



INTERNATIONAL NARCOTICS CONTROL BOARD



Report 2013

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Message from the President

The annual report of the International Narcotics Control Board (INCB) for 2013 marks a particular milestone: the 45th annual report of the Board since it was established in 1968 in accordance with the Single Convention on Narcotic Drugs of 1961. Over that period, there have been significant emerging challenges and efforts made in addressing the global drug problem. The nearly universal adherence to the three international drug control conventions reflects the conviction that the global efforts to tackle the drug problem should be unified and based on the principle of shared responsibility.



This year the Report has a special focus on the economic consequences of drug abuse, a timely topic in a period of financial austerity. We present evidence on the extent of economic and social costs of drug abuse in the areas of health, public safety, crime, productivity, and governance, and urge governments and institutions to join efforts in implementing cost-effective prevention policies and treatment programmes. Prevention and treatment remain essential to counteract the economic and social costs of drug abuse. Even in times of financial austerity, such investment must be maintained. The alternative - losing the potential of citizens - could be the worst “investment choice” of all.

We make a number of recommendations and best practices to reduce the economic costs of drug abuse, thereby improving social welfare. This brings us to the underlying principle of the international drug control system and the three conventions upon which it is founded – concern for the health and welfare of humankind.

Over the period since the entry into force of the 1961 Convention and the establishment of the Board, the international community has affirmed and strengthened its commitment to shared responsibility in drug control. INCB annual reports, accompanied by the annual reports on precursor chemicals and technical publications on narcotic drugs and psychotropic substances, take stock of achievements made, challenges faced and additional efforts required.

Now, the international community is about to conduct, from 13-14 March 2014, the high-level review of the implementation by Member States of the Political Declaration and Plan of Action, to which INCB will contribute on the basis of its work in monitoring and promoting the implementation of the three drug control conventions. In addition, preparations are under way for the special session of the General Assembly on the world drug problem to be held in 2016, which will draw renewed high-level attention to the issue and guide the way forward. In view of the upcoming events, the INCB annual report 2013 concludes with recommendations for Governments and international and regional organizations aimed at improving the implementation of the conventions and ultimately aimed at ensuring availability of controlled substances for medical and scientific purposes, while preventing diversion to illicit channels, illicit manufacture, trafficking and abuse.



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At the same time, however, INCB remains concerned about some initiatives aimed at legalization of the non-medical and non-scientific use of cannabis. When governments consider their future policies on that matter, the primary consideration should be the long-term health and welfare of the population, in the spirit of the preamble to the 1961 Convention. In the report, the Board notes with concern that the lower house of Parliament in Uruguay had approved legislation that would allow the State to assume control over and regulate activities related to the importation, production or acquisition of any title, storage, sale or distribution of cannabis or its derivatives, under terms and conditions to be determined by a regulation, for the purpose of non-medical use. Since finalizing the report, the law was approved by the Senate and enacted by the Government. INCB points out that such legislation contravenes the provisions of the 1961 Convention and reminds Uruguay of the need to respect the conventions.

We deeply regret the developments at the state level in Colorado and Washington, in the United States, regarding the legalization of the recreational use of cannabis. INCB reiterates that these developments contravene the provisions of the drug control conventions, which limit the use of cannabis to medical and scientific use only. INCB urges the Government of the United States to ensure that the treaties are fully implemented on the entirety of its territory.

In view of the upcoming high-level review and preparations for the 2016 special session of the General Assembly on the world drug problem, I reiterate the readiness of INCB to maintaining an on-going dialogue with all countries, including those where such initiatives are being pursued, with a view to ensuring the full implementation of the conventions and to protecting public health.

Raymond Yans
President
International Narcotics Control Board



Factsheet 1

Prevention and treatment – key to counteract the economic and social costs of drug abuse

Each dollar spent on prevention and treatment programmes can save up to ten dollars

Drug abuse affects numerous areas, including health, public safety, crime, productivity, and governance. Although accounting for the full, real dollar costs of drug abuse worldwide is challenging – due to data limitations – understanding the economic costs of drug abuse is necessary to develop policies that reduce such costs.

INCB stresses that drug prevention and treatment are among the most cost-effective responses to counteract the economic consequences of drug abuse. Most studies have shown that for every dollar spent, good prevention programmes can save governments up to US\$10 in later costs; therefore Governments' investments in prevention, treatment and rehabilitation programmes, and their regulatory control systems, must be maintained - even in times of financial austerity. While costs and consequences may vary widely across geographic regions, INCB, as part of its recommendations, urges Governments in all countries to integrate policies and initiatives against drug trafficking into national programmes, bearing in mind the principle of shared responsibility and the key goal of strengthening of institutions at all levels of governments.

Health, public safety, productivity, crime and governance - all economic and social costs of drug abuse

Health: Although the impact on health stands out as one of the most important consequences in terms of economic loss, investments in treatment are cost-effective versus the cost of untreated and continuing abuse or the cost of incarceration: in the United States every US\$1 invested in treatment yields a return of between US\$4 to US\$12 in reduced crime and healthcare costs.

Heroin, cannabis and cocaine are the drugs most frequently reported by people entering treatment worldwide, and only one in six problem drug users worldwide, some 4.5 million people, receives the required treatment, at a global cost of about US\$35 billion annually.

The proportion of drug users who receive treatment varies extensively from region to region. In Africa only 1 in 18 problem drug users receives treatment; in Latin America, the Caribbean and Eastern and South-Eastern Europe, approximately 1 in 11 problem drug users receives treatment, and in North America an estimated 1 in 3 problem drug users receives treatment interventions.

The drug-related mortality rate in North America remains the highest in the world, according to information provided by Governments in the region, with approximately 48,000 drug-related deaths in North America in 2011, which amounts to mortality rate of 155.8 per million inhabitants aged 15-64. Globally, it is estimated that there are 211,000 drug-related deaths annually, which account for between 0.5 and 1.3 per cent of all-cause mortality for people aged 15-64 years, with younger people facing a particularly high risk.



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Environmental consequences: Degradation and fragmentation of forests as a result of illicit cultivation of drugs, and the loss of areas where food can be grown both have detrimental effects on the environment and food security. In addition, the illicit manufacture and disposal of drugs and pharmaceuticals causes significant environmental contamination, including chronic exposure to low doses of drugs.

Crime: The cost of crime, as a result of drug abuse, relates to burdens placed on law enforcement agencies and the judiciary, in addition to the increased incarceration rates resulting from behaviour related to drug use. Studies show that the overall costs of predominately three types of crime usually associated with drug abuse - the psychopharmacological crime that refers to crime or violence committed under the influence of drugs; the economic-compulsive crime when drug users engage in crime to support their drug consumption and addiction; and systemic crime that occurs, for example, as a result of disputes over “drug turf” - are costly, but vary from region to region.

Governance and vulnerable populations: Drug abuse, poverty and weak governance are often linked in multiple ways. Drug-related corruption can weaken governance, which in turn can be associated with increased illicit drug crop cultivation, illicit drug production, manufacture, trafficking and drug abuse, all of which can have a grave impact on specific populations, such as children, women and people who live in poverty.

What can societies do to reduce the overall cost of drug abuse?

Specific and targeted prevention, more efficient justice systems that can deter drug abuse and offer alternatives to incarceration, and policies against drug trafficking that are integrated into development programmes are among recommendations that INCB provides in the Annual Report for 2013 to reduce the economic and social costs of drug abuse.

INCB urges Governments to scale-up their implementation of the three international drug control treaties and recommended policies, and to increase their collaboration as well as partnerships with relevant international organizations, such as the United Nations Children’s Fund.



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Factsheet 2

In focus: Afghanistan's drug problems – more than just opiates

INCB urges concrete action to address the deteriorating situation of illicit opium poppy cultivation

The Government of Afghanistan is urged to translate into concrete action and results its national drug control strategy, which aims at eliminating illicit cultivation, production, manufacture and trafficking of drugs, says INCB in its Annual Report for 2013. The drug control situation in Afghanistan will not improve unless substantial, sustainable and measurable progress is made by the Government in anti-drug trafficking, alternative development and drug demand reduction.

INCB is seriously concerned that illicit cultivation of opium poppy increased for three consecutive years since 2010 and that the total area under opium poppy cultivation reached a record level of 209,000 hectares in 2013, an increase of 36 per cent compared with 2012 (153,000 hectares) despite eradication campaigns and recent adoption by the Government of drug policies to address the problem. This situation seriously endangers the aims of the international drug control treaties.

INCB has been closely monitoring the drug control situation in Afghanistan and has maintained an on-going dialogue with the Government on issues of concern. In May 2000, the Board, in view of the widespread illicit cultivation of opium poppy, invoked article 14 of the 1961 Single Convention on Narcotic Drugs vis-à-vis Afghanistan, in order to ensure the execution of the international drug control treaties. In doing so, INCB has drawn the attention of the international community to the issue and called for – at the highest levels – international cooperative action to resolve the situation.

Recognizing the efforts of the Government, and in view of the forthcoming conclusion of the International Security Assistance Force (ISAF) mission in Afghanistan in 2014, the Board reiterates its call for full and continued support and cooperation from the international community, also from countries in the region. The Board also stresses that eradication of illicit opium poppy can only be achieved if relevant laws are fully respected and implemented while sustainable alternative livelihoods are provided in affected areas.

Illicit cannabis cultivation makes Afghanistan also a major source country for cannabis resin (hashish). The eradication of such illicit cultivation and the suppression of trafficking in cannabis resin have to go hand in hand with the combating of illicit opium poppy cultivation and trafficking.



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Factsheet 3

Precursors Report 2013 - Key trends in the control of precursors

The INCB Annual Report on Precursors, launched with the INCB Annual Report 2013, identifies the gaps that currently exist in the international framework for the control of precursors, which are the chemicals frequently used in the illicit manufacture of drugs and which the international community has decided to schedule under the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

International trade in precursors increasingly secure but traffickers targeting domestic trade instead

Diversion of scheduled precursors from licit international trade is becoming less frequent compared to just a few years ago. To get around the INCB Pre-Export Notification (PEN) Online system, which is used to control licit imports and exports of precursors, traffickers divert substances from domestic trade for subsequent smuggling into vulnerable countries, such as Afghanistan.

Drug cartels seek new non-scheduled chemicals to manufacture drugs

Traffickers circumvent the international control system by increasingly turning to new non-scheduled chemicals to illicitly manufacture drugs, as highlighted by the rise in incidents involving alpha-phenylacetonitrile (APAAN), a substitute “pre-precursor” used in illicit amphetamine and methamphetamine manufacture, being seized throughout Europe and North America.

INCB moves to place new “pre-precursor” under international control

In response to significant seizures of alpha-phenylacetonitrile (APAAN), the Board formally initiated the procedures for the scheduling of APAAN, and the UN Secretary-General has invited Governments to express their opinion regarding the proposed scheduling at the 57th Commission on Narcotic Drugs in March 2014.

Ecstasy precursor seizures suggest MDMA is making a comeback

Seizures of precursors used in the illicit manufacture of 3,4-methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”), rebounded in 2012 and into 2013 and, combined with several illicit industrial-scale laboratories found recently in Europe, raises the concern that MDMA will soon become readily available again throughout the world’s major illicit markets.

Activities under Project Prism and Cohesion task forces continue to yield results

INCB in conjunction with its Project Prism and Project Cohesion task force members, including INTERPOL and the World Customs Organization, have executed numerous international intelligence gathering and other special operations, and those coupled with counter diversion training activities in 2012 resulted in significant seizures of various chemicals. Project Prism and Project Cohesion are international initiatives of INCB which serve as communications platforms for national authorities for exchanging intelligence information and launching multilateral investigations.



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For the international community to be proactive in countering the diversion of and trafficking in precursor chemicals, INCB offers Governments help to fight chemical traffickers

To fight chemical traffickers, INCB offers Governments state-of-the-art tools, such as the INCB Pre-Export Notification (PEN) Online system, now used by 146 States and territories, which remains the cornerstone of international precursor control in terms of monitoring licit trade in and preventing the diversion of precursors.

In addition, the Precursors Incident Communication System (PICS) has rapidly established itself, since its launch in 2012, as an important tool for national law enforcement and regulatory authorities to report and share valuable information on individual seizures of precursors, including numerous incidents involving chemicals previously not known to have been used in illicit drug manufacture. PICS has around 400 registered users, including users from some 75 Governments and 8 international and regional agencies. However, this and other tools for countering the diversion of precursors have not been universally implemented, particularly in countries of Africa, Central America and the Caribbean, and Central Asia.



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Factsheet 4

Use of internationally controlled medicines

Prescription drug abuse

Prescription drug abuse is a major threat to public health, even outpacing the rates for illegal drugs in some countries

INCB notes that the increased prevalence in prescription drug abuse has, to a large extent, been driven by the widespread availability of those drugs, as well as erroneous perceptions that prescription drugs are less susceptible to abuse than illicit drugs. The problem has been further exacerbated by the non-prescription use of these drugs for self-medication.

One of the main sources of prescription drugs diverted from licit channels for abuse is the presence in households of prescription drugs that are no longer needed or used for medical purposes. Surveys of abuse prevalence undertaken in several countries have revealed that a significant percentage of individuals abusing prescription drugs for the first time obtained the drug from a friend or family member who had acquired them legally.

“Take-back days” initiative

Among the measures used by States to combat this problem are prescription drug disposal initiatives, such as prescription drug “take-back days”. The staging and publicizing of these initiatives result not only in safe disposal of prescription drugs but also increase public awareness of the dangers of prescription drug abuse.

Addressing root causes such as “doctor shopping”

INCB reiterates that any comprehensive strategy aimed at tackling the problem of prescription drug abuse must also address the root causes of the excessive supply of prescription drugs, including overprescribing by medical professionals, “doctor shopping” and inadequate controls on the issuing and filling of prescriptions.

Availability of narcotic drugs for treatment of pain

While global supply meets the global demand, the consumption remains concentrated, in particular in developed countries

The amount of opiate raw material available for the manufacturing of narcotic drugs for pain relief is more than sufficient to meet the current demand level, as data available to the INCB show, and global stocks are increasing.

Global production of opiate raw materials was lower than global demand for those raw materials in the period 2006-2008, while production exceeded demand from 2009 to 2012. Global production of opiate raw materials in 2013 was expected to exceed global demand again, with the result that stocks of those raw materials would further increase in 2013 and in 2014. The supply will remain fully sufficient to cover demand, as reported by Member States.



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The challenge: concentration of consumption and disparities in access to treatment of cancer pain

INCB notes that the consumption of narcotic drugs for pain relief is concentrated in a limited number of countries, mostly industrialized ones. There is also urgent need to address disparities in cancer control, and in access to palliative care within and across national, international and regional boundaries.

According to the World Health Organization (WHO), more than 12 million people worldwide will be diagnosed with cancer this year, of whom approximately eight million will die. Often seen as a disease of rich countries, the fact is that over 70 per cent of cancer deaths occur in low- and middle-income countries.

INCB emphasizes its readiness to work with all stakeholders to ensure the availability of narcotic drugs to patients in need, and to ensure that medical doctors and their staff are adequately trained. At the same time, INCB has to ensure that appropriate control measures are in place to prevent the abuse of narcotic drugs.

Psychotropic substances

Trends in consumption and manufacture

The consumption levels of psychotropic substances - which includes medicines for the treatment of various mental and neurological disorders, for instance anxiety, insomnia, and epilepsy - continue to differ widely between countries and regions, reflecting diversity in medical practice and related variations in prescription patterns, as stated in the INCB technical publication on psychotropic substances for 2013.

INCB reiterates its recommendation to all Governments to compare the consumption levels of such medicines in their countries with those in other countries and regions, with a view to identifying unusual trends requiring attention, and take remedial action where necessary. At the same time, INCB encourages all Governments to ensure the rational use of internationally controlled substances, in accordance with the pertinent WHO guidelines and recommendations.

The technical report also shows that the global manufacture of methylphenidate - a substance used for the treatment of attention-deficit hyperactivity disorder (ADHD) - continued to increase and reached a new record, of over 63 tons, in 2012.

Developing an international electronic import and export authorization system for narcotic drugs and psychotropic substances

The electronic International Import and Export System (I2ES), currently in its testing phase, will facilitate and expedite the work of national competent authorities and reduce the risk of diversion of narcotic drugs and psychotropic substances from international trade in those substances, in accordance with the international drug control conventions.



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Factsheet 5

New psychoactive substances and other non-scheduled chemicals represent a clear and present danger

As presented in the latest INCB Annual Report for 2013, abuse of new psychoactive substances (NPS) is spreading, with new substances emerging almost daily. Seventy countries reported the appearance of NPS while others reported the appearance of numerous new non-scheduled precursor chemicals for the illicit manufacture of controlled drugs. This growing trend poses challenges for the regulatory and enforcement authorities. The World Health Organization's (WHO) Expert Committee on Drug Dependence is expected to review 23 new psychoactive substances at its thirty-sixth meeting in June 2014.

Although unprecedented numbers and varieties of NPS have been reported in Europe, and their abuse continues to grow, developing countries are not immune to the problem. In 2012, for example, countries in Africa reported the emergence of NPS such as synthetic cannabinoids. Some countries, such as Colombia, have proactively established early warning systems aimed at identifying and issuing alerts about domestic consumption of NPS. The European Union also maintains an advanced early warning system.

More studies are needed to generate the necessary information so that WHO will be able to assess the health risks posed by NPS and so that the scheduling of these substances can occur more rapidly, if necessary. Whilst there are indications that levels of abuse of some of these substances may have stabilized or declined in a few specific countries in Europe, the level of abuse of NPS in many other countries continues to increase.

In order to complement the initial stages of international action to deal with NPS, the early and systematic sharing of all available operational information at the global level is essential to prevent their trafficking and diversion, to conduct investigations and successful prosecutions. To that end, the INCB has initiated the NPS task force as a multilateral mechanism to communicate strategic and operational intelligence related to trafficking and trade in new psychoactive substances.

INCB is also concerned about the growing threat posed by non-scheduled precursor chemicals used in the illicit manufacture of dangerous drugs. Like new psychoactive substances, the trade in these chemicals is also outside of international control. Communication of incidents involving non-scheduled precursor chemicals via the INCB Precursors Incidents Communication System (PICS) is essential to alert authorities around the world and to prevent their trafficking and diversion.



Factsheet 6

Regional Highlights

Africa

Trafficking of opiates increased

There has been a sizeable increase in the trafficking of opiates through East Africa and cocaine in North and East Africa, as well as a sizeable increase in the illicit manufacture and trafficking of methamphetamine in the region; abuse of opioids, cannabis, amphetamine-type stimulants and cocaine is also increasing.

The 10-fold increase in seizures of heroin in East Africa since 2009 makes that subregion possibly the largest hub in Africa for heroin trafficked onward to the illicit European markets. Heroin trafficking in East Africa has led to supply-driven increase in abuse in the subregion. Heroin, departing from South-West Asia and destined mainly for the illicit European markets, is increasingly transiting West Africa. Heroin is also smuggled into Southern Africa by means of maritime transport from South-West Asia through East Africa. Cannabis is being cultivated and seized in almost all countries in Africa. Morocco, along with Afghanistan, remains the biggest source of cannabis resin in the world, although production in Morocco is decreasing.

Emerging markets for amphetamine-type stimulants

There is an emerging market for amphetamine-type stimulants in Africa, and at the same time those substances are being trafficked from the region to the countries of East and South-East Asia and Oceania. The increase in trafficking in ephedrine in Africa could indicate the establishment in Africa of new laboratories for the illicit manufacture of amphetamine-type stimulants. The smuggling through Africa of cocaine from South America destined for Europe appears to have diminished since 2009, while the use of containerized consignments and maritime shipping of cocaine through West Africa to Europe is on the increase. In 2012, an increase in seizures of cocaine in North and East Africa could be observed.

Drug abuse and treatment

The prevalence of cannabis abuse continues to be high in Africa - nearly double the global average - while the abuse of amphetamine-type stimulants, cocaine and opiates remains close to the global average. West and Central Africa continue to have a prevalence of cocaine abuse that is significantly higher than the global average, while the prevalence of abuse of cannabis and opioids in those two subregions remains relatively high.

As the INCB Annual Report for 2013 that focuses on economic consequences of drug abuse shows, only 1 in 18 problem drug users receives treatment in Africa, which is significantly less compared to other regions, such as Latin America, the Caribbean and Eastern and South-Eastern Europe, where approximately 1 in 11 problem drug users receives treatment, and North America with an estimated 1 in 3 problem drug users receiving treatment interventions. INCB emphasizes that although the impact on health stands out as one of the most important consequences in terms of economic loss, investments in treatment are cost-effective versus the cost of untreated and continuing abuse or the cost of incarceration.

Availability of pain medications remains critical

INCB has over the years raised its concern that Africa has continued to be the region with the lowest levels of consumption of opioid analgesics for the treatment of pain. In the Annual Report, INCB reports upon its recent missions to a number of African countries – Benin, Kenya and Mozambique – where the low availability of opioid analgesics for the treatment of pain was identified. As part of ongoing efforts to address the problem of inadequate availability of drugs for medical purposes in



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Africa, INCB provided training to the national authorities of 12 West African countries in June 2013, aimed at strengthening capacity to ensure adequate availability and compliance with treaty-based reporting obligations. INCB has reiterated the importance of providing such training in other regions and sub-regions.

Americas

Central America and the Caribbean

A transit and trans-shipment route for illicit drugs

Central America and the Caribbean continue to be affected by drug trafficking and high levels of drug-related violence. The region remains a significant transit route for cocaine to North America and Europe. Large-scale illicit methamphetamine manufacture is a cause for serious concern.

The Central America and Caribbean region continues to be exploited by organized criminal groups trafficking drugs to North America and Europe. It is estimated that more than 90 per cent of all cocaine trafficked to the United States of America is of Colombian origin and transits Mexico and the Central American corridor. Conversely, the flow of cocaine through the Caribbean region has declined significantly in recent years as traffickers have looked for alternative routes, particularly along the border between Guatemala and Honduras.

North America

Prescription drug abuse - a growing threat to public health

According to information provided by Governments in the region, there were approximately 48,000 drug-related deaths in North America in 2011, representing a mortality rate of 155.8 per million inhabitants aged 15-64, the highest rate in the world. While prevalence rates for the abuse of illicit drugs have remained relatively stable, they continue to exceed global averages.

Prescription drug abuse has continued to constitute a serious and growing threat to public health. Governments in the region have sought to address this threat through the adoption of various measures, including the staging of prescription drug "take-back days". In the United States, the organization of such initiatives by the Drug Enforcement Administration has resulted in the removal of over 1,700 tons of prescription drugs which are no longer needed from circulation. Canadian authorities have also increased their efforts to deal with the widespread abuse of prescription drugs in the country through the adoption of a national strategy on prescription drug abuse and the staging of the first ever pan-Canadian prescription drug take-back day.

In North America, as in other regions, women have been disproportionately affected by prescription drug abuse. While drug abuse prevalence remains more common among men, rates of abuse among women have increased at a faster pace. Statistics released in July 2013 by the Centers for Disease Control and Prevention (CDC) reveal that almost 48,000 women in the U.S. lost their lives as a result of prescription opioid abuse between 1999 and 2011. In Mexico, the National Institute of Women has indicated that drug abuse among Mexican women has doubled in the past decade. Women are also more likely than men to be affected by drug-related domestic violence, crime and sexual assault.

Cannabis measures

The Board has continued to be concerned about the control measures applicable to cannabis in the North American sub-region. In Canada, the Board notes that the authorities have taken extensive measures to reform the country's medical cannabis programme in order to tighten controls aimed at preventing diversion into illicit channels. In the U.S., medical cannabis schemes adopted by various States do not adequately implement the control measures mandated by the 1961 Single Convention on Narcotic Drugs. In addition, the Board reiterates that cannabis legalization initiatives underway in the States of Colorado and Washington violate the 1961 Convention's restriction of the use of narcotic drugs exclusively to medical and scientific purposes.



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South America

Decrease of coca bush cultivation

In 2012, illicit coca bush cultivation in South America decreased to 133,700 ha, the lowest level since 1999. In Colombia, the total area of coca bush cultivation decreased by a quarter, to 48,000 ha. It also decreased slightly in Bolivia, to 25,300 ha, and Peru, to 60,400 ha.

Coca leaf permitted in Bolivia

In 2013, Bolivia reaccessed to the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, with a reservation on coca leaf. The chewing of coca leaf and the consumption and use of the coca leaf in its natural state for “cultural and medicinal purposes” are now permitted exclusively on the territory of Bolivia by the virtue of the reservation.

Increase in cannabis seizures

In recent years several countries in the region, including Bolivia, Colombia and Paraguay, reported increased seizures of cannabis. These seizures of cannabis may warrant closer examination to determine whether they are primarily the result of strengthened law enforcement activities or whether they may indicate increased illicit cultivation of the cannabis plant in the region.

Dangerous trend in cannabis legalization in Uruguay

INCB stresses that the legislation passed in Uruguay to legalize production, sale and consumption of cannabis for non-medical purposes contravenes the provisions of the 1961 Single Convention on Narcotic drugs, to which Uruguay is a party, and recalls the need to respect the conventions.

Asia

East and South-East Asia

Heroin still a major concern

Increasing demand for heroin and amphetamine-type stimulants in East and South-East Asia has led Governments to expand drug treatment services and develop demand reduction strategies, although the focus of efforts continues to be on providing resources to combat drug trafficking and illicit drug manufacture.

South Asia

Abuse of pharmaceutical preparations

South Asia is facing a serious and growing drug abuse problem, including the abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances. For example, abuse of codeine preparations and “yaba” tablets containing methamphetamine has reached a high level and is growing rapidly in Bangladesh; drug abuse among youth is growing in Bhutan; prescription drug abuse is growing in India; in the Maldives, the first national drug use survey revealed a serious drug abuse problem; and in Nepal, the recorded number of users of drugs is increasing rapidly.

Governments take action collectively

Governments in South Asia continue to respond strongly to the threat of drug trafficking and abuse in the region, including through an array of cooperation arrangements, both within and extending beyond the region. That cooperation takes the form of information-sharing among law enforcement agencies, training and technical assistance, cooperation on drug abuse prevention and treatment activities and training for treatment practitioners, as well as other activities in the area of reducing drug demand. Drugs enter South Asia’s illicit drug markets through a number of different channels, including diversion from India’s pharmaceutical industry, illicit cultivation and/or manufacture within the region, and smuggling from other countries, including Afghanistan (through Pakistan) and Myanmar. In addition to its existing plans to improve border security, as referred to in the INCB Annual Report for 2012, the Government of India has decided to build approximately 1,400 kilometers of strategic roads



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along its border with Nepal. In response to problems with the abuse of and trafficking in phensedyl (a codeine-based cough syrup), the Indian State of Bihar, which is close to India's border with Bangladesh, has placed restrictions on the sale of phensedyl within its territory.

Access to internationally controlled substances for medical purposes (particularly opiates for pain relief) is limited in the region, and the region's per capita medical consumption is well below the world average.

West Asia

Illicit opium poppy cultivation threatens security

Record-setting poppy cultivation and opium production in 2013 threaten an already fragile security situation in Afghanistan, and neighboring countries, at a time when international security forces begin their planned withdrawal. Afghanistan's eradication efforts and ability to provide alternative development options for farmers have not improved. This situation, coupled with increasingly pervasive corruption in countries of West Asia, will require far more than statements of international cooperation if a meaningful and significant improvement to the lives of the people of West Asia is to be expected.

Europe

New psychoactive substances reported in Europe

Unprecedented numbers and varieties of new psychoactive substances (NPS) have been reported in Europe, and their abuse continues to grow. NPS are an emerging drug phenomenon in Eastern and South-Eastern Europe, where they have recently begun to have an impact. There are indications of their limited manufacture in Europe.

Trafficking routes for heroin and cocaine

While the Balkan route remains the most commonly used route for drug trafficking in the subregion of Eastern and South-Eastern Europe, the amount of heroin trafficked declined in the past year. Consequently, declines in heroin seizures have been reported by countries in the subregion. Cocaine trafficking routes are increasingly diversified, for instance with some trafficking of cocaine through the Baltic countries or along the Balkan route traditionally used for the trafficking of heroin from Afghanistan to Europe. An increase in cocaine trafficking has been reported in particular through ports of the Black Sea, together with the increasing influence of foreign criminal organizations in the region.

Cannabis cultivation

Illicit indoor cannabis cultivation continues to increase in the subregion of Western and Central Europe. Cannabis resin seizures have decreased in the subregion, while seizures of cannabis herb have increased. Cannabis herb is grown throughout Eastern and South-Eastern Europe, with large-scale cultivation detected in a number of countries, particularly Albania.

Abuse of narcotic drugs and psychotropic substances stabilizing at historically high levels

The abuse of narcotic drugs and psychotropic substances appears to be stabilizing at historically high levels in Western and Central Europe; however, the emerging abuse of prescription opioids is of concern in Western and Central Europe, with seizures reaching record levels in a few countries of the subregion and with treatment demand for abuse of opioids other than heroin increasing. Opioid-related deaths have decreased overall in Western and Central Europe, but the proportion of deaths attributable to fentanyl and methadone has increased in some countries.



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Methamphetamine manufacture spreading to new locations

The use of amphetamine-type stimulants (ATS) remains stable in Eastern and South-Eastern Europe, with a small increase reported in few countries. Illicit methamphetamine manufacture appears to be spreading to new locations in Europe. New laboratories for its manufacture have been uncovered in Bulgaria, Romania, the Russian Federation and Ukraine. Seizures of MDMA (commonly known as “ecstasy”) have increased in Western and Central Europe, indicating a possible resurgence of the substance.

Injecting drug use at high levels in Eastern and South-Eastern Europe

High prevalence of injecting drug use is reported in Eastern and South-Eastern European countries. About 30 per cent of the global population of injecting drug users infected with HIV/AIDS live in Eastern and South-Eastern Europe. At about 22 per cent, Ukraine has the largest reported HIV/AIDS-infected population among injecting drug users.

Oceania

Cannabis remains the most prevalent drug of abuse

In Oceania, the increasing use and availability of new psychoactive substances poses considerable prevention, treatment, regulatory and law enforcement challenges, while cannabis remains the most prevalent drug of abuse. Speedy production, distribution and sale through the Internet, together with difficulties in the testing of such substances and gaps in legal and regulatory systems, hinder drug control and law enforcement efforts.

The proximity of the Pacific islands to major illicit markets for amphetamine-type stimulants and routes used for trafficking in other types of drugs makes that subregion particularly susceptible to drug abuse and trafficking. Unfortunately, the continuous lack of reliable and updated data for most of these countries makes a comprehensive assessment and understanding of situation difficult.



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Factsheet 7

INCB and the international drug control system

Since the entry into force of the Single Convention on Narcotic Drugs of 1954 and over the period since the establishment of the International Narcotics Control Board (INCB) in 1968, addressing the global drug problem has become a truly global effort that calls for global solutions. The 1954 Convention is adhered to by almost all States, illustrating the commitment of Governments to the principle of shared responsibility in ensuring the availability of narcotic drugs for medical and scientific purposes while preventing their diversion and abuse.

To address subsequent drug control challenges such as the abuse of psychotropic substances while ensuring their availability for medical purposes, the use of chemicals in the illicit manufacture of narcotic drugs and psychotropic substances, and drug trafficking, States created and adopted the two other international drug control conventions in force today: the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Those conventions too enjoy almost universal adherence.

The functions of INCB are laid down in the three international drug control treaties, as mentioned above. In particular, the 1988 Convention details the mandate of INCB with regard to the control of precursors used in the illicit manufacture of narcotic drugs and psychotropic substances, providing the framework for the monitoring of the international legitimate trade in these substances.

INCB, as the independent and quasi-judicial body monitoring and promoting the implementation of the United Nations drug control conventions, consists of 13 members who are elected by the Economic and Social Council (ECOSOC) and who serve in a personal capacity, and 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.

Under the mandates given by the three international drug control treaties, INCB publishes its Annual Report that provides a comprehensive overview of the drug control situation in various parts of the world. The Annual Report, which is submitted to ECOSOC through the Commission on Narcotic Drugs, is accompanied by an annual report on precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, and technical publications on narcotic drugs and psychotropic substances.



INTERNATIONAL NARCOTICS CONTROL BOARD

The International Narcotics Control Board (INCB) is the independent monitoring body for the implementation of United Nations international drug control conventions. It was established in 1968 in accordance with the Single Convention on Narcotic Drugs, 1961. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Based on its activities, INCB publishes an annual report that is submitted to the United Nations Economic and Social Council through the Commission on Narcotic Drugs. The report provides a comprehensive survey of the drug control situation in various parts of the world. As an impartial body, INCB tries to identify and predict dangerous trends and suggests necessary measures to be taken.