



INTERNATIONAL NARCOTICS CONTROL BOARD

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# Annual Report



## EMBARGO

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## MESSAGE FROM THE PRESIDENT

International drug control efforts cannot be successful in the long term without continuous efforts to reduce the demand for illicit drugs. That is why the drafters of the United Nations drug control Conventions made demand reduction an obligation for Governments. The adoption of the Declaration on the Guiding Principles of Demand Reduction, a globally accepted set of standards, at the Special Session of the General Assembly in 1998, was another important step forward.

Preventing drug abuse is a crucial area of demand reduction. Primary prevention encompasses measures taken to prevent and reduce drug use in populations that are either not using or not seriously involved with drugs. There is good reason for society to give concerted attention to preventing drug abuse. Even a single early drug using experience can result in serious consequences, such as unintentional injury, overdose or arrest.

Primary prevention strategies need to address both the population at large as well as groups that are particularly vulnerable to drug abuse. While large-scale efforts can go a long way to increase awareness and can reduce demand, they may lack sufficient focus and intensity to effectively address the needs of vulnerable populations. An effective drug abuse prevention strategy needs to include both types of measures.

To be effective, primary prevention needs to move from rhetoric to action. All too often, priority is given to highly visible but short-lived responses such as a stand-alone media campaign. Prevention campaigns need to be supported by other complementary measures to result in significant social and economic benefits.

Drug abuse is an ongoing challenge that requires our constant attention and action. As a fundamental health issue, drug use prevention is most closely connected to public health, health promotion and child and youth development. Policymakers need to commit resources to these activities.

Governments cannot be effective in primary prevention operating alone. Partnerships with civil society need to be forged at all levels, locally, nationally and internationally to ensure scarce resources are applied as efficiently as possible and to increase effectiveness in reducing the prevalence of drug use. Their large and direct involvement in this issue lends non-governmental organizations an important perspective that needs to be heard around policy tables.



**Sevil Atasoy**

President

International Narcotics Control Board



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## **STRONGER EFFORTS ARE NEEDED TO PREVENT PEOPLE SLIPPING INTO DRUG ABUSE, SAYS INCB**

VIENNA, 24 February (United Nations Information Service)—Society has to give urgent attention to preventing drug abuse, the Vienna-based International Narcotics Control Board said today, underlining the need for more actions and commitment.

Measures to prevent and reduce drug abuse by people who are either not using or not seriously involved with drugs—so-called primary prevention—are the focus of the first chapter of the INCB Annual Report 2009, launched today in Vienna, Austria.

The Report highlights several good reasons for society to give concerted attention to preventing drug abuse. From an individual perspective, there is no doubt that a single experience of using drugs can result in unpredictable and serious consequences such as injury or overdose. From society's perspective, drug abuse exacts a significant economic toll due to increased law enforcement, social welfare, health care, and lost productivity costs. The most recent data from the World Health Organization indicate that close to 1 per cent of ill health in the world can be attributed to drug abuse, with that proportion increasing to 2.3 per cent in developed countries.

The Report notes that rates of drug abuse tend to be higher among teenagers and young adults. While in the past a young person who had not begun using drugs by the end of their adolescent years, was unlikely to begin at all, in a number of countries more cases of young adults using drugs for the first time are occurring now. Getting married and starting a family generally have the effect of reducing substance abuse but this is happening later in some societies. Another new trend is the increase in young women using drugs—the gap with the level of drug use by young men has narrowed substantially.

### **Strategies for preventing drug use**

Primary prevention strategies need to focus on whole populations as such strategies can reduce demand for drugs as well as identify gaps or populations that are not sufficiently served. To effectively address their needs, particular groups or vulnerable people may benefit from initiatives with greater focus or intensity.

The Report sets out strategies for primary prevention throughout people's lives, highlighting that prevention needs to begin with prospective parents, by raising their awareness of the harms caused by drug, alcohol or tobacco abuse during pregnancy.

Primary prevention for the later childhood years should be focused on family-based initiatives as most parents benefit from support, particularly in societies without established welfare systems.

Drug education is an important prevention component in early adolescence, says the Report. The most promising classroom drug education models ensure accurate, balanced information on drug risks and



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consequences, and is provided in the context of exploring social influences and teaching key life skills such as coping, decision-making, critical thinking and assertiveness.

Nightclubs, discotheques, bars and music festivals are key locations for getting messages about drug abuse across to older adolescents and young adults, as well as colleges and universities. Preventing drug use in entertainment venues needs comprehensive interventions which promote the health and safety of both staff and patrons. For example, nightclub owners can reduce drug use and invest in their employees by raising employee and supervisor awareness of drug issues.

## Improving the capacity for primary prevention at national level

Evidence shows that primary prevention strategies have considerable potential to reduce demand for drugs, but to realize this potential, Governments need to bring primary prevention out from the shadows of other strategic measures. The Report describes attempts to reduce the supply of drugs as a vital part of the overall approach to tackling drug problems in society. Reducing the supply leads to higher drug prices, making drugs less accessible for people in some communities. But while supply reduction does reduce demand for drugs, so the reverse is true: that reducing the demand for drugs through primary prevention strategies amongst others, has the effect of reducing supply in communities.

The Report calls on Governments to re-establish the place of primary prevention alongside secondary prevention, which has dominated the debate in recent years. While the needs of those seriously involved with drugs must be addressed, promoting the non-use of drugs has obvious public health benefits as well.

To this end the Board calls on policymakers to establish a clear focal point for primary prevention and to develop improved cooperation between all levels of government involved such as health and education.

The Report notes that primary prevention by Governments alone will not suffice, there needs to be collaboration with non-government organizations (NGOs) and others.

With limited resources Governments should pay attention to both young people who are not using or occasionally using drugs and to those using drugs frequently, says the Report.



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## REGIONAL HIGHLIGHTS

### Africa

After years of increasing cocaine trafficking from South America through West Africa to Europe and to a lesser extent to North America, there has been a decline in seizures of cocaine since 2008 and no large seizure in 2009 at all. However, smuggling remains a serious problem and contributes to increasing drug abuse in West Africa. According to UNODC, cocaine worth an estimated US\$1 billion is trafficked through the region, and West African distribution networks in Europe appear to have remained intact.

Africa continues to be vulnerable to the diversion of the chemical precursors ephedrine and pseudoephedrine, used in the illicit manufacture of methamphetamine in Central and North America. A seizure in Guinea in July 2009 of large amounts of chemicals and equipment suspected for the manufacture of synthetic drugs such as MDMA (“ecstasy”), underscores the urgent need for all African countries to improve their national mechanisms for precursor control.

Cannabis remains the drug most widely produced, trafficked and abused in Africa. Cannabis resin (“hashish”) destined for Europe is produced in North Africa. According to Government figures, Morocco significantly reduced illicit cannabis cultivation from 134,000 ha in 2003 to 60,000 ha in 2008 and cannabis resin production fell 71 per cent, from 3,070 tons to 877 tons in the same period.

Seizures of cannabis continued throughout the region. In Morocco, seizures of cannabis herb almost doubled from 116 tons in 2005 to 222 tons in 2008. Tanzania continues to report the largest seizures of cannabis herb in East Africa, but seizures and drug-related arrests are also on the rise at the international airports in Nairobi, Kenya, and Addis Ababa, Ethiopia.

Heroin continues to enter Africa mainly through the countries in East Africa, but increasingly through islands in the Indian Ocean. As a spill-over effect, Mauritius has the highest levels of abuse of heroin in Africa. From East Africa, part of the heroin is smuggled to West Africa, especially to Côte d’Ivoire, and from there into Europe and North America. While the number and size of heroin seizures in West Africa remain very small, the organized crime networks based in the subregion play a key role in supplying the drug worldwide.



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## Americas

### Central America and the Caribbean

Drug trafficking has become a major security threat and has an impact on the increasing drug abuse and homicides linked to organized crime. Drug trafficking is often protected by local gangs (maras) that appear to have established criminal associations with Mexican drug cartels. Despite new regulations implemented in several countries, the region continues to be used for smuggling precursors into Mexico, which are increasingly trafficked in the form of pharmaceutical preparations.

While transport by sea remains a major problem, drug trafficking by light aircraft is on the rise, in particular with stolen or falsified aircraft registration numbers. For example, in May 2009, a light aircraft bearing a Venezuelan flag and operated by Colombian nationals crashed in Honduras. Approximately 1,647 kg of cocaine were seized at the scene of the crash.

Jamaica continues to be a major producer and exporter of cannabis in the Caribbean and Central America, where cultivation appears to be decreasing in several countries, including the Dominican Republic and Cuba as well as Costa Rica, Guatemala and Honduras.

Cocaine seizures have increased significantly in El Salvador in recent years (with seizures of 39 kg in 2005, 108 kg in 2006, 4,074 kg in 2007 and 1,354 kg in 2008). Jamaica seems to be assuming greater importance for trans-shipment of cocaine bound for the United States and the United Kingdom.

There was significant increase of heroin trafficking cases in the Dominican Republic in 2008, during which a total of 120 kg of the drug were seized. Costa Rica is faced with a resurgence of LSD trafficking, where the first four seizures amounting to 117 doses were reported since 2001.

Honduras reported a record seizure in 2008 of pharmaceutical preparations containing pseudoephedrine, amounting to 2 million tablets originating in Bangladesh. Costa Rica seized a large number of pharmaceutical preparations in the form of tablets containing acetaminophen with oxycodone or hydrocodone or codeine, which were purportedly intended for sale over the Internet.

### North America

Drug-related violence remained high in Mexico—the death toll doubled between 2007 and 2008. While measures taken by the Government, including the deployment of military troops, have resulted in the disruption of drug trafficking operations throughout North America, organized criminal groups have expanded their control over drug trafficking operations over the continent. Mexican drug cartels have expanded their control to cover the entire supply chain for illicit drugs, from shipment from South America to distribution in the United States. Violent gangs affiliated with Asian and Mexican drug



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cartels are largely in control of illicit drug distribution at the street level in the United States and are increasing their hold on distribution at the wholesale level.

Illicit cultivation of cannabis appears to be rising in the United States and may end up exceeding the total quantity of cannabis coming in from abroad. In 2008, the total quantity of eradicated cannabis increased by 14 per cent (7,562,300 outdoor and 451,000 indoor grown plants eradicated). Mexican drug cartels have expanded cannabis cultivation on public land in the United States, whereas Asian criminal organizations based in Canada have set up indoor cultivations.

The potency of cannabis seized in the United States continues to increase and in 2008 reached an average tetrahydrocannabinol (THC) content of 10 per cent and more.

In the United States, the overall declining trend in drug abuse continued. An estimated 35.5 million persons, or 14.2 per cent of the population, aged 12 and older had used illicit drugs in 2008. The decline in the abuse of drugs among youth aged 13-18 is an encouraging sign. The abuse of cannabis dropped by 29 per cent in the period 1997-2008, cocaine by 36 per cent, methamphetamine by 68 per cent and MDMA (“ecstasy”) by 52 per cent. Likewise in Canada, the abuse of drugs, in particular cannabis, is declining. At the same time, Mexico is facing increasing abuse of cocaine and other drugs.

The widespread abuse of pharmaceuticals containing narcotic drugs and psychotropic substances is an increasing problem in the region.

## South America

In 2008, potential cocaine manufacture increased in Peru to 302 tons and in Bolivia to 113 tons, accounting for 36 and 13 per cent respectively of potential global manufacture. In spite of these increases, the total potential manufacture of the region decreased from 994 tons in 2007 to 845 tons in 2008 (15 per cent lower) and constitutes the lowest output since 2003.

The overall decrease is attributed to the significant decrease of coca bush cultivation in Colombia, which accounts for 48.3 per cent of the area cultivated for the plant and experienced a decrease of manufacturing of 28 per cent. The total area of coca cultivation in South America decreased by 8 per cent to 167,000 ha in 2008. However, the area under illicit cultivation increased in Peru and Bolivia. In Bolivia the total area under illicit coca bush cultivation doubled between 2000 and 2008. In Peru the area of illicit coca cultivation has increased since 1999 by 45 per cent.

Cocaine seizures are on the rise compared to 2007 in all three main countries producing coca leaf (Bolivia: 45 per cent to 21.6 tons; Peru doubled to 16.8 tons; Colombia: 57 per cent to 198.4 tons) as well as in Argentina, Brazil and Ecuador. Seizures remained stable or decreased in Chile, Paraguay and Venezuela.

Though a number of Governments strengthened national measures to control ephedrine and pseudoephedrine, the increasing trend of diverting precursors to manufacture amphetamine-type



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stimulants (ATS) continued as well as the smuggling of ephedrine into Mexico. Moreover, the illicit manufacture of synthetic drugs has emerged in the region.

In 2008, cannabis herb seizures increased in Bolivia (with 1,113 tons the seizures were more than two and a half times higher when compared to 2007), Chile, Ecuador, Paraguay and Peru. Seizures decreased in Brazil and Venezuela.

As a spill-over effect of drug trafficking, the abuse of illicit drugs is on the rise in some countries and the demand for treatment increased significantly in recent years. According to UNODC, almost 1 million people are treated annually for the abuse of illicit drugs. While in the region the need for a balanced approach to reduce illicit drug supply and tackle illicit drug problems is widely recognized, demand-reduction activities, including education, prevention and rehabilitation remain underdeveloped in some countries.

## ASIA

### East and South-East Asia

After tremendous progress in the past, countries in the region faced setbacks in reducing illicit opium poppy cultivation in 2008, with a 3.3 per cent increase compared to the preceding year. Trafficking in methamphetamine and the illicit manufacture of MDMA (“ecstasy”) also increased. For the first time in recent years, the illicit manufacture of gamma-Hydroxybutyric acid (GHB) was reported.

In China, new types of products containing mixtures of synthetic drugs were seized, for instance tablets consisting of methaqualone and ephedrine were seized in the region of Inner Mongolia. Mixtures of GHB, MDMA and ketamine in bottles labeled “traditional cough medicine” were seized in the region of Guangxi.

Drug traffickers are increasingly using social networking websites to recruit South-East Asian women to work as “mules”. The targets are obviously single women between the ages of 20 and 30 without criminal records who are unemployed or work in clerical, sales and service jobs.

The illicit manufacture, trafficking and abuse of ketamine, a substance not under international control, is becoming a major problem in many countries. In China, 44 laboratories manufacturing the drug were dismantled in 2007.

In 2008, most of the countries in East and South-East Asia continued to report seizures of methamphetamine. In 2008, China seized 6.2 tons and the Philippines seized 855 kg of methamphetamine (compared with 369 kg in 2007), while Thailand seized 22 million tablets of methamphetamine in 2008, a significant increase over 2007, when 14 million tablets were seized.



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Seizures of cannabis plants increased significantly in the Philippines (from 2.5 million in 2007 to about 4 million in 2008) as did seizures of cannabis (from 1.2 tons in 2007 to 3.7 tons in 2008). Japan, Mongolia and the Republic of Korea reported the seizure of the largest quantities of cannabis in recent years.

## South Asia

Seizures of amphetamine-type stimulants show that trafficking in these substances may be increasing in South Asia. The region has also become a location for their manufacture. A number of clandestine methamphetamine laboratories have been discovered in India in recent years. India has emerged as one of the main sources of drugs sold through illegal Internet pharmacies, where orders placed abroad are dispatched to buyers using courier and postal services, which have become a common means of smuggling drugs abroad.

Trafficking in cannabis remains widespread throughout the region. In 2008, Indian authorities seized 103 tons of cannabis herb and 4.1 tons of cannabis resin. In Bangladesh, 2.3 tons of cannabis herb were seized; in Nepal, more than 7 tons and in Sri Lanka more than 37 tons.

The widespread abuse of pharmaceutical preparations containing narcotic drugs, e.g. codeine, is an ongoing problem in Bangladesh.

Low-grade heroin base (“brown sugar”) on the Indian illicit market was suspected of having been diverted from licit cultivation. However, according to Indian authorities, an increasing proportion of heroin seized in the country originated in Afghanistan, which indicates that India is being used as a transit area.

The smuggling of heroin into the Maldives is an ongoing problem and has contributed to a rise in drug abuse. Pharmaceutical preparations containing benzodiazepines are among the most widely abused in Bhutan.

## West Asia

After peaking in 2007, illicit cultivation of opium poppy and the illicit production of opium decreased in 2008 and 2009. The number of Afghan provinces free of opium poppy and the total quantity of opium poppy seizures are on the rise. The Report notes that it is an opportune moment for the Afghan Government and the international community to give higher priority to improving governance and economic development and to step up support for legitimate alternative livelihoods for drug farmers. However, Afghanistan remains by far the largest illicit producer of heroin and other opiates and is becoming a major producer of cannabis.



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The magnitude of the drug problem poses a serious threat to the political, economic and social stability for countries in West Asia and other regions. As opiates are smuggled mainly through Iran (Islamic Republic of), Pakistan and countries in Central Asia, these countries are affected by a wide range of problems such as organized crime, corruption and high demand for opiates. As a result, Iran has the highest rate of opiate abuse worldwide.

Instability and political conflicts as well as weak border controls contribute to the spread of illicit cultivation and the smuggling of cannabis, for instance in Iraq and the Bekaa valley of Lebanon.

The Middle East has emerged as a market for drugs such as cocaine which was not abused beforehand to a significant extent. As a result, Jordan is faced with new drug smuggling trends, for example 25.4 kg cocaine from South America were seized in the country during the first four months of 2009.

Trafficking in and abuse of amphetamine-type stimulants is increasing in West Asia, in particular in the eastern Mediterranean and the Arabian Peninsula. In 2007, about 30 per cent of the global seizures of those substances were effected in the region with the most significant seizures taking place in Saudi Arabia (27 per cent). West Asia's share of global seizures of synthetic drugs, including Captagon, amphetamines and MDMA ("ecstasy") has risen from 1 to 25 per cent in recent years. Captagon, often containing amphetamine, has apparently become the drug of choice on the Arabian Peninsula. In 2008, the Middle East accounted for 73 per cent of global seizures.

## Europe

The abuse of certain drugs is stable or declining in several countries. A decline in the abuse of cannabis and cocaine has been observed in the United Kingdom and Spain. The abuse of cocaine is stable or declining in Austria, Germany and Switzerland, whereas increasing in France and Ireland. Likewise, the abuse of amphetamines and MDMA ("ecstasy") is stabilizing or decreasing in Europe. In Denmark, Spain and, to a limited extent the United Kingdom, drug users are replacing those drugs with cocaine.

Europe remains the largest market for cannabis resin. Spain accounts for the largest total amount of global seizures of cannabis resin. Europe is the only region into which cannabis herb is smuggled from other regions, such as Africa and Asia, but illicit cannabis cultivation also takes place in many European countries. Albania, Bulgaria and Serbia are among the countries in Eastern Europe where illicit cultivation of cannabis takes place. In Germany, illicit cultivation both indoor and outdoor has increased, whereas in Switzerland there was a reduction in the total cultivation area. Law enforcement efforts in the Netherlands have resulted in a decline in quality and an increase in the prices of cannabis.

Europe continues to account for virtually all cocaine seizures outside the Americas. The number of seizures has decreased substantially in Western Europe, whereas in the past few years the smuggling of the drug through Eastern Europe has significantly increased with the largest seizure being 381 kg



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in Slovenia. Also, 164 kg of liquid cocaine were seized in Slovakia where a new modus operandi was used by diluting cocaine to form viscous fluid and poured into bottles that were declared as “red wine”.

The illicit market for opiates in Eastern Europe expanded, particularly in Albania, Belarus, Croatia, the Republic of Moldova, the Russian Federation, as well as in countries along the Balkan route. The United Kingdom, followed by Italy and Germany account for most of the heroin seized in Europe, which was mainly dispatched from the Netherlands, followed by Turkey, Belgium and Pakistan. In 2008, heroin accounted for 92 per cent of all seizures of opiates in Eastern and Central Europe. The drug is mainly smuggled by car and train, however it is increasingly being transported by air from Central and Eastern Europe to Western Europe.

## Oceania

The demand for MDMA (“ecstasy”) in Australia has increased in recent years. Border seizures in that country accounted for 36 per cent of the global seizures in 2008. While Canada remained a significant source, traffickers have been obviously using new resources; Mauritius has recently emerged as an embarkation point, for example.

The smuggling of pharmaceutical preparations containing pseudoephedrine into New Zealand has been rising significantly. In 2008, the number of pseudoephedrine tablets seized was 13 times higher than in 2002. Apparently, most shipments are organized by Asian criminal groups based in New Zealand using Asian students and visitors as “receivers”. China has emerged as a major source of pseudoephedrine tablets seized in the country while Fiji, Papua New Guinea and Tonga, among other countries in the region, have been used for transit.

In spite of closer regional cooperation to address drug control issues, the low rate of accession by States in Oceania to the international drug control treaties and the geographical proximity of the region to illicit drug manufacturing in South-East Asia make the region more vulnerable to drug trafficking. The Board again urges the Governments in the regions to become party to the international drug control treaties.



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## **INCB: URGENT ACTION IS NEEDED AGAINST THE GROWING PROBLEM OF PRESCRIPTION DRUG ABUSE**

VIENNA, 24 February (United Nations Information Service)—Abuse of prescription drugs has become a major concern, according to the report of the International Narcotics Control Board. The INCB Report says that more people are abusing such drugs than taking heroin, cocaine and MDMA (“ecstasy”) put together in some countries. High profile celebrity deaths have shed light on the dangers of prescription drug abuse in 2009. Abuse of such drugs has been spreading over the world in recent years and INCB is calling for more awareness of this “hidden” problem.

In the United States, the abuse of prescription drugs is now the second most important drug abuse issue after cannabis, with 6.2 million people abusing prescription drugs in 2008, more than the total number of people who abused cocaine, heroin, hallucinogens, MDMA (“ecstasy”) and inhalants. Estimates in Germany show that 1.4 million to 1.9 million people are addicted to pharmaceutical preparations. In most main cities in Canada the majority of opioid drug users abuse prescription opioids such as hydromorphone, morphine and oxycodone.

INCB warns that prescription drug abuse particularly endangers children and youth and highlights in its Report the abuse of opioids sold as Oxycontin and Vicodin that have caused several deaths amongst young people in the United States. However, the Report also shows that abuse of prescription drugs by youth is not restricted to the United States. In 2008, methadone was implicated in almost 30 per cent of drug-related deaths among people aged 16-24 years in the United Kingdom. In several European countries (France, Italy, Lithuania and Poland) between 10 to 18 per cent of students use sedatives or tranquillizers without a prescription.

The general public tends to assume that the abuse of prescription drugs is the inappropriate use of medications to treat health problems, such as insomnia or pain. But such incidents are frequently a result of an addiction, which can be as lethal as an addiction to other drugs such as heroin or cocaine.

Pharmaceuticals containing controlled substances are used as substitutes for illicit drugs since they have similar effects and are widely available. They are diverted from pharmacies and other retailers, obtained in large quantities through doctor shopping or forged prescriptions, stolen from hospitals and doctor’s offices, prescribed or dispensed by unethical medical professionals and, more and more, obtained from illegal Internet pharmacies which sell diverted and counterfeited medicines containing controlled substances worldwide. As the INCB Report indicates, in recent years organized criminal groups responding to growing illicit demand have added diverted prescription drugs to their drug supplies.

While most countries still do not systematically collect data on prescription drug abuse, the long-standing efforts of INCB to make countries aware of the problem seems to have had some success, as the 2009 Report shows. Many countries already realize that this kind of drug abuse constitutes a major threat.

Prescription drug abuse needs to be tackled urgently in order to stop its further spread and to prevent more fatal incidents amongst celebrities and others. In its Annual Report, the INCB recommends that Governments either prohibit or closely control the sales of internationally controlled substances by Internet pharmacies and telephone call centres, in order to close down illicit supply channels. INCB also urges those countries, where prescription drug abuse represents a significant problem, to introduce specific treatment options for abusers of pharmaceutical preparations.



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## INCB WARNS ABOUT DRUGS BEING USED TO COMMIT SEXUAL CRIMES

VIENNA, 24 February (United Nations Information Service)—The International Narcotics Control Board is warning of an increase in the use of date-rape drugs by criminals to lure their victims. Despite efforts to curb their misuse, the abuse of these so-called date-rape drugs is on the rise. INCB is raising the alarm about new psychoactive substances that are easier to get hold of and under less stringent international controls.

The “date-rape drug” phenomenon, although fairly new, is evolving rapidly, as sexual abusers attempt to circumvent stricter drug controls by using substances not restricted by international drug conventions. Benzodiazepines, which are controlled under the 1971 Convention, have been frequently used by criminals to weaken the resistance of their victims and to exploit their property or body without their consent. Flunitrazepam, a benzodiazepine sold under the brand name Rohypnol, was once so commonly misused for sexual assault that it was called the “date-rape drug”. However, the adoption of stricter control measures by Governments, in close cooperation with the pharmaceutical industry, has proven effective: nowadays, reports of the misuse of Rohypnol for sexual assault have become rare.

At the same time, criminals are turning now to other substances—notably gamma-Hydroxybutyric acid (GHB), a psychotropic substance that was not under international control until recently, as well as substances that remain outside drug conventions such as ketamine and gamma-Butyrolactone (GBL). Since in many countries most of those drugs are easily available, they frequently fall into criminal hands.

What is alarming is the unscrupulous way in which those drugs are used upon unwitting victims—the drugs, which are usually disguised in food or drinks, are introduced in dosages that are significantly higher than the dosages used for therapeutic purposes—a practice which entails serious health risks for the victims. Sexual assault crimes are often committed in public places such as bars, restaurants, nightclubs but also in private surroundings.

In view of this serious menace, the international community has come together and shown commitment to address the problem. In March 2009, the Commission on Narcotic Drugs urged all countries of the world to adopt measures to combat the misuse of pharmaceutical products for sexual assault and to enhance public awareness about this serious problem (resolution 52/8). The Commission also invited the pharmaceutical industry to develop formulations with safety features, such as dyes and flavourings, to alert possible victims to the contamination of their drinks, without affecting the bioavailability of the active ingredients in legitimate drugs.

In its Report, INCB calls on all Governments to implement the Commission on Narcotic Drugs resolution 52/8 as soon as possible and to be vigilant about the worrying increase in “date-rape drug” abuse. The report also highlights the importance of cooperation with the pharmaceutical industry and calls on countries to solicit their support.

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## **INCB REPORTS ON NEW PROCESSES, ROUTES AND SUBSTANCES USED BY CRIMINAL NETWORKS TO MANUFACTURE DRUGS**

VIENNA, 24 February (United Nations Information Service)—Highly organized and powerful criminal networks are using new processes, routes and substances to keep drug manufacturing operations alive, warns the INCB in its Annual Report published today. In the face of stricter controls of chemicals, traffickers are finding new ways to fuel their illegal exploits and are still able to obtain the chemicals they need from legal trade channels.

The demand for methamphetamine precursors has had serious repercussions throughout the Americas, where some Governments are making major efforts to free their countries from the grip of powerful criminal organizations. As the Report indicates, the power of such networks is linked to the vast wealth generated by illicit drug manufacture, particularly of methamphetamine.

In the past, illicit manufacturers of methamphetamine had relied almost exclusively on ephedrine and pseudoephedrine. According to the Report, the implementation of the comprehensive ban on these substances by the Mexican Government forced traffickers in that country to change their drug manufacturing techniques. Instead of employing ephedrine and pseudoephedrine, criminals are now more often using a different process using phenylacetic acid. Since the ban, reports of phenylacetic acid detected at clandestine laboratories has increased substantially and authorities have seized more than 18 tons of that substance. In view of this alarming trend, the Board recommends that Governments put in place stronger controls over transactions involving phenylacetic acid.

Traffickers have shifted their focus from obtaining ephedrine and pseudoephedrine as raw materials, to trafficking in pharmaceutical preparations, usually in the form of tablets or capsules. In 2009, transactions involving 10 tons of ephedrine and pseudoephedrine in raw material and 32 million tablets of the same substances were suspended, stopped or seized around the world with Mexico as the main destination. Over 70 per cent of the stopped shipments and seizures involved pharmaceutical preparations, some of which were clearly never intended for sale through legitimate channels. Those preparations originate in countries such as India and Bangladesh which are sometimes continents apart from the clandestine laboratories.

But amphetamine-type stimulants (ATS) manufacture is spreading to many regions. For example, in July 2009, authorities in Guinea announced a series of chemical and equipment seizures at several locations in Conakry, confirming fears that illicit ATS manufacture takes place in Africa. In this connection, the Report also mentions stopped shipments of large quantities of pseudoephedrine destined to the Central African Republic, Ethiopia and Kenya.

INCB is helping Governments to efficiently exchange data on trade, diversions and seizures. Together with the INCB online system for pre-export notifications, international collaborative initiatives and operations have resulted in more effective monitoring of suspicious transactions and the identification of trafficking trends and networks. Improved exchange of intelligence information has yielded significant results in targeting the diversion of chemicals. In 2008, 20 countries seized acetic anhydride



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totalling more than 200,000 litres, which is the second largest amount ever reported. In Afghanistan, black market prices for acetic anhydride, the main heroin precursor chemical, have plummeted.

The Government of Afghanistan is making efforts, for example by prohibiting the imports of acetic anhydride and building law enforcement capabilities for chemical interdiction. However, precursors for heroin continue to be diverted from domestic distribution channels elsewhere and traffickers are targeting new countries in almost every region of the world. The INCB Report notes the large-scale diversion of acetic anhydride taking place within the European Union, for example in Slovenia and Hungary, and warns about the diversion from domestic channels in countries such as Japan and the Republic of Korea. Between September 2008 and August 2009, INCB and exporting countries stopped suspicious shipments of over 95 tons of acetic anhydride to Iraq alone. As is the case with other chemicals, Africa has emerged as a vulnerable point for diversion. In 2009, two shipments of almost 20 tons of acetic anhydride each, destined for Djibouti, were stopped after authorities detected that the import permits were forged.



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## A HUNDRED YEARS OF DRUG CONTROL, MAJOR LANDMARK IN INTERNATIONAL COOPERATION

VIENNA, 24 February (United Nations Information Service)—The year 2009 marked a century of multi-lateral drug control efforts which started when the International Opium Commission was convened in Shanghai, China, in February 1909. At that time, drugs were unregulated and widely abused and the city of Shanghai was the main importation point of opium into China.

Since 1909, international drug control has evolved considerably. A series of multilateral drug control agreements were concluded, leading to the adoption of the three international drug control treaties that are the current framework for action in international drug control today. These treaties continue to enjoy the overwhelming support of the international community: more than 90 per cent of States, covering 99 per cent of the world's population, have agreed to be bound by their provisions.

To pay tribute to the achievements in international drug control, a special section of the Annual Report of the International Narcotics Control Board is devoted to the commemoration of the convening of the International Opium Commission, which was held on 26 and 27 February 2009 in Shanghai, China.

At this landmark event, Professor Hamid Ghodse, then INCB President, recalled the spirit of the original Shanghai Conference, which met when the opium trade was very lucrative, generating millions of dollars in revenues. "The International Opium Commission took the daring step of putting public health issues above commercial interests and decided to call for a global effort to regulate drugs in order to protect the health of the people," the INCB President said at the opening ceremony of the commemoration.

The statement, which is reflected in its entirety in the annual report, also highlights the challenges the international community faces such as the under-utilization of narcotic drugs for medical purposes. Access to controlled medicines, which is considered by the World Health Organization (WHO) a human right, is virtually non-existent in over 150 countries. According to a WHO estimate, between 30 million and 86 million patients suffer from untreated pain. These challenges are important, the President said, adding that "Governments and the international community as a whole have to find a way to tackle them, bearing in mind the principles of shared responsibility, the sovereignty of nations, the territorial integrity of States and the need to address the world drug problem in a balanced and integrated manner."

The 2009 Shanghai Declaration, which was adopted at the commemorative event, urges Governments to fully implement the international drug control treaties.



## ABOUT THE INTERNATIONAL NARCOTICS CONTROL BOARD

The International Narcotics Control Board (INCB) is an independent and quasi-judicial control organ, established by treaty, for monitoring the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

### Composition

INCB consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives. Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (WHO) and 10 members are elected from a list of persons nominated by Governments. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with INCB, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. INCB has a secretariat that assists it in the exercise of its treaty-related functions. The INCB secretariat is an administrative entity of the United Nations Office on Drugs and Crime, but it reports solely to the Board on matters of substance. INCB closely collaborates with the Office in the framework of arrangements approved by the Council in its resolution 1991/48. INCB also cooperates with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations,

particularly WHO. It also cooperates with bodies outside the United Nations system, especially Interpol and the World Customs Organization.

### Functions

The functions of INCB are laid down in the following treaties: the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Broadly speaking, INCB deals with the following:

- (a) As regards the licit manufacture of, trade in and use of drugs, INCB endeavours, in cooperation with Governments, to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels does not occur. INCB also monitors Governments' control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into the illicit traffic;
- (b) As regards the illicit manufacture of, trafficking in and use of drugs, INCB identifies weaknesses in national and international control systems and contributes to correcting such situations. INCB is also responsible for assessing chemicals used in the illicit manufacture of drugs, in order to determine whether they should be placed under international control.

In the discharge of its responsibilities, INCB:

- (a) Administers a system of estimates for narcotic drugs and a voluntary assessment



system for psychotropic substances and monitors licit activities involving drugs through a statistical returns system, with a view to assisting Governments in achieving, inter alia, a balance between supply and demand;

(b) Monitors and promotes measures taken by Governments to prevent the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and assesses such substances to determine whether there is a need for changes in the scope of control of Tables I and II of the 1988 Convention;

(c) Analyses information provided by Governments, United Nations bodies, specialized agencies or other competent international organizations, with a view to ensuring that the provisions of the international drug control treaties are adequately carried out by Governments, and recommends remedial measures;

(d) Maintains a permanent dialogue with Governments to assist them in complying with their obligations under the international drug control treaties and, to that end, recommends, where appropriate, technical or financial assistance to be provided.

INCB is called upon to ask for explanations in the event of apparent violations of the treaties, to propose appropriate remedial measures to Governments that are not fully applying the provisions of the treaties or are encountering difficulties in applying them and, where necessary, to assist Governments in overcoming such difficulties. If, however, INCB notes that the measures necessary to remedy a serious situation have not been taken, it may call the matter to the attention of the parties concerned, the Commission on Narcotic Drugs and the Economic

and Social Council. As a last resort, the treaties empower INCB to recommend to parties that they stop importing drugs from a defaulting country, exporting drugs to it or both. In all cases, INCB acts in close cooperation with Governments.

INCB assists national administrations in meeting their obligations under the conventions. To that end, it proposes and participates in regional training seminars and programmes for drug control administrators.

## Reports

The international drug control treaties require INCB to prepare an annual report on its work. The annual report contains an analysis of the drug control situation worldwide so that Governments are kept aware of existing and potential situations that may endanger the objectives of the international drug control treaties. INCB draws the attention of Governments to gaps and weaknesses in national control and in treaty compliance; it also makes suggestions and recommendations for improvements at both the national and international levels. The annual report is based on information provided by Governments to INCB, United Nations entities and other organizations. It also uses information provided through other international organizations, such as Interpol and the World Customs Organization, as well as regional organizations.

The annual report of INCB is supplemented by detailed technical reports. They contain data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with an analysis of those data by INCB. Those data are required for the proper functioning of the system of control



over the licit movement of narcotic drugs and psychotropic substances, including preventing their diversion to illicit channels. Moreover, under the provisions of article 12 of the 1988 Convention, INCB reports annually to the Commission on Narcotic Drugs on the implemen-

tation of that article. That report, which gives an account of the results of the monitoring of precursors and of the chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, is also published as a supplement to the annual report.







