

Reports published by the International Narcotics Control Board in 2005

The *Report of the International Narcotics Control Board for 2005* (E/INCB/2005/1) is supplemented by the following technical reports:

Narcotic Drugs: Estimated World Requirements for 2006; Statistics for 2004 (E/INCB/2005/2)

Psychotropic Substances: Statistics for 2004; Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971 (E/INCB/2005/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2005 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2005/4)

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.

Contacting the International Narcotics Control Board

The secretariat of the Board may be reached at the following address:

Vienna International Centre
Room E-1339
P.O. Box 500
1400 Vienna
Austria

In addition, the following may be used to contact the secretariat:

Telephone: + (43-1) 26060
Telex: 135612
Fax: + (43-1) 26060-5867 or 26060-5868
Cable: unations vienna
E-mail: secretariat@incb.org

The text of the present report is also available on the website of the Board (www.incb.org).



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Report

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Foreword

In the past, issues of international drug control have often been summarized in a model that incorporates a simplistic relationship between the supply of drugs and demand for them. Over the years, however, it has become apparent that problems of international drug control are among the most complex problems facing the world and that they cannot be solved by superficial measures.

As the International Narcotics Control Board demonstrated in its annual report for 2004, the fundamental interaction between the supply of and demand for drugs is anything but straightforward. The same applies to alternative development, which the Board has chosen to examine in the first chapter of its report for this year.

Alternative development started 30 years ago as “crop substitution”. It was based on the premise that illegal drug crops, in particular opium poppy and coca leaf, could be substituted by legal cash crops that would provide the crop growers with similar or even higher incomes. According to that simple model, the cultivation of illegal drug crops would then become undesirable, which would reduce the supply of raw materials and ultimately reduce drug abuse.

Unfortunately, experience has shown that this somewhat narrow and mechanical approach has not been very effective, although there have been isolated examples of successful alternative development. In practice, attempts at crop substitution have demonstrated that stopping the illicit cultivation of crops from which drugs are extracted and encouraging the cultivation of other crops are much more complex tasks than initially anticipated. It is now known that such programmes can only be successful if the people who grow the crops have an economically viable alternative to illicit cultivation and that the programmes must be combined with law enforcement and drug prevention activities. Furthermore, such measures will only be viable if they are conceived and implemented as long-term processes. They can never be a “quick fix”.

Today, alternative development is viewed as a continuing process in which the involvement of the target communities, the growers of illicit crops, is the key to success. The objective of preventing and, eventually, eliminating the illicit cultivation of plants from which drugs are extracted can only be achieved in the context of sustainable development efforts and within the framework of a comprehensive and permanent solution to the problem of illicit drugs. Alternative development is thus about providing holistic, legitimate alternatives for people whose only livelihood so far has come from the drug business. It is worth noting that, until now, alternative development has focused mostly on the growers of opium poppy and coca leaf, neglecting the fact that many cannabis plant growers throughout the world are in similar situations. Like opioid and cocaine abuse, the increasing abuse of cannabis cannot be resolved without also addressing the supply side of the equation and that too will require sustained alternative development programmes.

However, the concept of alternative development needs to be expanded even further, beyond the rural communities that cultivate illicit crops. Indeed, it seems likely that it is only possible to have a significant effect on the world drug problem if alternative development becomes much more inclusive, addressing the needs of the many other groups involved in drug abuse. For example, there are many communities, in particular in the larger cities of the world, that are so mired in the

drug problem that they deserve immediate attention and action. Although those communities are not in remote, mountainous areas, they are nonetheless isolated and sometimes even more marginalized than the communities where illicit crops are grown.

The links between drug abuse, deprivation, unemployment and certain types of criminal behaviour are well known. None of them, individually or collectively, cause drug abuse any more than drug abuse is the sole cause of crime, poverty and unemployment. However, the adverse conditions and behaviours often coexist and reinforce each other. In such an environment, with a readily available supply of drugs, the criminal lifestyle that accompanies drug abuse may be much easier and more attractive than legitimate activities. It is proposed therefore that the principles of alternative development, in its broadest sense, should be applied in socially marginalized urban environments, as well as in the remote rural areas where earlier efforts were focused. That will require sustained and comprehensive efforts to tackle social deprivation and to develop legitimate alternative occupations and lifestyles.

A much broader application of alternative development in both rural and urban societies will reap greater dividends than if it is practised in either of those societies alone because of the symbiotic nature of the relationship between supply and demand. Both rural farmers and socially marginalized city dwellers need and are entitled to a legitimate livelihood; renewed efforts should be made to reach both, striving to create environments less conducive to the production and abuse of drugs. These are not simple solutions; however, the truth is that there are no simple solutions in international drug control.



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 Southeast Asian Nations
CAFTA	Central American Free Trade Agreement
CAREC	Caribbean Epidemiology Centre
CICAD	Inter-American Drug Abuse Control Commission
CSTO	Collective Security Treaty Organization
DXM	dextromethorphan
ECO	Economic Cooperation Organization
ECOWAS	Economic Community of West African States
ESPAD	European School Survey Project on Alcohol and Other Drugs
GAFISUD	Financial Action Task Force of South America against Money Laundering
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
MERCOSUR	Common Market of the Southern Cone
NATO	North Atlantic Treaty Organization
OCDETF	Organized Crime and Drug Enforcement Task Forces (United States of America)
PCP	phencyclidine
SACENDU	South African Community Epidemiology Network on Drug Use
SADC	Southern African Development Community
SENDU	SADC Epidemiology Network on Drug Use
THC	tetrahydrocannabinol
UNODC	United Nations Office on Drugs and Crime
UPU	Universal Postal Union
UNDP	United Nations Development Programme
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 2005
could not be taken into consideration in
preparing this report.