Korea.

368. As in the previous year, a significant reduction in illicit opium poppy production was seen in the Lao People's Democratic Republic and Myanmar in 2004. As a result of continued government efforts to eliminate opium poppy production in the Lao People's Democratic Republic the total area under such cultivation in the country declined by a further 45 per cent, from 12,000 hectares in 2003 to 6,600 hectares in 2004. In Myanmar, the total area under illicit opium poppy cultivation was reduced by 28 per cent, from 62,200 hectares in 2003 to 44,200 hectares in 2004. Compared with the previous year, total production of raw opium in 2004 was reduced by approximately 64 per cent in the Lao People's Democratic Republic and by 54 per cent in Myanmar.

369. Seizures of opium were reported in several countries in East and South-East Asia, including Japan,

the Lao People's Democratic Republic, Malaysia, Myanmar, the Republic of Korea and Viet Nam. In 2003, seven clandestine heroin laboratories were dismantled in Myanmar and three were dismantled in the Hong Kong Special Administrative Region of China.

370. Opiates are the most often abused drugs in East and South-East Asia. The highest prevalence of abuse of opiates has been reported in the Lao People's Democratic Republic, Myanmar and Thailand. The Hong Kong Special Administrative Region of China, Malaysia and the Republic of Korea reported increased abuse of opium in 2003. In the same year, 70 per cent of registered drug addicts in China were registered for heroin abuse. Cambodia, Japan, Malaysia, Myanmar, Thailand and Viet Nam have reported increased abuse of heroin.

371. Increased cocaine abuse has been reported in a few countries in East and South-East Asia; in the region as a whole, however, cocaine trafficking and abuse continue to be limited.

Psychotropic substances

372. A significant amount of amphetamine-type stimulants appears to be illicitly manufactured in the border areas of Myanmar; the chemicals required to manufacture those synthetic drugs are being smuggled into Myanmar from its neighbouring countries. The Board encourages the Governments concerned to continue their close cross-border cooperation and strengthened control on precursors in those areas.

373. Most of the countries in East and South-East Asia, including China, Japan, Malaysia, Myanmar, the Philippines and the Republic of Korea, reported a significant increase in the total amount of amphetamine-type stimulants seized in 2003, compared with 2002. In 2003, 11 clandestine laboratories used to manufacture amphetamine-type stimulants were dismantled in the Philippines and 6 were dismantled in Indonesia. Although a total of 490 kg of amphetamine-type stimulants were seized in Japan in 2003, a figure slightly higher than in the previous year, when 446 kg were seized, seizures of such stimulants have generally been declining in that country since 1999.

374. Asia accounts for over two thirds of the world's amphetamine abusers, and East and South-East Asia accounts for approximately 95 per cent of the

amphetamine abusers in Asia. In East and South-East Asia, only opiates are abused more than amphetamine-type stimulants. The highest prevalence of abuse of such stimulants was reported in Thailand, followed by the Philippines and the Macao Special Administrative Region of China. In 2003, Viet Nam reported a large increase in the total amount of amphetamine-type stimulants seized and in the abuse of such stimulants.

375. The Lao People's Democratic Republic is emerging as an important transit country for traffickers of amphetamine-type stimulants illicitly manufactured in the border areas of Myanmar and destined for Thailand. Cambodia is also increasingly being used as a transit country by traffickers of drugs illicitly manufactured in East and South-East Asia.

376. Methamphetamine continues to be illicitly manufactured in China, Myanmar and, to a lesser extent, the Philippines.

377. Nearly 90 per cent of all methamphetamine seizures in the world take place in East and South-East Asia. In 2002, a total of 13,760 kg of methamphetamine were seized in the region. China seized 5,830 kg of crystallized methamphetamine in 2003, considerably more than in 2002, when 3,190 kg of that substance were seized. In February 2004, police in Japan seized a large amount of crystallized methamphetamine that had been smuggled out of Taiwan Province of China. While methamphetamine illicitly manufactured in Myanmar is mostly in tablet form, one clandestine laboratory manufacturing crystallized methamphetamine was also dismantled in that country in 2003.

378. Several countries in East and South-East Asia appear to be major sources of 3,4-methylenedioxyphenyl-2-propanone and safrole, two precursors used in the illicit manufacture of MDMA (Ecstasy).

379. A significant increase in the total amount of MDMA (Ecstasy) seized was reported in the majority of countries and areas in East and South-East Asia in 2003, including the Hong Kong Special Administrative Region of China, Indonesia, Japan and Malaysia. One clandestine MDMA (Ecstasy) laboratory was reported to have been dismantled in the Hong Kong Special Administrative Region of China in 2003.

380. While the prevalence of abuse of MDMA (Ecstasy) has remained relatively low compared with that of methamphetamine, increased abuse of MDMA

(Ecstasy) has been reported in several countries in East and South-East Asia, namely Cambodia, China, Thailand and Viet Nam.

381. The abuse of ketamine, especially among youth, which is a recent phenomenon in East and South-East Asia, has remained low. Its abuse has been reported in a few countries and areas in the region, namely Cambodia, the Hong Kong Special Administrative Region of China, Malaysia, Singapore, Thailand and Viet Nam.

382. Authorities in South-East Asia have made notable progress in addressing the trafficking in ephedrine and pseudoephedrine in the region, where the illicit manufacture of methamphetamine is of major concern. More importantly, analysis of seizure data indicates that Governments are now working in a coordinated manner to seek practical solutions to the common problem of chemical diversion. Successes have been noted in South-East Asia, where, during the past few years, illicit methamphetamine manufacture in Myanmar has been fuelled by ephedrine diverted from domestic distribution channels in China and subsequently smuggled into Myanmar. In addition to the control mechanisms that China has in place to prevent diversions from domestic distribution channels, regional efforts have helped the Governments concerned to identify practical working mechanisms for preventing cross-border trafficking in precursors. The Board trusts that those Governments will continue with their working-level tripartite meetings and that further successes will be reported in those regions.

383. A decrease in the total amount of precursors seized in 2003 was reported in most countries in East and South-East Asia, including China and Myanmar; the exception was the Philippines, which reported a major increase in the amount of precursors seized. The precursor of amphetamine-type stimulants most often seized in the region continued to be ephedrine, followed by phenylacetic acid. In 2003, 300 kg of ephedrine were seized in Myanmar. In China, the amount of ephedrine seized has been increasing over the past few years; that trend continued in 2003, when 5,800 kg of ephedrine were seized in that country. In 2004, 5,650 kg of ephedrine and 1,500 kg of pseudoephedrine were seized in three clandestine laboratories in the Philippines. In April 2004, over 400,000 tablets of pseudoephedrine, another precursor

of amphetamine-type stimulants, were seized in Australia; the tablets had been transported from Malaysia. In response to more effective controls over ephedrine and pseudoephedrine, traffickers are attempting to divert other chemicals for use in the illicit manufacture of amphetamine-type stimulants, with phenylacetic acid and 1-phenyl-2-propanone being the chemicals of choice. The Board therefore notes with satisfaction that Governments of countries in South-East Asia have introduced appropriate control mechanisms for those substances and, as a result, have identified attempts to divert phenylacetic acid from China to India, as well as attempts to divert 1-phenyl-2-propanone from China, via the Hong Kong Special Administrative Region of China, to Viet Nam in 2004.

Missions

384. A mission of the Board visited Indonesia in March 2004. The Board notes with appreciation the commitment of the Government of Indonesia to tackling drug abuse and trafficking and welcomes the special measures taken by the authorities to strengthen the current legal framework for the control of precursors. The Board trusts that taking the adequate legislative and administrative measures will enable the authorities to better comply with the provisions of the 1988 Convention.

385. However, the Board notes that the continued lack of reporting by Indonesia on issues related to the seizure of illicit drugs may be the result of a lack of coordination between the National Narcotics Board and the National Agency for Food and Drug Control of Indonesia. The Board is of the opinion that the Government should initiate, as soon as possible, consultations among relevant departments involved in drug control activities, in particular the National Narcotics Board and the National Agency for Food and Drug Control, with a view to introducing the necessary revisions in the current working mechanisms, clearly defining the respective functions and establishing and/or reinforcing the necessary links between those departments. The Board believes that, by doing so, the Government will ensure that in future, internal coordination will be improved, its reports to the Board will be as complete as possible and that all the necessary information will be included.

386. While drug abuse and trafficking have increased in Indonesia, the Government has taken significant

measures to reinforce facilities for the treatment and rehabilitation of drug abusers; the Board appreciates, in particular, the considerable efforts being made by the Indonesian authorities to combat the alarming incidence of HIV/AIDS among injecting drug users.

387. Finally, the Board notes that the Government of Indonesia is taking measures to comply with international money-laundering standards. The Board welcomes the establishment of the Indonesian Financial Transaction Reports and Analysis Centre. The Board encourages the Government to provide the Centre with the resources necessary for it to achieve the expected results.

388. The Board sent a mission to Thailand in May 2004, mainly to assess the efforts of the Government during the “war on drugs”, an ongoing nationwide campaign against drug trafficking and abuse. In particular, the Board had noted reports that killings had taken place during the “war on drugs” and it wished to gather comprehensive information regarding the campaign and the measures and action that had subsequently been taken. The mission received detailed information from the Government regarding special committees established to investigate those cases and was informed that certain cases had already been the subject of judicial procedures. In addition, the mission was informed that criminal proceedings had been initiated against a significant number of government officials accused of corruption. The Board appreciates those efforts and trusts that the Government will continue to provide information to it regarding the progress of those investigations.

389. The Board was also informed that, subsequent to the “war on drugs”, the problem of methamphetamine abuse had been reduced. The Board received detailed information on the treatment of drug addicts in Thailand. The Board notes the efforts of the Government and urges it to undertake sustainable measures to address the drug abuse problem in Thailand.

390. The Board also received information from the Government of Thailand regarding the growing problem of ketamine abuse in the country. The Board shares the concern of the Government regarding that development; the Board notes that increasing ketamine abuse can be observed elsewhere, both within and outside the region of East and South-East Asia. The Board encourages the international community to give

serious consideration to initiating the procedure, outlined in the 1971 Convention, for placing ketamine under international control.

391. In March 2004, the Board made a technical visit to Timor-Leste, which is not yet a party to any of the three international drug control treaties. The objective of the technical visit was to introduce the Board and its work in promoting the implementation of the international drug control treaties and to obtain information on the drug control situation in Timor-Leste, assessing existing mechanisms and structures for the prevention of drug trafficking.

392. The Board is concerned that the geographical situation of Timor-Leste and the insufficient protection of its borders and coasts could lead to it being regarded by drug traffickers as an ideal transit country. The authorities have acknowledged that drug abuse and trafficking exist in Timor-Leste but on a very low scale. While the current situation in Timor-Leste with regard to drug trafficking and abuse may not be comparable to that of its neighbouring countries, little else is known about that situation; therefore, the Board encourages the authorities of Timor-Leste to consider initiating a national survey to evaluate the extent of drug abuse and trafficking and to consider preventive action.

393. The Board notes with satisfaction that the authorities of Timor-Leste are initiating the drafting of comprehensive legislation for the control of medical supplies, including narcotic drugs and psychotropic substances, and encourages the authorities to draft such regulations in accordance with the provisions of the international drug control treaties.

394. Finally, the Board notes the efforts of the United Nations Mission of Support in East Timor (UNMISET) in providing assistance to core administrative structures and assist in the development of various services in Timor-Leste.

South Asia

Major developments

395. South Asia continues to experience increased drug availability and abuse because of its proximity to the major opiate production areas, the Golden Crescent and the Golden Triangle, widespread domestic

cultivation of cannabis and increasing diversion of pharmaceutical products.

396. The flow of heroin from Afghanistan, the world's largest illicit opium producer and heroin manufacturer, towards South Asian countries continues to increase. One concern of Indian law enforcement officials has been the recent discovery of areas under illicit opium poppy cultivation in the south of India, close to the heroin trafficking routes leading to Maldives, Sri Lanka and countries in West Asia. Licitly manufactured but diverted pharmaceutical preparations containing narcotic drugs and psychotropic substances are smuggled out of India and into Bangladesh, Maldives, Nepal and Sri Lanka. Maritime drug trafficking routes leading from India to Sri Lanka and from Pakistan to India have been partially replaced by air and land routes.

397. The Board notes that India carried out its first national survey on the extent, patterns and trends of drug abuse. In the survey, the high rate of abuse of opiates and, in particular, the increasing popularity of injecting drug use were identified as major areas of concern. The survey also revealed an increase in the abuse of various pharmaceutical products, ranging from codeine-based cough syrups to anxiolytics in tablet form and injectable analgesics.

398. HIV infection associated with injecting drug use is increasing as a result of a shift from opium abuse to heroin abuse, most notably in India and Nepal, and the increasing abuse of injectable analgesics such as buprenorphine and propoxyphene. Indian authorities have noted with concern the re-emergence of illicit manufacture of and trafficking in methaqualone and, quite recently, limited abuse of MDMA (Ecstasy).

Treaty adherence

399. All six States in South Asia are parties to the 1988 Convention. Bhutan is not yet a party to the 1961 Convention and the 1971 Convention, and Nepal is not yet a party to the 1971 Convention. The Board urges both of those States to take speedy action to remedy the situation.

Regional cooperation

400. The "Roadmap for Peace" outlined by the Government of India calls for renewed cooperation and dialogue between India and Pakistan on terrorism and

other forms of cross-border crime such as trafficking in narcotic drugs. To that end, the authorities of India and Pakistan have identified focal points for sharing information and operational intelligence on drug trafficking. Senior-level customs officers from India and Sri Lanka have adopted operational-level strategies to combat drug smuggling. As part of activities undertaken within the framework of a bilateral agreement on customs cooperation between India and Maldives, senior-level customs officials from both of those countries held a meeting in Male in May 2004. The officials at the meeting decided to establish contact points for law enforcement activities to prevent various types of crime, including drug smuggling. The customs authorities of India also agreed to assist their counterparts in Maldives in drug law enforcement training.

401. At its twenty-fourth session, held in Islamabad in January 2004, the Council of Ministers of the South Asian Association for Regional Cooperation (SAARC) established high-level working groups, one of which relates to health and population activities, including drug-related matters. In May 2004, a memorandum of understanding between SAARC and the Joint United Nations Programme on HIV/AIDS (UNAIDS) was signed to support South Asian countries in HIV/AIDS prevention efforts. The Board welcomes the initiative to enable the SAARC Drug Offences Monitoring Desk in the regional precursor control project for SAARC member States to play a more active role in the management of information relating to precursor control in South Asia. The Board notes with appreciation the strengthened cooperation between Bhutan and the Drug Advisory Programme of the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific, especially in drug prevention activities. A workshop on drug abuse prevention, organized with the support of the Government of Bhutan, recommended the development of policies and programmes aimed at schools, health care, the workplace, the community, law enforcement and other relevant areas.

National legislation, policy and action

402. In Sri Lanka, draft legislation that would allow limited and controlled cultivation of cannabis for use by the estimated 16,000 locally registered Ayurvedic practitioners is currently under discussion. At present, the practitioners use powdered cannabis processed

from seized cannabis and sold to them by the Ayurvedic Drugs Corporation. As the use of powdered cannabis does not conform to traditional methods, the proposed legislation would allow the Commissioner of Ayurveda of the Department of Ayurveda of Sri Lanka to grow cannabis in one central location, after having estimated the quantities required and taking into account the necessary protection and control measures. The Board trusts that, if the draft legislation is adopted, all provisions of the 1961 Convention (including those of articles 23 and 28) will be fully adhered to.

403. The National Assembly of Bhutan is considering the introduction of draft legislation that would include a listing of drugs termed “illicit” and would determine sanctions for the abuse of and trafficking in those drugs. In addition, the Assembly has recommended the identification of a central focal point to coordinate drug control activities.

404. From the reports submitted by India it is clear that control over imports and exports of internationally controlled substances is well implemented. However, controls over the licit manufacture of, trade in and distribution of narcotic drugs and psychotropic substances in India have been found to be inadequate, as evidenced by the Government’s incomplete reporting to the Board and the diversion of pharmaceutical products manufactured in India. The control of domestic distribution channels for narcotic drugs and psychotropic substances needs to be strengthened as controlled drugs are easily available in India. The Board calls on the Government of India to step up its law enforcement activities, especially at the retail level, and to carry out education and information campaigns to increase the awareness of pharmacists and the general public regarding the abuse liability of narcotic drugs and psychotropic substances. The Government’s plan to include information on drug abuse in the school curriculum, in addition to existing awareness-raising programmes conducted by non-governmental organizations on the prevention of drug abuse, is a positive development.

405. In Sri Lanka, a national volunteer project aimed at formulating a long-term action plan for the prevention of substance abuse and the rehabilitation of substance abusers has been set up under the government programme for the control of crime and drug-related offences. Under the project, officials from civil society and the Government will participate in

prevention activities and awareness-raising programmes. The officials include representatives from the police, government departments, schools, health-care institutes (including doctors and nurses), Grama Niladharis (government officials familiar with certain village areas and people), Samurdhi officials (officials responsible for alleviating poverty by promoting prosperity) and religious dignitaries.

406. In Maldives, the first national awareness-raising campaign was launched in April 2004. In addition, teachers and members of clubs are trained in order to provide awareness-raising programmes for students and youths.

407. The Governments of a number of countries in South Asia are paying more attention to the treatment of drug addicts. The national survey carried out in India has revealed that enrolment in drug abuse treatment facilities is low because of the poor quality of the treatment services and the paucity of information on the services available. The Government of India has developed minimum service standards for programmes for the prevention of alcoholism and substance abuse. The standards are to serve as guidelines for improving the quality of services delivered by non-governmental organizations. The Government has also established the National Centre for Drug Abuse Prevention and eight regional resource training centres to enhance the technical capabilities of service providers in the area of drug demand reduction.

408. In Nepal, a project office established by the Government implements the sectoral plans for the treatment and rehabilitation of drug addicts and other demand reduction activities envisaged in the national master plan for drug abuse control. The Government of Maldives has established a scheme for the treatment and rehabilitation of drug addicts facing trial because of substance abuse.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

409. Cannabis continues to be produced and abused in large quantities in South Asia. Bangladesh and India are important source countries for cannabis herb. Nepal is a major source country for cannabis resin, which is smuggled into countries in Asia and the Pacific and Europe, as well as to the United States. The largest

seizures of cannabis resin from Nepal have been reported in India; cannabis resin in India is sold locally on the illicit market or smuggled into Europe.

410. In India, certain quantities of licitly produced opium continue to be diverted into illicit channels despite intensified law enforcement activities. Most seizures of opium are made within the opium poppy cultivation and opium production areas. The diverted opium is abused locally or processed into heroin in clandestine laboratories, to be sold on illicit markets outside the production areas. The Board is pleased to note that a survey of licit opium poppy cultivation was undertaken jointly by the Governments of India and the United States; the results of the survey are to be used to determine the minimum-qualifying yield, a measure to support the efforts required from the government to eliminate diversion of licitly produced opium.

411. Indian officials have continued to detect and destroy illicitly produced opium, as well as to prosecute those engaged in illicit opium production in northern and north-eastern states.

412. In India, opium is processed into heroin in clandestine laboratories; the laboratories generally produce a low-quality heroin base known as "brown sugar" that is sold locally on the illicit market or smuggled into Maldives and Sri Lanka. The total amount of heroin seized in India has been decreasing since 2001, averaging less than 1 ton per year.

413. The international airports at Mumbai, New Delhi, Trivandrum, Cochin and Chennai continue to be used by trafficking groups to ship heroin to countries in Eastern and Western Africa, West Asia and Europe, as well as to Sri Lanka. However, in recent years there has been a decrease in heroin trafficking along the air route from India to Sri Lanka; the majority of the heroin seizures are now made along the sea route leading from southern India to Sri Lanka. Heroin from Pakistan is smuggled into Bangladesh, India and Sri Lanka.

414. There is widespread trafficking in pharmaceuticals containing narcotic drugs in South Asia. In Bangladesh, the number of seizures of codeine-based cough syrups from India is equal to the number of seizures of cannabis herb. An individual seizure often consists of several hundreds of litres of such cough syrup. The abuse of pharmaceuticals containing narcotic drugs, such as codeine, remains widespread in

the region. In addition, because of its lower price and easy availability, the abuse of propoxyphene by injection in India is as prevalent as heroin abuse by injection.

415. India's large chemical industry manufactures a wide variety of precursors and essential chemicals, including acetic anhydride and potassium permanganate. In India, the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985, and the Narcotic Drugs and Psychotropic Substances (Regulation of Controlled Substances) Order, 1993, provide for stringent controls over notified precursors and essential chemicals. Acetic anhydride as well as methyl ethyl ketone and potassium permanganate, are subject to import-export controls. India also follows a policy of sending pre-export notifications with regard to the export of all the 23 chemicals scheduled in the 1988 Convention.

416. There are 11 manufacturers of acetic anhydride in India with an annual output of 30,000 to 40,000 tons for various industrial and pharmaceutical uses. Acetic anhydride is subject to a special customs regime, according to which its storage and transportation within 100 km of the Indo-Myanmar border and 50 km of the Indo-Pakistan border are subject to special controls. Traffickers have tried alternative methods such as exporting acetic anhydride in misdeclared sea cargo consignments using Dubai as a trans-shipment point. Acetic anhydride has continued to be seized by local law enforcement authorities. The acetic anhydride seized had been intended for use mainly in the illicit manufacture of low-grade heroin in India.

Psychotropic substances

417. Pharmaceutical preparations containing psychotropic substances, notably benzodiazepines and analgesics, are diverted from licit distribution channels, transported through South Asia and smuggled into countries outside the region, such as the Russian Federation and Scandinavian countries. Pharmacies in India are identified as supply sources for such trafficking and for their local abuse. The abuse of analgesics, anxiolytics and sedative hypnotics has increased in the region. Because of the lower price and easy availability of pharmaceutical preparations and needles and syringes, the abuse of buprenorphine in injectable form has increased significantly in India.

418. There are indications of the abuse of and trafficking in MDMA (Ecstasy) in an emerging “rave” culture in New Delhi.

419. India is the world’s largest illicit manufacturer of methaqualone (Mandrax); South Africa is the principal destination of the methaqualone illicitly manufactured in India. Illicit manufacture of and trafficking in methaqualone had become less significant following a series of successful law enforcement operations. Recently, however, the methaqualone problem has re-emerged. Illicit drug manufacturing units are controlled and funded by criminal groups based outside of India.

420. India manufactures a wide variety of precursor chemicals, including ephedrine, pseudoephedrine, *N*-acetylanthranilic acid, ergotomine, methylendioxy-phenyl-2-propanone and phenyl acetone. So far *N*-acetylanthranilic acid, ephedrine, pseudoephedrine and anthranilic acid have been placed under special controls under the NDPS Act.

421. Laboratories illicitly manufacturing methaqualone are also used for the illicit manufacture of other psychotropic substances, notably MDMA (Ecstasy) and amphetamines. Small consignments of amphetamine enter India through its border with Myanmar.

422. Almost all ephedrine seized in India is destined to be smuggled across the Indo-Myanmar border to Myanmar, where significant illicit manufacture of amphetamine-type stimulants occurs. Arrangements already exist for cooperation between drug law enforcement agencies in India and Myanmar at various levels. The Board encourages these quick exchanges of information, coordinated enforcement action and coordinated joint investigations as an efficient means to curb illicit drug manufacture in the region.

Substances not under international control

423. The abuse of ketamine, an anaesthetic, has been noted in India in the tourist area of Goa. Although ketamine should be sold only with a prescription, it has been bought freely in Goa at pharmacies and, reportedly, in beach bars. Indian authorities have actively tried to curb this illicit trade in Goa by raiding unauthorized suppliers and searching European tourists. The abuse of inhalants by the poorer segments of society and street children is widespread in the region.

West Asia

Major developments

424. Opium production in Afghanistan and its impact on peace and security remain the central elements of the drug situation in West Asia. In Afghanistan itself, illicit drug production and related activities reached an unprecedented level in 2004 and are threatening the stability of the country. In other countries in the region, drug trafficking and abuse are rapidly increasing, undermining social and economic stability. In Central Asia, injecting drug abuse is becoming the main factor contributing to the spread of HIV/AIDS.

425. Despite efforts made by the Government of Afghanistan, with the assistance of the international community, the drug control situation in Afghanistan continued to deteriorate in 2004. Widespread cultivation of opium poppy and the processing of and trafficking in opiates have transformed Afghanistan into a country in which the economy, the culture and the political life are dominated by the illicit drug trade, which is threatening reconstruction efforts and undermining legitimate economic activities and the establishment of the rule of law. The Board calls upon the Government of Afghanistan and the international community to continue to accord drug control the highest priority and to strengthen efforts to address the drug problem in a comprehensive manner, within the framework of overall development plans and programmes to establish law and order throughout the country and make alternative development in areas under drug crop cultivation more effective. The Board notes that the President-elect of Afghanistan has expressed his strong commitment to the implementation of drug control measures.

426. In Central Asia, concerns continue to be raised over trafficking in and abuse of Afghan opiates, as well as the illicit movement of acetic anhydride, a chemical used in the manufacture of heroin. It is estimated that one third of Afghanistan’s opium crop in 2004 will pass through countries in the region, in particular Kazakhstan and Tajikistan. The large quantities of Afghan heroin being transported towards the Russian Federation and other countries in Europe are rapidly escalating the illicit drug problems in that subregion.

427. Countries on the Arabian peninsula are more frequently used as transit points for heroin and cannabis destined for Europe, while precursors are

smuggled in the opposite direction. The abuse of opiates, especially heroin, is increasing, as is the already widespread abuse of synthetic drugs.

428. The Board is concerned that the drug situation in Iraq may deteriorate further because of the disintegration of the drug control structure in the country, given its geographical location and the current political and economic instability in the country. The complex interlinkage of terrorism, organized crime, corruption and drug trafficking poses an unprecedented threat, raising concerns that the overall situation may worsen.

Treaty adherence

429. All of the 24 States in West Asia are parties to the 1961 Convention, the 1971 Convention and the 1988 Convention. As for the 1972 Protocol amending the 1961 Convention, Afghanistan remains the only State that has not yet become a party to that instrument. The Board encourages the authorities of Afghanistan to take appropriate action to accede to the 1972 Protocol.

Regional cooperation

430. During the past year, numerous agreements, cooperative mechanisms and joint law enforcement operations were among the activities undertaken or approved by Governments of countries in West Asia to promote regional cooperation efforts to fight drug trafficking and related criminal activities. The Board welcomes those initiatives and encourages all countries in the region to participate in future cooperative efforts.

431. At the Berlin Conference on Afghanistan, held on 31 March and 1 April 2004, the Transitional Authority of Afghanistan and its six neighbouring countries, namely China, the Islamic Republic of Iran, Pakistan, Tajikistan, Turkmenistan and Uzbekistan, adopted the Berlin Declaration on Counter-Narcotics within the Framework of the Kabul Declaration on Good-Neighbourly Relations, which provided, among other things, for increased collaboration in the fight against narcotics and the establishment of a security belt around Afghanistan. In particular, the Islamic Republic of Iran and Pakistan proposed to train Afghan experts in countering trafficking in narcotic drugs.

432. In April 2004, senior law enforcement officers from Afghanistan, the Islamic Republic of Iran,

Kuwait, Pakistan, Qatar, Saudi Arabia and the United Arab Emirates at the Regional Gulf Cooperation Meeting held in Pakistan agreed to strengthen their cooperation in the fight against criminal organizations engaged in illicit drug trafficking and cross-border organized crime. The countries decided to nominate national focal points and exchange operational staff with a view to improve the sharing of information and joint operations.

433. In July 2004, representatives of Afghanistan participated for the first time in the Intergovernmental Technical Committee meeting, a forum for the exchange of drug law enforcement information in the region. The meeting, held in Islamabad, was also attended by representatives of the Islamic Republic of Iran and Pakistan. The Committee agreed to revise the existing memorandum of understanding, in order to admit Afghanistan as a regular member of the Intergovernmental Technical Committee meetings and to establish a committee for the analysis of intelligence and the exchange of information on narcotics that would meet every six months.

434. On 3 and 4 August 2004, the Government of Pakistan hosted a seminar in Islamabad for SAARC member States to review progress made towards achieving the goals related to precursor control set in 1988 by the General Assembly at its twentieth special session. The participants shared information with regard to legislative developments in precursor control and agreed to facilitate the rapid exchange of information on precursor transactions and monitoring measures (see para. 401 above).

435. Two workshops organized under the auspices of the Economic Cooperation Organization (ECO) to discuss drug supply reduction issues were held in Dushanbe in August 2004 and in Ankara in February 2004. In addition, a network of drug demand reduction experts was established to promote regular exchange of information among ECO member States. Furthermore, at a conference held in Kish, Islamic Republic of Iran, in October 2004, all ECO member States except Turkmenistan exchanged information on the consequences of drug abuse, evidenced-based strategies for the reduction of illicit drug demand and harm reduction practices.

436. Officials from Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkey, Turkmenistan and Uzbekistan held a meeting in

Antalya, Turkey, from 23 to 25 February 2004 to discuss measures to promote international cooperation against terrorism and transnational organized crime. Participants stressed the need to share information and exchange governmental experts in order to share experiences in the development of legislation and the implementation of activities against terrorism and transnational organized crime.

437. The consultative mechanism known as the Paris Pact,⁴¹ initiated in 2003 for countries affected by trafficking in opiates originating in Afghanistan, held several expert round-table meetings at the regional level in 2003 and 2004 to discuss the situation regarding drug trafficking through Central Asian countries, the Russian Federation, the Islamic Republic of Iran and the Balkan countries. A meeting of the Paris Pact policy group was held in Vienna in October 2004 to discuss the outcome of previous regional meetings. The Board notes that the meeting recommended the establishment of a task force on precursors. The Board wishes to encourage the group to take full advantage of the task forces with similar objectives that are currently operating under Operation Topaz, Operation Purple and Project Prism. Those task forces, whose members include countries participating in the Paris Pact, are functioning well. The Board urges the group to make full use of existing task forces in order to make the best use of resources and avoid duplication of efforts. The Board notes the pivotal role of the United Nations Office on Drugs and Crime as catalyst of the Paris Pact initiative and encourages the countries involved in that consultative mechanism to continue their cooperation aimed at the elimination of the threat posed by Afghan opiates.

438. The Board notes with satisfaction that all countries neighbouring Afghanistan, including Turkmenistan, are now participating in Operation Topaz, an international operation to prevent diversions of acetic anhydride. The Board trusts that the Government of Turkmenistan will take vigorous action against drug trafficking through Turkmen territory and will give high priority to participating actively in other international events aimed at promoting regional cooperation in drug and precursor control.

439. Within the framework of the Organization of Central Asian Cooperation, the Shanghai Cooperation Organization, the Collective Security Treaty Organization and the Southern Caucasus Anti-Drug

Programme (a joint project of the European Union, the United Nations Development Programme and the Government of Azerbaijan), bilateral and multilateral agreements were adopted by the Governments of Armenia, Azerbaijan, China, Georgia, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan, with a view to intensifying cooperation between national drug control agencies, promoting joint law enforcement operations, harmonizing national drug control legislation and building capacities.

440. Central Asian States continue to receive international assistance to combat illicit drug trafficking and abuse. In 2004, international assistance was directed towards local and regional initiatives to strengthen border controls, improving the collection and sharing of data and addressing the health consequences of injecting drug use. One beneficiary of international assistance was the Drug Control Agency of Kyrgyzstan. In another development, the Board notes that cooperation involving the deployment in Tajikistan of border guards from the Russian Federation, which has proved to be a success, will cease in 2005. The Board urges the Governments of countries in the region to work out mutually beneficial arrangements that guarantee effective border control in countries in Central Asia.

441. At a seminar on precursor control organized jointly by the Board and the United Nations Office on Drugs and Crime in Amman from 29 to 31 August 2004, representatives of Egypt, Jordan, Lebanon, Saudi Arabia, the Syrian Arab Republic, Turkey and the United Arab Emirates agreed to set up a network for the exchange of information and to promote inter-agency cooperation, in order to prevent the diversion of precursors. It was the first time that representatives of most of the countries on the Arabian peninsula discussed precursor control at the regional level.

442. In June 2004, the Governments of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan signed a regional cooperation agreement aimed at preventing the further spread of HIV/AIDS in the region. Countries agreed on joint activities, including activities aimed at raising awareness of drug abuse and HIV/AIDS.

National legislation, policy and action

443. The Board continues to be concerned about the unstable political situation in Afghanistan, which

hampered efforts by the Government to secure power throughout the country. The lack of control, especially at the provincial level, has been a major obstacle to implementing country-wide drug control regulations. The drug control situation in the country has further deteriorated, despite efforts made by the Afghan authorities with the support of the international community. The United Kingdom continues to hold the coordination role for counter-narcotics in Afghanistan, and other donor countries and international organizations have also become involved in providing support in drug control matters. The Board calls upon all parties involved to continue their cooperation and provision of technical and financial support in a well-coordinated manner, in order to establish law and order throughout the country and find sustainable solutions for drug control in Afghanistan. In view of the magnitude of the problem, greater determination is necessary to make a significant impact on efforts targeting illicit crop cultivation and illicit drug production, trafficking and abuse.

444. The Board notes that there have been a number of developments in Afghanistan to improve drug control capacities. Based on the national drug control strategy, which was approved by the Government in 2003, activities have been initiated in the areas of institution-building and advocacy, judicial reform, law enforcement, alternative livelihoods and demand reduction.

445. In continuing efforts at institution-building, the Counter-Narcotics Steering Group, chaired by the National Security Adviser and run by the Counter-Narcotics Directorate, the national drug control coordinating body, was established in May 2004. To implement law enforcement operations, several bodies were created. The Central Eradication Planning Cell and the Central Poppy Eradication Force were established in 2004 within the Ministry of the Interior to plan and launch opium poppy eradication campaigns. Based on targeted and uncompensated eradication, the campaigns were only marginally effective (see para. 455 below). The establishment of the Counter Narcotics Police of Afghanistan and the Special Narcotics Force, responsible for conducting interdiction operations, have resulted in the destruction of clandestine laboratories and the seizure of opiates and cannabis resin. Progress has also been made in the development of the judicial system in Afghanistan. To facilitate the implementation of the drug control law

approved in 2003, legal workshops were conducted in May 2004 with the support of the United Nations Office on Drugs and Crime and the Board. Consultations resulted in the classification of drugs and the establishment of a framework for licit drug control, as well as the definition of penal provisions and procedures. The law does not yet cover money-laundering offences. However, the preparation of new legislation against money-laundering has been initiated.

446. The development of alternative livelihoods in opium-producing areas in Afghanistan continues to lack long-term and sustainable solutions. The Board emphasizes the need to address that situation in a comprehensive manner, with support from the international community, providing alternative development in opium-producing areas and mainstreaming drug control issues into overall development assistance. The implementation of demand reduction activities has been initiated in some provinces and there are plans to expand those activities to include other provinces. Programmes have focused on the provision of resources and training to partner agencies and organizations involved in health care, education and social services. Activities have continued in the area of monitoring opium poppy cultivation in Afghanistan. The annual opium poppy survey was conducted with the support of the United Nations Office on Drugs and Crime and the results have been published, providing data on the extent and location of opium poppy cultivation in Afghanistan and monitoring the expansion of cultivation into new areas. The collection of additional drug-related statistics has also started. Though information remains fragmented, some data have become available on the illicit drug supply, including data on seizures, arrests, prices and the destruction of clandestine drug laboratories, as well as on the illicit drug demand, including data on drug abuse among certain population groups.

447. Pakistan, which has built up a comprehensive law enforcement system in recent years, has continued its narcotics control activities. Legislation against money-laundering, drafted in 2003, has been presented to the relevant authorities for approval. The drug control master plan for the period ending in 2003 is being extended to 2007, providing an operational framework for drug control activities. To counteract the resurgence of illicit opium poppy cultivation in Pakistan in 2003, intensive eradication efforts were made in 2004. The

Board notes the commitment by the Government to eradicate opium poppy cultivation and appreciates the activities carried out in the fight against drug trafficking. However, the Board continues to be concerned about the lack of control for prohibited goods entering Pakistan via the port of Karachi and passing through the country towards Afghanistan.

448. Demand reduction activities in Pakistan are the responsibility of the Anti-Narcotics Force, the coordinating body for drug law enforcement. According to government authorities, the success of community-based awareness-raising campaigns and far-reaching drug abuse prevention programmes is reflected in the decreased level of heroin abuse in the country. In addition, 73 drug treatment centres have been set up throughout the country in recent years, many of which are run through a network in close cooperation with non-governmental organizations. The decentralization of demand reduction activities to the district level is, for the most part, working well. With regard to the collection of data on drug abuse, the Board encourages the Government of Pakistan to ensure the continuation of the monitoring mechanism set up pursuant to the national survey carried out in 2000.

449. The Islamic Republic of Iran remains a major transit country for drugs originating in Afghanistan and continues to be committed to combating the illicit drug transit traffic and drug trafficking in general. It also has increasingly recognized the dangers posed by domestic consumption. In addition to the intensified efforts made in the area of drug law enforcement, demand reduction activities have recently been initiated, including the assessment of drug abuse trends and the establishment of a national institute for drug abuse research and training. Furthermore, on the basis of studies undertaken in recent years, amendments on controlled delivery, mutual judicial cooperation and extradition have been proposed. The list of illicit drugs and other controlled substances has also been reviewed and updated in the draft amendment, taking into account the relevant provisions of the international instruments and the latest available scientific data. In addition, a bill against money-laundering has been prepared and is awaiting final approval. The Board welcomes those initiatives and stresses the need to continue to enhance activities in the field of demand reduction, with particular emphasis on strengthening cooperation with non-governmental organizations. It is

hoped that comprehensive legislation against money-laundering will be adopted and institutional structures will be established to counter money-laundering effectively.

450. Drug control activities in Turkey focus on combating illicit drug transit traffic and drug trafficking in general. Law enforcement training conducted by the Turkish International Academy against Drugs and Organized Crime (TADOC) continued. TADOC, established in 2000 with the cooperation of the United Nations Office on Drugs and Crime, has conducted more than 50 training courses related to drug control at the national level and about 20 at the regional level. The findings of a national drug abuse assessment study, carried out in 2003, were published in a report⁴² in 2004 (see para. 486 below).

451. A number of countries in West Asia, including Israel, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates, have continued their efforts to combat money-laundering. Recent initiatives in this area include the development of a system for monitoring and following up money transactions, the introduction of a regulatory structure for the system of informal overseas money transfers known as *hawala*, the establishment of special financial intelligence units and the introduction of new laws against the financing of terrorism. The Board encourages the Governments of all countries in the region that have not yet done so to ensure the adoption of comprehensive legislation against money-laundering that fully complies with international standards and norms and to put in place the necessary institutional framework and mechanisms for its implementation.

452. While the system of law enforcement has been well developed in many countries in West Asia over the past decade, the Board appreciates the increased attention given by some Governments to drug abuse and demand reduction in recent years. The knowledge and information about the nature and extent of drug abuse, though still fragmented, has improved in several countries as a result of a number of surveys and assessment studies conducted in recent years. In addition, efforts have been made in some countries to introduce drug abuse prevention programmes and establish drug abuse treatment facilities. The Board strongly encourages all countries in the region to strengthen their efforts to develop drug abuse monitoring systems and to expand their demand

reduction activities. It is noted that the adoption of relevant legislation, the allocation of sufficient resources and the participation of local communities, as well as cooperation with non-governmental organizations, continue to be lacking in many countries in the region.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

453. Cannabis continues to be the most widely available drug in West Asia. Cannabis is illicitly cultivated in several countries in the region; however, cannabis also continues to grow wild in some countries, including Afghanistan, Kazakhstan and Pakistan. Cannabis continues to be widely abused in West Asia. Given the widespread growth of cannabis with a high THC content in Kazakhstan, the Government of that country has continued to develop new strategies to deal with the issue of preventing the illegal harvesting of cannabis, including the massive industrial use of wild-growing hemp from the Chu valley.

454. The Board notes with great concern that in Afghanistan the illicit cultivation of opium poppy continues unabated. In 2003, Afghanistan experienced its second largest opium harvest since 1999, estimated at 3,600 tons of opium, accounting for more than three quarters of the world's illicit opium production. Despite efforts made to counter the trend, opium production in 2004 reached 4,200 tons. The total area under opium poppy cultivation increased from 80,000 hectares in 2003 to over 130,000 hectares in 2004. Illicit opium poppy cultivation has spread to inaccessible areas. Opium prices in Afghanistan decreased considerably during 2003 and 2004, which is seen as a positive development in terms of providing less incentive for farmers to grow opium poppy. However, prices for opium are still above US\$ 100 per kilogram, compared with an average range of about US\$ 50-70 per kilogram during the late 1990s. In addition, prices for opiates in neighbouring countries remained stable, thus increasing the profit margin for traffickers.

455. Opium poppy eradication in Afghanistan, which was planned by the Central Eradication Planning Cell within the Ministry of the Interior, was initially implemented through provincial governors but with

limited success. When the Central Poppy Eradication Force joined those activities, much of the opium poppy had already been harvested. Thus, the eradication remained limited; it took place in only one province. The Board urges the Government of Afghanistan to enforce the ban on opium poppy cultivation and ensure the effectiveness of eradication efforts, in coordination with alternative development activities.

456. The Board is concerned about the fact that illicit cultivation of opium poppy continued in Pakistan throughout 2004. Illicit opium poppy cultivation had been reduced to almost nil during the late 1990s, when it had been eradicated from the last traditional poppy-growing areas of the Dir district and other districts in the North-West Frontier Province. However, opium poppy cultivation re-emerged in Pakistan in 2003 and continued in 2004. The total area under illicit opium poppy cultivation has been estimated at approximately 6,700 hectares. Most of the illicit opium poppy cultivation occurred in non-traditional growing areas, such as the Khyber Agency within the North-West Frontier Province and in Baluchistan Province. Both provinces are on Pakistan's border with Afghanistan. About 78 per cent of the illicit opium poppy cultivation in Pakistan was eradicated in 2004.

457. Though small-scale cultivation of opium poppy is also taking place in Central Asia, annual eradication campaigns have virtually eliminated the risk of such cultivation proliferating in the subregion. The Board encourages the Governments of Central Asian countries to continue their efforts aimed at identifying and eradicating illicitly cultivated drugs.

458. The processing of opium into heroin has continued on a large scale in many countries in West Asia, including, to an increasingly large extent, in Afghanistan, the main producer country. Large quantities of the precursor acetic anhydride are smuggled into Afghanistan from East and South Asia, as well as from Europe. A number of countries in West Asia have recorded seizures of acetic anhydride in recent years. Pakistan, however, reported that no significant seizures of acetic anhydride have been made since 1999 and no laboratories for heroin manufacture have been found in that country since the late 1990s. Nevertheless, it is assumed that precursor chemicals are smuggled into Pakistan via the seaport of Karachi, to be transported into Afghanistan. Although countries in Central Asia have not reported any

detection of illicit manufacturing activities in their territories, precursors reportedly continue to be smuggled through that subregion in large quantities. Furthermore, Turkey has regularly reported the detection of clandestine heroin laboratories in recent years. Law enforcement authorities in West Asian countries need to address the flow of precursors, in particular acetic anhydride, which is used for processing opium into heroin. The Board is concerned about the extent of precursor smuggling in West Asia and stresses the importance of international cooperation initiatives such as Operation Topaz.

459. Trafficking in opiates from Afghanistan, as well as cannabis resin originating in various countries in West Asia, to (or through) other countries in the region and to Europe, continues on a large scale. Synthetic drugs and precursors are frequently smuggled in the opposite direction. The main transit countries continue to be the Islamic Republic of Iran and Pakistan. The use of the southern border area between Afghanistan, the Islamic Republic of Iran and Pakistan (in particular, Baluchistan Province), which has always been used as a major transit area for illicit drug consignments, has intensified further. Another route, which has been increasingly used in recent years, is through countries in Central Asia. Tajikistan, for example, ranks third in global heroin seizures. In addition, countries in the area of the Persian Gulf, namely Kuwait and the United Arab Emirates, are being used more frequently as transit countries for drug trafficking. Furthermore, Turkey continues to be used as a transit country because it is situated between Western Europe and South-West Asia.

460. Drug seizures continue to reflect trafficking routes and patterns. In Pakistan, opium seizures have been decreasing in recent years, while seizures of morphine and heroin have been increasing considerably. That is related to the increasing manufacturing capacities in Afghanistan, which allows traffickers to smuggle morphine or heroin instead of larger quantities of opium, thus limiting the risks. The Islamic Republic of Iran continues to record enormous seizures of opiates, though its seizure figures in recent years have been lower than during the late 1990s, particularly the figures for opium and morphine seizures. Those trends may also be related partly to increased manufacturing activities in Afghanistan and partly to the shift in trafficking routes through Central Asia. However, since 2003, seizures in the Islamic

Republic of Iran have been rising again. Afghanistan has submitted seizure data since 2003, but the quantities of drugs seized in that country continue to be much lower than those reported by its neighbouring countries. Some countries on the Arabian peninsula that are increasingly being used as drug trafficking hubs have reported an increase in seizures of cannabis resin, heroin and amphetamine-type stimulants.

461. Seizures of opium, heroin and cannabis resin in Central Asia reflect a deteriorating situation with respect to illicit drug trafficking. Partly due to improved interdiction capacities, seizures of opium in Tajikistan increased in 2003 by 45 per cent, grew 14-fold in Kazakhstan and doubled in Uzbekistan. Seizures of cannabis resin also grew significantly. Similar increases were observed with respect to heroin seizures, which increased by 44 per cent in Tajikistan, 29 per cent in Uzbekistan and more than four times in Kazakhstan. That trend continued in 2004. The Board urges the Governments concerned to reinforce their border control and interdiction capacity, especially along the borders with Afghanistan and the Russian Federation.

462. Drug abuse has become a serious concern in many countries in West Asia. For example, the Islamic Republic of Iran reported an increase in heroin consumption, including injecting drug use; opium remains the most widely used drug in that country. Pakistan continues to have one of the highest prevalence rates for heroin abuse in the world, though the trend has reportedly been decreasing recently. Cannabis continues to be widely abused in Pakistan. Both countries also reported an increase in HIV/AIDS among drug users. Drug abuse has also risen in Afghanistan in recent years, where an increase has also been noted in injecting drug use among heroin abusers.

463. The recently published national assessment on drug abuse, conducted in 2003 and based on studies conducted in six major cities, confirmed that the prevalence of drug abuse in Turkey is lower than in other countries in West Asia, though an increasing trend was noted. Cannabis and inhalants are the most commonly abused substances. In addition, heroin and MDMA are increasingly being abused. The results further suggest a relatively young population of drug users. A sizeable percentage of drug abusers also reported having recently injected drugs. Heroin was the main substance associated with injecting drug use.

Furthermore, countries in the eastern Mediterranean area and on the Arabian peninsula have experienced an increase in the abuse of opiates, especially heroin, in addition to widespread abuse of synthetic drugs.

464. As a consequence of large quantities of illicit drugs being trafficked throughout Central Asia, there has been a rising incidence of drug abuse in recent years. The abuse of heroin, opium and cannabis is a serious problem in the subregion, and it is growing in importance. The number of registered drug users in Kazakhstan stood at almost 50,000 people at the start of 2004, which represents an increase of 6 per cent over the previous year. A similar rate of increase was reported in Uzbekistan, with about 22,000 individuals, mostly heroin addicts, registered in treatment and prevention institutions in 2004. In Kyrgyzstan, the number of officially registered drug users (of which 65 per cent were heroin and opium addicts) totalled 5,600 in 2003, an increase of 10 per cent compared with 2002.

465. In Central Asia, the number of HIV/AIDS-infected people continues to increase, fuelled by injecting drug use. The latest estimates of the United Nations Office on Drugs and Crime suggest a total of 46,000 injecting drug users in this subregion, of whom over 9,000 are HIV-infected. While approximately 10 per cent of HIV/AIDS infections worldwide are caused by injecting drug use, this mode of transmission accounts for 60-90 per cent of new HIV/AIDS cases in Central Asia. In 2004, HIV/AIDS prevalence was highest in Kazakhstan (4,000 persons, or 2.5 per cent of all injecting drug abusers, were reported to be HIV-positive), followed by Kyrgyzstan (1.9 per cent). During the past two years, the number of HIV cases has doubled in Uzbekistan, bringing the total number of persons infected with HIV to 3,600 in 2004. The Board notes with concern the increasing proportion of HIV/AIDS infection among young people, and the reported spread of HIV in the prison systems. Reportedly, two thirds of prison inmates abuse drugs in Kazakhstan. The Board urges the Governments to take measures, with the support of all concerned, to prevent the further spread of HIV among all segments of the population.

Psychotropic substances

466. The Board notes with concern the increasing abuse of psychotropic substances, mainly

benzodiazepines and barbiturates, in tablet form, particularly among women, in West Asia. Such substances are often freely available and obtained without a doctor's prescription. The Board is particularly concerned about the extent of that problem in Afghanistan, Pakistan, Turkey and other countries in the region. The Board urges the Governments of countries in the region to strengthen regulations on drug control, including at the retail level, while ensuring that sufficient controlled medicines are available for medical purposes.

467. Of increasing concern in many countries in West Asia is also the abuse of inhalants, which has been noted in the assessments carried out in Pakistan and Turkey and which is mainly associated with young people and adolescents, especially street children.

468. The abuse of amphetamine-type stimulants continues to be limited in West Asia. However, in the last two years, the availability and increasing use of MDMA (Ecstasy) or party or designer drugs have been noted in several countries in the region, including the Islamic Republic of Iran, Pakistan and Turkey. Trafficking in and abuse of other illicitly manufactured stimulants (often reported as Captagon) also continues and is of particular concern in countries on the Arabian peninsula.

Missions

469. The Board sent a mission to Pakistan in July 2004 and notes the significant efforts made by the Government of Pakistan in combating illicit drug production, trafficking and abuse. For more than two decades, the country had been heavily affected by drug trafficking and had had a high prevalence of drug abuse. As a result, the law enforcement and demand reduction systems have been built up and considerable expertise has been accumulated in the suppression of illicit drug production, trafficking and abuse. The Board welcomes recent initiatives launched to develop legislation against money-laundering and encourages the Government of Pakistan to investigate incidents involving corruption.

470. The Ministry of Narcotics Control of Pakistan was established in 2003 to coordinate drug control activities. The Board hopes that the importance given to drug control within the institutional framework in Pakistan will contribute to the effective coordination of efforts by all authorities involved in the control of licit

and the countering of illicit drug-related activity, including at the federal and provincial levels.

471. The Board notes with concern the resurgence of illicit opium poppy cultivation in Pakistan in 2003, which continued in 2004. The Board recognizes the commitment by the Government of Pakistan to eradicate illicit crop cultivation areas. Trafficking in opiates originating in Afghanistan, as well as cannabis, which is also produced throughout Pakistan, continues unabated in Pakistan. The Board encourages the Government of Pakistan to continue to expand its demand reduction activities related to drug abuse prevention and treatment and to periodically investigate the extent and patterns of drug abuse. The abuse of heroin has reportedly been declining recently, but the abuse of some psychotropic substances is rapidly increasing.

472. In Pakistan, control over the licit distribution of pharmaceutical products has been found to be inadequate; that is reflected in the fact that controlled drugs are easily obtained without prescription through pharmacies. The Board is also concerned about incomplete reporting by Pakistan to the Board. The Board urges the Government to take the necessary steps to monitor the domestic manufacture and distribution of narcotic drugs and psychotropic substances, while ensuring sufficient availability of and accessibility to controlled drugs for medical purposes. Finally, the Board encourages the Government of Pakistan to decide as soon as possible about the future of the Opium Alkaloid Factory and, if it is continued, to integrate it into the existing licit drug control mechanism with a view to providing better laboratory and treatment services, as well as improve the reporting to the Board.

473. A mission of the Board visited Turkmenistan in December 2003. Particularly in view of its proximity to Afghanistan, it is important that Turkmenistan complies with all its obligations under the international drug control treaties, takes more vigorous efforts against illicit drug trafficking through its territory and gives high priority to cooperating actively with the international community in the fight against illicit drug trafficking.

474. The Government of Turkmenistan has provided only limited information on drug abuse, illicit drug

trafficking and seizures in that country. The Board requests the Government to ensure the systematic collection, analysis and use of information on drug abuse and the illicit drug traffic. The Government should share such information with the relevant international organizations and the Board, in conformity with the requirements of the international drug control treaties. The Board recommends that the Government carry out regular epidemiological studies on drug abuse.

475. In Turkmenistan, the legislative basis for the implementation of several provisions of the international drug control treaties has not yet been established. The Board urgently requests the Government to enact and implement such legislation, including the provisions concerning money-laundering and the control of precursors.

476. The Board encourages law enforcement authorities in Turkmenistan to intensify their efforts to curtail the illicit drug traffic and requests the Government to strengthen the capacity of those authorities to prevent the smuggling of illicit drugs into Turkmenistan as well as the use of the country as a transit area for consignments of illicit drugs and precursors. The Board encourages the Government to closely cooperate with the Governments of its neighbouring countries and to actively participate in regional drug control cooperation efforts. The Government should establish an effective system to monitor the manufacture and distribution of and international trade in precursors and should regularly furnish the required reports to the Board.

477. While data from official sources are not available, there are some reports that the number of drug addicts in Turkmenistan is increasing. The Board invites the Government to ensure that adequate treatment facilities are provided for drug addicts, in line with good medical standards. The Board recommends that the Government promote the rational use of narcotic drugs and psychotropic substances for medical treatment. The authorities should monitor the consumption levels of narcotic drugs and psychotropic substances and ensure that they are available in sufficient quantities to those who need them, while enforcing the strict observance of the prescription requirement.

D. Europe

Major developments

478. Cannabis continues to be trafficked throughout Europe. Cannabis herb is increasingly being cultivated locally, particularly in member States of the European Union. It is estimated that more than 200 tons of cocaine are smuggled into Europe every year, entering the region mainly via Belgium, the Netherlands, Spain and the United Kingdom. After three successive years of bumper harvests of opium poppy in Afghanistan, heroin trafficking has regained some momentum in Europe. There continues to be a significant illicit manufacture and abuse of amphetamine-type stimulants, in particular MDMA (Ecstasy) and amphetamines, in the region.

479. The abuse of cannabis has shown an upward trend in almost all countries in Europe over the past 10 years. According to the United Nations Office on Drugs and Crime, Europe currently accounts for an estimated 20 per cent of all cannabis abuse in the world. The number of people in Europe seeking treatment for cannabis abuse has also increased. According to the European Monitoring Centre on Drugs and Drug Addiction, 12 per cent of all drug abusers in treatment and 25 per cent of new drug abusers in treatment in member States of the European Union list cannabis as the primary drug of abuse. Cannabis has the highest prevalence figure in most countries in the region. However, the public debate over cannabis use is dominated more by its alleged potential benefits than by its risks. The above-mentioned upward trend in cannabis use seems to be related to the efforts by some to promote the notion that cannabis use is not harmful.

480. Whereas the abuse of heroin is stable or declining in most countries in Western Europe, the abuse of heroin in countries in Eastern Europe and in member States of the Commonwealth of Independent States (CIS) continues to increase. The abuse of heroin has overtaken the abuse of "kompot" (concentrate of poppy straw) in the Russian Federation, which is becoming the largest heroin market in Europe.

481. Although methamphetamine accounts for the bulk of the amphetamine-type stimulants manufactured in the world, in Europe the clandestine manufacture of methamphetamine and its abuse appear to be limited to a few countries only. While the levels of abuse in

Western Europe appears to have stabilized, Eastern Europe is becoming increasingly important in terms of the manufacture, as well as the abuse potential, of amphetamines and MDMA (Ecstasy), which are rapidly becoming popular drugs of choice. In the Czech Republic and Poland, as well as the Baltic States (Estonia, Latvia and Lithuania), the incidence of the clandestine manufacture of amphetamines and MDMA (Ecstasy) has increased, as the number of detected illicit manufacturing factories and laboratories and the quantity of drugs seized continue to grow; such drugs are increasingly being manufactured on a large scale. Increased domestic demand has resulted in a shift towards illicit manufacture of synthetic drugs, while local illicit manufacture has fuelled the spread of their abuse in the region.

482. The use of contaminated injection equipment among drug users continues to fuel the spread of HIV/AIDS; the Baltic States and the CIS member States have the highest growth rate of HIV cases among injecting drug abusers. About 80-90 per cent of new HIV cases in those countries are the result of injecting drug abuse, and the prevalence of injecting drug abuse among the adult population (persons 15-64 years old) is estimated to be as high as 2.5 per cent in Estonia, 2 per cent in the Russian Federation and 1.2 per cent in Ukraine. Furthermore, the observed spread of injecting drug abuse among sex workers and in prisons has exacerbated the situation, keeping the growth rate of registered HIV cases high or climbing. In 2003, 4 per cent of the prison population in the Russian Federation (or 37,240 persons) were infected with HIV: 95 per cent of the persons infected were injecting drug abusers. The proportion of the prison population infected with HIV was 3 per cent in the Republic of Moldova, 2 per cent in Belarus and 1 per cent in Ukraine.

483. The number of member States of the European Union increased from 15 to 25 on 1 May 2004; that development has resulted in the removal of border controls at many more borders of European Union member States. Several member States of the European Union are therefore in the process of reorganizing their customs services and significantly reducing their staff. The Board emphasizes that such adjustments should not have any adverse impact on the control of illicit drugs and precursors and the capacity to act against drug trafficking. Similarly, in many of the States that acceded to the European Union in 2004, controls over

chemicals used in the illicit manufacture of drugs have been stricter than those required by European Commission regulations. The Board is concerned that the enlargement of the European Union membership may lead to a weakening of existing import or export controls throughout Europe. The Board calls on Governments of European countries to continue to enforce provisions relating to international trade in controlled substances.

484. Countries along the Balkan route continue to be vulnerable to illicit crop cultivation, the illicit production or manufacture of and transit trafficking in cannabis, heroin and synthetic drugs and the spread of organized crime, as a result of the continued unstable security situation, poor coordination of law enforcement efforts, lack of resources and widespread corruption in the public sector. The northern and southern branches of the Balkan route continue to supply up to 80 per cent of the heroin distributed in Europe.

485. The availability of treatment for drug addicts has increased steadily over the past few years, particularly in the member States of the European Union. Drug abuse treatment has also become more diverse: whereas, in the past, such treatment was largely for opiate dependence, more individuals are now seeking treatment for the abuse of other substances, such as cannabis and cocaine. In countries with economies in transition, however, drug abuse treatment services continue to face the consequences of restructuring and may, as a result, have to reduce their services or compete with private treatment providers, to the detriment of the increasing number of drug abusers seeking treatment. The Board urges Governments to allocate adequate resources and expand treatment services for drug addicts.

486. The Board welcomes the publication of initial results from one of the largest international studies ever to be carried out on drug abuse. The quadrennial European School Survey Project on Alcohol and Other Drugs (ESPAD), which has been carried out under the auspices of the Pompidou Group of the Council of Europe since 1995 in some 30 European countries, is a cross-sectional survey undertaken in the school environment, covering more than 90,000 middle-school and secondary-school students aged 15-16. The results provide valuable information to policy makers about

the development attitudes and opinions regarding drugs over time.

Treaty adherence

487. Of the 44 States in Europe, 43 are parties to the 1961 Convention and the 1971 Convention and 41 States and the European Community are parties to the 1988 Convention.

488. Andorra remains the only State in Europe that is not a party to the 1961 Convention or the 1971 Convention. The Board invites Andorra to accede to both conventions as soon as possible.

489. The Board strongly encourages the Holy See, Liechtenstein and Switzerland to become parties to the 1988 Convention and reiterates that the 1988 Convention is the basis for effectively addressing illicit trafficking in narcotic drugs and psychotropic substances and other related issues such as money-laundering.

Regional cooperation

490. In March 2004, the European Parliament approved the proposal for a Council of the European Union framework decision laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking. In accordance with that decision, member States of the European Union must take the necessary measures to ensure that serious trafficking offences are punishable by effective, proportionate and dissuasive criminal penalties, ranging from 1 to 10 years of imprisonment. The decision further requires member States to take the necessary measures to make incitement to commit, aiding and abetting or attempting illicit drug trafficking a criminal offence. The Board notes that possession and related offences of small quantities of drugs for "personal use" are excluded from the scope of the decision.

491. In July 2004, the Council of the European Union adopted a resolution on cannabis. The resolution calls for a variety of measures to be undertaken by member States of the European Union to address the problems of abuse of and trafficking in that substance. The resolution also calls for further research on cannabis and invites member States of the European Union to encourage new and ongoing research activities

involving cannabis, especially regarding its dependency and health risks. Furthermore, in its resolution, the Council encourages member States of the European Union, in accordance with their national legislation, to consider taking measures against Internet sites providing information on cannabis cultivation and promoting the abuse of cannabis.

492. Under the European Commission framework programme for police and judicial cooperation in criminal matters the European Conference on Money Laundering was held in Santander, Spain, from 26 to 29 April 2004. Organized by the Government of Spain, the event brought together customs and police service representatives from all member States of the European Union, as well as the European Commission, the United Nations Office on Drugs and Crime, FATF, Interpol, the European Police Office (Europol) and the European Monitoring Centre for Drugs and Drug Addiction. Participants explored how illicit drug demand and market data could contribute to a better understanding of the magnitude of the phenomenon of money-laundering. They also exchanged views on international intelligence-sharing, implementing legal frameworks and dealing with methods used by those engaged in money-laundering.

493. Regional cooperation remains strong with the eastward expansion of the European Union; countries in Southern Europe and CIS member States are becoming increasingly open to regional partnerships, especially in the areas of information exchange, law enforcement and supply and demand reduction. In 2004, the Russian Federation joined Operation Purple, which provides for international control over shipments of potassium permanganate, and Serbia and Montenegro joined Operation Topaz, which facilitates cross-border tracking of consignments of acetic anhydride. Ukraine participates in Project Prism and Operation Purple and takes part in Operation Topaz as an observer; furthermore, Ukraine continues to participate actively in the activities of the Southeast European Cooperative Initiative and other regional operations, such as the second phase of Operation Containment, Operation Redoubt and Operation Channel. The Board notes the openness to international cooperation of the Government of Ukraine and, given the importance of establishing adequate controls over acetic anhydride, urges Ukraine to become a full participant in Operation Topaz.

494. The drug control authorities of the new member States of the European Union have continued their cooperation within the framework of the Phare programme (which will be phased out by 2006 for eight of the new European Union member States), workshops of the Council of Europe, and projects of the European Union, FATF and Interpol. Joint efforts have been undertaken in such areas as implementing measures against the illicit drug supply and money-laundering, emphasizing drug abuse prevention and treatment components of national strategies and integrating drug control activities of the national competent authorities of the new member States of the European Union into the framework of the European Monitoring Centre for Drugs and Drug Addiction.

495. The Russian Federation continues to make efforts to contain the threat of opiate trafficking following another massive harvest of opium in Afghanistan. The competent authorities of the Russian Federation, jointly with the other CIS member States in the Collective Security Treaty Organization and the Shanghai Cooperation Organization, undertook measures to disrupt international drug trafficking, including by using the technique of controlled delivery; those efforts resulted in significant drug seizures. Operation Channel, conducted in September 2004 by the competent authorities of Armenia, Belarus, Kazakhstan, Kyrgyzstan, the Russian Federation and Tajikistan within the framework of the Collective Security Treaty Organization, effectively improved interdiction capabilities and communication and coordination arrangements among participating law enforcement agencies. Particular attention was paid to the links between drug production and trafficking, involvement of banks in money-laundering schemes, financing of terrorist activities and the need to step up drug control operations.

496. The Republic of Moldova and Ukraine, within the framework of activities of the GUUAM States (Azerbaijan, Georgia, the Republic of Moldova, Ukraine and Uzbekistan), have continued to strengthen their cooperation in pursuing the common objectives of strengthening regional security and combating international drug trafficking, money-laundering and international terrorism. The activities of the GUUAM States are aimed at enhancing the ability of CIS member States in Eastern Europe, the Caucasus and Central Asia to respond effectively to new challenges and threats. The Board notes that the GUUAM States

are establishing a virtual law enforcement centre and an inter-State information analysis system that will foster the exchange of data and the coordination of border and customs control measures for tackling illicit drug trafficking.

National legislation, policy and action

497. In May 2004, the Government of the Russian Federation adopted a decree amending the criminal code and administrative regulations, which, inter alia, establish average single doses of narcotic drugs and psychoactive substances for the purpose of defining penalties for possession for personal use of and trafficking in illicit drugs. The decree stipulates that possession of illicit substances and related offences involving amounts of less than 10 average single doses will no longer be considered a criminal violation; instead it will be treated as an administrative infraction. The amendments will contribute to placing the emphasis of law enforcement efforts on pursuing drug traffickers rather than on drug abusers, while promoting the use of medical and social intervention programmes to mitigate the negative consequences of drug abuse. The Board notes that the amendments will allow heavier penalties to be imposed for trafficking in narcotic drugs and psychotropic substances, which is appropriate in view of the fact that there has been a significant increase in illicit drug trafficking in the Russian Federation.

498. In an effort to further align national legislation with the provisions of the international drug control treaties, the Government of the Russian Federation adopted in September 2004 a decree addressing the problem of domestic production of plant-based narcotics. The new decree makes it illegal to cultivate any plants containing narcotics, including cannabis, coca bush, all varieties of opium poppy, khat, psilocybin (hallucinogenic mushroom) and mescaline (peyote).

499. In France, a new government plan against illicit drugs, tobacco and alcohol for the period 2004-2008 was launched in July 2004 to ensure more homogeneous application of the law of 31 December 1970 on measures against drug abuse and drug trafficking, which makes possession of illicit drugs for any purposes a criminal offence. The Board notes that the Government of France decided against a change in the law itself, as that might have given the wrong

signal to the population regarding the danger of drugs, leading to a further increase in drug abuse. The new policy foresees the introduction of sanctions that are to have a deterrent effect, thereby reducing recidivism.

500. In Switzerland, the Parliament rejected a draft drug bill in June 2004 that, inter alia, would have led to the decriminalization of cannabis possession and related offences.

501. Several countries in Europe have taken measures aimed at reducing the demand for cannabis. In Switzerland, an action plan for the period 2004-2007 was launched to reduce cannabis abuse, particularly among young people, and to direct heavy cannabis abusers to counselling and treatment centres; each year, 1 million Swiss francs will be allocated to the action plan, which will make use of primary prevention measures, information campaigns and counselling services for adolescents and young adults, as well as their parents. In September 2004, "Realize it", a project to reduce cannabis abuse and cannabis dependence, was launched jointly by the Governments of Germany and Switzerland. The project involves using a 10-week counselling session to motivate young people who are regular or heavy cannabis abusers to reduce the amount of cannabis that they abuse or to stop abusing the drug altogether. In Germany, three drug counselling centres in cities close to the Swiss border are participating in the project. The Board welcomes the above-mentioned initiatives in the area of cannabis abuse prevention. The Board encourages the Government of the Netherlands to conclude its action plan against cannabis abuse, which is currently being developed.

502. In Ireland, the second phase of the National Drug Awareness Campaign was launched in January 2004. The campaign is an important component of the National Drugs Strategy of Ireland, which involves making a concerted effort in the areas of supply reduction, prevention, treatment and research in order to achieve the overall aim of reducing significantly the harm caused to individuals and society. One of the keys to achieving the overall aim of the campaign is to promote throughout society greater awareness, understanding and clarity about the dangers of drug abuse.

503. For the past two years, countries in Central and Eastern Europe have been actively strengthening their legislative base and action plans for addressing illicit

drug abuse and trafficking. The Government of the Czech Republic has presented its new national drug control strategy for the period 2005-2009, aimed at shifting the focus of competent authorities and institution in the field of drug control from supply reduction to the prevention and treatment of drug abuse, in particular among adolescents. The Governments of Latvia and Lithuania have continued to implement their new drug control strategies for the period 2004-2008, which have a common objective: promoting drug abuse prevention initiatives involving local authorities and civil society. In February 2004, the Parliament of Slovenia approved a new national drug control programme for the period 2004-2009, which envisages further strengthening of programmes for the reduction of illicit drug demand and supply, the development of drug control information systems, the coordination of prevention, evaluation and research programmes at the interministerial level and the promotion of international cooperation.

504. The restructuring of the competent drug control authorities of the Russian Federation continues. In July 2004, the State Committee of the Russian Federation on Narcotics and Psychotropics Control (Gosnarkokontrol), established in March 2003, was transformed into the Federal Drug Control Service and given a broad mandate to fight illicit drug trafficking, control the licit movement of narcotic drugs and psychotropic substances and promote inter-agency cooperation in the area of drug abuse prevention. The Board notes, however, that the legislative and operational aspects of the national drug control system need to be strengthened further to ensure co-operation among the newly structured competent authorities and government institutions involved in drug control.

505. Governments of the CIS member States continued strengthening their capacity to counter money-laundering by improving national legislative bases and institutional structures. An agreement was reached in October 2004 to create an FATF-type regional body in Moscow that would coordinate the efforts of CIS member States to combat money-laundering and financial crime. The Board notes that, in Belarus, following a revision of the relevant legislation, a financial investigation unit which is to facilitate cooperation with international agencies, as well as regional and bilateral partners, became operational.

506. In March 2004, the Government of Italy set up a national department for drug control policy in the Office of the Prime Minister to coordinate initiatives to deal with drug problems and to develop a three-year national drug control action plan.

507. In Spain, Royal Decree No. 1555/2004 was adopted in June 2004, making the Plan Nacional Sobre Drogas a part of the Ministry of Health and Consumer Affairs. Previously, the National Plan on Drugs had been an organizational entity of the Ministry of the Interior.

508. The Netherlands continues to implement an action plan against MDMA (Ecstasy). In March 2004, a progress report indicated that the implementation of the action plan, which is to run until 2006, had led to an increase in the quantity of raw materials seized and in the number of suspects detained. Furthermore, the formation of specialized investigative teams yielded positive results, such as the dismantling of an internationally drug trafficking network in December 2003.

509. According to the European Monitoring Centre for Drugs and Drug Addiction, the availability of drug substitution treatment in 15 European Union member States and Norway has increased by 34 per cent over the last five years. Some 400,000 people currently receive such treatment. Over 60 per cent of the treatment facilities are in France, Italy and Spain. The biggest increase in the availability of drug addiction treatment has been in countries that initially had few facilities for such treatment. The Board urges Governments of member States of the European Union to assess the impact of such programmes on the illicit market for and the abuse of heroin.

510. The establishment of rooms for drug injection, consumption and/or inhalation or other facilities where illicit drugs are administered continues to be a contentious issue, particularly in the member States of the European Union. While it is sometimes argued that drug injection rooms have some positive effects, such as establishing contact between social services and the hard-to-reach population of injecting drug abusers, the provision of such facilities raises legal and ethical issues. Drug injection rooms are legal facilities for the purpose of facilitating behaviour that is both illegal and damaging. The drugs used in those facilities come from the illicit market. The Board notes that the Governments of many European countries with drug

control policies as diverse as those of Denmark and Portugal have opted against the establishment of drug injection rooms, and the Board strongly supports their decisions. The Board also reiterates that drug injection rooms are against the central principle embodied in the international drug control treaties, namely that the use of drugs should be limited to medical and scientific purposes only.

511. The Board notes with concern that cannabis seeds and drug abuse paraphernalia continue to be sold over the Internet, often through advertisements specifically targeting young people. Moreover, drug abuse is presented as a desirable activity in magazines, other printed matter and on Internet sites. The Board notes that article 3, paragraph 1 (c) (iii), of the 1988 Convention requires States parties to establish as a criminal offence, inter alia, public incitement or inducement of others to engage in illicit drug use or drug trafficking. The Board appeals to Governments to apply that provision of the 1988 Convention, especially when minors are involved.

Cultivation, production, trafficking and abuse

Narcotic drugs

512. Albania and other countries in the area of the Balkans (Bulgaria, Croatia, Serbia and Montenegro and the former Yugoslav Republic of Macedonia) as well as the Russian Federation and Slovenia, remain the main suppliers of cannabis in Eastern Europe. In 2002, a total of 35 tons of cannabis were seized in Eastern Europe and an additional 30 tons were seized in the Russian Federation. Cannabis continues to be cultivated in Western Europe, mainly in the Netherlands and, to a lesser extent, in its neighbouring countries as well as in Switzerland. The Board appreciates the action of Switzerland against the illicit cultivation of cannabis, such as Operation Indoor, which resulted in the dismantling of 60 cannabis cultivation sites and the closure of 70 hemp shops in Switzerland; in addition, 4.2 tons of cannabis were seized.

513. Morocco remains a major source of cannabis resin abused in Western Europe. Cannabis resin from Morocco is smuggled into Spain in freight or other motor vehicles by ferry or on small boats. The drug is then transported by land to Belgium, France, the Netherlands and the United Kingdom. The Russian

Federation continues to be an important supplier of cannabis resin, reporting in 2002 the largest amount of cannabis resin seized in Eastern Europe—a total of over 1.4 tons. A total of over 2 tons of cannabis resin were seized in Eastern Europe in 2002.

514. Cannabis is the most widely abused illicit drug in Europe (and in all other regions). In Europe, an estimated 28.8 million people, or 5.3 per cent of the total population, abused cannabis during the last 12 months. Cannabis abuse continued to increase in 2003 and 2004 in Eastern Europe, where 3.6 per cent of the adult population, or about 8.5 million people, reportedly abuse cannabis. In the Czech Republic, the average annual prevalence rate for cannabis abuse is 11 per cent. In Eastern Europe, the average annual prevalence rate for cannabis abuse among persons 15-16 years old has doubled in the last decade.

515. Portugal and Spain continue to be used as main points of entry for cocaine consignments from South America, accounting for 5 per cent of the cocaine seized worldwide. There was an increase in the total amount of cocaine seized in some Western European countries (Belgium, France and Italy); that figure also increased in some Eastern European countries, albeit from a lower level. In Estonia, 30 kg of cocaine were seized in 2003, the largest figure ever recorded in that country.

516. In Europe, cocaine abuse has increased since 1998, with a tendency towards stabilization. In Eastern Europe, cocaine abuse is still at a level well below that of Western Europe. Cocaine abuse appears to be increasing in the United Kingdom and, to a lesser extent, in Denmark, Germany, the Netherlands, Spain and Switzerland. Data show that 1-9 per cent of persons aged 15 to 34 have abused cocaine in their lifetime.

517. The illicit cultivation of opium poppy is at a low level in countries in Central and Eastern Europe and in the CIS member States; however, reported seizures of opiates indicate that the trafficking volume is high. In 2002, almost 2.5 tons of opium were seized in Eastern Europe. A total of 1,505 kg of opium were seized in the Republic of Moldova, 445 kg in the Russian Federation, 261 kg in Lithuania and 170 kg in Estonia. Over 2.7 tons of heroin and morphine were seized in Eastern Europe in 2002; 844 kg of heroin and morphine were seized in the Russian Federation.

518. After a recent decline, heroin seizures have increased again in Europe. Some 90 per cent of the opiates destined for illicit drug markets in Europe are estimated to have come from Afghanistan. Examination of the European seizures indicates that the so-called southern branch of the Balkan route, leading to Italy via Greece, Albania or the former Yugoslav Republic of Macedonia, decreased in importance in 2003. The traditional northern branch of the Balkan route, a land route that passes through Turkey, Bulgaria, Romania, Hungary and Austria, is playing a more significant role than it did in 2002. Partly as a result of improved law enforcement measures, the total volume of heroin seized is reported to have increased in most countries on the traditional route; the total quantity of heroin seized in Bosnia and Herzegovina doubled in 2003 and an increase in heroin trafficking has been noted in Croatia. The United Kingdom, Italy and the Netherlands (in that order) account for most of the heroin seized in Europe. In February 2004, some 113 kg of heroin were seized in Austria, the largest heroin seizure ever made in that country. Ferry connections between Albania and Italy are increasingly being used for smuggling heroin. Albania and the Kosovo area (in Serbia and Montenegro) are increasingly being used for storing and trans-shipping heroin destined for member States of the European Union.

519. In addition to heroin, amphetamines, MDMA (Ecstasy) and LSD are becoming more popular as drugs of choice in some countries in Central and Eastern Europe. Synthetic drugs are increasingly being illicitly manufactured locally, as evidenced by the fact that the number of detected illicit drug laboratories has continued to grow. In the Czech Republic, 32 illicit drug manufacturing laboratories were dismantled in 2003 and over 35,000 MDMA (Ecstasy) tablets and 7,300 doses of methamphetamine were seized. Poland continues to be a major supplier of amphetamines and MDMA (Ecstasy), mostly due to increased domestic demand. Seizures indicate that synthetic drugs are being illicitly manufactured on a large scale in Bulgaria, and that that country is becoming a major source of amphetamines, MDMA (Ecstasy) and precursors in Europe, having seized 350 kg of amphetamines and 1.5 tons of precursors in 2003. There has been a similar increase in the illicit manufacture of synthetic drugs in the Baltic States, where many clandestine laboratories for large-scale

illicit drug manufacture were dismantled and record quantities of illicit drugs were seized in 2003. There has also been a shift in the amounts of the various drugs seized: the total volume of seizures of locally manufactured amphetamines and MDMA (Ecstasy) is overtaking that of heroin and other opiates in Estonia and Lithuania.

520. Russian border guards stationed on the 800-mile border between Afghanistan and Tajikistan have continued to be effective in fighting illicit drug trafficking, as they seized 5.3 tons of illicit drugs, including 2.7 tons of heroin, in 2003. Although that figure is only a fraction of the total amount being smuggled, it represents an increase of 33 per cent over the figure for 2002. According to the Russian Federal Drug Control Service, over 70 per cent of the opiates seized on the Russian border and inside the country originate in Afghanistan.

521. According to the United Nations Office on Drugs and Crime, some 4 million people in Europe abuse opiates; two thirds of those people are in countries in Eastern Europe, primarily in the Russia Federation where the level of opiate abuse is very high. According to official estimates, there are over 1 million heroin abusers in the Russian Federation; thus, that country has become the largest heroin market in Europe. In Western Europe the country with the highest level of opiate abuse is Luxembourg, followed by Portugal, the United Kingdom, Italy and Switzerland. Whereas heroin abuse is stable or declining in Western Europe, it has been increasing in most countries in Eastern Europe.

522. The ongoing illicit production of poppy straw in the Russian Federation, supplemented by illicit imports, the availability of heroin of lower purity and a fivefold drop in prices in recent years may be some of the causes of the sudden increase in the abuse of opiates in that country.

523. The Board is concerned about a recently revealed fact: fentanyl, a synthetic opioid, has been illicitly manufactured in Ukraine. The fentanyl from Ukraine was reportedly illicitly supplied to the Baltic States and to Scandinavian countries. Given the potency of that substance and the immediate proximity of large consumer markets, the Board requests the Government of Ukraine to monitor the situation closely and to take the necessary measures to eliminate the illicit manufacture of fentanyl.

Psychotropic substances

524. The Netherlands continues to be the country most frequently reported by other countries as being the main source of MDMA (Ecstasy) and amphetamine; however, the frequency of those reports is declining and the manufacture of amphetamine-type stimulants is increasingly being reported in Central and Eastern Europe. Estonia and Poland have been identified as the main sources of amphetamines and MDMA (Ecstasy). The Polish law enforcement authorities report the dismantling of an average of 10 clandestine amphetamine laboratories every year; however, 8 such laboratories were dismantled already in the first quarter of 2004. In Ukraine, several well-equipped clandestine laboratories, manufacturing amphetamine-type stimulants and phencyclidine, a psychotropic hallucinogen, have been detected and dismantled in recent months. The fact that nine laboratories for the small-scale manufacture of GHB were discovered in Germany in 2003 indicates the increasing importance of that substance for the illicit drug market in that country.

525. Polish amphetamine is smuggled into Germany, Norway, Sweden and Ukraine, as well as the Baltic States, while an estimated 65 per cent of illicitly manufactured amphetamine is abused locally. Similarly, in most countries in Central and Eastern Europe and CIS member States, the abuse of stimulants has increased. Stimulants are becoming the most common drug of abuse among registered first-time drug abusers.

526. The abuse of both MDMA (Ecstasy) and amphetamine appears to have stabilized in most European countries. The level of abuse of MDMA (Ecstasy) in European countries is among the highest in the world, second only to the level in Australia. In Europe, the level of abuse of MDMA (Ecstasy) is reportedly highest in Ireland, followed by the Czech Republic, the United Kingdom and Spain. The highest level of amphetamine abuse in Europe is reportedly in the following European Union member States (listed in decreasing order): United Kingdom, Ireland, Denmark, Spain, Czech Republic, Estonia and Poland. In Sweden, one of the first countries in Europe to be seriously affected by amphetamine abuse, a survey undertaken among military conscripts suggested that in 2003, amphetamine abuse in that subpopulation had reached its lowest level since 1996.

527. Psychotropic substances from the Balkan countries, as well as the Netherlands and Poland,

continue to be smuggled into Belarus, the Russian Federation and Ukraine. Furthermore, flunitrazepam (Rohypnol) tablets have been diverted from licit trade in that area and have been appearing on the illicit markets of the Baltic States and the Nordic countries (Denmark, Finland, Iceland, Norway and Sweden). Flunitrazepam is smuggled into Sweden, usually using Lithuanian couriers, by ferry either via the other Baltic States or via Germany and Denmark. Some of the shipments are also destined for Norway. Buprenorphine (opioid analgesic) reportedly originating in France is frequently seized in Finland. The Board urges Governments to intensify their efforts to maintain effective control over international trade in psychotropic substances and to strengthen international cooperation aimed at preventing or reducing the illicit manufacture of and trafficking in those substances. The Board also encourages law enforcement agencies in Europe to keep statistics on the different types of psychotropic substances seized.

528. Preparations containing psychotropic substances continue to be abused in several countries in Europe. The abuse of tranquillizers and sedatives has been reported in the Baltic States; as in Latvia, the lifetime prevalence rate for the abuse of such substances among persons aged 15-64 reached 22 per cent in 2003.

529. Several countries in Western Europe have placed khat under national control and regularly seize significant quantities of the substance. In Sweden, for example, the quantity of khat seized has steadily increased over the past few years, reaching almost 7 tons in 2003. In Norway, dried khat is reportedly either smoked in a mixture with tobacco or drunk as tea.

Missions

530. The Board sent a mission to Belgium in September 2004 to review the drug control situation and the progress made by the Government following its mission to that country in 1994. The Board notes with satisfaction that the Government of Belgium continues to be committed to addressing all aspects of the drug problem through an integrated and balanced approach.

531. The Board notes that, under the new legislation adopted by the Government of Belgium in January 2001, while the penalty for abuse of cannabis by an adult under specific circumstances has been reduced to administrative sanctions, the illicit manufacture of,

trafficking in and possession of drugs with the intent to resell or distribute remain prohibited. The Board encourages the Government to conduct a comprehensive evaluation of the effects of the implementation of the new legislation on the consumption and possession of or trafficking in cannabis, as well as on demand reduction, in order to ensure that the new legislation is achieving the desired results through the provision of treatment to, and assistance in the social reintegration of, the offender rather than through imprisonment.

532. The Board notes with concern that a Belgian pharmaceutical company continues to use seized cocaine materials for the licit manufacture of pharmaceuticals for export, reportedly because of problems regarding the quality of cocaine materials licitly manufactured in and exported from Peru. The Board urges the Government of Belgium to explore alternatives to the use of seized cocaine materials for such purposes. The Board notes the intention of the Belgian authorities to assist in resolving the issue of the quality of imported cocaine materials.

533. The Board notes with concern that the illicit manufacture of MDMA (Ecstasy) has apparently shifted from the Netherlands to Belgium. The Government of Belgium has placed a high priority on the suppression of illicit manufacture of and trafficking in synthetic drugs, including MDMA, in particular the detection and dismantling of clandestine drug laboratories and the interception of illicit drug consignments along the border. The Board notes with appreciation the efforts of the Belgian authorities in the prevention of illicit manufacture of and trafficking in synthetic drugs and, in view of the increasing illicit manufacture of MDMA in Belgium, encourages the authorities to continue to strengthen drug control efforts focusing on that substance.

534. A mission of the Board visited Denmark in September 2004. The Board commends the Government of Denmark for the development of the action plan against drug abuse entitled "The Fight against Drugs", which is based on the international drug control treaties and rejects any legalization of drugs. The Board also welcomes the considerable progress that has been made in the implementation of the initiatives of the action plan. The Board commends the Government of Denmark for the introduction of a "treatment guarantee", which requires municipalities to

provide a variety of options for the treatment of drug addicts within 14 days of each addict's request for such treatment.

535. The Board welcomes action taken by the Government of Denmark against the trafficking of cannabis in the district of Christiania in Copenhagen, which has reduced the availability of the drug in Copenhagen, as well as in the south of Sweden. The Board invites the Government to communicate to the general public the objectives and results achieved by bringing drug trafficking under control in that area.

536. The high level of khat seizures in Denmark indicates that there may be a problem involving the abuse of that substance, and the Board requests the Government to investigate the matter. As khat is not controlled under the international drug control treaties, problems with trafficking in the substance, which are experienced in all Scandinavian countries and in many other countries in Europe, may exacerbate. The Government may also wish to notify the Secretary-General of the khat problem with a view to initiating the procedure for bringing that substance under international control.

537. It appears that, contrary to Economic and Social Council resolution 1999/32, in which States were called upon to import poppy seeds only from countries where opium poppy was grown licitly in accordance with the provisions of the 1961 Convention, poppy seeds originating in Afghanistan have been exported to Denmark. The Board urges the Government of Denmark to complete its investigation of the matter as soon as possible and to do its utmost to prevent such imports in future.

538. A mission of the Board visited Portugal in April 2004. The Board examined the legal framework that has been applicable to drug-related offences involving small quantities of drugs since July 2001 and noted that the acquisition, possession and abuse of drugs had remained prohibited. While the practice of exempting small quantities of drugs from criminal prosecution is consistent with the international drug control treaties, the Board emphasizes that the objective of the treaties is to prevent drug abuse and to limit the use of controlled substances to medical and scientific purposes. The Board calls on the Government of Portugal to examine ways in which the commissions for the dissuasion of drug abuse can contribute towards preventing drug abuse.

539. The Board notes that the rate of licit consumption of psychotropic substances in Portugal is higher than that of every other European country except Ireland and that the reasons for the high level in Portugal are not known. In Portugal, seizures of medicines containing diazepam, alprazolam or oxazepam indicate that, despite the strict control system in place, there is some diversion of those substances from the licit market to the illicit market. The Board therefore calls on the Government of Portugal to examine the current system of control of the distribution of pharmaceutical products, as well as current practice concerning prescription and use of benzodiazepines. The Board would also like to draw the attention of the Government to Commission on Narcotic Drugs resolution 44/13, entitled "Contribution to the appropriate use of benzodiazepines".

540. A mission of the Board visited Sweden in September 2004. The Board commends the Government of Sweden for its commitment and efforts in the fight against drug abuse and illicit trafficking, in line with the international drug control treaties.

541. The Board welcomes the national drug action plan of Sweden covering the four-year period (2002-2005) which envisages the achievement of a drug-free society by implementing initiatives that will both reduce the demand for and limit the supply of illicit drugs. The Board stresses that drug control efforts can only be effective if they are long-term and sustained. The Board underlines the importance of continuing the coordinating effort of the Office of National Drug Policy Coordination.

542. On licit control, the Board welcomes action by the Government of Sweden that has been successful in curtailing larger-scale diversions of psychotropic substances, particularly flunitrazepam. The Board encourages the Government to strengthen its capacity to monitor prescriptions for internationally controlled drugs in order to detect non-medical use of those drugs.

543. Noting that access to treatment is often difficult for drug abusers in Sweden, the Board strongly encourages the Government to accord higher priority to the treatment of drug abusers, which is one of the pillars of the national drug action plan, and to substantially increase the budgetary allocation to the provision of treatment.

544. A total of almost 7 tons of khat were seized in Sweden in 2003. The Board stresses that those seizures may indicate that there is a problem involving khat abuse and requests the Government to investigate the matter and develop countermeasures. As khat is not controlled under the international drug control treaties, problems with trafficking in the substance, which are experienced in all Scandinavian countries and in many other countries in Europe, may exacerbate. The Government may also wish to notify the Secretary-General of the khat problem, with a view to initiating the procedure for bringing khat under international control.

545. The Board reviewed the drug control situation in Albania and the Government's compliance with the international drug control treaties. Following a mission to Albania in September 2002, the Board had recommended that the Government take various measures to strengthen drug control, including administrative reforms to ensure adequate coordination between government agencies.

546. Despite several communications to the Government of Albania, the Government has failed to provide the Board with any information regarding the implementation of its recommendations. The Board continues to be concerned over persistent reports about the serious drug control problems in the country, including the lack of attention to the widespread smuggling of drugs into other countries. The Board urges the Government to take immediate measures to implement fully the provisions of the international drug control treaties and to provide the Board with detailed information on the steps that have been taken.

547. The Board, while examining the drug control situation in Serbia and Montenegro, reviewed the progress made by the Government in the implementation of the Board's recommendations following its mission to that country in 2001. The Board notes with concern that the Government of Serbia and Montenegro has not established a drug coordinating body at the federal level or adopted a drug control master plan to address the situation with regard to drug abuse and trafficking, although such efforts are being made within the Republic of Serbia pursuant to the Board's recommendations.

548. Given the fact that Serbia and Montenegro is on the traditional Balkan route, the Board urges the Government to take the necessary steps to ensure that

drug control activities are well coordinated and effectively implemented, not only in the area of supply and demand reduction, but also in the control of licit activities related to narcotic drugs, psychotropic substances and precursors.

549. The Board notes with appreciation that, despite the lack of human and financial resources, a number of well-coordinated law enforcement activities have taken place in Serbia and Montenegro, resulting in the detection of some illicit laboratories with a large capacity for manufacturing amphetamine-type stimulants. The Board encourages the Government to continue its efforts in that area, with a view to addressing the increasing activities of organized crime, especially those activities related to drug trafficking.

550. The Board reviewed progress made by the Government of Ukraine in the implementation of the Board's recommendations following its mission to that country in July 2001. The Board notes with appreciation that the Government has acted on its recommendations and has made considerable progress in some areas of drug control. In particular, the Board notes that the position of the National Narcotics Control Committee has been improved within the administrative structure, with a view to strengthening its role as coordinator of the relevant drug control agencies within the country. Ukraine has acceded to the 1972 Protocol amending the 1961 Convention, adopted legislation against money-laundering and introduced additional controls over substances such as codeine and phenobarbital.

551. The Board shares the concern of the Government of Ukraine over the worsening drug abuse situation in that country, particularly with regard to the significant increase in the number of heroin addicts, as well as the fact that the majority of registered addicts are adolescents. The Board urges the Government to strengthen its efforts in the area of prevention and demand reduction in order to halt and even reverse that alarming trend.

E. Oceania

Major developments

552. Australia and New Zealand account for the majority of the drug and precursor seizures made in Oceania. There has been a considerable increase in the

illicit manufacture and abuse of amphetamine-type stimulants in those two countries. The total number of clandestine laboratories detected in Australia reached 314 in 2003.

553. In Australia, heroin abuse has declined to a level below the levels recorded prior to the heroin shortage of early 2001. Most (90 per cent) of the heroin abused in Australia originated in South-East Asia; Sydney is the main port of entry for heroin shipments arriving in the country. The reduction in the availability of heroin in Australia has resulted in heroin abusers turning to other drugs.

554. Party drugs such as GHB, as well as ketamine trafficking and abuse, are a cause for serious concern in Australia, as is the abuse of several benzodiazepines diverted from licit distribution channels.

555. Trafficking organizations based outside of New Zealand are shipping into the country large quantities of amphetamine-type stimulants, including MDMA (Ecstasy) tablets (266,000 tablets were seized in 2003). The trafficking organizations include Chinese syndicates that bring in medicines containing ephedrine and pseudoephedrine, which are used for the illicit manufacture of methamphetamine. Seizures of ephedrine and pseudoephedrine are also increasing.

556. Most of the Pacific island countries continue to be vulnerable to drug transit trafficking and the abuse of amphetamine-type stimulants.

Treaty adherence

557. The Board continues to be concerned that, of the 15 States in Oceania, only Australia, Fiji, New Zealand and Tonga are parties to all three international drug control treaties. Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu are not parties to any of the three treaties. Of the remaining five States, one (Solomon Islands) is a party only to the 1961 Convention and the others are parties to the 1961 Convention and the 1971 Convention. The Board urges those States to accede to all the international drug control treaties without delay. The Board calls on regional organizations such as the Pacific Islands Forum to support those States in that respect.

Regional cooperation

558. In June 2004, a joint operation involving Interpol and the law enforcement agencies of Australia, the

Hong Kong Special Administrative Region of China, Fiji, Malaysia and New Zealand led to the dismantling in Fiji of the biggest clandestine methamphetamine laboratory in Oceania, capable of manufacturing 1 ton of methamphetamine hydrochloride (commonly called “ice”) within a two-week period to supply illicit markets in Australia, New Zealand, the United States and countries in Europe.

559. The leaders attending the thirty-fifth session of the Pacific Islands Forum, held in Apia from 5 to 7 August 2004, noted with concern that countries in the region were facing major security problems and urged members of the Forum that had not yet done so to enact and implement existing provisions of model legislation, including those addressing terrorism and transnational organized crime, illicit drugs, weapons control and transport security. The Board welcomes the launching in the Cook Islands of a Combined Law Agency Group, which will facilitate the sharing by all government ministries and departments of information and other available resources to combat the various forms of crime, especially transnational crime. The Board also welcomes the establishment in Suva in June 2004 of the Pacific Transnational Crime Coordination Centre, which is to collect and disseminate law enforcement intelligence throughout the region.

560. Cooperation between law enforcement agencies in Australia and police authorities from several countries, including Cambodia, Peru and the Philippines, has resulted in major drug seizures. In March 2004, 1.5 tons of pseudoephedrine destined for Australia were seized in the Philippines and 750 kg of pseudoephedrine imported from Cambodia were seized at Australian borders. More than 44 kg of cocaine destined for Australia were seized in Peru. The Board encourages the Government of Australia to intensify its cooperation with the Governments of countries in South America with a view to fighting cocaine trafficking and abuse.

561. The Board welcomes the assistance given by the Government of Australia to strengthen the capacities of law enforcement agencies, especially in the Pacific island countries.

National legislation, policy and action

562. As mentioned in its previous reports,^{43, 44} the Board continues to be concerned about the establishment of a drug injection room in the

Australian state of New South Wales and about the four-year extension of the trial period. The Board is pleased to note that no other state of Australia plans to establish such an injection room.

563. The Board notes that the Government of Australia has adopted a national drug strategy for the period 2004-2009 that is to guide local governments and non-governmental organizations in the development and implementation of drug strategies, programmes and initiatives aimed at the prevention and reduction of harmful drug use.

564. The Board continues to be concerned that harmonized control over precursors in Australia is proving to be difficult. The Board welcomes the establishment of a working group on precursors that is addressing the matter with a view to finding solutions that would enhance cooperation between law enforcement agencies.

565. The Board notes that the government of the Australian Capital Territory has adopted a new law for stricter control over possession of cannabis plants for personal use (reducing the maximum number of plants tolerated to 2 instead of 10) and, at the same time, is opening a cannabis treatment clinic, specialized in the prevention and treatment of drug addiction.

566. The Board commends the Government of Fiji for establishing a transnational crime unit to fight drug trafficking, money-laundering and trafficking in human beings.

567. Although new legislation has been passed in the Cook Islands and Nauru to address deficiencies in national legislation against money-laundering, the Board continues to be concerned that the Cook Islands and Nauru are still on the list of countries and territories considered by FATF to be “non-cooperative” in efforts to counter money-laundering. The Board invites those two States to continue their efforts to comply with the FATF recommendations.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

568. In Australia, hydroponic cultivation continues to be the most common method used to cultivate cannabis for the domestic market, as it offers cannabis growers a higher yield from fewer plants and growers perceive

the risk of detection to be reduced. In addition, hydroponically grown cannabis is preferred by cannabis abusers. Thousands of cannabis plants and hydroponic systems and equipment are seized in Australia every year. As a result of the strategy “Tough on Drugs”, introduced by the Government in 1997, large quantities of cannabis have been seized at Australian borders (640 kg were seized in 2004).

569. In Australia, the purity of seized heroin increased slightly in 2003 compared with previous years. Furthermore, there was an increase in the detection of heroin at borders while there was a decrease in the total amount of heroin seized, suggesting that the methods used by heroin traffickers in Australia might be shifting from well-organized importation of large quantities of the drug to smaller-scale, opportunistic smuggling. A similar trend was observed in the illicit cocaine market; however, the purity of seized cocaine decreased slightly.

570. In New Zealand, cannabis growers are also involved in the illicit manufacture of methamphetamine in clandestine laboratories.

Psychotropic substances

571. Demand for amphetamine-type stimulants, including MDMA (Ecstasy), remains high in Australia and New Zealand, as confirmed in both countries by seizures and the number of clandestine laboratories used to manufacture amphetamine-type stimulants that have been dismantled recently.

572. Precursors of amphetamine-type stimulants, such as ephedrine and pseudoephedrine, are also increasingly being seized at the borders of New Zealand; there are indications that medicines containing those substances are smuggled into the country by mail and using air passengers from China and countries in South-East Asia, to be used for the illicit manufacture of methamphetamine. An increased number of methamphetamine abusers have been brought to the attention of police and drug treatment centres, as serious violence and property crime have been associated with methamphetamine abuse.

573. Seizures of MDMA (Ecstasy) in Australia have been increasing since the mid-1990s. MDMA (Ecstasy), mainly of Western European origin, is smuggled into Australia by couriers using the “body carry” method.

574. The Board notes with concern that in New Zealand a foreign exchange company was used by a criminal syndicate to launder money believed to be profits derived from the importation of MDMA (Ecstasy) on a large scale. In New Zealand, some LSD in crystal and liquid form was intercepted in mail sent from Canada.

575. According to the *Party Drugs Initiative*, a national study to investigate and monitor trends involving MDMA (Ecstasy) and other recreational drugs in Australia, GHB, ketamine (a hallucinogenic sedative) and various anti-depressants are increasingly being abused in that country as dance party drugs. Control of GHB is becoming a matter of concern, as large quantities of its precursor *gamma*-butyrolactone (GBL) are imported for legitimate use. The Board urges the Government of Australia to develop strategies aimed at preventing the abuse of those substances.

(Signed)
Hamid Ghodse
President

(Signed)
Alfredo Pemjean
Rapporteur

(Signed)
Koli Kouame
Secretary

Vienna, 11 November 2004

Notes

¹ The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol (United Nations, *Treaty Series*, vol. 976, No. 14152), the Convention on Psychotropic Substances of 1971 (United Nations, *Treaty Series*, vol. 1019, No. 14956) and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (United Nations, *Treaty Series*, vol. 1582, No. 27627).

² *Report of the International Narcotics Control Board for 1993* (United Nations publication, Sales No. E.94.XI.2), paras. 15 and 16.

³ *Report of the International Narcotics Control Board for 1997* (United Nations publication, Sales No. E.98.XI.1), paras. 22 and 134.

⁴ *Report of the International Narcotics Control Board for 1998* (United Nations publication, Sales No. E.99.XI.1), para. 103.

- ⁵ See *Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987* (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A.
- ⁶ “Report of the Commission on Narcotic Drugs on the progress achieved in meeting the goals and targets set out in the Political Declaration adopted by the General Assembly at its twentieth special session” (A/58/124), sect. II.A.
- ⁷ *The Price of Illicit Drugs: 1981 through the Second Quarter of 2000*, report prepared for the Office of National Drug Control Policy of the United States of America (October 2001).
- ⁸ William Rhodes and others, *Illicit Drugs: Price Elasticity of Demand and Supply; Final Report* (Cambridge, Massachusetts, Abt Associates, 2000).
- ⁹ *The Price of Illicit Drugs ...*
- ¹⁰ *Global Illicit Drug Trends 2003* (United Nations publication, Sales No. E.03.XI.5).
- ¹¹ David F. Musto, “Historical perspectives”, *Substance Abuse: a Comprehensive Textbook*, 3rd ed., J. H. Lowinson and others, eds. (Baltimore, Maryland, Williams and Wilkins, 1997), pp. 1-9.
- ¹² *Ecstasy and Amphetamines: Global Survey 2003* (United Nations publication, Sales No. E.03.XI.15).
- ¹³ RAND Drug Policy Research Center, *The Benefits and Costs of Drug Use Prevention* (Santa Monica, California, RAND, 1999).
- ¹⁴ *Lessons Learned in Drug Abuse Prevention: a Global Review*, ODCCP Studies on Drugs and Crime (London, Mentor Foundation, 2002).
- ¹⁵ “Second biennial report of the Executive Director on the implementation of the outcome of the twentieth special session of the General Assembly, devoted to countering the world drug problem together: Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction” (E/CN.7/2003/2/Add.1), paras. 2-3.
- ¹⁶ United Nations Office on Drugs and Crime, *Investing in Drug Abuse Treatment: a Discussion Paper for Policy Makers*, Drug Abuse Treatment Toolkit series (Vienna, 2003).
- ¹⁷ *Report of the Expert Working Group on Improving Intersectoral Impact in Drug Abuse Offender Casework: Vienna, 6-10 December 1999* (Vienna, Office for Drug Control and Crime Prevention, 2000).
- ¹⁸ Steven Belenko, “Research on drug courts: a critical review”, *National Drug Court Institute Review*, vol. I, No. 1 (1998).
- ¹⁹ United Nations, *Treaty Series*, vol. 520, No. 7515.
- ²⁰ *Ibid.*, vol. 1019, No. 14956.
- ²¹ *Ibid.*, vol. 1582, No. 27627.
- ²² *Ibid.*, vol. 976, No. 14152.
- ²³ *Ibid.*, vol. 976, No. 14151.
- ²⁴ *Report of the International Narcotics Control Board for 2003 ...*, para. 83.
- ²⁵ That information is requested on a voluntary basis in accordance with Economic and Social Council resolution 1995/20, in which the Council, inter alia:
- (a) Urged Governments to inform the Board on a regular basis of the quantities of substances listed in Table I of the 1988 Convention that they had imported, exported or trans-shipped, and encouraged them to estimate their annual licit needs (para. 8);
- (b) Requested the Board to collect information pursuant to paragraph 8 above, and to further develop and strengthen its database in order to assist Governments in preventing diversion of substances listed in Table I of the 1988 Convention (para. 9);
- (c) Encouraged Governments to consider strengthening, where necessary, the working mechanisms to prevent diversion of substances listed in Table II of the 1988 Convention, as described in the resolution (para. 13).
- ²⁶ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2004 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.05.XI.6).
- ²⁷ For more details see *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2004 ...*
- ²⁸ *Narcotic Drugs: Estimated World Requirements for 2005; Statistics for 2003* (United Nations publication, Sales No. E/F/S.05.XI.4).
- ²⁹ *Report of the International Narcotics Control Board for 2003 ...*, paras. 164-165.

- ³⁰ Ibid., para. 139.
- ³¹ *Report of the International Narcotics Control Board for 2000* (United Nations publication, Sales No. E.01.XI.1), para. 30.
- ³² *Report of the International Narcotics Control Board for 2003 ...*, paras. 119 and 123.
- ³³ Ibid., para. 514.
- ³⁴ See World Health Organization, *Fifty-sixth World Health Assembly, Geneva, 19-28 May 2003, Resolutions and Decisions, Annexes* (WHA56/2003/REC/1), resolution 56.1, annex.
- ³⁵ *Report of the International Narcotics Control Board for 1995* (United Nations publication, Sales No. E.96.XI.1), paras. 106-108.
- ³⁶ *Report of the International Narcotics Control Board for 1998 ...*, para. 34.
- ³⁷ The following States sent representatives: Algeria, Burkina Faso, Central African Republic, Chad, Congo, Egypt, Gabon, Gambia, Ghana, Guinea, Kenya, Mauritius, Morocco, Mozambique, Namibia, Nigeria, Senegal, Sierra Leone, South Africa, Sudan, Swaziland, Togo, Tunisia, Uganda, United Republic of Tanzania, Zambia and Zimbabwe. Germany, Italy and the United States, as well as the African Union, Interpol and the Naif Arab University for Security Sciences, were represented by observers.
- ³⁸ ESAAMLG was established in 1999 in Arusha, United Republic of Tanzania. The 14 States members of ESAAMLG evaluate each other's mechanisms for countering money-laundering and the financing of terrorism.
- ³⁹ *Report of the International Narcotics Control Board for 2003 ...*, para. 293.
- ⁴⁰ See, for example, *Report of the International Narcotics Control Board for 2003 ...*, para. 357.
- ⁴¹ The Paris Pact initiative emerged from the Paris Statement (S/2003/641, annex), which had been issued at the end of the Conference on Drug Routes from Central Asia to Europe, held in Paris on 21 and 22 May 2003.
- ⁴² *Health Services, Education and Community Action: Preventing Drug Abuse in Turkey; National Assessment on Drug Abuse 2003* (United Nations Office on Drugs and Crime, Ankara, 2004).
- ⁴³ *Report of the International Narcotics Control Board for 2002* (United Nations publication, Sales No. E.03.XI.1), para. 535.
- ⁴⁴ *Report of the International Narcotics Control Board for 2003 ...*, para. 576.

Annex I

Regional groupings used in the report of the International Narcotics Control Board for 2004

The regional groupings used in the report of the International Narcotics Control Board for 2004, together with the States in each of those groupings, are listed below.

Africa

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

Central America and the Caribbean

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

North America

Canada
Mexico

United States of America

South America

Argentina
Bolivia
Brazil
Chile
Colombia
Ecuador

Guyana
Paraguay
Peru
Suriname
Uruguay
Venezuela

East and South-East Asia

Brunei Darussalam
Cambodia
China
Democratic People's Republic
of Korea
Indonesia
Japan
Lao People's Democratic
Republic

Malaysia
Mongolia
Myanmar
Philippines
Republic of Korea
Singapore
Thailand
Timor-Leste
Viet Nam

South Asia

Bangladesh
Bhutan
India

Maldives
Nepal
Sri Lanka

West Asia

Afghanistan
Armenia
Azerbaijan
Bahrain
Georgia
Iran (Islamic Republic of)
Iraq
Israel
Jordan
Kazakhstan
Kuwait
Kyrgyzstan

Lebanon
Oman
Pakistan
Qatar
Saudi Arabia
Syrian Arab Republic
Tajikistan
Turkey
Turkmenistan
United Arab Emirates
Uzbekistan
Yemen

Europe

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

Oceania

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

Annex II

Current membership of the International Narcotics Control Board

Edouard Armenakovich Babayan

Born in 1920. National of the Russian Federation. Professor, Doctor of Medical Science, Academician. Principal Scientific Researcher, Scientific Research Institute of Social and Forensic Psychiatry. Honorary Vice-President, International Council on Alcohol and Addictions. Graduate of the Second Moscow Medical Institute (1941). Author of over 200 scientific papers, inter alia, monographs and courses on drug control, published in many countries throughout the world. Winner of the E. Brauning International Award for valuable contribution to narcotic drug control; winner of the Skryabin Award for contribution to the development of biology and medical science; and winner of the Semashko Award for the best publication on public health management. Honorary member of the Purkine Society. Recipient of six orders of distinction and medals "For Service on the Battlefield", awarded by the Government of the former Union of Soviet Socialist Republics and the Government of the Russian Federation; recipient of a number of medals of other countries, including Bulgaria, the former German Democratic Republic and Poland; recipient of honorary plaques awarded by the Ministry of Foreign Affairs, the Ministry of the Interior, the Ministry of Health and the Customs Administration of the Russian Federation.

Honoured Physician of the Russian Federation. Head of the Russian delegation to the Commission on Narcotic Drugs (1964-1993). Chairman of the Commission (1977 and 1990). President of the Standing Committee Narcotics Control Board of the Russian Federation (1999).

Member of the International Narcotics Control Board (since 1995). Second Vice-President of the Board and Chairman of the Standing Committee on Estimates (1997 and 2000). Member of the Standing Committee on Estimates (1995-2001 and 2004). First Vice-President of the Board (2003).

Madan Mohan Bhatnagar

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

Bachelor of Law (1956) and Master of Arts in Political Science (1955), Patna University, India. Deputy Narcotics Commissioner (1972-1974). Officer on Special Duty (Narcotics) (1976-1979). Narcotics Commissioner of India (1979-1985). Director-General, Narcotics Control Bureau, Government of India (1988-1990). Member (Anti-Smuggling and Narcotics) of the Central Board of Excise and Customs and Additional Secretary to the Government of India (1990-1992). Author of numerous publications, including: "Current national laws and policies on narcotics control in India", *Current Research on Drug Abuse in India*, All India Institute of Medical Sciences Research Book; "Drug trafficking: Indian perspective", *Narcontrol*, Journal of Narcotics Control Board of India. Drafter of the provisions of the Narcotic Drugs and Psychotropic Substances Act of India (1985). Drafter of the licit opium production and export policy for India and the national strategy for combating the illicit traffic in drugs for India. Member of the expert group to study the modification of the Single Convention on Narcotic Drugs of 1961, Vienna (1982). Chairman of several international conferences on drug control, inter alia, the Tenth Meeting of Heads of National Drug Law Enforcement Agencies (HONLEA), Asia and the Pacific (1983), the Indo-Pakistan Committee meeting against drug trafficking (1989) and the South Asian Association for Regional Cooperation meeting on harmonization of drug laws (1989). First Vice-Chairman, Second Interregional Meeting of Heads of National Drug Law Enforcement Agencies, Vienna (1989). Participant in the Indo-United States bilateral talks on narcotics, Washington, D.C. (1989). Participant in the seventeenth special session of the General Assembly (1990). Member of the intergovernmental expert group on the economic and social consequences of drug abuse and illicit trafficking, Vienna (1990). Expert and Vice-Chairman, Economic and Social Commission for Asia and the

Pacific (ESCAP) regional seminar on drug abuse, Manila (1990). Head of the Indian delegation to the Commission on Narcotic Drugs (1990 and 1992), several meetings of HONLEA and the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East. Vice-Chairman, Commission on Narcotic Drugs (1992).

Member of the International Narcotics Control Board (since 2002). Chairman of the Committee on Finance and Administration (2002). Member of the Standing Committee on Estimates (since 2002). Rapporteur of the Board (2003). First Vice-President of the Board (2004). Member of the Committee on Finance and Administration (2004).

Elisaldo Luiz de Araújo Carlini

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

Master of Science, Yale University, United States of America (1962). Founder and President of the Latin American Society of Psychobiology (1971-1973). Member and Founder of the Academy of Sciences of the State of São Paulo (1976). President, Brazilian Society of Medication Vigilance (1991-1993). National Secretary, Sanitary Surveillance, Ministry of Health of Brazil (1995-1997). Member of the World Health Organization (WHO) Expert Advisory Panel on Drug Dependence and Alcohol Problems, Geneva (1997-1998 and since 2002). Member of the Brazilian Academy of Sciences (2003). Recipient of numerous honours and awards, including: Councillor Emeritus, Federal Council of Narcotics of Brazil (1987); Honorary President, XI Symposium on Brazilian Medicinal Plants, João Pessoa, Brazil (1990); Member emeritus, Department of Biological Psychiatry, Brazilian Association of Psychiatry (1993). "Doctor of the Year", Brazilian Chapter of the Medical Society of Israel (1993). "Personality of the Year", Brazilian Association of Pharmaceutical Industries (1996); Medal of "Grand Officer" of the Order of Rio Branco, Presidency of the Republic of Brazil (1996); Grand Cross Class of the Order of Scientific Merit, Presidency of the Republic of Brazil (2000); Doctor honoris causa, Federal University of Rio Grande do Norte, Brazil (2002). Author of more than 300 publications, including: "Use of anorectic amphetamine-like drugs by Brazilian women", *Eating Behaviors* (2002); "Plants and the central nervous system" (2003).

Member of the International Narcotics Control Board (since 2002).

Philip Onagwele Emafo

Born in 1936. National of Nigeria. Consultant to the Organization of African Unity, Addis Ababa (1998-1999).

Lecturer, Biochemistry, University of Ibadan (1969-1971). Lecturer and Senior Lecturer, Pharmaceutical Microbiology and Biochemistry, University of Benin, Nigeria (1971-1977). Chief Pharmacist and Director, Pharmaceutical Services, Federal Ministry of Health of Nigeria (1977-1988). Chairman, Pharmacists Board of Nigeria (1977-1988). Member of the WHO Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations (1979-2003). Rapporteur-General, International Conference on Drug Abuse and Illicit Trafficking, Vienna (1987). Chairman, Commission on Narcotic Drugs at its tenth special session (1988). Member of the Secretary-General's Group of Experts on the United Nations Structure for Drug Abuse Control (1990). Member of the WHO Expert Committee on Drug Dependence (1992, 1994 and 1998). Consultant to the United Nations International Drug Control Programme (1993-1995). Member of the ad hoc intergovernmental advisory group established by the Commission on Narcotic Drugs to assess strengths and weaknesses of global drug control efforts (1994). Member of the expert group convened by the Secretary-General pursuant to Economic and Social Council resolution 1997/37 to review the United Nations machinery for drug control (1997-1998). Member of the Advisory Group of the International Narcotics Control Board to review substances for control under article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1998-1999).

Member of the International Narcotics Control Board (since 2000). Member of the Standing Committee on Estimates (since 2000). Rapporteur of the Board (2001). President of the Board (2002-2003).

Gilberto Gerra

Born in 1956. National of Italy. Coordinator of the Centre for Studies on Drug Addiction, Drug Addiction Service, Health Department of Parma, Italy. University lecturer (master's degree in neurology) on psychopharmacology, University of Parma. Recipient of a

university degree in medicine (1981), a master's degree in internal medicine (1986) and a master's degree in endocrinology (1989).

Medical doctor at outpatient Drug Addiction Service, Health Department, Parma (1987-1994); head of Drug Addiction Service, Health Department, Parma (1995-2001). University lecturer (master's degree in internal medicine and physical therapy), University of Parma (1990-1996). Researcher of drug-related issues at the University of Parma and other universities in Italy and the United States (New York State Psychiatric Institute, Columbia University) (1994, 1996 and 2001); participant in a research project supported by the National Institute on Drug Abuse Invest Programme (1996); coordinator of the Regional Committee for Addiction Research of the Emilia Romagna region (1995-2001); research collaboration with the Istituto Superiore di Sanità, Rome (1998-2000); consultant to the Ministry of the Interior for research on substance abuse (1996-1997); consultant to the United Nations International Drug Control Programme on amphetamine derivatives (1996-1999); consultant to the Department of Social Affairs on pharmacological and clinical aspects of substance abuse (1998-2000); expert for the National Plan of Information for Drug Prevention (Presidency of Ministries Consilium) (1999); lecturer at several universities in Italy on neurobiology of substance abuse (1998-2002). Consultant to the National Department of Anti-drug Policies in the field of neurobiology of addiction, pharmacology and prevention (2003-2004). Member of the National Scientific Committee for Health Education and Prevention of Substance Abuse of the Ministry of Education of Italy (1997-2001); member of the expert group of the Ministry of the Interior (European Information Network on Drugs and Drug Addiction) (Reitox) focal point) to prepare the national report on substance abuse for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (1998); member of the International Society of Psychoneuroendocrinology; member of the College on Problems of Drug Dependence (2002-2004); member of the Scientific Committee of the Italian Society on Drug Addiction (2000-2004); member of the Scientific Board of the international journal *Heroin Addiction and Related Clinical Problems*; member of the Scientific Board of the *Bollettino per le Farmacodipendenze e l'Alcoolismo* (Italian Journal on drug addiction and alcoholism), published by the Ministry of Health of Italy, in collaboration with the United Nations Interregional Crime and Justice Research

Institute. Co-author of the Italian Ministry of Interior of the national report on drug abuse for EMCDDA; referee of five international journals on substance abuse and psychiatry; contributed to over 34 publications in scientific medical journals (1994-2004), including "Aggressive responding in abstinent heroin addicts: neuroendocrine and personality correlates," *Progress in Psycho-Neuropharmacology and Biology* (2004); "Substance use among high-school students: relationship with temperament, personality traits and parental care perception", *Substance Use and Misuse* (2004); "Long-term methadone maintenance effectiveness: psychosocial and pharmacological variables", *Journal of Substance Abuse Treatment* (2003); "Effects of ecstasy on dopamine system function in humans", *Behavioural Brain Research* (2002); "Intravenous flumazemil versus oxazepam tapering in the treatment of benzodiazepine withdrawal: a randomized placebo-controlled study", *Addiction Biology* (2002). Speaker at the United Nations International Drug Control Programme expert meeting on amphetamine-type stimulants, Vienna (1996); speaker at the North Atlantic Treaty Organization Advanced Study Institute conference on the biosocial bases of violence, Rhodes, Greece (1996); participant at the National Institute on Drug Abuse consensus conference concerning detoxification with alpha-2-agonists, clonidine and iofexidine, Bethesda, Maryland, United States (1998); participant at the annual meeting of the International Society of Psychoneuroendocrinology, Pisa, Italy (2003); speaker at the United Nations Office on Drugs and Crime meeting on young people and drug abuse: prevention and treatment, Stockholm (2003); expert at the EMCDDA meeting on targeted prevention, family prevention and community prevention, Lisbon (2003); speaker at an Andean Parliament meeting on anti-drug policies, Guayaquil, Ecuador (2003); speaker at a meeting organized by EMCDDA and the European Parliament on drug use among young people, Malaga, Spain (2003).

Member of the International Narcotics Control Board (2004). Member of the Standing Committee on Estimates (2004). Member of the Committee on Finance and Administration (2004).

Hamid Ghodse

Born in 1938. National of the Islamic Republic of Iran. Professor of Psychiatry and of International Drug Policy, University of London (since 1987). Director, International Centre for Drug Policy, St. George's

Hospital Medical School, London (since 2003); President, European Collaborating Centres for Addiction Studies (since 1992); Member of the Executive Committee of the Federation of Clinical Professors, United Kingdom (since 1994); Member of the Scientific Committee on Tobacco and Health, United Kingdom (since 2000); Director of the Board of International Affairs and Member of the Council, Royal College of Psychiatrists (since 2000); Non-Executive Director, National Clinical Assessment Authority of England (since 2001); Chairman, Higher Degrees in Psychiatry, University of London (since 2003); Member of the Medical Studies Committee, University of London (since 2003).

Recipient of the following degrees: Doctor of Medicine (M.D.), Islamic Republic of Iran (1965); Diploma Psychological Medicine, United Kingdom (1974); Doctor of Philosophy (Ph.D.) University of London (1976); and Doctor of Science, University of London (2002). Fellow of the Royal College of Psychiatrists, United Kingdom (1985); Fellow of the Royal College of Physicians, London (1992); Fellow of the Royal College of Physicians of Edinburgh, Edinburgh (1997); Fellow of the Faculty of Public Health Medicine, United Kingdom (1997). Member of the WHO Expert Advisory Panel on Alcohol and Drug Dependence (since 1979); Adviser, Joint Formulary Committee, British National Formulary (since 1984); Honorary Consultant Psychiatrist, St. George's and Springfield University Hospitals, London (since 1978); Honorary Consultant Public Health, Wandsworth Primary Care Trust (since 1997); Director, Regional Drug Dependence Treatment Training and Research Unit, London (1987-1993); Director of the Education and Training Unit and of the Research, Evaluation and Monitoring Unit and Chairman of the Department of Addictive Behaviour and Psychological Medicine, St. George's Hospital Medical School, University of London, and Joint Faculty of Health Sciences, Kingston University (1987-2003). Consultant Psychiatrist, St. Thomas's Teaching Hospital, London (1978-1987); member, rapporteur, chairman and convener of various WHO and European Community expert committees, review groups and other working groups on drug and alcohol dependence. M. S. McLeod Visiting Professor, Southern Australia (1990); Honorary Professor, Peking University (since 1997). Visiting Professor, Keele University, United Kingdom (since 2002). Author or editor of over 300 scientific books and papers on drug-related issues and addictions, including the following books: *The Misuse of Psychotropic Drugs*,

London (1981); *Psychoactive Drugs and Health Problems*, Helsinki (1987); *Psychoactive Drugs: Improving Prescribing Practices*, Geneva (1988); *Substance Abuse and Dependence*, Guildford (1990); *Drug Misuse and Dependence: the British and Dutch Response*, Lancashire, United Kingdom (1990); *Misuse of Drugs*, London (1997); *Drugs and Addictive Behaviour: a Guide to Treatment*, Cambridge (2002); *Young People and Substance Misuse*, London (2004). Editor-in-Chief, *International Psychiatry* (since 2002); Editor, *Substance Misuse Bulletin*; Member of the Editorial Board, *International Journal of Social Psychiatry*. Convener of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. Member of the British Medical Association (since 1995); Member of the Executive Board, Medical Council on Alcoholism (since 1997); Honorary Secretary/Chairman, Association of Professors of Psychiatry of the British Isles (since 1991); Chairman, Association of European Professors of Psychiatry; Director, National Programme on Substance Abuse Deaths (since 1997); Member of the International Association of Epidemiology (since 1998); Member of the Institute for Learning and Training in Higher Education (since 2001).

Member of the International Narcotics Control Board (since 1992). Member of the Standing Committee on Estimates (1992). President of the Board (1993, 1994, 1997, 1998, 2000, 2001 and 2004).

Nüzhet Kandemir

Born in 1934. National of Turkey. Ambassador of Turkey to the United States, Washington, D.C. (1989-1998).

Master of Arts, Political Science, University of Ankara (1957). Third Secretary, Department of Economic and Commercial Affairs, Ministry of Foreign Affairs of Turkey, Ankara (1960-1961); Second Secretary, Turkish Embassy, Madrid (1960-1963); First Secretary, Turkish Embassy, Oslo (1963-1966); Director, Personnel Department, Ministry of Foreign Affairs, Ankara (1967-1968); Deputy Permanent Representative, Permanent Mission of Turkey to the United Nations (Geneva) (1968-1972); Deputy Director, Department of International Organizations, Ministry of Foreign Affairs (1972-1973); Deputy Director, Division of Narcotic Drugs, United Nations Office at Geneva (1973-1979); Director-General,

International Security Affairs, Ministry of Foreign Affairs (1979-1982); Ambassador of Turkey to Iraq, Baghdad (1982-1986); Deputy Minister of Foreign Affairs (1986-1989). Author of more than 200 articles on drugs and various international issues. Frequently appearing television commentator on international issues. Member of the Institute of Strategic Studies (since 1985). Co-Founder, Institute of Balkan and Middle Eastern Studies (1986). Board Member, Eurasian Strategic Studies (since 2002).

Member of the International Narcotics Control Board (since 2000). Chairman of the Committee on Finance and Administration (2003).

Melvyn Levitsky

Born in 1938. National of the United States of America. Retired Ambassador in the United States Foreign Service; Professor of International Relations and Public Administration, Maxwell School of Citizenship and Public Affairs, Syracuse University; Distinguished Fellow, Daniel Patrick Moynihan Institute of Global Affairs, Maxwell School of Citizenship and Public Affairs, Syracuse University.

United States diplomat for 35 years, serving as, inter alia, Deputy Assistant Secretary of State for Human Rights and Humanitarian Affairs, United States Department of State (1982-1983); Deputy Director, Voice of America (1983-1984); Ambassador of the United States to Bulgaria (1984-1987); Executive Secretary and Special Assistant to the Secretary of the United States Department of State (1987-1989); Assistant Secretary of State for International Narcotics Matters (1989-1993); and Ambassador of the United States to Brazil (1994-1998). Consul, United States consulates in Frankfurt, Germany (1963-1965) and Belem, Brazil (1965-1967). Political officer, United States Embassy in Moscow (1973-1975). Officer-in-charge for bilateral relations, Office of Soviet Union Affairs (1975-1978), and Director, Office of United Nations Political Affairs (1980-1982), United States Department of State. Recipient of several United States Department of State Meritorious and Superior Honor Awards, Presidential Meritorious Service Awards and the United States Secretary of State's Distinguished Service Award. Member of the Washington Institute of Foreign Affairs, the American Academy of Diplomacy, the American Foreign Service Association. Member of

the Advisory Board, Drug Free America Foundation. Member of the Institute on Global Drug Policy. Member of the Board, Global Panel of the Prague Society.

Member of the International Narcotics Control Board (since 2003). Chairman of the Committee on Finance and Administration (2004).

Robert Jean Joseph Chrétien Lousberg

Born in 1941. National of the Netherlands. Former Head of the Netherlands regulatory office for narcotic drugs and psychotropic substances. Former associate and senior scientist, National Institute of Health, Bethesda, Maryland, United States. Senior scientist and lecturer, University of Utrecht, Netherlands.

Recipient of a doctoral degree, University of Utrecht (1969). Author of numerous articles published in international journals on pharmacologically active principles of opiate and cannabinoid origin. Co-coordinator for the regulation of methadone programmes for the treatment of heroin addicts. National coordinator of the investigation of leuco-encephalopathy among heroin addicts. Member of the delegation of the Netherlands at numerous sessions of the Commission on Narcotic Drugs. Member of International Narcotics Control Board expert groups on the preparation of article 12 of the 1988 Convention. Member of the delegation of the Netherlands at the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). Representative for European Union directives and regulations on article 12 of the 1988 Convention. Appointments by the Minister of Health of the Netherlands: member of the supervisory board of the national drug information and monitoring system and the board investigating the medical prescription of heroin for the treatment of heroin addicts; member of the supervisory board for the assessment and monitoring of drugs in the Netherlands; and member of the supervisory board of the national agency for national hemp production for scientific and medicinal purposes. Expert, assessment missions to Albania and the former Yugoslav Republic of Macedonia carried out within the scope of the European Union-Phare licit drug control project. Representative at meetings for the assessment of new synthetic drugs by the Extended Scientific Committee of the European Monitoring Centre for Drugs

and Drug Addiction, Lisbon. Chairman, Pompidou Group/International Narcotics Control Board Conference on the Control of Psychotropic Substances in Europe. Chairman, WHO Working Group on Revised Guidelines for the WHO Review of Dependence-Producing Psychoactive Substances for International Control.

Member of the International Narcotics Control Board (since 2002). Vice-Chairman of the Committee on Finance and Administration (2003). Second Vice-President of the Board (2004). Vice-Chairman (2003) and Chairman (2004) of the Standing Committee on Estimates.

Maria-Elena Medina-Mora

Born in 1953. National of Mexico. Director, Epidemiology and Psychosocial Research, National Institute of Psychiatry, Mexico City (since 1999). Full-time researcher, National Institute of Health. Researcher in Medical Sciences (1986).

Recipient of a Bachelor of Arts degree in Psychology, Universidad Iberoamericana, Mexico (1976), and a Master of Arts degree in Clinical Psychology (1979), Universidad Iberoamericana, Mexico; recipient of a doctorate in Social Psychology, Universidad Nacional Autónoma de México (1992). Researcher, Centro Mexicano de Estudios en Farmacodependencia (Mexican centre for studies on drug dependence) (CEMEF) (1973-1978). Head of the Department on Social Research, Centro Mexicano de Estudios en Salud Mental (Mexican centre for studies on mental health) (CEMESAM) (1978-1980). Head of the Division of Epidemiology and Social Research, Mexican Institute of Psychiatry (1984-1999). Member of the National System of Researchers (since 1984). Author of numerous articles, including: "What happened to street kids? An analysis of the Mexican experience", *Substance Use and Misuse*, vol. 32, No. 3 (1997); "The measurement of drinking patterns and consequences in Mexico", *Journal of Substance Abuse*, vol. 12, Nos. 1-2 (2000); and "Adolescent drug use in Mexico and among Mexican American adolescents in the United States: environmental influences and individual characteristics", *Cultural Diversity and Ethnic Minority Psychology*, vol. 7, No. 1 (2001). Temporary adviser to WHO and to the Pan-American Health Organization (since 1976). Member of the WHO Expert Committee on Addictions (since 1986). Member of the National School of Psychologists (since 1991). Member of the National

Academy of Sciences (since 1992). Member of the National Academy of Medicine (since 1994). Member of the Board of Directors, National Institute of Public Health (since 1997). Member of evaluation committees on research, graduate studies and university curricula, Consejo Nacional de Ciencia y Tecnología (CONACYT) (1994-2003). Member of the Board of Directors, National Autonomous University of Mexico (since 2003).

Member of the International Narcotics Control Board (since 2000). Rapporteur (2002) and Second Vice-President (2003) of the Board. Member (since 2000) and Chairman (2003) of the Standing Committee on Estimates.

Alfredo Pemjean

Born in 1945. National of Chile. Professor of Psychiatry, School of Psychology, Universidad Católica de Chile (since 1983).

Medical Doctor (1968). Psychiatrist (1972). Head of the Psychiatry Clinical Service, Hospital Barros Luco-Trudeau (1975-1981). Head of the Department of Mental Health and Psychiatry, Faculty of Medicine, Campus South, University of Chile (1976-1979 and 1985-1988). Professor of Psychiatry, University of Chile (1978-2000). President of Sociedad Iberoamericana para el Estudio del Alcohol y las Drogas (1986-1990). Head of the Mental Health Unit, Ministry of Health of Chile (1990-1996). Professor in the Magister Program entitled "Public Health, Mention in Mental Health", School of Public Health, University of Chile (1993-1996).

Member of the International Narcotics Control Board (since 1995). Second Vice-President (1998 and 2002) and First Vice-President (1999) of the Board. Vice-Chairman (1997 and 2001) and Chairman (1998 and 2002) of the Standing Committee on Estimates. Rapporteur of the Board (2004). Member of the Standing Committee on Estimates (2004).

Rainer Wolfgang Schmid

Born in 1949. National of Austria. Associate Professor, Department of Medical and Chemical Laboratory Diagnostics, University Hospital of Vienna, Medical University of Vienna. Head of the Section on Biomedical and Toxicological Analysis.

Recipient of a doctoral degree in Chemistry, University of Vienna (1977). Postgraduate training in neurochemistry and neuropharmacology, Laboratory of Preclinical Pharmacology, National Institute of Mental Health, Washington, D.C. (1978-1980). Recipient of a Master's degree in Toxicology, University of Vienna (1998). Author of 85 articles published in the fields of drug addiction, neuropharmacology, clinical pharmacology and analytical chemistry. Co-Chairman, 4th International Congress of Therapeutic Drug Monitoring and Clinical Toxicology, Vienna (1995). Member of the expert panel on designer drugs of the Ministry of Health of Austria and of the Drug Expert Forum of the City of Vienna (since 1997). Project leader of several scientific projects of the city of Vienna: monitoring designer drugs at large youth events (since 1997). Member of the scientific committee of international scientific congresses on drug addiction, clinical toxicology and toxicological analysis. Member of numerous national and international scientific toxicological associations. Participant at drug-related meetings of the European Union (Pompidou Group and European Union-Parliament). Member of the Austrian delegation to the Commission on Narcotic Drugs (1999-2001).

Member of the International Narcotics Control Board (since 2002). Member of the Standing Committee on Estimates (since 2002). Vice-Chairman of the Standing Committee on Estimates and member of the Committee on Finance and Administration (2004).

Zheng Jiwang

Born in 1943. National of China. Professor of Pharmacology, Peking University, Beijing (since 1991); Professor of Pharmacology and Chief of the Department of Neuropharmacology, NIDD, Beijing Medical University (since 1993), Director, National Institute on Drug Dependence (NIDD), Peking University (1999-2003).

Doctor of Medicine, Beijing Medical College (1969). Assistant and Associate Researcher, Department of Neuropharmacology, Beijing Chemical and Pharmacological Institute (1969-1987); Chief of the Department of Neuropharmacology, NIDD (1987-1990); Visiting Scientist, Addiction Research Center, National Institute on Drug Abuse, United States (1990-1991). Author of numerous articles, including: "Involvement of

μ -opioid receptors and α -adrenoceptors in the immunomodulatory effects of dihydrotropine", *European Journal of Pharmacology* (1998); "Immunosuppressive effects of dihydrotropine, a potent narcotic analgesic, in dihydroetorphine-dependent mice", *European Journal of Pharmacology* (1999); "Effect of dizocilpine maleate on discrimination properties of methamphetamine in rats", *Acta Pharmacologica Sinica* (2000); "GABA_B receptor agonist baclofen attenuates the development and expression of *d*-methamphetamine-induced place preference in rats", *Life Science* (2001); "The effect of 7-nitroindazike on the acquisition and expression of *d*-methamphetamine-induced place preference in rats", *European Journal of Pharmacology* (2002); "The situation of drug dependence for the last 10 years in China", *Chinese Journal of Drug Dependence* (2002). Member of the Chinese Pharmacological Society (since 1993). Editor-in-Chief, *Chinese Journal of Drug Dependence* (since 1999). Director, Section of Drug Dependence Toxicology, Chinese Society of Toxicology (since 2000). Vice-Director, Chinese Society of Toxicology (since 2000).

Member of the International Narcotics Control Board (since 2000). Member of the Standing Committee on Estimates (2000 and 2001). Vice-Chairman of the Standing Committee on Estimates (2002).

The role of the International Narcotics Control Board

The International Narcotics Control Board (INCB) is an independent and quasi-judicial control organ, established by treaty, for monitoring the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Composition

INCB consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives (see annex II of the present publication for the current membership). Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (WHO) and 10 members are elected from a list of persons nominated by Governments. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with INCB, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. INCB has a secretariat that assists it in the exercise of its treaty-related functions. The INCB secretariat is an administrative entity of the United Nations Office on Drugs and Crime, but it reports solely to the Board on matters of substance. INCB closely collaborates with the Office in the framework of arrangements approved by the Council in its resolution 1991/48. INCB also cooperates with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially the International Criminal Police Organization (Interpol) and the Customs Co-operation Council (also called the World Customs Organization).

Functions

The functions of INCB are laid down in the following treaties: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Broadly speaking, INCB deals with the following:

(a) As regards the licit manufacture of, trade in and use of drugs, INCB endeavours, in cooperation with Governments, to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels does not occur. INCB also monitors Governments' control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into the illicit traffic;

(b) As regards the illicit manufacture of, trafficking in and use of drugs, INCB identifies weaknesses in national and international control systems and contributes to correcting such situations. INCB is also responsible for assessing chemicals used in the illicit manufacture of drugs, in order to determine whether they should be placed under international control.

In the discharge of its responsibilities, INCB:

(a) Administers a system of estimates for narcotic drugs and a voluntary assessment system for psychotropic substances and monitors licit activities involving drugs through a statistical returns system, with a view to assisting Governments in achieving, inter alia, a balance between supply and demand;

(b) Monitors and promotes measures taken by Governments to prevent the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and assesses such substances to determine whether there is a need for changes in the scope of control of Tables I and II of the 1988 Convention;

(c) Analyses information provided by Governments, United Nations bodies, specialized agencies or other competent international organizations, with a view to ensuring that the provisions of the international drug control treaties are adequately carried out by Governments, and recommends remedial measures;

(d) Maintains a permanent dialogue with Governments to assist them in complying with their obligations under the international drug control treaties and, to that end, recommends, where appropriate, technical or financial assistance to be provided.

INCB is called upon to ask for explanations in the event of apparent violations of the treaties, to propose appropriate remedial measures to Governments that are not fully applying the provisions of the treaties or are

encountering difficulties in applying them and, where necessary, to assist Governments in overcoming such difficulties. If, however, INCB notes that the measures necessary to remedy a serious situation have not been taken, it may call the matter to the attention of the parties concerned, the Commission on Narcotic Drugs and the Economic and Social Council. As a last resort, the treaties empower INCB to recommend to parties that they stop importing drugs from a defaulting country, exporting drugs to it or both. In all cases, INCB acts in close cooperation with Governments.

INCB assists national administrations in meeting their obligations under the conventions. To that end, it proposes and participates in regional training seminars and programmes for drug control administrators.

Reports

The international drug control treaties require INCB to prepare an annual report on its work. The annual report contains an analysis of the drug control situation worldwide so that Governments are kept aware of existing and potential situations that may endanger the objectives of the international drug control treaties. INCB draws the attention of Governments to gaps and weaknesses in national control and in treaty compliance; it also makes suggestions and recommendations for improvements at both the national and international levels. The annual report is based on information provided by Governments to INCB, United Nations entities and other organizations. It also uses information provided through other international organizations, such as Interpol and the World Customs Organization, as well as regional organizations.

The annual report of INCB is supplemented by detailed technical reports. They contain data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with an analysis of those data by INCB. Those data are required for the proper functioning of the system of control over the licit movement of narcotic drugs and psychotropic substances, including preventing their diversion to illicit channels. Moreover, under the provisions of article 12 of the 1988 Convention, INCB reports annually to the Commission on Narcotic Drugs on the implementation of that article. That report, which gives an account of the results of the monitoring of precursors and of the chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, is also published as a supplement to the annual report.

Since 1992, the first chapter of the annual report has been devoted to a specific drug control issue on which INCB presents its conclusions and recommendations in order to contribute to policy-related discussions and decisions in national, regional and international drug control. The following topics were covered in past annual reports:

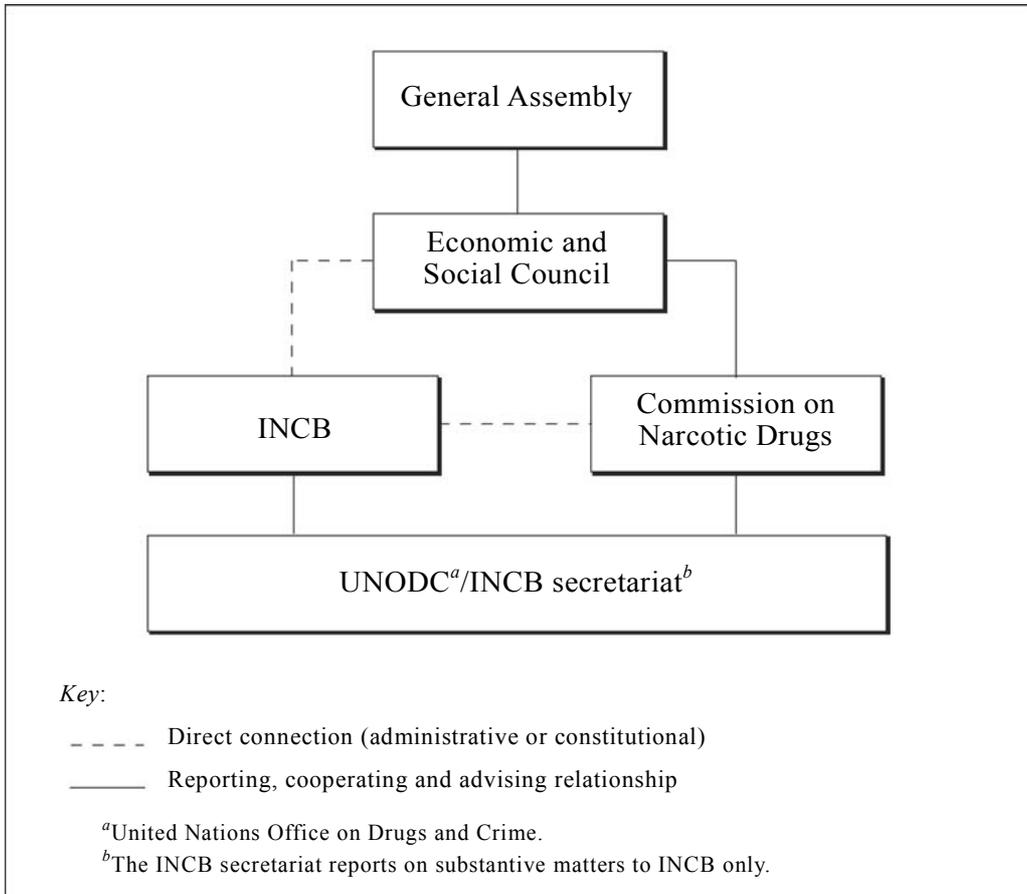
- 1992: Legalization of the non-medical use of drugs
- 1993: The importance of demand reduction
- 1994: Evaluation of the effectiveness of the international drug control treaties
- 1995: Giving more priority to combating money-laundering
- 1996: Drug abuse and the criminal justice system
- 1997: Preventing drug abuse in an environment of illicit drug promotion
- 1998: International control of drugs: past, present and future
- 1999: Freedom from pain and suffering
- 2000: Overconsumption of internationally controlled drugs
- 2001: Globalization and new technologies: challenges to drug law enforcement in the twenty-first century
- 2002: Illicit drugs and economic development
- 2003: Drugs, crime and violence: the microlevel impact

Chapter I of the report of the International Narcotics Control Board for 2004 is entitled “Integration of supply and demand reduction strategies: moving beyond a balanced approach”.

Chapter II presents an analysis of the operation of the international drug control system based primarily on information that Governments are required to submit directly to INCB in accordance with the international drug control treaties. Its focus is on the worldwide control of all licit activities related to narcotic drugs and psychotropic substances, as well as chemicals used in the illicit manufacture of such drugs.

Chapter III presents some of the major developments in drug abuse and trafficking and measures by Governments to implement the international drug control treaties by addressing those problems. Specific comments are made on the drug control situation in each of the countries in which an INCB mission or technical visit took place.

United Nations system and drug control organs and their secretariat



كيفية الحصول على منشورات الأمم المتحدة
يمكن الحصول على منشورات الأمم المتحدة من المكتبات ودور التوزيع في جميع أنحاء العالم. استعلم
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