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REGIONAL HIGHLIGHTS

Africa

The choice drug of abuse in Africa remains cannabis—abused by over 34 million persons. In Morocco, both the total area under illicit cannabis cultivation and the total potential production of cannabis resin decreased by 10 per cent over the previous year in 2004, as a result of intervention by the Government. More than 40 per cent of the world's cannabis resin is produced in Morocco; it is also the source of 80 per cent of the cannabis resin abused in Europe, the world's largest market for cannabis resin.

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 in that subregion during the past two years. Two recent seizures of cocaine in Kenya, totalling over 1 ton, may indicate that cocaine traffickers have also begun using East Africa as a transit area. 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.

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 West African countries of foreign criminal networks from Europe and Latin America, giving rise to unconfirmed reports about West Africa being used not just as a transit area but as a stockpiling and logistics base for drug trafficking.

In Southern Africa, a 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 the country.

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. African countries are increasingly being used by traffickers to divert precursor chemicals.

In Egypt, where cannabis continues to be illicitly cultivated in the northern Sinai, there has been an alarming increase in the seizure of cannabis herb; by 40 per cent in 2004. The increase in production of cannabis herb was accompanied by an upsurge in abuse.

The easy availability of illicitly manufactured pharmaceutical products containing narcotic drugs and psychotropic substances continues to be a cause for concern.

Americas

Central America and the Caribbean

Though almost all countries in Central America and the Caribbean have established national plans to deal with the drug problem, they have experienced difficulties in implementing the plans, mainly due to lack of human and financial resources. The region continues to be used as a major trans-shipment point for drug consignments.



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It is estimated that a large part of the 300 tons of cocaine entering the United States each year is through Central America and the Caribbean. The total amount of cocaine seized in the region each year continues to be high (about 30 tons). The most significant increase in total cocaine seizures was registered in Nicaragua (6.2 tons seized in 2004, compared with 1.1 tons in the previous year).

Cocaine traffickers appear to be targeting countries in Central America more than countries in the Caribbean, as reflected in seizure data for 2004. There are indications that new routes are being used to transport consignments of drugs, mainly cocaine, to Europe, for the most part through West Africa but also through South America.

The total volume of cannabis seized has increased in Central America but declined in the Caribbean. In 2004, the largest total volume of cannabis seized (1,700 tons) was reported by Trinidad and Tobago. Jamaica continues to be the largest producer and exporter of cannabis.

Although the rate of cocaine abuse is low in Central America and the Caribbean as a whole, the abuse of cocaine and crack is reported to have increased in Costa Rica, Honduras, Jamaica and Nicaragua. Cannabis abuse has continued to rise in the region.

Measures for the control of pharmaceutical preparations including rules regarding the prescription, distribution and sale of such products, need to be enhanced in the region. The need for stringent control measures has increased as pharmaceuticals, including substances such as pseudoephedrine, amphetamine-type stimulants (ATS), phentermine, hydrocodone and oxycodone, are being sold over the Internet.

North America

The abuse, trafficking and illicit manufacture of drugs are major problems in North America, comprising Canada, Mexico and the United States. The abuse of prescription drugs is a major problem in all three countries, in particular the United States, where the abuse of prescription drugs is increasing despite numerous initiatives by the Government, and is reported to be taking place among persons in all age groups, including schoolchildren. The non-medical use of prescription drugs now rivals the abuse of all other drugs. In Canada, a task force found that a small number of physicians were responsible for writing prescriptions for large quantities of OxyContin, an oxycodone-based drug, and other controlled substances such as benzodiazepines. In Mexico, the abuse of pharmaceutical preparations is nearly as frequent as cocaine abuse. Sale of controlled drugs from illegally operating Internet pharmacies are part of the problem.

Drug abuse has increased in Mexico, which has also become a producer country for drugs such as cannabis, heroin and ATS. Should that trend continue, Mexico could become a major source country for illicit drugs. The abuse of tranquillizers is higher and is growing faster among women than among men.

The Board is concerned that in Canada, draft legislation envisaging relaxation of laws on cannabis possession (Bill C-17), which would provide for the issuing of a ticket for possession of up to 30 grams of cannabis and the imposing of a monetary fine instead of imprisonment for cannabis cultivation, may send the wrong message, particularly in view of the increase in cannabis abuse in that country.

In the United States, transdermal patches containing a slow-release dose of fentanyl are increasingly being abused, causing 115 overdose deaths in 2004.



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South America

Intensified eradication and law enforcement efforts by the Government of Colombia have led to a decrease in illicit coca bush cultivation in that country; however, cultivation is increasing in other countries in the region, in particular in Bolivia and Peru.

In 2004, coca bush cultivation in South America increased by 3 per cent compared to 2003 and continued to spread to areas that were previously not cultivated. Coca bush is also illicitly cultivated on small plots of land in Ecuador and Venezuela. Cocaine manufacture and drug trafficking have continued to spread in the region despite intensified interdiction efforts.

The consistently high volume of seizures of cocaine, both in the region and elsewhere, and of coca paste and the precursor chemicals needed to manufacture cocaine have not yet led to a reduction in the worldwide availability of cocaine.

There are signs that the international syndicates involved in drug trafficking in the region are also becoming involved in trafficking in ATS and are experimenting with their illicit manufacture.

In Bolivia, political and social tension has severely limited the ability of the Government to deal with the increasing coca bush cultivation.

Drug traffickers responded to intensified interdiction efforts in Colombia by gradually shifting the illicit manufacture of cocaine to other countries and by using new and diverse trafficking routes. International criminal groups involving Colombian and Mexican nationals are involved in drug trafficking throughout South America. Criminal organizations that previously focused on trafficking only in either cannabis, cocaine or heroin are now trafficking in all of those drugs.

In September 2005, Colombian police dismantled for the first time a clandestine laboratory used for the manufacture of methamphetamine. In Colombia, some of the Ecstasy smuggled out of Europe is pressed into tablets and there are trafficking organizations specializing in Ecstasy. The availability and abuse of Ecstasy are increasing in Colombia and Venezuela. Ecstasy is also becoming more readily available in Ecuador and Peru. In Suriname, the volume of seizures of Ecstasy rose sharply in 2004.

Asia

East and South-East Asia

The total area under illicit opium poppy cultivation in the Lao People's Democratic Republic (PDR) declined considerably. Although illicit opium poppy cultivation has continued to decline in Myanmar, the country remains the main source of illicit opium in East and South-East Asia.

The Lao PDR has now joined Thailand and Viet Nam as countries that are no longer significant suppliers of illicit opiates. However, there are indications that it may be emerging as a transit country used for smuggling heroin originating in Myanmar and destined for Cambodia, China, Viet Nam and Thailand, and ATS.

The illicit manufacture of, trafficking in and abuse of ATS continue to be a problem in East and South-East Asia. In countries such as Brunei Darussalam, Cambodia, the Lao PDR, the Philippines and Thailand, methamphetamine is reported to be the drug of choice. The illicit manufacture of methamphetamine



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has been increasingly detected in Indonesia, Malaysia and the Philippines. Significant amounts of MDMA (Ecstasy) continued to be seized not only in countries such as Indonesia and Japan, but also in the Hong Kong Special Administrative Region (SAR) and the Macao SAR of China.

HIV infection continues to be a problem in many of the countries where heroin is the preferred drug among injecting drug abusers.

South Asia

The drug trafficking and abuse problems in South Asia continue to be both serious and multifaceted. Despite strict controls, some diversion from licit opium poppy cultivation in India continues.

In South Asian countries, in particular Bangladesh, India and Nepal, lapses in the control of pharmaceutical preparations containing narcotic drugs and psychotropic substances have led to widespread abuse of such preparations among all segments of the population: pharmaceutical drugs continue to be available without prescription.

There appears to be a shift in drug abuse patterns in India in recent years, from inhaling to injecting drugs. Drug-related offences have increased significantly in Maldives in recent years and have become the most frequent problem faced by the criminal courts in that country.

Data regarding seizures of heroin in Sri Lanka and neighbouring countries indicates that Sri Lanka continues to be used as an important trans-shipment point for heroin consignments from Afghanistan and India destined for countries in other regions, in particular Europe.

India remains the main illicit manufacturer of methaqualone. Most of the methaqualone illicitly manufactured in India is not abused in that country but is smuggled into other countries, primarily South Africa, the main consumer of methaqualone.

West Asia

In Afghanistan, the abuse of drugs, both opiates and prescription drugs smuggled into the country in the absence of proper licit control mechanisms, continues to be on the increase. The Board is encouraged by the Government's strong stance against proposals for legalizing opium poppy cultivation in the country.

In Afghanistan, the large scale of illicit heroin manufacture requires a substantial amount of the precursor acetic anhydride. However, investigations into the routes used for smuggling that substance into the country remain extremely difficult. Afghanistan has no licit requirements for acetic anhydride and no licit imports of the substance, indicating that the precursor is trafficked into the country.

Iran (Islamic Republic of), Pakistan, Turkey and countries in Central Asia, in particular Tajikistan, continue to be the main countries used as trans-shipment points for consignments of Afghan heroin, destined for illicit markets primarily in Europe but also in North America.

Pakistan remains the country with the largest seizures of opiates (which include opium and all its derivatives); in 2003, seizures of opiates in Pakistan amounted to 34.7 tons, or 31 per cent of global seizures. Seizures of opiates in Turkey increased almost threefold, from 5.7 tons in 2003 to 14.7 tons in 2004.

In 2004, seizures of opium in the Islamic Republic of Iran increased to 174 tons, nearly twice the high figure recorded in 2003 (98 tons). The Islamic Republic of Iran is the country with by far the largest volume of seized



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opium. In 2003, the last year for which data on global seizures of opiates are available, the Islamic Republic of Iran accounted for 73 per cent of global seizures of opium.

The increased availability of heroin and opium continues to fuel the abuse of narcotic drugs in West Asia and beyond. In the Islamic Republic of Iran, the incessant flow of Afghan opiates has increased the level of drug abuse manifold. In Central Asia, drug abuse has contributed to the spread of HIV/AIDS infection.

The United Arab Emirates has become a trans-shipment point for heroin consignments coming from South Asia and South-West Asia and destined for Europe. The Board is concerned about the apparent increase in drug trafficking, notably along the border between Iraq and Jordan and Kuwait, as evidenced by the fact that seizures of cannabis and psychotropic substances in the region have recently increased to unprecedented levels.

The southern Caucasus is emerging as an important trans-shipment area for drug trafficking. The Board is concerned that the continuing lack of funding, technical equipment and human resources may hinder the effectiveness of border control in that region. Recent epidemiological surveys conducted in Azerbaijan and Georgia have revealed a significant increase in drug abuse in those countries.

Europe

About 30 million persons in the member States of the European Union and in Iceland, Liechtenstein, Norway and Switzerland have used cannabis during the past year. About 15 per cent of 15-year-old students in the European Union member States use cannabis more than 40 times a year. The European countries with high prevalence for cannabis abuse include the Czech Republic, France, Ireland, Switzerland and the United Kingdom. Cannabis continues to be cultivated in several European countries, in particular Albania and the Netherlands.

The total amount of cocaine seized in Europe continues to increase, as well as increased demand for treatment of cocaine abuse in Western Europe may indicate that the abuse of that substance may be widespread. Surveys show that the annual prevalence rate for cocaine abuse has risen among young persons in Denmark, Germany, Spain and the United Kingdom, as well as in some areas in Austria, Greece, Ireland and Italy. In the Netherlands and Spain, cocaine is now the second most commonly reported drug in specialist treatment centres after heroin.

Almost all of the heroin encountered on the illicit market in Europe is from Afghanistan. The smuggling of Afghan heroin into the Russian Federation increased significantly. The total volume of heroin seized in that country reached a record level of 3.8 tons in 2004. Despite the increased availability of heroin in Europe, as a whole, the abuse of that substance is reported to be stable or declining in most countries in Western Europe.

A number of countries in Europe continue to supply the world with MDMA. It is estimated that up to 80 per cent of the MDMA abused worldwide is illicitly manufactured in laboratories in European countries.



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MDMA from Europe is smuggled into Australia, Canada, Japan and South Africa. The illicit manufacture of amphetamine also appears to be expanding, the main source of that substance being the Netherlands, followed by Poland and Belgium.

The illicit manufacture of methamphetamine in Europe continues to be limited to the Czech Republic and some of the Baltic States.

The Board reiterates its position that drug injection rooms or other facilities, where persons may abuse drugs acquired illicitly, facilitate the illicit use of internationally controlled substances and violate the provisions of the international drug control treaties. Drug injection rooms contravene the major principle of the treaties, namely that the use of drugs should be limited to medical and scientific purposes. The Board therefore deeply regrets the opening of a drug injection room in Norway in January 2005 and urges the Government to take immediate and necessary steps to ensure full compliance with the international drug control treaties.

Oceania

The illicit cultivation and abuse of cannabis continue to be serious problems in most countries in Oceania, including Australia, Fiji, Micronesia (Federated States of), New Zealand, Papua New Guinea and Samoa.

The illicit manufacture of ATS also continues to be a problem in Oceania. Australia and New Zealand have continued to detect and dismantle large numbers of clandestine laboratories. There is some evidence that clandestine laboratories are increasingly being used for the illicit manufacture of both methamphetamine and MDMA (Ecstasy), especially in Australia.

There are indications that Oceania may be emerging as a trans-shipment area for consignments of crystallized methamphetamine (commonly called “ice”); the abuse of that drug may also be increased in the region. Trafficking in and abuse of MDMA are becoming significant problems in countries in Oceania, in particular in Australia and New Zealand.

It appears that New Zealand is increasingly being used as a major trans-shipment area for illicit drugs destined for Australia and the United States.