

III. Analysis of the world situation

A. Africa

Major developments

217. The cultivation and production of cannabis are on the rise in Africa, despite a marked reduction in cannabis production in Morocco (the world's largest producer of cannabis resin) over the past few years and intensive eradication efforts undertaken by the authorities of countries in the entire region. Likewise, Africa's share of global trafficking in cannabis has been increasing continuously, as corroborated by a number of multi-ton seizures of cannabis herb and resin that were effected in Africa during the past year. Cannabis remains the major drug of abuse in the region. As health-care facilities often lack the necessary resources, many African countries face serious difficulties in providing adequate treatment and rehabilitation for persons abusing cannabis.

218. Pharmaceutical preparations containing controlled substances are easily obtained on unregulated markets throughout Western, Central and Northern Africa. Misuse and abuse of those preparations are reported to be taking place among persons in all social strata. Those products, which are usually diverted from domestic distribution channels, are sold without prescription in pharmacies and other retail outlets. While drug control legislation prohibiting such practices is in place in most countries, it is often not adequately implemented and enforced. Due to insufficient funds, there is a shortage of trained pharmacists and pharmacy inspectors in many African countries, which is often exacerbated by a lack of funds to fill vacancies resulting from natural attrition and emigration ("brain drain"). There is concern that the problem of controlled drugs and counterfeit drugs being sold via illegally operating Internet pharmacies may soon spread to urban centres in Africa.

219. One particularly worrisome development in Africa is the large-scale trafficking in cocaine. Taking advantage of the weak interdiction capacities in Africa, drug trafficking networks are using the region as a transit area for smuggling cocaine from South America through Western, Central and Southern Africa. In addition, heroin from West and South-East Asia is

smuggled through Eastern Africa, to be shipped to illicit markets in Europe and, to a lesser extent, North America. The trafficking in cocaine in Africa is fuelled by rising demand for, and abuse of, cocaine in Europe. Both the number of couriers apprehended and the volume of bulk seizures of cocaine in Africa have increased significantly. As a spillover effect of the ongoing transit trafficking in heroin in the subregion, the abuse of heroin has become a problem in Eastern Africa. In addition, heroin is now also being smuggled by groups from Western Africa to that subregion, in exchange for cocaine that is smuggled into South Asia, where the abuse of cocaine appears to have spread.

220. Efforts by Governments of African countries to deal with those problems are impeded by a lack of adequate drug control mechanisms and skilled human resources. It is feared that, if left unchecked, the problem of drug trafficking in Africa might further exacerbate existing social, economic and political problems.

Regional cooperation

221. The Board notes the efforts made by the Economic Community of West African States (ECOWAS) to coordinate drug control activities in Western Africa. At a conference held in Abuja in July 2006 the coordinators of inter-ministerial drug control committees of ECOWAS member States carried out a final evaluation of the implementation of the 1997 Regional Plan of Action for the Control of Drugs in West Africa. Based on the recommendations of the evaluation, the member States agreed to develop a new regional plan of action on drugs and crime. Other issues discussed at the conference included the status of the regional training academy for drug control in Jos, Nigeria, and the regional drug training centre in Grand-Bassam, Côte d'Ivoire.

222. The Board welcomes the establishment of the West African Drug Regulatory Agencies Network, a subregional body of drug regulators aimed at combating counterfeit and fake drugs. The Network was created at an international conference held in

Abuja in March 2006.²⁸ It is chaired by the head of the National Agency for Food and Drug Administration and Control of Nigeria. The Board calls upon IMPACT, the newly established task force of WHO, to cooperate with the Network, as appropriate.

223. The WHO Regional Committee for Africa held its fifty-sixth session in Addis Ababa from 28 August to 1 September 2006. The session was attended by the ministers of health of 46 WHO member States in Africa, as well as representatives of the United Nations and its specialized agencies, intergovernmental and non-governmental organizations and bilateral donor agencies. The Board notes, with appreciation, that the WHO Regional Committee dealt with drug regulatory matters, urging Governments that had not yet done so to accede to the international drug control treaties and stressing the importance of training national drug control authorities to establish a sound drug regulatory system to ensure adequate availability of controlled substances for medical needs. At the occasion of that session, the Secretary of the Board met with a number of ministers of health of African countries and officials from the WHO Regional Office for Africa with a view to developing a collaborative programme to strengthen drug regulatory systems in Africa and made contributions to the development of future drug control action plans.

224. The Sixteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Nairobi from 25 to 29 September 2006. Issues dealt with at the Sixteenth Meeting included alternative development and cannabis, the increased trafficking in cocaine in Africa, the control of precursor chemicals, controlled deliveries, drug abuse and HIV/AIDS, the illegal street sale of medicines, and psychotropic substances and synthetic drugs.

225. In view of the rapid increase in the smuggling of cocaine from South America via Western Africa to Europe using commercial airliners, Interpol hosted an operational working group meeting on the subject at its headquarters in Lyon, France, in May 2006. At that

meeting, participants²⁹ decided on measures for operational coordination and cooperation, including improved exchange of information and analysis of intelligence related to cocaine seizures.

226. In Western Africa, successful joint operations continue to be carried out by drug law enforcement authorities from Cape Verde, Ghana and Senegal. The Board notes the good interaction involving international drug liaison officers in those countries and local law enforcement agencies in gathering and sharing intelligence.

227. A memorandum of understanding was signed by the anti-narcotics general administrations of Egypt and the Libyan Arab Jamahiriya, with a view to strengthening cooperation at their joint border control points.

228. A regional meeting of national prison authorities held in Nairobi in November 2005 was attended by authorities from Kenya, Mauritius, Uganda and the United Republic of Tanzania. The discussion focused on the current situation with regard to drug abuse and HIV/AIDS in prisons in those countries and on the best ways to address them.

229. In 2006, assistance provided under the UNODC project to develop the drug interdiction capacity of law enforcement agencies at selected ports in Southern and Eastern Africa was extended to include the ports of Beira and Nacala in Mozambique. Similarly, the Government of Senegal and UNODC officially launched a container control project in the port of Dakar in early 2006.

230. The Windhoek Declaration on a new partnership between the Southern African Development Community (SADC) and its international cooperating partners was adopted in Windhoek on 27 April 2006. In the Declaration, a number of areas, including efforts to counter drug trafficking, are identified for cooperation between SADC and multilateral and bilateral donors.

231. South African authorities, with the support of the Government of France, organized in Roodeplaat, South Africa, in January 2006 a 14-day operational training course on the fight against drug trafficking and the

²⁸ The international conference, entitled "Combating Counterfeit/Fake Products in West Africa: a Need for a Unified Approach", was attended by representatives of Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Guinea-Bissau, Liberia, the Niger, Nigeria, Senegal, Sierra Leone and Togo.

²⁹ Law enforcement authorities from Belgium, Côte d'Ivoire, France, Germany, Ghana, Ireland, Italy, Morocco, the Netherlands, Portugal, Spain, Switzerland, the United Kingdom and the United States.

diversion of precursor chemicals. During the course, law enforcement officials from 14 African countries,³⁰ were provided with skills and expertise related to drug identification and interdiction, monitoring of chemicals required for drug manufacture, controlled deliveries dealing with clandestine drug laboratories, and surveillance of containers, parcels and persons. The Government of South Africa also hosted in Johannesburg, South Africa, from 22 to 24 August 2006 the SADC Regional Seminar on Chemical Monitoring Programmes for member States. The seminar was attended by representatives of five SADC member States,³¹ as well as members of the chemical and pharmaceutical industries. In view of the increasing trafficking of drugs and precursor chemicals through Africa, the Board encourages all Governments concerned to support similar initiatives in Africa.

National legislation, policy and action

232. Despite efforts to improve drug control in Africa, many countries on the continent still lack appropriate and updated legislation, qualified human resources and well-structured drug control mechanisms. As a result, drug control policy and action continue to have limited impact.

233. The Government of Egypt continues to pursue a comprehensive drug control strategy that was developed in 1998. In Egypt, the Anti-Narcotics General Administration, the Ministry of the Interior, the coast guard, the customs service and selected military units cooperate in task forces designed to interdict illicit drug shipments.

234. The Government of the Libyan Arab Jamahiriya has established a new drug control committee under the supervision of the Minister of the Interior. The committee makes recommendations to the Ministry of the Interior and the Anti-Narcotics General Administration of the Libyan Arab Jamahiriya. Currently, the Administration, in collaboration with other agencies in the country, is designing the national drug control strategy and action plan.

235. The Government of Kenya has stepped up efforts aimed at drug abuse prevention and treatment. Access to treatment for drug abuse was significantly increased by the establishment of specialized units run by the Ministry of Health and competent non-governmental organizations. Drug abuse by injection and its relationship to HIV/AIDS continued to be highlighted in several ways. In Kenya, more than 7,000 drug abusers made use of an outreach project in one year; more than half of them were referred for voluntary counselling and testing.

236. In October 2006, a new law on drug abuse has been submitted to the Parliament of Namibia. The new legislation, called the Combating of the Abuse of Drugs Bill, will ban trafficking in and sale, possession and consumption of dangerous, undesirable and dependence-producing substances and will provide for mandatory prison sentences. The new law, together with the Financial Intelligence Bill, submitted to Parliament earlier, and the Prevention of Organized Crime Act of 2004, is expected to pave the way for Namibia to accede to the 1988 Convention.

237. The Board notes that the Government of South Africa approved in October 2006 the national drug control master plan for the period 2006-2011. The new master plan places emphasis on ensuring adequate standards for centres for the treatment and rehabilitation of drug abusers. In Nigeria, the Government is currently reviewing its national drug control master plan. New drug control laws have been drafted and are pending approval by the parliament in Ghana and Sierra Leone.

238. The Board notes the efforts by the Government of Nigeria to combat unregulated markets. The Government of that country, which, according to Interpol, used to be the nucleus of the illicit traffic in pharmaceuticals in Africa, has markedly reduced the incidence of counterfeit drugs within the past few years, through improved control, inspection of distribution outlets and public destruction of counterfeit and substandard products. The Board calls upon all Governments concerned to improve the efficiency and effectiveness of their drug regulatory authorities with a view to preventing illicit distribution practices or counterfeiting while, at the same time, facilitating the access of their populations to the medication they require.

³⁰ Angola, Botswana, Egypt, Ghana, Kenya, Morocco, Mozambique, Namibia, the Niger, Seychelles, South Africa, Togo, the United Republic of Tanzania and Zambia.

³¹ Botswana, Mozambique, Namibia, South Africa and the United Republic of Tanzania.

239. In Malawi, the inter-ministerial committee for drug control convened in November 2005 a broad-based stakeholders meeting to solicit support for the Government's new drug control master plan, drug control policy and drug abuse bill.

240. The Government of Morocco, following the positive results of eradication efforts in 2005 and as part of its comprehensive national drug control strategy, has launched a new eradication initiative aimed at making the Province of Taounate free of cannabis by the end of 2006. The initiative is complemented by various socio-economic programmes and alternative development projects, including pilot projects involving rural development in the areas affected by illicit cannabis production.

241. On 26 June 2006, the Ministry of Education of South Africa launched a new programme on substance abuse in schools. The programme places emphasis on the relationship between drug abuse, risky sexual behaviour and HIV/AIDS and is being implemented in schools and other educational institutions in cooperation with the Ministry of Education and the Ministry for Social Development. The Government is also in the process of reviewing and updating its current law relating to the prevention and treatment of drug dependence. The new legislation will promote more community-based services, place greater emphasis on preventive services and be more sensitive towards the needs of drug-dependent children.

242. The Board is pleased to note that a number of Governments of African countries have taken measures against money-laundering. Legislation against money-laundering was adopted in Cameroon, Malawi, the Niger and Sierra Leone. The Board also notes that the Financial Action Task Force on Money Laundering has removed Nigeria from the list of countries and territories considered to be "non-cooperative" in efforts to counter money-laundering or to have critical deficiencies in their systems for countering money-laundering. Furthermore, the initiative to counter money-laundering in Western Africa was strengthened by ECOWAS by allocating substantial funds to the Intergovernmental Action Group against Money Laundering in West Africa (GIABA), the body responsible for coordinating efforts to counter money-laundering at the subregional level.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

243. In Africa, the main drug of abuse remains cannabis, which is trafficked at the national, subregional, regional and international levels. Egypt, Morocco, Nigeria and South Africa remain important sources of cannabis herb. Africa accounts for almost one third of global seizures of cannabis herb. While Morocco continues to be a major producer of cannabis resin, cultivation of cannabis and production of cannabis resin reportedly declined in 2004 and 2005. According to the 2005 cannabis survey,³² conducted jointly by the Government of Morocco and UNODC, the total area under cannabis cultivation decreased by 40 per cent from 2004 (120,500 hectares) to 2005 (72,500 hectares), and the production of cannabis resin declined by 62 per cent (to 1,066 tons) in 2005. The decrease in Morocco was the result of unfavourable weather conditions combined with a successful eradication campaign, including awareness-raising and mechanical eradication of the cannabis crop (in Larache Province). From 2003 to 2004, seizures of cannabis resin in Morocco decreased from 96 tons to 87 tons, while seizures of cannabis herb increased from 69 tons to 319 tons. In Algeria, the volume of cannabis resin seized was reported to have increased from 8 tons to 12 tons. Overall, however, seizures of cannabis resin in North Africa decreased, from 115 tons in 2003 to 103 tons in 2004. The increase in cannabis production in Africa was accompanied by an increase in the abuse of that drug. While the abuse of cannabis resin is largely confined to Northern Africa, the abuse of cannabis herb takes place throughout Africa.

244. Cannabis herb continues to be the drug that is most widely smuggled within Africa. It is also smuggled out of the region, mainly into Europe. Africa's share of global cannabis seizures increased from 16 per cent at the beginning of the 1990s to over 30 per cent in 2004. In Africa, the largest seizures of cannabis herb in 2004 were effected in Nigeria and South Africa, while Morocco accounted for 6 per cent of global seizures of cannabis resin. In 2005, 78 tons of cannabis herb and 1.5 tons of cannabis resin were reported to have been seized in Egypt, and 14.3 tons of

³² United Nations Office on Drugs and Crime, *Maroc: enquête sur le cannabis 2005* (November 2006).

cannabis herb were reported to have been seized in Ghana. In Morocco, in 2005, almost 18 tons of cannabis were seized at the port of Tangiers alone, and 247 persons involved in international drug trafficking were arrested. Bulk shipments of cannabis (1-6 tons each) destined for countries in Europe, particularly the United Kingdom, continue to be seized by South African authorities. In May 2006, a record seizure of 22.5 tons of cannabis originating in Pakistan and destined for Canada was effected by Canadian authorities on a vessel on the high seas 320 kilometres off the coast of Angola. In a joint operation involving police from Lesotho and South Africa in July 2006, 47 tons of cannabis herb were seized.

245. African countries are being targeted for trans-shipment of cocaine. The smuggling of cocaine from South America into Europe through Africa continues unabated, with countries in Western and Central Africa being used as transit and storage areas for cocaine destined for Europe. Cocaine is trafficked from South America in large shipments along maritime routes leading predominantly to the countries surrounding the Gulf of Guinea, where it is re-packaged and smuggled by air by couriers into Europe or dispatched via parcel post. The most affected countries are Benin, Cape Verde, Ghana, Guinea-Bissau, Nigeria and Togo, while Ghana is serving as a major trans-shipment area and logistics base. Increasingly, Guinea-Bissau is being used by criminal groups from Latin America for the trans-shipment of cocaine. In September 2006, police in Guinea-Bissau seized 674 kg of cocaine and arrested two suspected smugglers, together with arms and radio and other equipment. Senegal has also become a transit country. Another matter of concern is that criminal organizations from South America involved in cocaine trafficking are reportedly linking with criminal groups involved in cannabis trafficking in Morocco and Spain.

246. During the past two years, there have been major seizures of cocaine in Africa. In Ghana, 558 kg of cocaine were seized in Tema in January 2004, 580 kg of cocaine were seized in Accra in November 2005 and 1.9 tons of cocaine hidden on a vehicle were seized on the Ghanaian coast in May 2006. In Kenya, 1.1 tons of cocaine were seized in late 2004. In addition, 3 tons of cocaine were seized on the high seas near Cape Verde in February 2006 on a vessel registered in Guinea-Bissau. In June 2006, over 14 tons of a mixture of cocaine and white cement was seized in Nigeria at the port of Lagos on board a vessel from Peru. The

seizure in Lagos was the result of successful collaboration involving drug law enforcement authorities from Nigeria, South Africa, the United Kingdom and the United States.

247. In addition, growing numbers of couriers with cocaine are being arrested at airports in Western Africa and Europe. There has been a spillover effect of such transit traffic: increased abuse of cocaine, including "crack" cocaine, in countries in Western Africa, including in Senegal and Sierra Leone.

248. Sizeable quantities of cocaine continue to be seized in South Africa, mainly at the international airport at Johannesburg. In South Africa, the abuse of cocaine also appears to be on the increase, as reflected by significantly increasing demand for treatment for cocaine abuse. Courier mail seems to be frequently used as a means of smuggling cocaine originating in South America, according to seizure reports from Angola, the Democratic Republic of the Congo, Mozambique and Zambia. To a lesser extent, cocaine is smuggled by air into Europe via cities in Eastern Africa, mainly Nairobi.

249. The Board urges the Governments of African countries affected by such transit traffic to step up surveillance of their territorial waters and points of entry to detect suspicious activities and to develop adequate mechanisms for cooperation in drug interdiction and intelligence-sharing. To that end, the provision of adequate assistance by the international community will be essential.

250. Heroin from South-West Asia and South-East Asia continues to be smuggled through African countries, intended for illicit markets in Europe and, to a lesser extent, North America. While increased heroin seizures throughout Africa, particularly in Western and Central Africa, have been reported in 2004, the last year for which global figures are available, the total quantity of heroin seized in Africa is still small compared with the global figure. One new development is the reported smuggling of heroin from India into Western African countries, mainly Nigeria, in exchange for cocaine trafficked by Western African criminal groups. As a result, a gradual increase in cocaine abuse has been noticed in cities in India, such as Delhi, Mumbai, Bangalore and Goa (see paras. 500-501 below).

251. Significant seizures of heroin continue to be made at international airports in Ethiopia (at Addis Ababa), Kenya (at Nairobi), Mauritius (at Port Louis) and the United Republic of Tanzania (at Dar es Salaam). In addition, a case of smuggling of heroin by sea freight containers has been reported: as a result of a controlled delivery, 42 kg of heroin from Pakistan smuggled via the United Arab Emirates and Kenya were seized in Uganda and five persons were arrested. As a spillover effect of the smuggling of heroin through those Eastern African countries, the abuse of that substance is also occurring in those countries. Heroin abuse also occurs in South Africa and in some countries in Western Africa. The South African Community Epidemiological Network on Drug Use has reported increased availability of “cheap heroin”, a mixture of heroin and cannabis that is popular among young people.

Psychotropic substances

252. The availability and abuse of prescription drugs containing controlled substances is increasingly becoming a major problem in many countries throughout Africa (see also chap. I above). The abuse of preparations containing ephedrine³³ and diazepam (Valium) continues to be reported, particularly in Western and Central Africa. Prescription drugs can be obtained without prescription through over-the-counter dispensing at licensed pharmacies and are sold by street vendors, health-care providers and neighbourhood shops. The problems are often exacerbated by a proliferation of illegal retail outlets. A recent study³⁴ conducted by UNODC, in cooperation with the Government of Egypt and WHO, indicated that psychotropic substances were available in Cairo without prescription and revealed consumption patterns relating to inappropriate use.

³³ Ephedrine is controlled under the 1988 Convention. However, under the national legislation of many African countries, ephedrine is subject to the same controls as are applied to psychotropic substances controlled under the 1971 Convention.

³⁴ The exploratory study on the patterns of use and the misuse of prescription psychotropic substances in Cairo in 2006, conducted by the UNODC Regional Office for the Middle East and North Africa, in cooperation with the Ministry of Health and Population of Egypt and the WHO Regional Office for the Eastern Mediterranean.

253. The illicit manufacture of psychotropic substances in Africa, notably methaqualone (Mandrax), methamphetamine, methcathinone and MDMA (“ecstasy”) remains limited to South Africa and some countries in Southern and Eastern Africa, where those substances are abused as well. That is corroborated by a substantial increase in the number of clandestine drug laboratories that have been dismantled, including a major methaqualone laboratory that was detected and dismantled by the Kenyan authorities in Nairobi in January 2006.

254. In South Africa crystalline methamphetamine has now emerged as the main substance of abuse among patients in treatment for drug abuse in the Western Cape area. In addition, the abuse of psychotropic substances has been reported in Egypt. In 2005, Egyptian authorities seized over 325,000 tablets containing flunitrazepam (Rohypnol). Furthermore, significant increases in both the volume and number of seizures of buprenorphine have been reported in Mauritius. According to the authorities of that country, because of the current shortage of heroin, traffickers and abusers are now increasingly turning to buprenorphine.

255. As most countries in Africa do not have the legislation and institutional framework in place to combat trafficking in precursors, such chemicals continue to be diverted through the region. Of particular concern are the ongoing diversion and attempted diversion of ephedrine and pseudoephedrine through African countries. While those substances are often destined for local abuse as a mild stimulant, there is some concern that parts of those consignments may be used for the illicit manufacture of methamphetamine and methcathinone elsewhere. That concern has been exacerbated by a series of diversions and attempted diversions of multi-ton consignments of pseudoephedrine to Angola, the Democratic Republic of the Congo, Ghana, Kenya and Rwanda that have been detected during the last year under Project Prism, the Board’s international initiative to address the diversion of precursors of ATS.³⁵

³⁵ Project Prism is being carried out by about 130 national authorities in cooperation with Interpol, the World Customs Organization, UNODC and the European Commission.

256. The seizure in Belgium in July 2006 of 300 kg of pseudoephedrine in a shipment from the Democratic Republic of the Congo that was destined for Mexico, corroborates suspicions that international trafficking networks have been operating in African countries, notably the Democratic Republic of the Congo, using those countries for the diversion of pseudoephedrine to be used for the illicit manufacture of methamphetamine in Mexico. Furthermore, the report that an African country had been used for smuggling into Europe a precursor of MDMA (“ecstasy”) was confirmed by a recent seizure effected in France of 4 tons of 3,4-methylenedioxyphenyl-2-propanone from Madagascar and destined for the Netherlands (see the 2006 report of the Board on the implementation of article 12 of the 1988 Convention).³⁶

257. The Board calls upon the Governments of all countries in Africa to establish adequate mechanisms for the monitoring and control of the substances listed in Tables I and II of the 1988 Convention. At the same time, the Board encourages the relevant authorities in North America and Europe to extend the necessary cooperation and support to their counterparts in Africa to prevent the diversion of precursor chemicals through that region. In that connection, the Board also welcomes the launching of a new Interpol project, named Project Drum, which entails the establishment of an African operational network for combating trafficking and diversions of synthetic drugs and precursor chemicals.

Substances not under international control

258. Khat continues to be cultivated in countries in Eastern Africa, mainly Ethiopia and Kenya and to a lesser extent the Comoros, Madagascar and the United Republic of Tanzania, and is commonly chewed as a stimulant in that subregion and parts of the Arabian peninsula. Though khat consumption is associated with health risks and may have detrimental social consequences, khat is only prohibited in some countries in the subregion, such as Eritrea, Rwanda and the United Republic of Tanzania, in some countries in Europe and in Canada and the United States. In 2006, members of a smuggling ring were arrested in the

United States on charges of having smuggled 25 tons of khat from Eastern Africa into the United States over the past few years.

Missions

259. The Board sent a mission to Djibouti in January 2006 to review the drug control situation in that country and the Government’s compliance with the international drug control treaties.

260. The Board notes that the national drug control legislation is not fully in line with main international drug control treaties. It therefore calls upon the Government of Djibouti to take steps to update and amend its drug control law as a matter of priority. If necessary, UNODC may be requested to provide technical assistance.

261. The Board notes with concern that the currently existing mechanisms for the monitoring and control of internationally controlled substances in Djibouti do not function adequately. While a multidisciplinary national drug control committee has already been established in the office of the Prime Minister, the required administrative structures for the implementation of its aims and objectives have not yet been put in place. The Board is particularly concerned about the serious weaknesses in the control of licit narcotic drugs and psychotropic substances, including donated drugs, and the lack of control over precursor chemicals. The Board urges the Government of Djibouti to establish and maintain an appropriate drug control mechanism that is in compliance with the requirements of the international drug control treaties.

262. As the actual extent of drug abuse in Djibouti is not known, the Board encourages the competent authorities of that country to carry out, if necessary with the support of WHO and UNODC, an assessment of the situation in order to be able to plan adequate control and preventive measures.

263. In May 2006, the Board sent a mission to the Gambia, to assess the progress made by the Government in implementing the recommendations made by the Board pursuant to its mission in 1995 to that country. The Board appreciates the commitment of the Government to international drug control, which is reflected in the accession of the Gambia in 1996 to the 1961 Convention, the 1971 Convention and the 1988 Convention, the ongoing updating of the national drug

³⁶ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2006 ...*, chap. III.

control legislation and the adoption of a national drug control master plan.

264. The legal framework for drug control in the Gambia is comprehensive and generally in compliance with the provisions of the three main international drug control treaties, although some further updating might be warranted. The Board is concerned, however, that the controls exercised over licit narcotic drugs, psychotropic substances and precursor chemicals are not adequate and that the Government's compliance with its mandatory reporting obligations pursuant to the treaties has not been satisfactory. The Board urges the Government to take all steps necessary to enhance coordination and cooperation among the institutions and agencies, both regulatory and law enforcement, that are responsible for drug control issues, and to ensure full implementation of its treaty obligations, as a matter of priority.

265. The Board notes with appreciation the efforts of the newly established multidisciplinary drug control administration in the Gambia to combat the smuggling of drugs through the country, and its active role in fostering and supporting cooperation in the field of drug control at the national, regional and international levels. The Board encourages the Government to allocate the necessary resources to that administration to further strengthen its capacity to fight drug trafficking and abuse and calls upon UNODC to provide assistance in that regard.

266. In August 2006, a mission of the Board visited Malawi. The Board notes that the Government is committed to addressing all aspects of the drug problem. A survey on drug abuse and HIV/AIDS and a survey on cannabis were carried out in 2004 to assess the magnitude of the drug problem in the country. The National Drug Control Master Plan, 2005-2009, approved by the Inter-Ministerial Committee on Drug Control in 2005, provides the administrative framework to counter drug abuse and covers a range of measures for supply and demand reduction, including alternative development programmes. As the national drug control legislation currently in force is not fully in line with the international drug control treaties, the Board encourages the Government to enact without delay the draft drug control policy and the drug abuse bill, and to resume its reporting obligations pursuant to the international drug control treaties.

267. Illicit cannabis cultivation takes place throughout Malawi. More than 50 hectares of illicitly cultivated cannabis were eradicated in 2006. The detection capacities and drug control activities of the national law enforcement authorities, however, are hampered by a lack of financial and technical resources. The Board encourages the Government to strengthen its efforts to counter the illicit cultivation of cannabis plants and to introduce alternative development programmes, in cooperation with other countries in Africa and with the support of the international community, where possible.

268. The Board notes that the availability of opioids, their selection and quantities available for the control of pain do not always meet the requirements of the medical institutions in Malawi. The Board recommends that the Government accurately assess the national medical and/or scientific requirements for narcotic drugs and psychotropic substances and to take all steps necessary to ensure that those substances are available for treatment purposes.

B. Americas

Central America and the Caribbean

Major developments

269. Central America and the Caribbean continues to be used as a major trans-shipment area for cocaine from South America destined for North America and Europe. The main smuggling routes are the maritime corridor of the Pacific Ocean, and the Caribbean Sea. Cocaine is, to a lesser extent, also smuggled by land across Central America along the Pan-American Highway and by air. Institutional weaknesses and corruption seriously undermine efforts by the Governments of countries in Central America and the Caribbean to combat the drug problem. The link between local drug trafficking and organized crime perpetrated by youth gangs or *maras* in several countries in the region, especially El Salvador, Guatemala, Haiti and Honduras, continues to be a problem. The smuggling of arms and ammunition in exchange for drugs continues to prevail in the region, as reported in Honduras and Panama.

270. Trafficking in precursors of ATS is becoming a problem in Central America and the Caribbean.