

III. Analysis of the world situation

A. Africa

Major developments

244. The main illicit drug of abuse in Africa is cannabis, which is abused by over 34 million people in the region. The cannabis plant is illicitly cultivated throughout Africa, and cannabis is smuggled within the region and beyond, mainly into Europe and North America. While cannabis herb is illicitly produced in all subregions of Africa, Morocco continues to be one of the world's largest suppliers of cannabis resin. It is, therefore, encouraging to note that, as a result of intervention by the Government, both the total area under illicit cannabis plant cultivation and the total potential production of cannabis resin in Morocco decreased by 10 per cent in 2004 over the previous year.

245. Drug traffickers are increasingly using West African countries along the Gulf of Guinea for smuggling cocaine from Latin America into Europe and, to a lesser extent, into North America, as evidenced by the record seizures that have been effected in that subregion during the past two years. Moreover, two recent seizures of cocaine in Kenya, totalling over 1 ton, may indicate that cocaine traffickers have also begun using Eastern Africa as a transit area. While cocaine continues to be abused mainly in cities and tourist centres in Southern and Western Africa, there is concern that the increased trans-shipment of illicit drugs through the area of the Gulf of Guinea might have a spillover effect, resulting in increased drug abuse in countries in those subregions.

246. Although the abuse of opiates has remained limited in Africa, the increasing abuse of such drugs, including by injection, is becoming a cause for concern, particularly in African countries along the Indian Ocean.

247. In Africa, the continued availability of illicitly manufactured and diverted pharmaceutical products containing narcotic drugs and psychotropic substances in unregulated markets has, for many years, been a major problem for national regulatory authorities in ensuring the safety and efficacy of medicine. At the

same time, controlled substances for legitimate medical purposes, in particular opiates for the treatment of pain, are often not available.

248. In Southern Africa, one recent worrying development is the rapidly emerging abuse of methamphetamine in South Africa, particularly in the Western Cape area. While the substance is mainly smuggled from China, some of it is also illicitly manufactured in laboratories in South Africa, as evidenced by the increasing number of illicit methamphetamine laboratories dismantled in that country. While the abuse of MDMA (Ecstasy) has so far been largely confined to South Africa, there is some concern that the uncovering of an MDMA laboratory in Egypt in late 2004 might indicate the emergence of illicit MDMA manufacture in Northern Africa.

249. As mechanisms for the monitoring and control of precursor chemicals are being tightened in many countries of the world, traffickers have started to take advantage of weaker mechanisms for precursor control in African countries. That development is reflected in the increased number of reported attempts to divert precursor chemicals in Africa. In 2005, a number of multi-ton shipments of controlled precursor chemicals destined for African countries, for diversion into illicit markets, were stopped.

Treaty adherence

250. In October 2005, Angola became a party to the 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention. Furthermore, the Democratic Republic of the Congo and Liberia acceded to the 1988 Convention in October 2005 and September 2005, respectively.

251. Equatorial Guinea remains the only State in Africa that is not yet a party to any of the three main international drug control treaties. In addition, Chad has not yet acceded to the 1972 Protocol amending the 1961 Convention, Liberia is not yet a party to the 1971 Convention and Gabon, Namibia and Somalia are not yet parties to the 1988 Convention.

Regional cooperation

252. The Board notes with appreciation that the African Union takes drug control issues very seriously. The African Union has assigned to the Economic, Social and Cultural Council, an advisory body of the Union established in Addis Ababa in March 2005, the responsibility of advising it on drug-related matters while promoting the economic, social and cultural development of African States. The Board notes that the second Ministerial Conference on Drug Control in Africa, the theme of which was “Mainstreaming drug control in socio-economic development into Africa”, was held in Grand Baie, Mauritius, in December 2004. The Conference was attended by African experts from 28 African Union member States and representatives of relevant international and regional organizations. Subsequently, the Sixth Ordinary Session of the Executive Council of the African Union, held in Abuja, in January 2005, adopted a decision in which it requested those African Union member States which had not yet submitted reports on the implementation of the Plan of Action on Drug Control in Africa: 2002-2006 to do so without delay.

253. A regional meeting of the International Drug Enforcement Conference was held in Abuja in February 2005. The meeting, which was hosted by the National Drug Law Enforcement Agency of Nigeria and attended by representatives of a number of countries in Europe and the Middle East, formulated a common position on money-laundering, international drug trafficking organizations and the control of precursor chemicals.

254. The Fifteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Ouagadougou in March 2005. The Meeting formulated recommendations on regional and subregional cooperation; the threat posed by illegal cannabis production in Africa; and the protection of witnesses in investigating and prosecuting crime syndicates.

255. The Government of Algeria hosted the seventeenth Summit of the League of Arab States in Algiers in March 2005. The members of the League of Arab States may use their meetings as an opportunity to, inter alia, share their experiences in fighting drug abuse and illicit trafficking, with a view to harmonizing their policies and strategies related to countering illicit drug trafficking in the region.

256. A regional youth network of non-governmental organizations focusing on drug abuse prevention was established in eight countries in Eastern Africa in 2004. Non-governmental organizations from Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Uganda and the United Republic of Tanzania participated in the first regional workshop of the youth network, on the elaboration of networking and collaboration, which was held in Mombasa, Kenya, in April 2005.

257. An operational meeting on drugs for Eastern African heads of criminal investigation departments and anti-narcotic units was held in Kigali in May 2005 with a view to strengthening collaboration in drug law enforcement between the member States (Ethiopia, Kenya, Rwanda, Uganda and the United Republic of Tanzania) in the area of drug law enforcement.

258. In June 2005, the Arab Conference for Protecting Youth from Drug Abuse was held in Cairo. Delegations from Northern Africa and the Middle East, comprising high-level government officials, heads of drug control agencies and representatives of civil society, participated in the Conference. The Conference formulated the Cairo Action Plan, containing recommendations on enhancing coordination among participating Arab countries in drug abuse prevention. On the occasion of the Conference, the Government of Egypt launched a new national strategy on protecting youth against drugs.

259. The Board notes that, for the first time in Africa, a subregional workshop on precursor control was held. Regulatory and law enforcement authorities from 11 countries in Eastern Africa, as well as representatives of trade and industry, attended the workshop, which was organized in Mombasa, Kenya, in July 2005 by UNODC, in cooperation with the Board. The workshop participants discussed the inadequate controls over precursors in Eastern Africa and developed measures to prevent the diversion of precursors into illicit channels.

260. The seventh meeting of the Eastern Africa Police Chiefs Cooperation Organization, aimed at enhancing collaboration among its member States, was held in Mombasa, Kenya, in August 2005. A model subregional train-the-trainer workshop for pharmaceutical inspectors was held in Dar es Salaam in September 2005. The participants discussed ways to

improve the monitoring and surveillance of national drug distribution channels.

261. A Round Table for Africa was hosted by the Government of Nigeria and organized by UNODC in Abuja in September 2005. The Round Table, which was attended by government representatives of African countries and development partners, adopted a programme of action for the period 2006-2010, aimed at integrating a drug control dimension into official development assistance policies and practices.

262. A number of African countries have undertaken further initiatives against money-laundering. In Northern Africa, Algeria, Egypt, Morocco and Tunisia have joined the Middle East and North Africa Financial Action Task Force, established in November 2004 to promote best practices in combating money-laundering and terrorist financing in those subregions. The Economic Community of West African States (ECOWAS) has stepped up action against money-laundering: in May 2005, its Groupe intergouvernemental d'action contre le blanchiment d'argent en Afrique de l'Ouest (GIABA)³⁹ met in Abuja to work out an integrated approach to countering money-laundering, as experience has shown that money-laundering kingpins are moving away from countries with rigorous legislation against money-laundering, such as Nigeria, to countries in Western and Central Africa where action against such criminal activity is deemed weak.

National legislation, policy and action

263. National drug control master plans have been adopted by Algeria and South Africa. The Government of Algeria has also set up a secretariat under the office of the Prime Minister to implement the plan. Furthermore, in December 2004, Algeria promulgated a new law on the prevention and repression of the use of and illicit traffic in narcotic drugs and psychotropic substances together with a law specifically on preventing and fighting money-laundering and the financing of terrorism. In Morocco, the national strategy against drugs drafted by the National Committee on Narcotics is expected to be adopted in 2005.

264. In March 2005, the Government of Lesotho prepared a comprehensive programme framework for drug abuse prevention in the country. The Government of Malawi has taken several important initiatives to

address drug control issues in the country, such as the completion of a UNODC-funded rapid situation assessment on drug abuse, the drafting of a drug abuse bill and the conducting of a survey of cannabis abuse.

265. The Board notes that the authorities of the Libyan Arab Jamahiriya have taken measures to enhance programming and implementation capacities in the area of drug demand reduction, with a view to developing a national prevention programme in schools, covering all aspects related to drug abuse, including HIV/AIDS.

266. The Board calls upon the Government of the United Republic of Tanzania to implement without delay the precursor control law enacted in 2004. In Kenya, in response to a series of attempted diversions of ephedrine (see para. 280 below), the Government appointed a precursor control steering committee within the Ministry of Health in May 2005 to address the inadequate controls over precursors and to draft appropriate precursor control legislation. The Board appreciates those efforts and encourages the Government of Kenya to put in place as soon as possible an adequate mechanism for monitoring and controlling precursors.

267. The Board notes with appreciation the measures taken by the Government of Tunisia to reduce illicit drug demand through awareness-raising programmes in schools and welcomes the steps taken to establish a national rehabilitation centre for drug addicts. The Board also notes that legal and law enforcement measures taken against corruption have helped to curb illicit drug abuse and trafficking in Tunisia.

268. A number of Governments have taken further legislative and administrative measures to combat money-laundering. In Egypt, the Anti-Narcotics General Administration has opened a special office for investigating financial crime and combating money-laundering. The Board notes that, in 2004, as a result of this and other measures taken to counter money-laundering, Egypt was removed from the list of countries and territories considered by the Financial Action Task Force on Money Laundering to be "non-cooperative" in efforts to counter money-laundering or to have critical deficiencies in their systems for countering money-laundering. The Kenyan Cabinet approved in February 2005 a bill against money-laundering that is before Parliament; once passed, the legislation will enable the identification, tracing and freezing, seizure and potential confiscation of proceeds

of crime, including drug trafficking and corruption. The Government of Morocco has prepared a draft law against money-laundering that is now before Parliament. In Nigeria, the Money Laundering Act was revised and updated in 2004 to facilitate asset recovery.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

269. Cannabis continues to be the most widely grown, trafficked and abused drug in the African region. Africa is the world's second largest producer of cannabis herb (after North America), accounting for approximately 12,000 tons, or 28 per cent of global production. In Morocco, illicit cannabis plant cultivation decreased by 10 per cent in 2004 compared with the level of the previous year. More than 40 per cent of the world's cannabis resin is produced in Morocco. In addition, Morocco is the source of 80 per cent of the cannabis resin abused in Europe, the world's largest market for cannabis resin. Illicit trafficking in cannabis resin continues to be a major problem in the Rif area. The Board notes with appreciation that the Government of Morocco launched a cannabis plant eradication campaign in the Rif area in early May 2005. Of the approximately 1,500 tons of cannabis resin seized throughout the world in 2004, 87 tons were seized in Morocco. Weak control measures at seaports and land border crossings and inadequate drug control legislation have continued to contribute to the trafficking problem in that country. The Board commends the Government of Morocco for its efforts and calls upon it to continue its efforts to achieve the total eradication of cannabis plant cultivation on its territory. At the same time, the Board calls upon the international community to support the efforts of the Government of Morocco where possible.

270. Cannabis herb production is taking place in all subregions in Africa. In Egypt, where cannabis plants continue to be illicitly cultivated in the northern Sinai, there has been an alarming increase in the seizure of cannabis herb; seizures of cannabis herb increased in 2004 by 40 per cent over the 2003 level. The increase in cannabis production was accompanied by an upsurge in the abuse of cannabis herb. In countries in Western and Central Africa (Cameroon, Ghana, Nigeria, Togo and Senegal), seizure data suggest that cannabis plants continue to be cultivated for commercial purposes.

Cannabis plants are also cultivated in most countries in Eastern Africa, not only fuelling local demand but also constituting a significant commercial crop, especially in the Comoros, Ethiopia, Kenya, Madagascar, Uganda and the United Republic of Tanzania. The largest producers of cannabis herb in Southern Africa are (in decreasing order) South Africa, Malawi, Lesotho and Swaziland. According to data published by UNODC, cannabis herb was the most commonly seized drug in Africa in 2003, the most recent year for which such data are available. Also in that year, the bulk of all demand for drug abuse treatment in Africa (64 per cent) was linked to cannabis.

271. The African region, particularly Western and Northern Africa, continues to be used for smuggling cocaine from South America into North America and Europe. In 2004, the total amount of cocaine seized while being transported through countries in Western Africa (mainly Nigeria and other countries in the area of the Gulf of Guinea) exceeded 14 tons. In the first half of 2005, authorities in Spain seized a total of 5.5 tons of cocaine originating in South America and destined for Europe: one single seizure of 2.5 tons of cocaine was made on a vessel off the coast of Ghana that had been registered in that country. Furthermore, in September 2005, 3 tons of cocaine were seized on a vessel off the coast of Cape Verde. Since the beginning of 2004, seizures of cocaine totalling some 40 tons have been effected on the high seas on ships coming from Western Africa. Ghana, Guinea and Nigeria reported having seized cocaine bound for illicit markets in the United States of America. Investigations made in conjunction with those seizures reveal the presence in Western African countries of foreign criminal networks from Europe and Latin America, giving rise to speculation about Western Africa being used not just as a transit area but as a stockpiling logistics base for drug trafficking. Cocaine destined for Spain is also smuggled through the islands off the coast of Mauritania and Senegal, mainly Cape Verde. The shift in the traditional trafficking routes leading to Western Africa is attributed to tightened controls in the Netherlands and Spain (see also para. 599 below). Other developments in Africa relate to increased interdiction of cocaine (shipped from Brazil) in South Africa and, most recently, on the eastern coast of Africa, where Kenyan authorities seized a total of over 1 ton of cocaine in two seizures: one in the coastal town of Malindi and the other in Nairobi. The two

seizures in Kenya were made possible by operational information received from Belgium; the seized cocaine, believed to be of Colombian origin, was destined for illicit markets in Europe.

272. Despite the increase in the volume of cocaine seized in Africa, the level of abuse is still relatively low. Cocaine abuse in Africa seems to be confined mainly to Nigeria, Senegal and South Africa, where it continues to be abused in the form of crack cocaine. There is some concern, however, that, as cocaine trafficking routes evolve and new routes emerge, there will be a spillover effect and cocaine abuse will spread. As a result of the growing illicit trafficking in Nigeria and Togo, for instance, the cost of cocaine has already dropped significantly in those countries. Also, according to data provided by the South African Community Epidemiology Network on Drug Use (SACENDU), demand for cocaine abuse treatment increased in the period 2002-2004 in South Africa.

273. In Africa, heroin interdiction rates remained low. In Western Africa, according to reports on heroin seizures made in 2005, heroin continued to be sent mainly in small quantities on couriers and in mail parcels. In Eastern Africa, however, significant seizures of heroin were made at the international airports in Nairobi, Dar es Salaam, Addis Ababa and, to a lesser extent, Zanzibar City. As countermeasures are being taken in those airports, heroin traffickers appear to be shifting their operations to airports near large cities in other African countries, including Malawi (Lilongwe), Rwanda, (Kigali), Uganda (Entebbe) and Zambia (Lusaka). From there, the heroin is often smuggled back into Kenya and the United Republic of Tanzania through the inadequately controlled land borders and subsequently into countries in Europe and North America. The quality of the heroin transiting Kenya has increased markedly in recent years, from (lower-quality) "brown heroin" to "white heroin". As heroin is increasingly becoming available at affordable prices in the United Republic of Tanzania, heroin abuse is also increasing in that country.

274. The abuse of heroin continues to be at a low level in Africa. According to the available data, the annual prevalence of abuse of opiates (mostly heroin) in Africa was 0.2 per cent among persons aged 15-64 in the period 2002-2004, which is below the global average of 0.3 per cent. The abuse of opiates increased in Eastern and Southern Africa. In Eastern Africa, the

increase in heroin abuse was particularly significant in Kenya, Mauritius and the United Republic of Tanzania (countries where drug abuse by injection also increased), as well as in Rwanda, Somalia and Uganda. According to the SADC Epidemiology Network on Drug Use (SENDU), high levels of heroin abuse by injection were reported by patients in Mauritius (94 per cent), South Africa (28-55 per cent in selected sites), the United Republic of Tanzania (29 per cent) and Mozambique (23 per cent in Maputo). In Nigeria, a survey revealed that there was growing drug abuse by injection, as well as higher HIV/AIDS prevalence among persons who abuse drugs by injection, in big cities such as Kano and Port Harcourt. In Northern Africa, there is significant heroin abuse in Egypt, where the total number of heroin addicts is estimated at 20,000-30,000 and the practice of needle-sharing has been reported.

Psychotropic substances

275. In most African countries, it is possible to purchase drugs in unregulated markets. A wide range of licit narcotic drugs and psychotropic substances are sold both by licensed pharmacies without a prescription and on street markets following their diversion from licit into illicit channels. Those substances include sedatives, codeine-based syrups and phenobarbital, which are also used in combination with other products to enhance the effects of cannabis and alcohol, including locally brewed alcoholic drinks. In Northern Africa, the abuse of benzodiazepines, such as diazepam, clonazepam (Rivotril), lorazepam (Temesta), clorazepate (Tranxene), and the opioid analgesic buprenorphine (Subutex) has gained in popularity, as those preparations are relatively cheap and easily obtainable. Several countries in Western and Central Africa have reported that there is growing concern about the smuggling into their territories of fake and counterfeit medical products. In Southern Africa, the abuse of over-the-counter and prescription medicines, such as slimming tablets, analgesics and benzodiazepines (diazepam and flunitrazepam), continues to be a matter of concern.

276. The availability of controlled substances in unregulated markets and the circulation of counterfeit medicines create serious public health problems, including the abuse and misuse of drugs, and undermine public confidence in health services and in drug control and drug law enforcement regimes. The

Board calls upon all the Governments concerned to take remedial action by strengthening mechanisms for the monitoring and control of licit narcotic drugs and psychotropic substances, including licensing systems, record-keeping, the collection and reporting of statistical data, the import and export authorization regime, inspections and sanctions. The Board also urges the Governments concerned to assess their real needs for controlled drugs, as well as constraints that contribute to those drugs not being available for medical purposes in sufficient quantities. The outcome of such an assessment could be beneficial in addressing the non-availability of those drugs for medical purposes. WHO and international and bilateral donors would then be in a better position to assist African countries in implementing their strategies for the rational use of controlled drugs.

277. The illicit manufacture of amphetamine-type stimulants, mainly cathinone, methcathinone, MDMA (Ecstasy) and methamphetamine, continues to take place in South Africa. There has been a rapid increase in laboratories for the illicit manufacture of cathinone and methcathinone during the past few years: while one such laboratory was detected in 2001, that number rose to over 30 by 2003. Of particular concern is the emergence of abuse of methamphetamine (commonly called "tic") in South Africa's Cape Town area. According to SACENDU, a dramatic increase in the demand for treatment for methamphetamine abuse was noted in Cape Town: 1 out of 5 patients reported that methamphetamine had been their primary or secondary drug of abuse and 41 per cent reported having used the drug daily in 2004. Almost 60 per cent of patients seeking treatment for methamphetamine abuse during the second half of 2004 were under 20 years of age.

278. Despite vigorous law enforcement efforts by the South African police, the abuse of methaqualone (Mandrax) has continued unabated in South Africa, where most of the world's illicitly supplied methaqualone is abused. Methaqualone is also abused in other countries in Southern Africa, but to a lesser extent. Methaqualone is smuggled out of India and China and transported along the coast of Eastern Africa and, to some extent, Western Africa to countries in Southern Africa. Some methaqualone is also manufactured in South Africa. In 2004, as a result of intensified police efforts, the total volume of methaqualone seizures rose sharply in South Africa, reaching the record level of 12 tons. In the same year,

15 illicit methaqualone laboratories were dismantled in South Africa.

279. Some abuse of MDMA (Ecstasy) is taking place in South Africa. While most of the MDMA (Ecstasy) is smuggled into that country, some is illicitly manufactured locally. For the first time ever, an MDMA laboratory was uncovered and dismantled in Egypt in late 2004; four persons were arrested and the chemicals and equipment were seized. While illicit manufacture of amphetamine-type stimulants (under the brand name Maxim forte) had reportedly taken place in Egypt some years ago, the discovery of an MDMA laboratory in that country is a matter of concern, since it might indicate a shifting of the illicit manufacture of MDMA to Northern Africa.

280. African countries are increasingly being used by traffickers to divert precursor chemicals. Following an attempt in early 2004 to divert to Kenya 6 tons of ephedrine, a precursor of amphetamine-type stimulants, two further attempts to divert to that country large amounts of ephedrine (500 kg and 800 kg) were prevented in 2005. There were other attempts to divert large amounts of precursors to African countries in 2005: one involved several multi-ton consignments of potassium permanganate destined for Egypt; another attempt involved almost 7 tons of acetic anhydride destined for Nigeria; and two others involved large consignments of pseudoephedrine destined for Angola (1.2 tons) and the Democratic Republic of the Congo (26 tons). The Board calls upon the Governments of all countries in Africa to take the measures necessary to adequately control the precursor chemicals listed in Tables I and II of the 1988 Convention. The Board also calls upon UNODC to provide technical assistance, including in the form of training, to the African countries at risk.

Substances not under international control

281. The Board notes with concern that the abuse of khat, a substance currently not under international control that is cultivated in several countries in Eastern Africa, is becoming a serious threat to reconstruction efforts in Somalia. In that country, which has suffered many years of civil strife and is one of the poorest countries in the world, the abuse of khat is widespread; as a result, the family structure is deteriorating and a large portion of the family income is used to buy khat.

Missions

282. The Board sent a mission to Cape Verde in September 2005. The Board commends the Government of Cape Verde for its political will and commitment to address the drug problem in its country, as exemplified by the national drug and crime control strategy adopted in October 2004.

283. Over the past two years, Cape Verde has emerged as part of a major transit route for consignments of cocaine originating in South America en route to Europe. It is estimated that each year several tons of cocaine pass through the archipelago of Cape Verde, which is situated off the coast of Senegal. The Board expresses appreciation to the Government of Cape Verde for its determination in addressing the smugglers of cocaine through its territory and encourages the Government to continue its work on strengthening the interdiction capabilities of its national drug law enforcement agencies. The Government should continue to seek international cooperation and assistance in that matter.

284. Drug abuse appears to have increased in Cape Verde. However, the actual extent, patterns and trends of drug abuse are not known, since no nationwide survey or even a rapid assessment of the drug abuse situation has ever been conducted. The Board therefore urges the Government to carry out, as a matter of priority, an assessment of the drug abuse situation, including the collection and analysis of data on the incidence, prevalence and other characteristics of drug abuse.

285. The consumption of narcotic drugs for medical purposes is considerably lower in Cape Verde than in other small island developing countries in Africa. The Board calls on the authorities of Cape Verde to continue their efforts to improve the access of the population to essential narcotic drugs, inter alia, by providing training to health-care professionals. The WHO guidelines on achieving balance in national opioid control policy can be used as a guide for that purpose.

286. The Board sent a mission to Ghana in January 2005. The Board notes with appreciation the firm commitment of the Government to the objectives of the international drug control treaties and its efforts to further develop the existing national drug control mechanisms with a view to vigorously combating the

drug menace. The Board welcomes the multidisciplinary approach taken by the Government, as reflected in the establishment of the interministerial Narcotics Control Board of Ghana, which guides and coordinates all drug-related activities of the various authorities and bodies responsible for drug control matters and directs their efforts towards achieving the common objective of fighting drug abuse and trafficking.

287. While the drug control legislation currently in place in Ghana provides a measure of control over substances scheduled under the 1961 Convention and the 1971 Convention, that legislation still requires updating. In addition, there is still no legislation on precursor control and no designated competent authority for the implementation of the provisions of article 12 of the 1988 Convention. The Board therefore encourages the Government to give priority to updating legislation on narcotic drugs and psychotropic substances and drafting adequate legislation on the control of precursor chemicals, as well as to establish an adequate mechanism for the monitoring and control of precursor chemicals, in order to prevent the country from being used for the diversion of those substances into illicit channels.

288. The Board notes the efforts by the law enforcement authorities of Ghana to combat the smuggling of drugs through their country, as well as the measures taken by the Government to eradicate cannabis plants and realize an integrated alternative development programme. In view of the increasing number and volume of seizures of illicit drugs, in particular cocaine, in Ghana and in its neighbouring countries, Ghana appears to be at risk of being used as a transit country by illicit drug traffickers, a development that could have a spillover effect, resulting in increased drug abuse. The Board therefore encourages the Government to continue its efforts and to elaborate appropriate programmes for drug abuse prevention and demand reduction, targeting young people in particular. The Board calls upon UNODC to provide assistance to the Government to enable it to further strengthen the capacity of its law enforcement authorities to intercept illicit drug consignments.

289. In August 2005, the Board sent a mission to Lesotho for the first time to review the drug control situation and the Government's compliance with the international drug control treaties. The Board notes the

efforts made by the Government in drug control and encourages it to continue to strengthen those efforts.

290. In Lesotho, current drug control legislation contains the relevant provisions for the control of licit and illicit drug movements. Two new bills are in the process of being drafted to replace the outdated legislation. The new legislation will include provisions to control precursor chemicals and equipment used in the illicit manufacture of drugs. The Board notes the efforts of the Government to update existing drug control legislation and encourages it to establish and implement the necessary precursor control legislation as soon as possible.

291. The Board notes the efforts of the law enforcement authorities of Lesotho to eradicate cannabis plant cultivation and combat drug trafficking. The Board urges the Government of Lesotho to strengthen its efforts to eradicate cannabis plant cultivation and to introduce alternative development programmes, with the assistance of international donors.

292. The Board notes that the Government of Lesotho has established a national focal point for drug control. The Board encourages the Government to allocate adequate resources to ensure that the focal point is able to carry out its functions effectively and efficiently. Staff at all levels of government involved in drug control require adequate training.

293. A drug abuse treatment centre and resource centre are providing invaluable services to Lesotho and have the potential to provide similar services to neighbouring countries. The Board urges the Government to pursue its efforts to provide a comprehensive drug abuse prevention and treatment programme.

294. The Board sent a mission to Swaziland in August 2005 to review the progress made by the Government in implementing the Board's recommendations following its mission to that country in 1985. In Swaziland, legislation currently being used to control the licit and illicit movement of drugs dates back to the 1920s. The Board notes that a new drug bill is currently before the parliament. It encourages the Government of Swaziland to adopt the bill without delay and to take measures for its speedy implementation, incorporating the provisions required to deal with the current drug control problems facing

the country. The Board notes with concern that there is currently no relevant legislation controlling precursor chemicals in Swaziland. The Board urges the Government to establish, adopt and implement as soon as possible the measures necessary to control precursor chemicals.

295. Despite the efforts by law enforcement officials, cannabis plants continue to be illicitly cultivated throughout Swaziland. The Board notes with concern that there is an ongoing privately sponsored national campaign aimed at the legalization of cannabis plant cultivation in Swaziland. The Board wishes to remind the Government that cannabis, as it is considered particularly liable for abuse, is in Schedule IV of the 1961 Convention, which requires Governments, pursuant to article 2, paragraph 5, of that convention, to adopt special measures having regard to the dangerous properties of that drug. Therefore, the Board urges the Government to continue to take a strong stand against the legalization of cannabis plant cultivation and, at the same time, to strengthen its eradication efforts and to introduce alternative development programmes.

296. Both cocaine abuse and heroin abuse have emerged as major problems in the city of Manzini, the industrial centre of Swaziland. The Board encourages the Government to conduct a rapid assessment survey of drug abuse in that city and its surrounding areas and to put into place programmes for reducing illicit drug abuse in the country. The Board notes with concern that there are currently no facilities in Swaziland that provide specialized treatment for drug abusers. The Board encourages the Government to establish such facilities as soon as possible.

297. The Board sent a mission to Zambia in August 2005 to review the progress made by the Government in implementing the Board's recommendations following its mission to that country in 1996. The Board notes with appreciation the continued commitment and efforts of the Government in combating drug abuse and trafficking in Zambia.

298. The legislation currently in force in Zambia contains provisions on control over the licit and illicit movement of drugs. The current legislation is in the process of being amended to include provisions on the control of precursor chemicals. The Board urges the Government to establish, adopt and implement as soon

as possible the measures necessary to control precursor chemicals.

299. Cannabis plants continue to be illicitly cultivated throughout Zambia, despite efforts by law enforcement officials. The Board encourages the Government to strengthen its efforts to eradicate the illicit cultivation of cannabis plants and to introduce alternative development programmes in cooperation with other countries in the region and international donors. The Board notes with concern that there are currently no treatment facilities in Zambia for drug abusers and encourages the Government to establish such facilities as soon as possible. The Board also encourages the Government to provide the drug law enforcement and pharmaceutical regulatory bodies in Zambia with adequate resources to enable them to carry out their functions properly.

300. As there is a particularly high prevalence of HIV/AIDS and drug abuse in Lesotho, Swaziland and Zambia, the Board is concerned that the current situation could be further exacerbated by insufficient drug abuse prevention programmes and urges the Governments concerned to take appropriate preventive measures to address those problems.

B. Americas

Central America and the Caribbean

Major developments

301. The region of Central America and the Caribbean continues to be used as a major trans-shipment point for consignments of drugs, mainly cocaine, originating in South America and destined for the United States and countries in Europe. While extensive coastal areas and difficult terrain may to some extent explain the situation, persistent negative social factors, such as high unemployment and institutional weaknesses, have played a major role as well. It is estimated that a large part of the 300 tons of cocaine entering the United States each year has passed through Central America and the Caribbean.

302. Several countries in Central America and the Caribbean have signed the Central America Free Trade Agreement (CAFTA), a free trade agreement with the United States that would liberalize interregional commerce and remove barriers to trade in most goods.

The Board urges the Governments concerned not to weaken existing controls over drugs once CAFTA enters into force.

303. In its report for 2004, the Board expressed its concern over the link between drug trafficking and organized crime perpetrated by youth gangs in several Central American and Caribbean countries.⁴⁰ The Board welcomes the Meeting on Transnational Criminal Youth Gangs: Characteristics, Importance and Public Policies, organized in Tapachula, Mexico, in June 2005 by the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States. The Board urges the Governments concerned to step up their efforts to fight that problem, while maintaining respect for human rights.

Treaty adherence

304. All States in Central America and the Caribbean are parties to the 1961 Convention and the 1988 Convention and, with the exception of Haiti, to the 1971 Convention. The Board calls on Haiti to accede to the 1971 Convention without delay. The Board welcomes the ratification by Nicaragua of the 1972 Protocol amending the 1961 Convention and the ratification by Honduras of the 1971 Convention.

Regional cooperation

305. In 2004, the CICAD Group of Experts on Pharmaceutical Products developed the Model Reference Guide for Health Professionals: Prevention and Detection of Abuse of Narcotics and Controlled Substances and Their Diversion to Illicit Channels and the Model Guide for Manufacturers to Control Pharmaceutical Products. The Group also analysed different mechanisms to enhance inspections, control measures and coordination, including with regard to the sale of pharmaceutical products on the Internet.

306. In October 2004, the Caribbean Epidemiology Centre (CAREC), with the support of UNODC and CICAD, established drug information networks to guide the development of efforts to reduce illicit drug supply and demand in the Caribbean.

307. CICAD is working together with the Inter-American Development Bank to create and/or strengthen financial intelligence units throughout Central America and the Caribbean. The Caribbean Financial Action Task Force and the Financial Action