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2012

Report



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Narcotic Drugs: Estimated World Requirements for 2013 — Statistics for 2011 (E/INCB/2012/2)

Psychotropic Substances: Statistics for 2011 — Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substances of 1971 (E/INCB/2012/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2012 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2012/4)

The updated lists of substances under international control, comprising narcotic drugs, psychotropic substances and substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, are contained in the latest editions of the annexes to the statistical forms ("Yellow List", "Green List" and "Red List"), which are also issued by the Board.

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INTERNATIONAL NARCOTICS CONTROL BOARD

Report

of the International Narcotics Control Board for 2012



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In memoriam: Hamid Ghodse

After graduating as a Doctor of Medicine (M.D.) in the Islamic Republic of Iran (1965), Professor Ghodse specialized in psychology and psychiatry in the United Kingdom, where he was awarded a Diploma in Psychological Medicine (D.P.M.), United Kingdom (1974), Doctor of Philosophy (Ph.D.), University of London (1976), and Doctor of Science (D.Sc.), University of London (2002).

Professor Ghodse devoted his professional life to treatment, research and teaching in the field of drug addiction, becoming Professor of Psychiatry and of International Drug Policy, University of London, in 1987 and Director of the International Centre for Drug Policy at St. George's, University of London in 2003.

In addition to an extensive teaching career, Professor Ghodse was extremely active in research in fields of drug addiction, public health, psychiatry and drug policy. He was the author or editor of over 350 scientific books and papers on drug-related issues and addiction, including a number of highly regarded reference books. He was rapporteur, chairman and convener of various World Health Organization and European Community expert committees, review groups and other working groups on drugs and alcohol dependence.

Professor Ghodse's academic and professional achievements were recognized through numerous awards and recognitions, including: Honorary Fellowship, Faculty of Forensic and Legal Medicine (FFFLM) (2012); International Distinguished Fellow, American Psychiatric Association (2009); Fellow (1985) and Honorary Fellow (2006), Royal College of Psychiatrists (R.C.Psych.), United Kingdom; Honorary Fellow, World Psychiatric Association (FWPA) (2008); Honorary Professor, Peking University (since 1997); Honorary Fellow, St. George's, University of London (2011) and Lifetime Achievement Award, Royal College of Psychiatrists, United Kingdom (2011). He was a Fellow of the Royal College of Psychiatrists (F.R.C.Psych.), United Kingdom (1985); Fellow of the Royal College of Physicians (F.R.C.P.), London (1992); Fellow of the Royal College of Physicians of Edinburgh (F.R.C.P.E.), Edinburgh (1997); Fellow of the Faculty of Public Health Medicine (F.F.P.H.), United Kingdom (1997); Fellow of the Higher Education Academy (F.H.E.A.), United Kingdom (2005).

Professor Ghodse made major contributions to policymaking at the highest international level. He became a member of the International Narcotics Control Board in 1992 and served as its President in 1993, 1994, 1997, 1998, 2000, 2001, 2004, 2005, 2008, 2010 and 2011.

In recognition of his unparalleled contribution to international drug control, the Board dedicates this report to the memory of Professor Hamid Ghodse. He will be remembered for his unique and outstanding academic and scientific knowledge, his remarkable leadership, wisdom and elegant diplomacy and, above all, for his deepest compassion for the suffering of people affected by drug abuse, his passionate work to bring about changes to reduce such suffering worldwide and his warmth and kindness. Professor Ghodse's legacy and vision in the field of international drug control will provide guidance and inspiration to generations to come.

Foreword

Each year, the International Narcotics Control Board (INCB) reports on the functioning of the international drug control system and developments in international drug control. Based on its findings, the Board makes recommendations to Governments and regional and international organizations to improve various aspects of drug control. Often, a cross-cutting aspect of the Board's recommendations is international or regional cooperation.

International cooperation to address the global drug problem is founded upon the principle of shared responsibility, a mutual commitment to common goals and a commitment to complementary policy and joint action. The overwhelming majority of States have developed and acceded to the three international drug control conventions that make up the international drug control system, which in turn is built upon the principle of shared responsibility. Those conventions are the best available tools for addressing the global drug problem and for protecting humanity from drug abuse and the impact of trafficking in and illicit cultivation and production of drugs. The conventions are based upon the fact that drugs can flow across borders and between continents, from producer to trafficker, from one society to another, and from trafficking to abuse. In signing the conventions, Governments agreed that this global problem requires a global solution and committed themselves to meeting their individual obligations under those conventions.

Given the importance of shared responsibility in drug control efforts, INCB has decided to highlight that principle in chapter I of the present report. That chapter describes the evolution and achievements of shared responsibility in drug control and presents examples of good practice in applying the principle of shared responsibility to drug control efforts in areas such as demand reduction, supply reduction, judicial cooperation and the control of licit trade in drugs. In the context of shared responsibility, all levels of government, civil society, local communities and the private sector must work together to ensure that the health and well-being of citizens are not undermined by drug abuse or by the impact of trafficking in or illicit cultivation and production of drugs, such as drug-related crime and violence. The Board's recommendations in this regard include, inter alia, the need to maintain the delicate balance between supply and demand reduction efforts; the necessity of establishing comprehensive programmes for the prevention and treatment of drug abuse, as well as for reintegration; and the importance of coordination between the authorities responsible for health, education, justice, economic development and law enforcement, together with civil society and the private sector.

The principle of shared responsibility for the global drug problem is also reflected in the global debate on drug policy that is under way between Governments at the regional level and also within Governments. INCB welcomes and supports initiatives of Governments aimed at further strengthening international drug control within the framework of the international drug control conventions. We note with concern, however, that in this debate, some declarations and initiatives have included proposals for the legalization of the possession of drugs for non-medical and non-scientific use, that is, for "recreational" use, that would allow the cultivation and consumption of cannabis for non-medical purposes. Any such initiatives, if implemented, would violate the international drug control conventions and could undermine the noble objectives of the entire drug control system, which are to ensure the availability of drugs for medical purposes while preventing their abuse. Proponents of such initiatives ignore the commitment that all Governments have made to promote the health and well-being of their communities, and such initiatives run counter to the growing body of scientific evidence documenting the harm associated with drug abuse, including occasional use, particularly among young people during their formative years. Furthermore, such initiatives would create a false sense of security and would send a false message to the public, in particular children, regarding the health impact of abuse of drugs. Some have argued that these proposals would eliminate the illicit markets and organized crime associated with drugs

of abuse. Yet, even if such initiatives were implemented, organized criminal groups would get even more deeply involved, for instance by creating a black market for the illicit supply of newly legalized drugs to young people. To target the organized crime and violence associated with the illicit trade in drugs, the most effective tool is primary prevention of drug abuse, coupled with treatment and rehabilitation, and complemented by supply reduction measures, as provided for in the conventions.

Primary prevention is also the key means of preventing the abuse of new psychoactive substances, which the Board addresses as a special topic in chapter II of the report. Controls are being circumvented by the manufacture and sale of substances that have been designed to be chemically different from controlled substances but have similar psychoactive effects. National controls, including generic controls, of such substances can help to address this growing phenomenon, as can monitoring and the exchange of information on trends of abuse. But ultimately, demand reduction is the most effective approach. A similar challenge is seen in the control of precursor chemicals, with the increasing use of non-scheduled chemicals as "pre-precursors" in the illicit manufacture of drugs. Illegal sales of controlled substances, as well as non-controlled substances of abuse, through Internet pharmacies is another growing problem. The present report outlines how this issue can be remedied through proper registration, licensing and supervision of such pharmacies at the national level, as well as international cooperation between Internet registrars and national regulatory authorities.

Strengthening the capacity of the competent authorities is essential to achieve the key objective of the international drug control conventions: ensure the availability of controlled medicines for the treatment of pain and suffering associated with illness, including mental disorders, and prevent their abuse. While the medical use of cannabis is permitted by the treaties under specific conditions, it poses a major challenge in some countries. If not adequately regulated, such "medical cannabis" schemes can contribute to increasing levels of abuse of the substance. That issue is elaborated on in this report.

While shared responsibility in international drug control is essential to addressing the global drug problem, so too is the responsibility of States to fulfil their obligations at the national level, as set out in the conventions. A prerequisite to effectively fulfilling these obligations at the national level is the adequate capacity of national drug regulatory authorities. Governments must ensure that their competent authorities have the appropriate resources and staff, and INCB calls on Governments and the international community, as appropriate, to provide technical assistance in this area so as to promote effective and sustainable national regulatory control of drugs for licit purposes.

Ultimately, we all have a shared responsibility to address the global drug problem, whether it be at the individual, community, governmental or international level. We must continue to strive to prevent and minimize the suffering and loss of potential caused by drug abuse and drug-related crime and violence.



Raymond **Yans**
President
International Narcotics Control Board

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Explanatory notes

Data reported later than 1 November 2012 could not be taken into consideration in preparing this report.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

All references to Kosovo in the present publication should be understood to be in compliance with Security Council resolution 1244 (1999).

References to dollars ($) are to United States dollars, unless otherwise stated.

The following abbreviations have been used in this report:

ADHD	attention deficit hyperactivity disorder
AIRCOP	Airport Communication Project
ASEAN	Association of Southeast Asian Nations
BZP	*N*-benzylpiperazine
CARICOM	Caribbean Community
CICAD	Inter-American Drug Abuse Control Commission (Organization of American States)
ECOWAS	Economic Community of West African States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Europol	European Police Office
FATF	Financial Action Task Force
GHB	*gamma*-hydroxybutyric acid
ha	hectare
INTERPOL	International Criminal Police Organization
ISAF	International Security Assistance Force
LSD	lysergic acid diethylamide
MDMA	methylenedioxymethamphetamine
3,4-MDP-2-P	3,4-methylenedioxyphenyl-2-propanone
OAS	Organization of American States
P-2-P	1-phenyl-2-propanone
PEN Online	Pre-Export Notification Online
PICS	Precursors Incident Communication System
REFCO	Central American Network of Organized Crime Prosecutors
SMART	Synthetics Monitoring: Analysis, Reporting and Trends
THC	tetrahydrocannabinol
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

I. Shared responsibility in international drug control

Introduction

1. Common and shared responsibility is a principle of international law and is applied in many fields of cooperation. It is thus not specific to drug control. Whereas international treaties establish a set of rules creating individual obligations for States parties, the principle of common and shared responsibility goes much further. It provides the framework for a cooperative partnership among a community of parties, based on a common understanding of a shared problem, a common goal and the necessity of reaching that goal through common and coordinated action. Thus, the principle of shared responsibility can be seen as a joint undertaking involving government institutions, the private sector, civil society, local communities and individuals who have agreed to work together as partners and who have a shared mutual obligation for concerted action at different levels in response to the drug challenge. Consequently, the principle of common and shared responsibility commits parties to strengthening their cooperation not only to pursue their own interests but also to take into account the interests of others and to assist those parties that need help. However, shared responsibility in drug control at the international level will be effective when States fully meet their obligations at the national level.

2. This principle has evolved over the years from the concept of collective responsibility in drug control in the 1980s, shared responsibility in the 1990s and common and shared responsibility since the turn of the century. Addressing the elements of shared responsibility calls for the recognition of key criteria and principles, including how to apportion responsibility between multiple actors, the notion of mutual accountability and liability, the dimensions of capability and capacity, and role and resources of each partner.

3. The effective implementation of this principle today is all the more important since almost every country suffers from drug abuse and illicit production, trafficking or drug-related corruption and violence.

Background

4. In the late nineteenth century and the early twentieth century, a number of countries faced economic and social problems associated with increasing use of opium, morphine and other addictive substances. In the absence of effective controls, significant addiction problems were affecting China, as well as other parts of the world. In response, representatives of 13 Governments gathered in Shanghai, China, in February 1909 to address the world's narcotics problem. This first international forum, known as the International Opium Commission, collected a large amount of data on the cultivation, production and consumption of narcotics. The Commission also adopted a number of recommendations urging the gradual suppression of opium smoking and controls on opium smuggling. The resolutions adopted by the Commission at Shanghai were historic. For the first time, a considerable number of leading nations agreed that the non-medical use of opium should be a matter for careful international regulation. Those resolutions marked the international community's first commitment to act together and share responsibility for countering the growing drug problem. Although the Commission had not been empowered to establish binding legal obligations, its work accelerated efforts that led to the first codified example of shared responsibility in drug control: the International Opium Convention signed at The Hague on 23 January 1912.

5. Like many new concepts, the framework for international drug control was implemented only gradually, over a long period of time. After the conferences at Shanghai and The Hague, a series of multilateral agreements were crafted to address the cultivation and production of, trafficking in and abuse of opium and other narcotic drugs. Those efforts culminated in 1961 with the first of the international drug control treaties that form today's framework for action.

A. A legal and institutional framework for shared responsibility

1. The international drug control conventions

6. The key purposes of the Single Convention on Narcotic Drugs of 1961[1] were to reorganize the international drug control regime, within the framework of the United Nations, and to extend the existing control to include the plant materials for narcotic drugs. The 1972 Protocol amending the Single Convention on Narcotic Drugs of 1961[2] further strengthened controls on the illicit production, use and distribution of narcotics. The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol[3] constitutes a break from previous conventions in that it contains international commitments on treatment and rehabilitation of drug abuse.

[1] United Nations, *Treaty Series*, vol. 520, No. 7515.
[2] Ibid., vol. 976, No. 14151.
[3] Ibid., vol. 976, No. 14152.

7. The Convention on Psychotropic Substances of 1971[4] extended international control to include a number of synthetic psychotropic substances liable to be abused, namely stimulants, depressants and hallucinogens. Both the 1961 Convention as amended by the 1972 Protocol and the 1971 Convention also called for coordinated, universal action to implement effective measures to prevent the diversion and abuse of narcotic drugs and psychotropic substances.

8. The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988[5] complements the other two conventions by addressing the illicit traffic in drugs under international control. Its key goals are to improve international law enforcement cooperation and to harmonize and strengthen domestic criminal legislation. The 1988 Convention contains provisions on money-laundering, the freezing of financial and commercial records, the extradition of drug traffickers, the transfer of criminal proceedings, mutual legal assistance and monitoring of chemicals often used in the illicit manufacture of drugs.

9. While States parties have an individual responsibility to comply with the provisions of the international drug control conventions, those conventions also contain elements of shared responsibility, as evidenced in the preamble of the 1988 Convention, in which the parties to the Convention recognize that eradication of the illicit traffic is a collective responsibility of all States. In fact, many articles of the 1988 Convention require international cooperation and coordination if they are to be effectively and fully implemented.

10. Many of the achievements of the international drug control system in its first 100 years occurred because the parties to the conventions agreed — despite different geopolitical, commercial, moral and humanitarian interests — to work together, act collectively and cooperate to reduce the illicit production of, trafficking in and abuse of drugs and address the health, social and criminal aspects of the illicit drug trade. In line with the spirit and the letter of the conventions, many Governments have set up at the national level drug regulatory authorities or central coordinating bodies to guide the development and implementation of national multisectoral drug control policies and control the licit use of drugs. These bodies coordinate the efforts of agencies in the health, social, economic development, law enforcement, foreign affairs and judicial sectors and, in some instances, embrace the private sector, as well as civil society. States parties have also concluded bilateral and multilateral agreements that include the principle of shared responsibility.

11. Today, well over 95 per cent of all States are parties to the three international drug control conventions. These States have on various occasions reiterated their firm commitment to fully implementing the conventions and to taking all measures necessary to safeguard the integrity of the international drug control regime. The diversion of narcotic drugs and psychotropic substances from licit international trade has been greatly reduced, and a well-functioning system is effectively monitoring international trade in chemicals that can be used in the illicit manufacture of drugs.

2. An international agenda for shared responsibility

12. The 1960s and 1970s witnessed major economic and social changes worldwide. In the international system, the birth of new States stemming from decolonization resulted in the growth of the membership of the United Nations from 51 founding Members in 1945 to 127 Members in 1970 and 193 Members today. During those two decades, which saw the adoption of the 1961 Convention and 1971 Convention, the drug control system was primarily anchored in the individual responsibility of States to comply with the provisions of the conventions. At the international level, those two decades were also characterized by drug control policies focusing on law enforcement and illicit crop eradication and crop substitution. A clear political line of demarcation evolved, persisting until the mid-1990s, distinguishing the so-called "drug-producing countries" of the "South" from the "drug-consuming countries" of the "North". Within the normative framework of that time, the reduction of illicit demand for drugs and the public health consequences of drug abuse were treated more as exclusively domestic issues than as issues requiring shared international responsibility. For example, the 1961 Convention left to individual States the responsibility to reduce illicit demand for narcotic drugs through prevention, treatment, aftercare, rehabilitation and social reintegration. With respect to international cooperation in drug control, evidence of that practice can be found, for example, in the amount of voluntary contributions made to the former United Nations Fund for Drug Abuse Control by Member States, mainly for capacity-building in law enforcement and illicit crop substitution.

13. Levels of illicit production, trafficking and abuse continued to rise during the 1980s and 1990s, decades that also saw the emerging global influence of organized criminal groups. In addition, the illicit manufacture and abuse of psychotropic substances, notably

[4] Ibid., vol. 1019, No. 14956.
[5] Ibid., vol. 1582, No. 27627.

amphetamine-type stimulants, increased in Europe, North America and South-East Asia. Drug abuse, particularly by injection, also emerged as a serious social issue in many countries, posing new public health challenges such as the spread of HIV and hepatitis C. That period also coincided with the unprecedented opening up of global trade, the expansion of media and the movement of people, as well as the explosive growth of modern information and communications technology.

14. In 1981, in response to growing worldwide drug challenges, the General Assembly adopted, as its first such measure, the International Drug Abuse Control Strategy,[6] recognizing the urgent need for an effective, comprehensive and coordinated global approach to the drug problem. With its adoption of the Declaration on the Control of Drug Trafficking and Drug Abuse[7] in 1984, the Assembly also underlined the collective responsibility of all States while acknowledging the links between the drug issue and social and economic development.

15. The principle of shared responsibility in drug control was affirmed during the seventeenth special session of the General Assembly, devoted to the question of international cooperation against illicit production, supply, demand, trafficking and distribution of narcotic drugs and psychotropic substances, held in 1990. At that special session, the Assembly adopted a political declaration and global programme of action[8] in which Member States agreed to increase their efforts to intensify international cooperation and concerted action, based upon the principle of shared responsibility.

16. The concept of shared responsibility was central to the twentieth special session of the General Assembly, devoted to countering the world drug problem together, held in 1998. By that time, the sharp distinction between so-called "producing countries" and "consuming countries" no longer applied because many countries suffered from illicit drug production, trafficking and abuse simultaneously. Producing countries had become consumers and consuming countries had become producers. Recognition of this fact was reflected in the Political Declaration adopted by the General Assembly at its twentieth special session,[9] in which Member States recognized that action against the world drug problem was a common and shared responsibility. At that special session, the Assembly also adopted measures to enhance international cooperation to counter the world drug problem[10] and the Declaration on the Guiding Principles of Drug Demand Reduction.[11]

17. In all of the above-mentioned declarations, programmes of action and resolutions, the principle of shared responsibility in drug control has always been mentioned in a specific context, namely (a) the need for international cooperation and concerted action; (b) the requirement of a comprehensive, balanced and mutually reinforcing approach to drug supply and demand reduction; and (c) respect for the principles of the Charter of the United Nations and international law, including respect for the sovereignty and territorial integrity of States, the principle of non-intervention in internal affairs, and human rights and fundamental freedoms.

18. Authoritative statements by the governing bodies of many United Nations institutions dealing with global challenges such as sustainable development, population growth, climate change, food security and counter-terrorism have shown a similar evolution of principles: from that of collective responsibility to shared responsibility, and then both common and shared responsibility. In recent years, this principle as used in drug control has also evolved to encompass security because of the increasing threat to international peace and security posed by drug-fuelled organized crime. Since 2008, the Security Council, which in the past had addressed the drug problem only in a specific context (such as the situation in Afghanistan), has devoted several meetings to drug control and matters related to organized crime. Those meetings have reaffirmed the principle of shared responsibility in dealing with the smuggling of precursors into and within Afghanistan and the trafficking of cocaine through West Africa.

19. The International Narcotics Control Board has been attentive to the measures taken by Member States over the past few decades to promote joint and collaborative efforts to reduce the magnitude and consequences of the global drug problem, its transnational ramifications and the huge criminal proceeds derived from illicit drug markets. On various occasions, in its annual reports and presidential statements, INCB has urged Governments to strengthen cooperation within the framework of shared responsibility. The Board, noting that the drug problem cannot be dealt with in isolation, without addressing other global concerns such as social justice, economic development, corruption, organized crime and human rights, encourages Governments to embrace a comprehensive approach to those challenges based on shared responsibility.

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[6] *Official Records of the Economic and Social Council, 1981, Supplement No. 4* (E/1981/24), annex II.

[7] General Assembly resolution 39/142, annex.

[8] General Assembly resolution S-17/2, annex.

[9] General Assembly resolution S-20/2, annex.

[10] General Assembly resolution S-20/4 A to E.

[11] General Assembly resolution S-20/3, annex.

20. In its capacity as the central policymaking body of the United Nations drug control system, the Commission on Narcotic Drugs has also taken up the principle of shared responsibility, especially in the framework of its reviews in 2003 and 2009 of the measures taken to implement the commitments made by all Governments at the twentieth special session of the General Assembly, held in 1998. Shared responsibility is a principle that has remained at the core of the current 10-year strategy, as reflected in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,[12] adopted during the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, in 2009. In 2011, the Commission adopted a resolution (resolution 54/12) to revitalize the notion that the principle of common and shared responsibility is one of the pillars of the international drug control system.

21. There are numerous examples of institutions, at the regional and international levels, that have placed shared responsibility in drug control at the centre of their own strategies and activities, including the following:

(a) The United Nations Office on Drugs and Crime (UNODC), which is promoting collaborative efforts under the Paris Pact initiative and the Triangular Initiative, involving Afghanistan, Iran (Islamic Republic of) and Pakistan;

(b) The Organization of American States (OAS), which in 1986 created the Inter-American Drug Abuse Control Commission (CICAD) and, in 1999, established the Multilateral Evaluation Mechanism to review progress in the individual and collective efforts of Governments in the region;

(c) The African Union Commission, which oversees implementation of the revised African Union Plan of Action on Drug Control and Crime Prevention (2007-2012), with the support of some of the African regional economic communities;

(d) The European Union, which is acting on the principle of shared responsibility, with the support of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), to provide a well-coordinated and balanced response to the drug problem in the region.

22. While States assume a major responsibility under the provisions of the drug control conventions, civil society and the private sector also play an important role in implementing the principle of shared responsibility through their daily activities, on-the-ground work and advocacy. The Board recalls, for instance, the outcome of the global forum entitled "Beyond 2008", which concluded with three key themes: first, shared responsibility, accountability and commitment whereby Governments at all levels were encouraged to leverage the experience, reach, professionalism and passion of NGOs; secondly, giving a voice to the most affected (i.e. individuals and their families and communities); and thirdly, a call for strong action.

B. Examples of good practices of shared responsibility at all levels

23. The clearest indication of the commitment of Governments worldwide to address the drug problem in a coordinated concerted and shared manner is the fact that almost all States have acceded to the international drug control conventions.

24. Some examples of good practices embodying the principle of shared responsibility that have been developed and implemented worldwide are presented below.

1. Licit control

25. One area of best practice in shared responsibility is the current system for regulating licit international trade in narcotic drugs and psychotropic substances. The strict control exercised by States parties, combined with the efficient administration of regulatory systems and voluntary controls — today applied almost universally — have substantially reduced diversion of these drugs. That would not have been achieved without the concerted and coordinated efforts of Governments and INCB.

26. Another good example of shared responsibility is the voluntary agreement among Governments, and administered by INCB, to ensure adequate availability of opiate raw materials for medical and scientific purposes while preventing excessive accumulation of stocks, which could lead to diversion. This has involved (a) action by all parties to prevent the proliferation of sources of production of opiate raw materials; and (b) agreement that opiate raw materials, and the opiates derived from them, are not ordinary commodities that can be left unregulated.

2. Demand reduction measures

27. Some countries have promoted specific initiatives to reduce drug demand that embody the principle of shared responsibility. For example, in 2008 Colombia launched an international campaign known as the "Shared Responsibility" project. Intended to send a clear signal to the population of countries where drugs are abused, the

[12] See *Official Records of the Economic and Social Council, 2009, Supplement No. 8* (E/2009/28), chap. I, sect. C.

campaign raised awareness, particularly in Europe and North America, of the social and environmental damage caused by cocaine manufacture and abuse.

28. Another example of joint and concerted efforts to reduce drug demand — and supply — is the partnership model involving the Coordination and Cooperation Mechanism on Drugs between the Community of Latin American and Caribbean States and the European Union. The mechanism supports, inter alia, the coordination of common positions for the two regions in international forums, facilitates cooperation and the exchange of information and good practices among national drug control agencies and promotes joint initiatives on key policy topics such as the social reintegration of drug users.

29. National drug observatories play a critical role in providing a more accurate picture of the drug situation by identifying emerging trends at an early stage and providing planners and decision makers with the evidence needed to design national and regional drug control strategies, particularly in the areas of prevention, treatment and social reintegration. These challenges are increasingly being addressed cooperatively, at the national, regional and global levels. *Building a National Drugs Observatory: A Joint Handbook*[13] by EMCDDA and CICAD serves as a noteworthy example of the shared responsibility of regional organizations to strengthen national institutions responsible for collecting drug-related data.

3. Supply reduction and interdiction measures

30. A variety of good practices in shared responsibility can also be found in efforts to counter drug trafficking. A crucial issue is improving cooperation and the exchange of intelligence between law enforcement agencies with regard to the use of techniques such as controlled delivery operations, as described in the 1988 Convention. In the view of drug law enforcement authorities, controlled delivery can be an effective technique requiring, however, trust and confidence among law enforcement and judicial authorities.

31. Effective regional drug law enforcement cooperation has been strengthened in recent years with initiatives such as the establishment in Almaty, Kazakhstan, of the Central Asian Regional Information and Coordination Centre. The Centre, modelled after the European Police Office (Europol) and supported by UNODC, acts as a focal point for information exchange and operational cooperation among drug law enforcement agencies in Central Asia.

32. Examples of successful regional concerted efforts by Governments include international initiatives against the diversion of chemicals used in the illicit manufacture of heroin, cocaine and amphetamine-type stimulants. Undertakings such as Project Prism and Project Cohesion have involved many Governments, organizations and INCB sharing responsibility for information exchange, implementation of an international programme for tracking individual shipments, and cooperation and investigations among law enforcement authorities at the national and international levels.

33. Many examples of concerted and collaborative efforts can be found in programmes to develop alternative livelihoods, which, complemented by interdiction measures, are implemented in rural areas of developing countries where narcotic plants, mainly opium poppy and coca bush, are illicitly cultivated.

4. Judicial cooperation

34. In the decades since the adoption of the 1988 Convention, there has been a growing realization that judicial cooperation between countries is essential to fighting money-laundering and promoting legal assistance and facilitating extradition. The United Nations Convention against Transnational Organized Crime and its three Protocols[14] provide opportunities for State parties formally to cooperate on judicial assistance issues. In particular, the Convention provides the framework for extradition requests, which is especially important for States without bilateral treaties.

35. The Financial Action Task Force (FATF) has successfully encouraged countries to bring their national legislation in line with the international conventions and recommendations and to strengthen financial systems against money-laundering. A particular feature of shared responsibility in the context of FATF is that Governments allow for the periodic monitoring of progress made in implementing FATF recommendations. This mechanism, known as multilateral peer review, reflects the strong commitment of Governments to shared responsibility in countering money-laundering and in preserving the integrity of the international financial system.

36. The establishment of financial intelligence units in various parts of the world is another example of increased partnership and collaboration. These units exchange operational and other information on suspicious

[13] European Monitoring Centre for Drugs and Drug Addiction and Inter-American Drug Abuse Control Commission, *Building a National Drugs Observatory: A Joint Handbook* (Luxembourg, Office for Official Publications of the European Communities, 2010).

[14] United Nations, *Treaty Series*, vols. 2225, 2237, 2241 and 2326, No. 39574.

transactions reported in the financial sector, which can then be forwarded to law enforcement agencies for further investigation.

37. The European arrest warrant is a good example of shared responsibility in judicial cooperation in, inter alia, drug control. Use of the warrant increases the speed and ease of extradition within the European Union by removing the political and administrative steps required in the previous system of extradition in Europe. Use of the European arrest warrant has steadily risen since it was first implemented in 2004. Similarly, cooperation on judicial matters, such as extradition requests, among countries in Latin America and the Caribbean has increased over recent years.

C. Achievements and challenges in shared responsibility in drug control

38. Dividing countries into the categories of "drug-producing", "drug-consuming" or "transit countries" has long ceased to be realistic. To varying degrees, all countries are drug-producers and drug-consumers and have drugs transiting through them. The problem of synthetic drugs exemplifies that evolution. In recent years, the principle of shared responsibility has been reinforced through recognition that the drug problem in its multiple aspects affects almost all countries and cannot be tackled without strong political will, international cooperation and enhanced coordination between State and non-State actors at all levels.

39. Effectively applying the principle of shared responsibility at the national level is also key to the success of drug control policies. States must implement an approach that is comprehensive, balanced, long-term and multidisciplinary and that combines social policies, health, education, law enforcement and the judiciary, with the active participation of the private sector and civil society.

40. As evidenced by the reviews undertaken by the Commission on Narcotic Drugs and the findings of the Board, countries worldwide have achieved considerable results in many areas of drug control by strengthening national drug control capacity and domestic legislation, establishing and improving mechanisms and procedures for data collection, assessing drug abuse, monitoring trends, exchanging information and implementing specific programmes to reduce illicit drug supply and demand and counter drug trafficking.

41. The full potential of the principle of shared responsibility cannot be fully realized unless each country accepts responsibility for reducing its own specific illicit supply of and demand for drugs. Governments of countries with large illicit drug markets need to develop more effective drug abuse prevention policies and, in partnership with donors, developing countries and countries with emerging economies should devote greater resources to address their own drug abuse problems. Given that drug abuse, especially in wealthy countries — even though the problem exists in less wealthy countries — remains one of the important factors of the drug problem, Governments should fully exploit the education and health institutions in their countries to provide drug abuse prevention, treatment and rehabilitation services. That also means that countries need to have adequate national legislation and services in the area of drug abuse prevention that are aligned with the requirements of the international drug control treaties. Such measures should send clear messages to young people and society as a whole.

42. The Board has pointed out in its previous annual reports that alternative development is feasible only in those areas where there is adequate security and stability as provided under the rule of law. Unless Governments are able to establish their authority and provide a safe environment, alternative development efforts cannot be effective. INCB has also called on Governments to address more effectively the issue of marginalized communities that are vulnerable to drug-related problems, including crime and violence. Governments need to extend the services of national institutions to marginalized communities, especially in the areas of citizen security, governance, health and education.

43. In the context of shared responsibility, the Board has over the past years drawn the attention of Governments to new issues related to drug control that require a more vigorous coordinated and concerted response from Member States, regional and international organizations, the private sector and civil society. These issues include new forms and the scope of organized criminal groups, unregulated drug markets, the abuse of prescription drugs, inadequate availability of opioid medication in many countries, the spread of unregulated Internet pharmacies, drug advertisements, counterfeit medicines, limited access to health-care facilities and the lack of capacity and resources to effectively reduce illicit drug supply and demand.

44. International cooperation is of particular importance to stop illegal sales of internationally controlled substances by Internet pharmacies, due to the global and dynamic nature of the medium. Activities of illegal Internet pharmacies operating in any one country have global implications, and the closing down of such illegal activities

in one country often leads to relocation of the illegal activity to another country. Therefore, taking action against illegal sales by Internet pharmacies is a shared responsibility of all countries, and international cooperation of governmental authorities, as well as collaboration with other stakeholders such as pharmaceutical associations, the pharmaceutical industry, Internet service providers and financial services, is required to successfully counter these activities.

45. Challenges in the control of precursors require the continuing, concerted attention of the international community. There is a need for all Governments to recognize that precursor control is a shared responsibility requiring the special attention of national drug control authorities. Political will is also needed to address problems such as the use of non-scheduled substances as substitutes for controlled precursors, the diversion of precursors from domestic distribution channels and the continuing vulnerability of countries that do not have the resources to develop the capacity and technical skills needed or the institutions required to control precursors.

46. While almost all States have acceded to all of the international drug control conventions, the integrity of the entire drug control system can also be undermined by actions of States or their failure to act. The Board has drawn the attention of Governments to the need for treaty obligations to be implemented consistently at all levels of government. The Board has noted that in some countries, while there is full compliance with the conventions at the national level, policies and measures at the state, provincial or municipal level are not in line with the provisions of the conventions.

47. In addition, the Board has called upon Governments to increase their national capacity for drug control and address the basic prerequisites for effective measures and international assistance, namely adequate domestic drug control legislation, a functioning national drug control body and an up-to-date, integrated and balanced drug control strategy that addresses illicit drug supply and demand, as well as transit trafficking.

48. The challenges identified point to the need to use the principle of shared responsibility to more effectively develop and implement national drug control policies that are consistent with the spirit and the letter of the conventions. Institutional ties at the national, regional and international levels must also be strengthened, particularly between drug law enforcement authorities, in order to build trust and promote closer cooperation in targeting, investigating and dismantling drug trafficking groups.

D. Conclusions and recommendations

49. Support for the principle of shared responsibility in drug control must go beyond rhetoric. As a cross-cutting issue, drug control and its legal framework — the international drug control system — have the power to effectively mobilize many actors in government departments, non-governmental organizations, the private sector, professional health-care and consumer organizations and regional and international organizations.

50. Governments have come to recognize that the drug problem affects almost every community in every country. Applying the principle of shared responsibility means that there should be realistic and practical measures in which all State and non-State actors may move in concert to achieve the aims of the international drug control conventions. Indeed, shared responsibility in drug control is a concept that should be used to measure how countries work together at the international level, as well as domestically.

51. As the year 2012 marks the centenary of the adoption of the first international drug control treaty, it is critically important that Member States embrace shared responsibility as a foundation of international drug control efforts, along with the three international drug control conventions, in order to safeguard public health and reduce the risks that drug problems will pose to future generations. In addition, the lessons learned in the area of drug control could serve as an example in addressing other current global challenges.

52. Shared responsibility is not always an easy principle to guide action worldwide, but it will be the most effective one. Governments, civil society, local communities and the private sector need to work together to secure healthy lives for their citizens and respect for the rule of law.

53. In order to improve the concerted actions by the international community to advance shared responsibilities in drug control, the Board recommends the following:

(a) Governments should comply with the provisions of the international drug control conventions. They should develop more effective practices in reducing illicit drug demand, focusing on education, prevention, treatment and rehabilitation, and should devote greater attention to the basic requirement of preventing first use of drugs;

(b) Governments, the United Nations system, regional organizations, civil society and the private sector should develop a renewed sense of shared responsibility in drug control. This should be based on the fundamental values of inclusiveness, a clear definition of purpose and

roles, and an integrated, balanced and multisectoral approach aimed at achieving sustainable results and promoting accountability among all actors. In addition, Governments and public institutions should seek greater common purpose among the policies and strategies for drug control and those promoting social justice, economic development and human rights and addressing corruption and organized crime;

(c) Governments, in concerted and collaborative efforts, should promote the health and welfare of mankind by ensuring the use of internationally controlled substances solely for medical and scientific purposes;

(d) Governments should fully integrate drug control as a well-established priority in national economic and social development plans, including providing their drug control programmes with needed resources. Action at the national level must be supported by full implementation of the conventions at a subnational level and a strong commitment to regional, international and development cooperation among drug control partners;

(e) As a commitment to shared responsibility, Governments should take full advantage of the 1988 Convention, in particular its article 5, to contribute the value of seized assets and property for social and economic development programmes and support, where appropriate, bilateral and multilateral drug control agreements;

(f) Better recognition by Governments of the importance of drug control under the Millennium Development Goals for 2015 would also promote a stronger commitment by States, international organizations and international financial institutions to fully integrating marginalized communities affected by illicit drug production, trafficking and use, within social and economic development programmes;

(g) Governments and the organizations concerned should establish efficient mechanisms for exchanging information on their actions, experiences and good practices in drug control. Greater synergy and coordination of action among the regional and international organizations concerned should be encouraged in order to avoid duplication of efforts and promote collaboration. Those organizations should be encouraged to be more actively involved in joint efforts, especially efforts aimed at reducing illicit drug demand. At the same time, States in the various regions should provide their regional organizations with the capacity and resources necessary to implement regional drug control strategies;

(h) At the national level, Governments should reinforce shared responsibility by making greater efforts to integrate supply and demand reduction activities under a unified central drug control authority that coordinates the work of government departments and agencies responsible for law enforcement, health, education, justice and economic development, together with representatives of civil society and the private sector;

(i) Governments should promote greater involvement of local citizens, non-governmental organizations and other members of civil society, as well as the private sector, to develop new avenues for strengthening shared responsibility in drug control efforts. This would enable Governments to secure a higher level of cooperation and coordination among all relevant actors, distribute tasks and responsibilities among them and promote the allocation of the necessary financial and other resources among those services and agencies;

(j) UNODC and regional organizations should continue to support shared responsibility through multilateral collaborative schemes such as the Paris Pact initiative and the Triangular Initiative. They should also provide assistance to States through the design and implementation of integrated programmes that address all aspects of drug control and related crime at the national and regional levels. Programmes that have a steering committee composed of States and funding partners provide an excellent framework for shared responsibility, allowing them to jointly review progress, achievements and challenges and carry out joint activities.

II. Functioning of the international drug control system

A. Promoting the consistent application of the international drug control treaties

54. In discharging its mandate under the international drug control treaties, the Board maintains an ongoing dialogue with Governments by various means, such as regular consultations and country missions. That dialogue has been instrumental to the Board's efforts to assist Governments in complying with the provisions of the treaties.

1. Status of adherence to the international drug control treaties

55. As at 1 November 2012, the number of States parties to the 1961 Convention or that Convention as amended by the 1972 Protocol stood at 185. Of those States, 183 were parties to the 1961 Convention as amended by the 1972 Protocol. A total of 11 States have yet to accede to the 1961 Convention: 2 States in Africa (Equatorial Guinea and South Sudan), 1 in the Americas (Plurinational State of Bolivia), 1 in Asia (Timor-Leste) and 7 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu).

56. The number of States parties to the 1971 Convention remained at 183. A total of 13 States have yet to become parties to that Convention: 3 States in Africa (Equatorial Guinea, Liberia and South Sudan), 1 in the Americas (Haiti), 1 in Asia (Timor-Leste) and 8 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu).

57. With the accession by the Holy See in January 2012 and Nauru and Niue in July 2012, the number of States parties to the 1988 Convention increased to 187. A total of 9 States have yet to become parties to that Convention: 3 States in Africa (Equatorial Guinea, Somalia and South Sudan), 1 in Asia (Timor-Leste) and 5 in Oceania (Kiribati, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

58. The Board welcomes the accession by the Holy See, Nauru and Niue to the 1988 Convention and urges those States that have not done so, particularly those in Oceania, the region with the largest number of non-parties, to take the steps necessary to accede to all the international drug control treaties without further delay.

2. Evaluation of overall treaty compliance in selected countries

59. The Board reviews on a regular basis the drug control situation in various countries and overall compliance by Governments with the provisions of the international drug control treaties. The Board's review covers various aspects of drug control, including the functioning of national drug control administrations, the adequacy of national drug control legislation and policy measures taken by Governments to combat drug trafficking and abuse and Governments' fulfilment of their reporting obligations under the treaties.

60. The findings of the review, as well as the Board's recommendations for remedial action, are conveyed to the Governments concerned as part of the ongoing dialogue between the Board and Governments to ensure that the international drug control treaties are fully implemented.

61. In 2012, the Board reviewed the drug control situation in Benin, Canada, Mozambique, Myanmar and the United States of America, as well as measures taken by the Governments of those countries to implement the international drug control treaties. In doing so, the Board took into account all information available to it, paying particular attention to new developments in drug control in those countries.

(a) Benin

62. Benin is faced with a serious level of transit trafficking in drugs. While the volume of drugs transiting Benin is unclear, there are indications that large cocaine shipments originating in South America and heroin from South-West Asia enter Benin on maritime vessels and in cargo containers for distribution in West Africa and Europe. Methamphetamine coming from Cotonou has been seized in Belgium, Japan, Malaysia, Thailand and Viet Nam.

63. The Government of Benin has stepped up its efforts to counter illicit drug trafficking. A specialized police unit for drug trafficking (OCERTID) was established to investigate all drug-related cases in Benin, including trafficking in psychotropic substances and precursors. In 2010, the global Container Programme jointly carried out by UNODC and the World Customs Organization was extended to the port of Cotonou, Benin, and international cooperation with the International Criminal Police Organization (INTERPOL) in fighting drug abuse and drug trafficking has been strengthened. While the Board

welcomes those measures, the capacity of the Government to face those challenges needs to be increased. The Board calls upon the international community to provide the necessary technical support to the Government of Benin, as appropriate.

64. The Board notes that Benin, a party to all three international drug control treaties, is committed to the objectives of the drug control treaties. The Government has adopted a national drug control policy to address drug abuse and drug trafficking and has established an interministerial committee for the control of narcotic drugs and psychotropic substances (CILAS). The country's national drug control legislation appears to be adequate. Illicit drug manufacture and trafficking are criminalized, as is the laundering of the proceeds of drug trafficking. The law authorizes the use of certain special investigative techniques and provides for the freezing, seizure and confiscation of proceeds of crime.

65. Laws and decrees govern the pharmaceutical sector and the importation and distribution of precursor chemicals and pharmaceuticals, establishing penalties for the diversion of these substances. Benin has functional administrative structures in place for control over the licit movement of narcotic drugs, psychotropic substances and precursor chemicals and for fulfilling its reporting obligations to the Board. Overall, reporting performance has been satisfactory. The Board encourages the Government to continue its efforts to ensure that further progress is made in these areas.

66. The Board notes that the Government's capacity to reduce illicit drug demand remains limited. While the Government continues to address drug abuse and trafficking through education and enforcement of anti-drug legislation, no reliable data are available on the extent of drug abuse in the country.

(b) Canada

67. The Board notes that, following its continuous dialogue with the Government of Canada over the past few years, the Government has significantly improved its level of cooperation with the Board and intensified its efforts to curb illicit drug manufacture, trafficking and abuse. The Government is committed to taking an integrated approach to ensure that controlled substances are handled effectively and that their diversion from licit distribution channels is countered through effective control measures.

68. The Government announced in June 2011 that it was considering amendments to the Marihuana Medical Access programme. The amendments would be implemented in line with new regulations to become operational in late 2012. The Board remains concerned that the control measures presently in force in Canada are not fully in compliance with the provisions of the 1961 Convention, in particular articles 23 and 28 of the Convention. The Board has, on several occasions requested the competent authorities to provide the Board with detailed clarifications.

69. Efforts have been made by the Government of Canada to address prescription drug abuse: initial steps have been taken to identify problematic use of pharmaceuticals and to develop strategies to detect, prevent and treat the abuse of prescription drugs and over-the-counter drugs. Furthermore, an ongoing general population survey, the Canadian Alcohol and Drug Use Monitoring Survey, was developed to track trends in the abuse of drugs, including prescription drugs. The Board encourages the Government to continue its efforts in this area, particularly with regard to the setting-up of a national standardized monitoring system for systematic reporting on the prevalence and nature of drug abuse nationwide.

70. The Board notes that, as part of the National Anti-Drug Strategy, the Government of Canada will enhance its law enforcement efforts to combat illicit use of drugs and increase the capacity of the criminal justice system to investigate, interdict and prosecute offenders. The Government is also planning to implement a national campaign for the prevention of drug abuse aimed at young people and their parents, to provide treatment services for drug abusers and to support referral and treatment programmes for young people.

71. The Board, while taking note of the recent decision of the Supreme Court and the Government's views on the drug injection room in Vancouver, wishes to reiterate its position on that issue as expressed on numerous occasions, namely that the provision of such facilities for the abuse of drugs is contrary to the international drug control treaties, particularly article 4 of the 1961 Convention, under which States parties are obligated to ensure that the production, manufacture, import, export and distribution of, trade in and use and possession of drugs are limited exclusively to medical and scientific purposes.

(c) Mozambique

72. After a protracted civil war, Mozambique has made some progress in the implementation of the three international drug control treaties, to which it is a party. However, more efforts need to be made to address the drug control problems of the country. The Government's focal point for drug control has the overall responsibility for coordinating measures against drug trafficking and abuse and works closely with law enforcement bodies. The Government has adopted a strategic plan for the prevention of drug abuse and combating drug trafficking for the

period 2010-2014. While the comprehensive strategy addresses all aspects of drug control, it lacks a sufficiently detailed implementation plan.

73. National controls over the licit movement of narcotic drugs, psychotropic substances and precursor chemicals, as well as the Government's compliance with its reporting obligations under the drug control treaties, need to be improved. The availability of opioids for pain management remains very limited, and supplies do not cover the country's basic needs. With limited abuse and treatment options and no treatment programmes specifically designed for drug abusers, those seeking assistance are often referred to the psychiatric wards of general hospitals.

74. Mozambique has emerged as a major transit hub for illegal drugs such as cannabis resin and cannabis herb, cocaine and heroin destined primarily for Europe, and for methaqualone (Mandrax) that is abused primarily in South Africa. The Government is increasingly aware of the challenge posed by drug trafficking but lacks the capacity and resources to tackle it. Government seizure figures are at variance with seizure data of other countries suggesting that in 2010, multi-ton shipments of cocaine, heroin and cannabis resin were landed in Mozambique for transportation onward to illicit markets in Europe and North America. Furthermore, illicit consignments of amphetamine-type stimulants have been seized while en route from Mozambique to South Africa.

75. The Board will continue its dialogue with the Government of Mozambique with a view to promoting the country's compliance with the international drug control treaties. The Board urges the Government to consider requesting UNODC and other international bodies to provide the necessary technical assistance in this regard.

(d) Myanmar

76. Myanmar lies in a region that for many years was the world's main area of illicit cultivation of opium poppy. Since 1999, the Government of Myanmar has been implementing a 15-year drug control plan aimed at eliminating all illicit drug production and trafficking by 2014, and sustained efforts of the Government to ensure the eradication of opium poppy have, over the years, achieved significant results in the first half of the 15-year period covered by the drug control plan.

77. The Board is concerned, however, that illicit opium poppy cultivation in Myanmar has increased constantly since 2007. In 2011 the illicit crop survey jointly carried out by the Government and UNODC revealed that for the fifth year in a row, the area of opium poppy cultivation increased to a new record amount. In addition, production of opium increased by 5 per cent from 2010 to 2011, reaching an estimated 610 tons. With illicit opium poppy cultivation on the rise, Myanmar appears not to be on track to meet its goal of becoming drug-free by 2014.

78. The Board notes that in Myanmar there continue to be challenges in providing legitimate alternative livelihoods for farming communities engaged in illicit opium poppy cultivation. While acknowledging the efforts of the Government of Myanmar to eradicate illicit opium poppy cultivation, the Board encourages the Government to work with the international community to address that problem and to take adequate measures to provide legitimate alternative livelihoods for those farming communities.

79. There has been an increase in illicit manufacture, consumption and export of synthetic drugs, especially amphetamine-type stimulants, since 2006. Methamphetamine production, which takes place on a large scale in Myanmar, fuels the abuse of that substance in many countries in East and South-East Asia. While recognizing the difficulties that the Government of Myanmar has faced in expanding its control over areas in the country where illicit drug-related activities take place, the Board urges the Government to continue strengthening its efforts to address the illicit manufacture of methamphetamine, in cooperation with the Governments of neighbouring countries.

(e) United States of America

80. The Board notes with serious concern the ongoing move towards the legalization of cannabis for non-medical purposes in some parts of the United States of America and, in particular, the outcomes of recent ballot initiatives that took place in the states of Colorado and Washington in November 2012.

81. Following these developments, the two states would legalize the non-medical use of cannabis for persons 21 years and older, impose state-level taxes on the drug and allow its sale at special stores. This constitutes a significant challenge to the objective of the international drug control treaties to which the United States is a party.

82. The Board underlines that the Single Convention on Narcotic Drugs of 1961 establishes, in its article 4 ("General obligations"), that the parties to the Convention shall take such legislative and administrative measures as may be necessary to give effect to and carry out the provisions of this Convention within their own territories and to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs.

83. The Board stresses the importance of universal implementation of the international drug control treaties by all States parties and urges the Government of the United States to take necessary measures to ensure full compliance with the international drug control treaties in its entire territory.

3. Country missions

84. In pursuing its mandate under the international drug control treaties and as part of its ongoing dialogue with Governments, the Board undertakes a number of country missions every year to discuss with competent national authorities measures taken and progress made in various areas of drug control. The missions provide the Board with an opportunity to obtain not only first-hand information but also a better understanding of the drug control situation in each country it visits, thereby enabling the Board to provide Governments with relevant recommendations and to promote treaty compliance.

85. Since the previous report of the Board, the Board has sent missions to the following countries: Bangladesh, Bolivia (Plurinational State of), Brazil, Cuba, Dominican Republic, Ecuador, Nigeria, Pakistan, Peru, Portugal, Republic of Korea, Saudi Arabia and Turkey.

(a) Bangladesh

86. A mission of the Board visited Bangladesh in January 2012. The primary focus of the mission was to discuss with relevant authorities issues related to precursors control, specifically precursors in the form of pharmaceutical preparations, and to engage in dialogue on the Government's compliance with the three international drug control conventions, to which the country is party. The Board's last mission to Bangladesh took place in 2005.

87. Several developments have taken place since the Board's last mission to the country in 2005. The control of precursor chemicals, specifically pseudoephedrine in the form of pharmaceutical preparations, remains problematic, with inconsistent use of the Pre-Export Notification Online (PEN Online) system. Intragovernmental and intergovernmental communication related to activities to counter the smuggling of precursors and related law enforcement efforts are inadequate, particularly with regard to the quality of information disseminated from the highest organizational levels to rank-and-file staff. Staffing levels are inadequate, and there is a lack of basic materials, equipment and training, particularly in the area of precursor control. The Board has previously reported on a significant number of smuggling cases originating in Bangladesh beginning in 2009.

88. Progress to address issues related to drug abuse raised during the 2005 mission has been limited. There are indications that drug abuse is increasing and spreading to rural areas. Tablets containing methamphetamine are increasingly being abused, as is Phensidyl, a cough syrup containing codeine. The availability of treatment services in the country is low compared with the estimated number of injecting drug abusers — primarily abusers of buprenorphine — as evidenced by the open abuse of drugs by injecting drug users on the densely populated streets of old Dhaka.

(b) Bolivia (Plurinational State of)

89. A high-level mission of the Board, led by the President of the Board, visited the Plurinational State of Bolivia in December 2011. The mission met and exchanged views with the President of the Plurinational State of Bolivia and the highest national authorities on matters relating to the implementation of the provisions of the international drug control treaties. Discussions concentrated on the denunciation by the Plurinational State of Bolivia of the 1961 Convention as amended by the 1972 Protocol in June 2011 with the intention of re-acceding to that Convention with a reservation regarding coca leaf, and on the serious implications of that course of action for international drug control.

90. The Board regrets that the Government of the Plurinational State of Bolivia has not reconsidered its decision to withdraw from the 1961 Convention as amended by the 1972 Protocol. The decision of the Government became effective on 1 January 2012. The Board also notes that shortly after the Board's mission to the country, the Government on 29 December 2011 submitted to the Secretary-General of the United Nations an instrument of accession to the 1961 Convention as amended by the 1972 Protocol containing a reservation with respect to coca leaf. The reservation was submitted in accordance with article 50, paragraph 3, of the 1961 Convention as amended by the 1972 Protocol. The Government confirmed that its accession was subject to the acceptance of the reservation by States parties to the Convention.

91. Should the proposed reservation be deemed to be permitted (that is, if less than one third of States parties have objected to it by the end of 12 months after the date of notification by the Secretary-General, i.e. by 10 January 2013), the Plurinational State of Bolivia will be authorized to accede to the Convention with the reservation. In that case, in accordance with article 50, paragraph 3, of the Convention, States which have objected to the reservation need not assume towards the reserving State any legal

obligation under this Convention which is affected by the reservation. The accession of the Plurinational State of Bolivia will enter into force, and the State will once again be a party to the Convention on the thirtieth day after the deposit of its instrument of accession.

92. The Board, while welcoming the country's intention of rejoining the 1961 Convention, is disappointed at the Government's decision to make its re-accession to that Convention dependent on the acceptance of its proposed reservation with respect to coca leaf. The Board wishes to point out that irrespective of the denunciation of the Convention by the Government, and the proposed re-accession to the Convention with a reservation, coca leaf remains a narcotic drug under the provisions of the 1961 Convention, and all aspects of national and international control upon its cultivation, production, import, export and use will continue to remain in force.

93. The Board reiterates that universal adherence to the 1961 Convention and the other international drug control conventions, which together form the basis for the international drug control regime, is an indispensable requirement for the effective functioning of international drug control. Therefore, in the Board's opinion, the reservation proposed by the Plurinational State of Bolivia is contrary to the fundamental object and spirit of the 1961 Convention. The Board believes that the approach taken by the Government — of denunciation of the Convention and re-accession with a reservation with respect to coca leaf — might create a dangerous precedent with incalculable consequences that could jeopardize the very fundament of the international drug control regime in the long run. If the international community were to accept an approach whereby States parties used the mechanism of denunciation and re-accession with reservations to overcome problems in the implementation of certain treaty provisions, the integrity of the international drug control system would be undermined.

94. The Board calls upon the Government of the Plurinational State of Bolivia to very seriously consider all the implications of its actions in this regard, and invites it to do so in the context of the shared responsibility of all countries in dealing with the universal drug problem. The Board hopes that the Government will take appropriate action to resolve any existing problems related to the issue of coca leaf in a manner that is consistent with the 1961 Convention.

(c) Brazil

95. In August 2012, a mission of the Board visited Brazil. The Board's last mission to Brazil was carried out in 2006. Brazil is a party to all three international drug control treaties, and the Government is committed to the implementation of the treaties. Brazil's geographic location bordering all but two countries in South America, long land borders and coastline constitute major challenges to law enforcement efforts against drug trafficking. Although Brazil continues to be a major transit country for cocaine produced in neighbouring countries, INCB notes that the Government of Brazil has taken important measures to bolster its law enforcement capacity, in particular through the deployment of surveillance drones, container scanners and body scanners and through the establishment of a drug laboratory.

96. The Board also notes that substantial resources have been invested in drug prevention programmes, as well as in the establishment of an extensive community-based treatment and rehabilitation network. The mission of the Board encouraged the competent authorities of Brazil to consider extending treatment and rehabilitation programmes to prison populations. The mission also discussed the growing problem of "crack" cocaine abuse with the Brazilian authorities, as well as the work being done in the country to identify treatment strategies for "crack" addiction. Among the issues discussed were the availability of analgesics for medical use, which remains low; and the need to adopt measures to address that important issue.

(d) Cuba

97. In July 2012, a mission of the Board visited Cuba, its first mission to the country since 1999. The Board notes that the Government of Cuba, a party to all three international drug control conventions, is firmly committed to the goals and objectives of those treaties. The national drug control policy is primarily focused on the prevention of drug abuse, and health services are provided free of charge to the entire population. Active counter-narcotics efforts have prevented drug trafficking from having a significant impact on the country. There is no evidence of any major illicit cultivation of drug crops or illicit manufacture of drugs in the country.

98. The controls applied to the licit movement of narcotic drugs and psychotropic substances are satisfactory. The Government regularly provides to the Board the information required under the international drug control treaties, although with some delay and minor discrepancies. The mission discussed with the Government, among other things, the availability of narcotic drugs for the treatment of pain, which is lower in Cuba than in some other countries in the Caribbean. According to the latest survey, conducted in 2006, the prevalence of drug abuse in the country is low. The mission also discussed with the

Government the need for a new survey on drug abuse to enable a comparison of drug abuse data and identify any new trends in drug abuse in the country.

(e) Dominican Republic

99. In October 2012, a mission of the Board was sent to the Dominican Republic. A previous mission had visited the country in 2001. The Dominican Republic is a party to the three drug control conventions and is committed to fully implementing the provisions of the conventions. The Dominican Republic continues to be used significantly as a transit country for the smuggling of drugs from South America to consumer markets in North America. However, the Government has increased its interdiction efforts, in particular through increased international cooperation with the law enforcement authorities of other countries in the region, leading to a decline in trafficking through the country.

100. The mission discussed with the Government the legal framework applicable to drug control in the country and measures to prevent and punish drug trafficking and related criminal activities such as money-laundering. In particular, the Board welcomed the adoption since its last mission of a special law on money-laundering. The mission noted, however, that enforcement of the law may need to be strengthened, in particular with respect to the use of casinos to launder the proceeds of illegal activities. The mission also discussed the need to ensure adequate availability of analgesics used for the treatment of pain in the Dominican Republic and noted that more work was needed on the development of treatment and rehabilitation for persons suffering from drug dependency.

(f) Ecuador

101. A mission of the Board visited Ecuador in June 2012. The Board's previous mission to the country took place in 2003. Ecuador is a party to all three international drug control treaties. The competent authorities expressed their commitment to complying with the provisions of the international drug control conventions. Because of its strategic location, Ecuador continues to be used by traffickers as a transit country for illicit consignments of cocaine being transported from neighbouring countries to more distant countries. Furthermore, coca paste produced in Colombia and Peru is smuggled into Ecuador for processing into cocaine and then shipped onward, and the country is a source of chemicals used in the illicit manufacture of cocaine and heroin. The prevalence of drug abuse in Ecuador appears to be low but increasing, and current facilities for treatment, rehabilitation and social reintegration of drug abusers are inadequate.

102. The Government is undertaking a reform of the legislative basis for drug control and of the structure of the police service to enable the police and the judiciary to better respond to trafficking in drugs and precursors. Preventive alternative development programmes have been initiated in vulnerable areas bordering areas of illicit cultivation of drug crops, with a view to providing the population in those areas with licit sources of income. Further initiatives are assessing the extent and types of drug abuse in the country. The Board's mission examined with the authorities their efforts to expand demand reduction activities, the administrative mechanisms for the control of narcotic drugs, psychotropic substances and precursor chemicals with a view to preventing their diversion and the measures taken against the abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances. Also examined were measures to ensure the rational use of controlled substances, including opioid analgesics, and their availability for medical purposes. The Board communicated to the Government comprehensive recommendations aimed at strengthening the drug control situation in Ecuador.

(g) Republic of Korea

103. A mission of the Board visited the Republic of Korea in June 2012. The Republic of Korea is a party to the three international drug control treaties, and the Government remains fully committed to the implementation of the provisions of those treaties. The Board welcomes the progress that has been made by the Government in implementing the Board's recommendations following its last mission to the country in 2007. Particular progress has been achieved in strengthening the control and monitoring of licit activities involving narcotic drugs and psychotropic substances, as well as of precursor chemicals in the form of raw material. Furthermore, the Government has increased its efforts in strengthening the capacity of drug law enforcement and enhancing international and regional cooperation in drug control.

104. The Board notes, however, that significant challenges remain. Evidence shows that the Republic of Korea has become an important source for traffickers of ephedrine and pseudoephedrine contained in pharmaceutical preparations, which are used for the illicit manufacture of amphetamine-type stimulants. The Board considers that the Government of the Republic of Korea should strengthen controls over the international trade in and domestic distribution of pharmaceutical preparations containing ephedrine and pseudoephedrine in order to prevent trafficking in these substances. Furthermore, although the Republic of Korea has made notable progress in providing treatment and rehabilitation services to drug

abusers, the full extent of the overall drug abuse situation in the country is unknown, due to the lack of comprehensive assessments of drug abuse among the general population.

(h) Nigeria

105. A mission of the Board visited Nigeria in October 2012. The Board notes that since its last mission to Nigeria in 1997, the Government has made some progress in certain areas of drug control. The Board notes the commitment of the country's National Drug Law Enforcement Agency and the National Agency for Food and Drug Administration and Control to ensuring compliance with the provisions of the international drug control treaties to which Nigeria is a party. In particular, the Government has taken some steps to address the emerging problems of drug abuse and drug trafficking in the country, as well as the transit of illicit drugs, for example by strengthening border control, enhancing law enforcement capacity and carrying out drug abuse prevention programmes targeting young persons.

106. However, significant challenges remain. Nigeria continues to be used as a transit country for illicit drug consignments, particularly cocaine from countries in South America, which is transported onward to Europe.

107. Although drug abuse, particularly of cannabis, appears to be significant in the country, no recent epidemiological studies of the drug abuse situation have been carried out, and therefore precise information on the extent of drug abuse in the country is not available. Furthermore, the availability of narcotic drugs and psychotropic substances for medical and scientific purposes remains low. There is a need for the Government to take the necessary measures to address those problems.

(i) Pakistan

108. A mission of the Board visited Pakistan in September 2012 to review the Government's compliance with the international drug control treaties and progress made in the implementation of the recommendations made by the Board following its previous mission in 2004. Pakistan is a party to all international drug control treaties. The Government of Pakistan is endeavouring to implement its national drug control master plan for the period 2010-2014 and has made advances in some areas, most notably in the field of supply reduction and law enforcement. Through the establishment of an inter-agency task force on narcotics control and other mechanisms, the Government has improved the coordination of various law enforcement agencies in combating drug trafficking. The Government has also made increased efforts to counter drug abuse at various levels. Institutional changes, as well as legislative and administrative measures and policies, have also been adopted at the federal and provincial levels to address the emerging challenges in drug control in the country. However, the devolution of responsibilities from the federal to the provincial level, foreseen under the eighteenth amendment to the Constitution in 2010, has yet to fully materialize.

109. The Board, while noting those positive developments, remains concerned over the continued weaknesses in the Government's capacity to monitor licit activities related to narcotic drugs and psychotropic substances and, at the same time, to ensure their adequate availability for medical and scientific purposes. In particular, inadequacies in the control of pharmaceutical preparations containing psychotropic substances at the retail level have led to increased abuse of such substances, causing additional health problems. The lack of a monitoring mechanism for precursor chemicals has increased the risk of their diversion into illicit channels. The Board welcomes the establishment of the Drug Regulatory Agency, as well as additional measures for the control of precursor chemicals. The Board trusts that the Government will take necessary steps to ensure that the Drug Regulatory Agency becomes fully functional, that the country's provinces assume the responsibilities recently devolved to them by the Constitution, particularly in the field of demand reduction, and that the provisions of the international drug control treaties are fully implemented.

(j) Peru

110. A high-level mission of the Board, led by the President of the Board, visited Peru in May 2012. The purpose of the mission was to examine developments that had taken place since its previous mission to that country in 2006, in particular, the increasing illicit cultivation of coca bush and manufacture of cocaine in Peru, and to discuss with the competent national authorities measures for countering such cultivation and manufacture and trafficking and abuse of drugs.

111. The Board notes with appreciation that the Government has launched a comprehensive national drug strategy for the period 2012-2016 that places emphasis on alternative development, the fight against illicit coca bush cultivation and drug trafficking and the prevention and treatment of drug abuse. Implementation of the national drug strategy is efficiently coordinated by an interministerial coordinating mechanism. Control over the licit movement of narcotic drugs, psychotropic substances and precursor chemicals continues to function well. The Board welcomes the measures taken by the Government to strengthen its drug interdiction capacities, and invites the

international community to support, as appropriate, Peru's alternative development efforts, including the improvement of market access for products coming from such programmes.

112. However, Peru remains one of the two largest coca-growing countries of the world. There is a danger that illicit coca bush cultivation may increase even further unless vigorous action is taken against such cultivation. In that connection, the Board notes that the Government continues to permit cultivation of coca bush for traditional domestic uses (chewing of coca leaf) and for certain industrial purposes that are in contravention to the 1961 Convention. Yet the Government does not even seem to be in a position to take effective control over the 9,000 tons of coca leaf that are used annually for such purposes. The Board calls upon the Government to take appropriate measures to enable the National Coca Company to fully comply with its mandates in conformity with articles 23 and 26 of the 1961 Convention as amended by the 1972 Protocol.

(k) Portugal

113. A mission of the Board visited Portugal in June 2012. The previous mission took place in 2004. The Board notes that the Government of Portugal, a party to all three international drug control conventions, is fully committed to the objectives of those treaties. The drug control strategy is clearly defined and is implemented through a comprehensive national plan. The Government regularly evaluates the effectiveness of its drug control efforts. The available data indicate an increase in drug abuse in Portugal in the past decade. Drug abuse by injection continues to be associated with a significant number of new cases of diagnosis of HIV infection. Cannabis abuse among youth is of a major concern. Drug traffickers continue to use Portugal as a transit country, in particular for the smuggling of cocaine and cannabis resin. The Board notes with appreciation that the Government is committed to strengthening the primary prevention of drug abuse, with a special emphasis on cannabis. The Board trusts that the Government will provide adequate resources for the implementation of measures against trafficking in and abuse of drugs, in spite of the present economic constraints.

114. The mission discussed with the Government cooperation in maintaining a global balance between the licit supply of and demand for opiate raw materials. Other issues discussed by the mission included the experience gained through the work of the commissions for the dissuasion from drug addiction and their contribution towards preventing drug abuse. Also discussed were measures to ensure rational use of controlled substances, including opioid analgesics and benzodiazepine anxiolytics, for medical purposes.

(l) Saudi Arabia

115. A mission of the Board visited Saudi Arabia in September 2012 to review the progress achieved in the country to implement the provisions of the international drug control treaties since the Board's last visit to the country in 2005. The Board notes the commitment of the Government of Saudi Arabia to comply with its obligations under the three international drug control conventions to which it is a party and commends the country's government agencies involved in drug control for their commitment and efforts in the fight against drug abuse and drug trafficking.

116. The Board takes note that although the Government has developed a comprehensive national drug control strategy, further coordination efforts among all implementing institutions involved may facilitate greater achievements in drug control. Control mechanisms on the licit movement of narcotic drugs and psychotropic substances under international control are efficient. The Board also discussed with the Government of Saudi Arabia further measures to strengthen precursor control mechanisms and to enhance information exchange among all authorities involved in drug control.

117. Trafficking in and abuse of counterfeit amphetamine sold as Captagon and cannabis continue to be the major drug problems in Saudi Arabia although there are signs of growing trafficking in and abuse of heroin in the country. The Board calls upon the Government to develop the appropriate mechanisms to accurately assess the extent of drug abuse in the country in order to better evaluate and adapt the efficiency of the drug control policies. The Board commends the Government of Saudi Arabia for the multifaceted and comprehensive care system developed for the treatment of drug abuse. The mission included a visit to the Al Amal mental health complex, which provides treatment, counselling and aftercare for drug-dependent patients.

(m) Turkey

118. A mission of the Board visited Turkey in November 2011. Turkey is a party to all three international drug control conventions and has demonstrated its commitment to complying with the provisions of the Conventions. The Board notes the comprehensive activities of the Government in supply reduction law enforcement and the extensive capacity of the authorities in that regard. Effective cooperation between the various law enforcement agencies in the country was evident. Turkey is a transit

country through which large amounts of heroin are trafficked to Western Europe, although the quantity of heroin seized over the previous two years had decreased due to the increasing importance of trafficking via North Africa and by sea container and cargo shipments. The quantity of cocaine seized in the country more than doubled from 2009 to 2010.

119. The Board noted some positive developments in demand reduction since the previous mission of the Board in 2003, and encourages the Government to strengthen its efforts in this area, including in the evaluation of the extent of drug abuse and in prevention and treatment. The mission took note of activities being initiated with the aim of ensuring the adequate availability of internationally controlled substances for medical purposes. Turkey is a licit producer of opium poppy, and the mission was of the view that control measures in the licit cultivation of opium poppy and production of alkaloids were adequate.

4. Evaluation of the implementation by Governments of recommendations made by the Board following its country missions

120. As part of its ongoing dialogue with Governments, the Board also conducts, on a yearly basis, an evaluation of Governments' implementation of the Board's recommendations pursuant to its country missions. In 2012, the Board invited the Governments of the following six countries, to which it had sent missions in 2009, to provide information on progress made in the implementation of its recommendations: Angola, Australia, Hungary, Jordan, Morocco and Sudan.

121. The Board wishes to express its appreciation to the Governments of Hungary, Jordan and Morocco for submitting the information requested. Their cooperation facilitated the Board's assessment of the drug control situation in those countries and the compliance of the Governments with the international drug control treaties. Information from the Government of Australia was received too late to be reviewed by the Board, and the outcome of its review will be included in the annual report for 2013.

122. In addition, the Board reviewed the implementation of the recommendations it made following its 2008 mission to Ethiopia, which did not provide the requested information in time for review in 2011. The Board notes with appreciation additional information provided by the Government of Argentina with regard to the implementation of the Board's recommendations following its 2006 mission to that country.

(a) Argentina

123. The Board notes with appreciation that the Government of Argentina has taken comprehensive measures to extend prevention programmes and treatment and rehabilitation facilities to all sectors of the population, including at the provincial level. Those measures include integrated drug-abuse prevention programmes in educational institutions, for families, in the workplace and in prisons; community drug abuse prevention programmes; the organization of awareness-raising events and promotional activities; the provision of assistance and training for technical teams and health-care professionals providing prevention and treatment services. Through registers of service-providing institutions and agencies, the Government provides public access to welfare and treatment services. Specialized programmes cater to the needs of specific population groups, such as the treatment programme for low-income patients, support programmes for families and friends of drug-dependent persons, programmes for care after discharge from hospital and for social and occupational rehabilitation, and provincial care network programmes.

124. According to the Government, there has been an increase in the number of illicit laboratories processing coca base detected in Argentina in recent years. Most of those laboratories were intended for processing coca paste for domestic abuse. In response, the Government has undertaken a number of measures to strengthen Argentina's law enforcement capacities in the area of drug control, notably through the provision throughout the country of specialized training courses on countering drug trafficking and related crime and on preventing the diversion of precursor chemicals, for law enforcement personnel and officials of the judicial system and the public prosecution service. Other measures include the preparation of a voluntary code of conduct for the chemical industry; implementation of the federal inspection plan for entities working with controlled substances, with an emphasis on precursors used in the illicit manufacture of cocaine; and the maintenance of a 24-hour hotline to reply to queries from security and police officers regarding checkpoint procedures. The Board welcomes such initiatives and encourages the Government to continue expanding its activities in that area.

(b) Ethiopia

125. The Government of Ethiopia has acted on the Board's recommendations following its mission to the country in 2008, and progress has been made in a number of areas of drug control. The Board notes with appreciation that a comprehensive national drug control master plan that

addresses most of the recommendations of the Board has been elaborated and adopted, and an interministerial committee has been established to monitor and guide the implementation of that master plan.

126. The Board welcomes the measures taken against the illegal cultivation of cannabis plant and against drug trafficking. The drug control division of the national police has stepped up its eradication efforts in collaboration with the local communities in the areas most affected by illicit cannabis plant cultivation, and drug interdiction capacities at the Addis Ababa international airport have been significantly strengthened. Measures taken include the establishment of an inter-agency coordination team to improve operational cooperation at the airport among the relevant drug law enforcement entities, as well as capacity-building training sessions for law enforcement personnel such as police staff, airport administration personnel, regional police supervisors and customs officials.

127. The Board notes that in 2009, legislation to counter money-laundering was adopted and a financial intelligence centre was established to investigate cases of money-laundering and to enhance public awareness and understanding of matters related to money-laundering.

128. The Government has made progress in demand reduction and the prevention and treatment of drug abuse. Under the country's national drug control master plan, programmes have been adopted and measures have been taken by national and regional institutions to counter substance abuse. To address the low availability of opioids for medical use in Ethiopia, including for palliative care, the authorities have provided capacity-building sessions, and training sessions for raising awareness have been given to health-care providers and medical practitioners to manage effectively the rational use of opioids for medical purposes.

129. The Board invites the Government to further strengthen cooperation with it in the control of precursors and to provide prompt responses to the Board's inquiries on the legitimacy of orders for export of precursors to Ethiopia, in particular, by using the PEN Online system. The Board encourages the Government to continue its efforts in the area of drug control and to keep the Board informed of the drug control situation in Ethiopia and further measures taken against drug trafficking and abuse in the country.

(c) Hungary

130. The Board notes that efforts have been made by the Government of Hungary in the implementation of the Board's recommendations following its mission to that country in 2009. The Government has taken measures to strengthen the control of licit activities related to precursor chemicals, particularly with regard to the distribution and use of acetic anhydride. Additional steps have been taken with a view to identifying the diversion of acetic anhydride from licit trade into illicit channels. The Government appears committed to fulfilling the requirements of Economic and Social Council resolution 1999/32, entitled "International regulation and control of trade in poppy seeds", and has expressed its intention to nominate an authority empowered to certify the origin of poppy seeds produced in Hungary, as recommended by the Board.

131. Progress has also been made in the rational use of narcotic drugs and psychotropic substances. Legislative amendments adopted in July 2011 provide for stricter controls on medicinal products containing narcotic drugs and psychotropic substances. The control of retail pharmacies and storage of controlled substances by health-care providers has also been strengthened, and new regulations in respect of the prescription of narcotic drugs and psychotropic substances for medical purposes have entered into force. The Board trusts that the Government of Hungary will continue strengthening its efforts to ensure adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes and, at the same time, prevent their diversion into illicit channels.

132. While welcoming those measures, the Board notes that continued efforts need to be made in the area of drug abuse prevention and treatment. Although Hungary has established a comprehensive system for the treatment and rehabilitation of drug abusers, further development of the system is required to fully respond to needs. The Board encourages the Government to increase its efforts in the primary prevention of drug abuse among youth and to ensure that activities in this area address all commonly abused controlled substances, including pharmaceutical preparations containing such substances.

(d) Jordan

133. The Board notes that some progress in drug control has been made by the Government of Jordan since the mission of the Board to that country in 2009. The Government has introduced a number of measures to strengthen coordination among the relevant Government agencies under the coordination of the Food and Drug Administration of Jordan, the main coordinating body for drug control in the country. The Government has also strengthened its cooperation in the exchange of information on precursor chemicals with the neighbouring countries participating in several international initiatives. The Board remains concerned that only limited

information on drug trafficking and seizures in Jordan continues to be available.

134. Since 2009, the National Narcotics Control Council launched a new national strategy to combat abuse of narcotic substances. A new centre for the treatment of addicts with 250 beds has been opened. The Board welcomes the measures taken by the Government to reduce drug demand through programmes to raise awareness about drug prevention and programmes for the treatment of addiction, rehabilitation and social reintegration.

135. The Board notes that little progress has been made in ensuring the availability of narcotic drugs for medical purposes in Jordan. The availability of opioids for the treatment of pain in medical institutions continues to be inadequate. The Board requests the Government to examine the current situation and take the steps necessary to ensure that narcotic drugs, particularly opioids, are made available for medical purposes.

(e) Morocco

136. The Board notes with appreciation that the Government of Morocco has implemented the recommendations of the Board following its mission to that country in 2009. Specifically, controls over the licit movement of narcotic drugs, psychotropic substances and precursor chemicals have been further improved through the introduction in January 2011 of harmonized administrative procedures and the use of standardized forms. The national commission on narcotic drugs of Morocco has taken steps to improve dissemination of information on demand reduction. Furthermore, the Board was provided with a compilation of studies carried out in Morocco on the extent and pattern of drug abuse in the country.

137. Morocco is one of the major producers of cannabis resin. According to the Government, the area under illicit cannabis plant cultivation stood at 47,400 hectares (ha) in 2010. The Government employs a multifaceted strategy that encompasses law enforcement efforts, eradication of illicit drug crops, alternative development programmes and demand reduction and treatment efforts to overcome the cannabis plant-growing culture that has historically existed in northern Morocco. The Board notes the steps taken by the Government to share its experience and good practices in the field of combating illicit cannabis plant cultivation. The Board encourages the Government to continue its efforts against illicit cannabis cultivation and trafficking, to continue to collect and analyse pertinent statistical data on the extent of cannabis cultivation in the country, and to share its experiences with the international community.

138. Action against international drug trafficking networks is a priority of Morocco's national drug strategy. The Board notes that in order to counter the use of the national territory as a transit area for international drug trafficking, the Government has taken a number of measures such as operational capacity-building for various security sectors, the introduction of a policy for border and coastal control, the provision of continuous training programmes for law enforcement officers, the utilization of new detection technologies in seaports and airports, the development of strategies to prevent and combat the use of light aircraft in drug trafficking and improved international cooperation activities with other countries, in particular through INTERPOL.

139. The Board notes that the issue of accessibility of medicines, including opioids, has been included in the plan of action for the period 2012-2017 of the Ministry of Health of Morocco, with a view to addressing regulatory constraints at the national level. The Board welcomes this measure and encourages the Government to make further progress in improving the availability of licit drugs for medical purposes.

B. Action taken by the Board to ensure the implementation of the international drug control treaties

1. Action taken by the Board pursuant to article 14 of the 1961 Convention and article 19 of the 1971 Convention

140. Article 14 of the 1961 Convention (and that Convention as amended by the 1972 Protocol), article 19 of the 1971 Convention and article 22 of the 1988 Convention set out measures that the Board may take to ensure the execution of the provisions of those Conventions. Such measures, which consist of increasingly severe steps, are taken into consideration when the Board has reason to believe that the aims of the Conventions are being seriously endangered by the failure of a State to carry out the provisions of those Conventions.

141. The Board has invoked article 14 of the 1961 Convention and/or article 19 of the 1971 Convention with respect to a limited number of States. The Board's objective has been to encourage compliance with those Conventions when other means failed. The States concerned are not named until the Board decides to bring the situation to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs (as in the case of Afghanistan). Following continuous dialogue with the Board pursuant to the above-mentioned

articles, most of the States concerned have taken remedial measures, resulting in the Board's decision to terminate action taken under those articles vis-à-vis those States.

142. Afghanistan is currently the only State for which action is being taken pursuant to article 14 of the 1961 Convention as amended by the 1972 Protocol.

2. Consultation with the Government of Afghanistan pursuant to article 14 of the 1961 Convention

143. At the invitation of the Board, a high-level Government delegation, headed by the Minister of Counter-Narcotics of Afghanistan, attended the 103rd session of the Board in February 2012. The delegation was composed of Government officials from various ministries responsible for drug control in Afghanistan.

144. The Board heard a report presented by the delegation on the drug control situation in Afghanistan and measures taken by the Government to address the drug problem, particularly with regard to the illicit cultivation of opium poppy and related illicit activities. The delegation expressed the commitment of the Government of Afghanistan to drug control and continued cooperation with the Board in the implementation of the international drug control treaties. Pursuant to the meeting, the Board communicated its recommendations to the Government and requested a progress report on the implementation of those recommendations.

145. The Afghan delegation attended the Board's session as part of the continuing consultations under article 14 of the 1961 Convention. The information provided by the delegation and subsequent follow-up has facilitated an adequate assessment by the Board of the current drug control situation in Afghanistan and the progress made by the Government in complying with its treaty obligations.

146. Pursuant to the decision made by the Board at its 104th session held in May 2012, the Board has proposed to the Government that a high-level mission of the Board to Afghanistan be scheduled as a matter of priority in order to continue consultations with the highest authorities of the country under article 14 of the 1961 Convention.

(a) Current drug control situation in Afghanistan

147. In 2012, the total area under illicit opium poppy cultivation reached 154,000 ha, an increase of 18 per cent compared with 2011 (131,000 ha). The southern and western regions continued to be the centre of illicit opium poppy cultivation, accounting for 95 per cent of the total cultivation in the country. Potential illicit production of opium decreased by 36 per cent, from 5,800 tons in 2011 to 3,700 tons in 2012, due to the lower yield caused by plant disease and adverse weather conditions in the main opium poppy-growing areas.

148. The Governor-led eradication force is estimated to have eradicated 9,672 ha of opium poppy in 2012, a 154-per-cent increase compared with the area eradicated in 2011 (3,810 ha). However, illicit opium poppy cultivation remained widespread in Afghanistan, being present in half of the country's 34 provinces. The increase in the area eradicated in 2012 was much less than the increase in the area of opium poppy cultivation that same year and also much less than the area eradicated in 2003 (21,430 ha) and 2007 (19,047 ha). The Board urges the Government to address all impediments to the goal of its national drug control strategy and take effective measures to ensure that sustained progress is made in reducing and preventing illicit opium poppy cultivation in the country.

149. Illicit cultivation of cannabis plant and production of cannabis resin continue to pose a significant challenge to drug control in Afghanistan. Cannabis cultivation has become increasingly lucrative, with revenues similar to or even surpassing those earned from the cultivation of opium poppy. In 2011, the number of Afghan households growing cannabis plant as a cash crop leapt by more than a third, to about 65,000 compared with 47,000 in 2010. Fifty-eight per cent of households cultivating cannabis plants also reported having cultivated opium poppy in the previous growing season, with three quarters of farmers surveyed citing high sale prices as the reason for cultivating cannabis plant. Afghanistan's importance as a source of cannabis resin for world markets has been growing due to the continued high level of cannabis plant cultivation and the high yield obtained. The Board notes that little has been done in this regard and urges the Government to take the necessary measures to address the problem in accordance with the international drug control treaties.

150. In 2012, the Government of Afghanistan updated its national drug control strategy, placing a particular emphasis on adopting a partnership approach in order to ensure joint, effective implementation and coordination; capacity-building of law enforcement bodies at all levels of government; and support for a functioning system to monitor progress using measurable, time-bound targets. Furthermore, the Government developed three national drug control policies: on alternative livelihoods, countering drug trafficking and drug demand reduction. The Board welcomes those positive developments and expects the Government to translate those policies into specific actions and make continuous progress towards achieving the goals set out in those policies.

(b) Ensure full compliance with treaty obligations

151. The Government of Afghanistan informed the Board that it was considering undertaking a pilot project, entitled "Poppy for Medicine", under a scheme referred to as "controlled cultivation under licence". The Board is seriously concerned about that proposal to legalize opium poppy cultivation in Afghanistan, where illicit opium poppy cultivation remains widespread and continues to pose a significant challenge to Afghanistan's compliance with the international drug control treaties, and requests the Government to attend to the Board's concern about this matter at its highest level.

152. The Board underlines that the licit cultivation of opium poppy and the production of opiate raw materials are subject to control measures pursuant to the provisions of the 1961 Convention and that Convention as amended by the 1972 Protocol. The Board believes that, until such time as the Government is able to put in place credible and sustainable control measures and to effectively exercise control over narcotic drugs, psychotropic substances and precursors, an enforceable ban on opium poppy cultivation in Afghanistan is the most suitable and realistic measure to address the drug problem in the country.

153. In that context, the Board recalls the Government's prior rejection in 2007 of a proposal to legalize illicit opium cultivation in the country, as well as its commitment to fulfilling its obligations under the international drug control treaties, in particular its obligations under article 22 of the 1961 Convention. The Board trusts that the Government will take adequate measures to address the drug problem in accordance with the provisions of the international drug control treaties.

(c) Cooperation by the international community

154. In 2012, the international community demonstrated its continued commitment to assisting Afghanistan in addressing the drug problem, as evidenced by the ongoing efforts of the international community in various areas of drug control, as well as in the areas of security, governance and reconstruction and development. The convening of the Third Ministerial Conference of the Paris Pact Partners in Combating Illicit Traffic in Opiates Originating in Afghanistan, held in February 2012, and the Vienna Declaration at the Conference further demonstrated the spirit of common and shared responsibility in curbing the menace of illicit Afghan opiates. That commitment was reaffirmed at the Tokyo Conference on Afghanistan held in July 2012, as evidenced by the number of high-level representatives in attendance and the scale of financial pledges made at the Conference.

155. The drug control problem in Afghanistan and the neighbouring region remains of grave concern and requires the consolidated effort and the long-term commitment of all stakeholders. While the focus remains on combating illicit production and trafficking in opiates, the emerging situation of illicit cultivation of and trafficking in cannabis should not be overlooked. More also needs to be done to prevent the diversion of precursor chemicals from licit sources into illicit channels in the region. The Board calls upon the Government of Afghanistan and the international community to pursue a balanced approach among supply and demand reduction measures in accordance with the international drug control treaties and the relevant resolutions on drug control of the General Assembly and the Economic and Social Council.

(d) Conclusions

156. Afghanistan remains the centre of illicit cultivation of opium poppy worldwide, seriously endangering the aims of the international drug control treaties. The emerging situation of illicit cultivation of cannabis plant requires urgent action by the Government of Afghanistan with the assistance of the international community. The Board, while noting the political will and commitment expressed by the Government, remains concerned over the lack of progress and urges the Government to step up its efforts and take a sustained approach to implementation of its national drug control strategy and policies and to ensure ongoing progress in alternative development, efforts against drug trafficking and drug demand reduction. The Government of Afghanistan should also strengthen its capacity to monitor licit activities related to narcotic drugs, psychotropic substances and precursors in the country and to prevent their diversion and abuse.

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

157. The Board is mandated to publish each year two reports (the annual report and the report of the Board on the implementation of article 12 of the 1988 Convention) and also publishes technical reports based on information that parties to the international drug control treaties are obligated to submit. These publications give Governments detailed analyses on estimates and assessments of requirements, manufacture, trade, consumption, utilization and stocks of internationally controlled substances.

158. The analysis of the data provided is crucial in order for the Board to monitor and evaluate treaty compliance and the overall functioning of the international drug control system. If issues or problems are identified, measures can be recommended by the Board to help prevent the diversion of narcotic drugs and psychotropic substances into illicit markets. The provision of data also helps account for the legitimate use of narcotic drugs and psychotropic substances for medical and scientific purposes.

2. Submission of statistical reports

159. Governments are obliged to furnish to the Board each year, in a timely manner, statistical reports containing information required under the international drug control conventions.

160. As at 1 November 2012, annual statistical reports on narcotic drugs (form C) for 2011 had been furnished by 159 States and territories (representing 75 per cent of the States and territories requested to submit such reports), although more Governments are expected to submit their reports for 2011 in due course. In total, 180 States and territories provided quarterly statistics on their imports and exports of narcotic drugs in 2011, amounting to 85 per cent of the States and territories required to provide such statistics. A large number of Governments in Africa, the Caribbean and Oceania do not submit their statistics regularly, despite repeated requests by the Board to do so.

161. In 2012, several Governments either did not submit their annual statistical reports on narcotic drugs to the Board on time or submitted incomplete reports, including countries that are major manufacturers, exporters, importers and users of narcotic drugs, such as Brazil, Israel, Pakistan, Romania and the United Kingdom of Great Britain and Northern Ireland. This delays the Board's analysis of global trends and makes it difficult for the Board to prepare its annual report and the technical publication on narcotic drugs. The Board has contacted the Governments concerned and have requested them to improve their reporting.

162. As at 1 November 2012, annual statistical reports on psychotropic substances (form P) for 2011, in conformity with the provisions of article 16 of the 1971 Convention, had been submitted to the Board by a total of 146 States and territories, amounting to 69 per cent of the States and territories required to provide such statistics. In addition, 97 Governments voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II, in conformity with Economic and Social Council resolution 1981/7, and a further 65 Governments submitted some of the quarterly reports. The Board notes that the Governments of three countries that trade in such substances failed to submit any quarterly form for 2011.

163. As in previous years, up to 50 per cent of countries and territories in Africa, the Caribbean and Oceania did not submit the required statistical forms on psychotropic substances, which might be an indication that those Governments have yet to establish the necessary legal or administrative structures to enable their competent authorities to collect and compile the required information. It is also an indication that those Governments may not be fully aware of the specific reporting requirements on psychotropic substances as they relate to their territories and that they require capacity-building in that regard.

164. Among the countries that did not submit the required information for 2011 or were not able to submit the annual statistical report on psychotropic substances before the deadline of 30 June 2012 were major manufacturing, importing and exporting countries, such as Argentina, Brazil, India, Israel, Pakistan and the United Kingdom. The Board understands that those shortcomings were mainly due to changes in the Government structure responsible for reporting to the Board or to changes of staff within the competent authorities. However, some Governments continued to experience difficulties in collecting the required information from their national stakeholders due to legislative or administrative shortcomings.

165. The Board notes that, in 2012, a total of 43 countries and territories submitted data on consumption of some or all psychotropic substances in accordance with Commission on Narcotic Drugs resolution 54/6, which is 12 per cent more submitting countries and territories than in 2011, the first year when such data were requested. The Board appreciates the cooperation of the concerned Governments and calls upon all other Governments to take the necessary steps allowing them to furnish information on the consumption of psychotropic substances with a view to promoting their adequate availability for medical and scientific purposes while preventing their diversion and abuse.

166. Pursuant to article 12 of the 1988 Convention, parties are obliged to report information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. As at 1 November 2012, such information had been submitted by a total of 129 States and territories, which was an improvement on last year's submission rate. However, some Governments continue to submit blank or incomplete forms, fail to report or miss the reporting deadline of 30 June of each calendar year. The Board reminds all States parties that reporting, as outlined

in the 1988 Convention, is an obligation and urges them to submit a single completed form D, using the latest version available, in a timely manner. The latest version of form D is available in all six official languages of the United Nations from the Board's website (www.incb.org). The Board stands ready to assist any Government in meeting their reporting obligations.

167. According to data provided on form D for 2011, 59 Governments effected seizures of substances in Tables I and II of the 1988 Convention. However, details regarding the seizures, other than the amounts seized, are not provided by a majority of Governments. Parties to the Convention are required to provide qualitative data about seizures, the provision of which is essential to develop a greater understanding of the modus operandi used by drug traffickers. The Board reminds Governments effecting seizures of their obligation to provide comprehensive information on methods of diversion, stopped shipments and illicit manufacture.

168. In March 2012, the Board launched the Precursors Incident Communication System (PICS) during the fifty-fifth session of the Commission on Narcotic Drugs. The system was developed by the Board as a response to the rapidly changing trends seen in drug development (e.g. the emergence of non-scheduled substances and "designer drugs") with a view to complementing traditional reporting mechanisms on individual precursor seizures. Registered users of PICS have access to secure, real-time data on incidents and can use the system to communicate with relevant counterparts in order to help launch bilateral/regional investigations into seizures and identified cases of diversion of chemicals. The system is helping the Board and users to quickly identify emerging patterns of diversion of precursors. As at 1 November 2012, there were 237 users representing 58 Governments and 8 international and regional agencies registered with PICS. The Board encourages all Governments to register their law enforcement, regulatory and intelligence authorities involved in the control and monitoring of chemicals used in illicit drug manufacture with PICS and to use the system without delay.

3. Submission of estimates and assessments

169. Pursuant to the 1961 Convention, States parties are obliged to provide the Board each year with estimates of their requirements for narcotic drugs for the following year. As at 1 November 2012, a total of 162 States and territories had submitted estimates of their requirements for narcotic drugs for 2013, representing 76 per cent of the States and territories required to furnish annual estimates for confirmation by the Board. As was the case in previous years, the Board had to establish estimates for those States and territories that had not submitted their estimates on time, in accordance with article 12 of the 1961 Convention.

170. Failure to submit adequate estimates or assessments for narcotic drugs and psychotropic substances may undermine drug control efforts. If estimates or assessments are lower than the legitimate requirements, the importation or use of narcotic drugs or psychotropic substances needed for medical or scientific purposes may be impeded or delayed. Submission of estimates or assessments significantly higher than legitimately required increases the risk that imported narcotic drugs and psychotropic substances will be diverted into illicit channels. The Board calls upon all Governments to ensure that their estimates and assessments are adequate but not excessive. When necessary, Governments should submit to the Board supplementary estimates for narcotic drugs or inform the Board of modifications to their assessments for psychotropic substances. INCB invites all Governments, in particular those of countries and territories with low levels of consumption of controlled substances, to use the *Guide on Estimating Requirements for Substances under International Control*, developed by the Board and the World Health Organization (WHO) for use by competent national authorities, which was published in February 2012.

171. In recent years, several countries have requested the Board to clarify certain parts of the estimates and assessments systems. In particular, Governments have indicated that the adjustment to stocks procedure, which is an important component of the system of estimates for narcotic drugs, was difficult to fully comprehend due to its complexity. Therefore, in September 2012, the Board organized training sessions for interested countries in order to explain the estimates system in general and the adjustment to stocks procedure in particular. The Board trusts that on the basis of information provided during the training, countries will be able to submit adequate supplementary estimates and prevent stocks of narcotic drugs from dropping to levels below actual requirements. The training also focused on assessments for psychotropic substances and on how to avoid having imports and exports exceed the quantities set out in the estimates and assessments. Future training sessions will be organized for those countries expressing an interest in them.

172. Similar to the situation with the control of narcotic drugs, pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide the Board with annual assessments of requirements for psychotropic substances contained in

Schedules II, III and IV of the 1971 Convention for medical and scientific use.

173. As at 1 November 2012, Governments of all countries and territories, except for the Government of South Sudan, had submitted to the Board at least one assessment of their annual medical and scientific requirements for psychotropic substances. The assessments of requirements for psychotropic substances for South Sudan were established by the Board in 2011, in accordance with Economic and Social Council resolution 1996/30, in order to allow that country to import such substances for medical purposes without undue delay.

174. Assessments for psychotropic substances remain in force until Governments modify them to reflect changes in national requirements. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least every three years. Since 1 November 2011, a total of 101 countries and 8 territories fully revised assessments of their requirements for psychotropic substances, and a further 93 Governments submitted modifications to assessments for one or more substances as at 1 November 2012. Governments of 13 countries and one territory have not submitted any revision of their legitimate requirements for psychotropic substances for at least three years.

175. In accordance with Economic and Social Council resolution 1995/20, Governments provide data on their licit trade in, uses of and requirements for substances in Tables I and II of the 1988 Convention, which enables the Board to identify trends in the international trade in precursors as well as unusual or suspicious trade patterns. As at 1 November 2012, 109 States and territories had provided information on licit trade and 101 had provided data on licit uses of and requirements for precursors.

176. In its resolution 49/3, the Commission on Narcotic Drugs requested that Member States provide the Board with estimates of their annual legitimate requirements for the import of four substances frequently used in the manufacture of amphetamine-type stimulants (3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), pseudoephedrine, ephedrine and 1-phenyl-2-propanone (P-2-P)) and to the extent possible, estimated requirements for imports of preparations containing those substances. The information on legitimate trade for precursor chemicals for amphetamine-type stimulants assists the competent authorities of exporting countries in preventing exports of substances in quantities exceeding the legitimate requirements of the importing countries, which could potentially be diverted to illicit channels.

177. The number of Governments and the number of substances in Tables I and II for which estimates of annual legitimate requirements are provided have steadily increased. As at 1 November 2012, 150 Governments had provided those estimates for at least one substance. First-time submissions were provided by Bolivia (Plurinational State of), Brunei Darussalam, Curaçao, Eritrea, Faroe Islands, France, Greenland, Japan, Maldives, Norfolk Island, Qatar and Tunisia.

178. The Board wishes to remind all Governments that the totals of estimates of annual medical and scientific requirements for narcotic drugs, as well as assessments for psychotropic substances, are published in yearly and quarterly publications and that monthly updates are available on the Board's website (www.incb.org). Updated information on annual estimates of legitimate requirements for precursors of amphetamine-type stimulants is also available on the website.

4. Data examination and identified reporting deficiencies

179. The provision of statistical data by Governments allows the Board to overview the functioning of the drug control systems. This in turn helps to address concerns about possible diversion and illegitimate use of substances.

180. Countries that provide accurate statistical data to the Board in a timely manner typically have well-established national drug control agencies with the adequate human and technical resources required to carry out their responsibilities that are operating on the basis of appropriate legislation and administrative regulations. Those agencies are also given the necessary authority to fulfil their role under the international drug control treaties. Further, they provide clear guidance at the national level on the requirements for engaging in the manufacture and trade of internationally controlled substances, which improves cooperation between national drug control authorities and industry. Such national drug control systems contribute significantly to the effective functioning of international drug control.

181. Late submission and the submission of incomplete or inaccurate data required under the international drug control treaties and resolutions of the Economic and Social Council and the Commission on Narcotic Drugs may significantly obstruct examination and overall analysis of the data by the Board. Some Governments, among them major manufacturing countries, experience difficulties in reporting accurately and in a timely manner after changes of staff, or after restructuring of the competent authorities. To avoid such difficulties, the Board encourages all

Governments to take the necessary steps to establish mechanisms that allow competent authorities to maintain the knowledge base of the staff with regard to reporting requirements under the drug control convention at times of change. In particular, training of new staff should be envisaged.

182. Many Governments are making use of new developments, in particular in the area of information technology, to enhance established drug control systems. In particular, electronic systems are used to collect and compile data required under the Conventions in order to facilitate timely and accurate processing of the large volumes of data related to internationally controlled drugs. However, the Board notes that, in some countries, the quality of information collected from national stakeholders using electronic tools is low. One possible reason for this might be that the companies or other national stakeholders are not sufficiently familiar with the tools in question or are not sufficiently aware of which information should be submitted, and therefore may not furnish the required data. The Board reminds Governments that it is their responsibility to ensure that all national stakeholders are fully aware of the reporting requirements and that any electronic system used at the national level for collecting data and reporting to the Board is used in a way that is compatible with the provisions of relevant international treaties. The Board notes that Governments that provide regular training sessions for all national stakeholders on the use of these tools, as well as on the reporting requirements under the international drug control conventions, submit accurate data. The Board invites all Governments of major manufacturing and trading countries to establish regular training events at the national level and stands ready to assist Governments in this endeavour in accordance with its mandate.

183. The Board reviews the reports received from Governments to identify any systematic shortcomings in those reports that may be the result of inadequate implementation of the provisions of the drug control treaties, and can recommend appropriate action. It is also an obligation of Governments and their competent authorities to rectify errors in the collection and processing of data. In that regard, the Board recommends that competent authorities use screening mechanisms to check the validity of the data they receive prior to sending it to the Board. By implementing such measures, inconsistencies and gaps can be identified more easily, clarifications can be sought and Governments will be able to compile and submit accurate national reports to the Board. Furthermore, it appears that, due to gaps in national legislation, national stakeholders are not required to report on all or some of their activities involving controlled substances, or are not required to do so in time for the authorities to furnish comprehensive reports to the Board. The Board is concerned about those gaps in national legislation as they may also prevent adequate monitoring by competent authorities.

184. The Board notes the development by UNODC of the project "Building national capacity in regulatory control of internationally controlled substances". As part of the project, the Board's Secretariat and UNODC will provide regional workshops and electronic learning tools with the aim of improving drug control administration at the national level. The Board invites Governments to support UNODC in carrying out that project.

D. Ensuring the implementation of the provisions of the international drug control treaties

185. The international drug control regime was established with two equally important aims: first, to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes; and second, to prevent the diversion of controlled substances into illicit channels for subsequent sale to drug abusers or, in the case of precursor chemicals, for use in the illicit manufacture of narcotic drugs and psychotropic substances. The drug control regime comprises the international drug control conventions and additional control measures, adopted by the Economic and Social Council and the Commission on Narcotic Drugs to enhance the effectiveness of the provisions contained in the drug control conventions to achieve the two main goals. Pursuant to its mandate, the Board regularly examines action taken by Governments to implement the treaty provisions and related resolutions of the Council and the Commission, points out problems that continue to exist in this area and provides specific recommendations on how to deal with such problems.

1. Preventing the diversion of controlled substances

(a) Legislative and administrative basis

186. Parties to the conventions need to adopt and enforce national legislation that is in line with the provisions of the international drug control treaties. They also need to amend the lists of substances controlled at the national level when a substance is included in a schedule of an international drug control treaty or transferred from one schedule to another. Inadequate legislation or

implementation mechanisms at the national level or delays in bringing lists of substances controlled at the national level into line with the schedules of the international drug control treaties result in inadequate national controls being applied to substances under international control. In some cases such deficiencies have led to the diversion of substances into illicit channels.

187. The Board notes that some Governments appear to have difficulties in reflecting changes that have been introduced in the scope of control of the international treaties in their national legislation. For example, although in 2001 zolpidem and *gamma*-hydroxybutyric acid (GHB) were added to Schedule IV of the 1971 Convention, even in 2012 some Governments of countries where those substances are used for medical purposes have not yet amended their national lists of controlled substances accordingly, although the 1971 Convention stipulates that such amendments should be enforced 180 days after receipt of the appropriate notification of the Secretary-General.

188. As stated in paragraphs 159-168 above, when reviewing the statistical reports the Board determined that in some countries the control measures foreseen in the international drug control conventions were not adequately reflected in the national laws or regulations, which resulted in an absence of data or incomplete data. In the countries concerned, some stakeholders, or some geographical areas, are not monitored by the competent authorities. In some other countries with federal structures, weak federal laws prevent the national competent authorities from enforcing at the state level the control measures foreseen at the national level. In all the examples cited above, entities that are not monitored adequately could unintentionally or intentionally contribute to the diversion and abuse of controlled substances.

189. The Board notes that such deficiencies seem to be particularly common with regard to provisions of the 1971 Convention, which are already weaker than the control mechanisms of the 1961 Convention. The Board is concerned that some Governments seem to neglect the monitoring of psychotropic substances, possibly under the misconception that the consequences of diversion and abuse of psychotropic substances are less serious than those of diversion and abuse of narcotic drugs.

190. The Board requests all Governments to review their laws and regulations to verify that they are in line with all the relevant provisions of the drug control treaties and with the current schedules and tables of the international drug control treaties, and to amend their laws as necessary.

191. More action is also needed with regard to precursor control. The Board is aware that Governments maintained measures to strengthen their controls over the import and export of precursors. In view of the continued identification of cases of diversion of pharmaceutical preparations containing ephedrine or pseudoephedrine, the Board welcomes the fact that many countries, including most recently China, the Republic of Korea and Thailand, have broadened their legislation to address particularly such diversion.

192. Despite the foregoing, the Board is concerned that the controls applied to domestic distribution and end-use of precursors are still inadequate in many countries, which facilitates their continued diversion. Such controls should have, as a minimum: a system of end-user registration and declarations of end use; knowledge of legitimate requirements in order to set realistic limits to importation, particularly for chemicals with little or no legitimate use; and notification of all exports prior to their departure. To help stop the efforts of illicit trafficking organizations, the Board urges Governments to review existing domestic control systems, determine whether weaknesses exist and work to close existing gaps.

193. In this context, the Board wishes to remind all Governments that the ability to monitor the international trade of precursors is fundamentally linked to effective monitoring of manufacture and distribution at the domestic level. The Board is concerned that without information about the domestic market and stakeholders, Governments are at risk of not being in a position to comply with their obligations related to preventing diversion.

194. With a view to strengthening the monitoring of the international trade in precursors, in March 2012 the Board signed a memorandum of understanding with the World Customs Organization, which institutionalizes its constructive, long-standing cooperation with that Organization. One point of such cooperation is to establish unique Harmonized System codes for pharmaceutical preparations containing ephedrine and pseudoephedrine.

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for controlled substances

195. One of the main control measures used to prevent the diversion of controlled substances from international trade is the system of estimates or assessments of legitimate annual requirements for controlled substances, since this enables exporting and importing countries alike to ensure that the trade stays within the limits determined by the importing Governments. For narcotic drugs, such a system is mandatory under the 1961 Convention, and the estimates furnished by Governments need to be confirmed

by the Board before becoming the basis for the limits of manufacture or import. The system of assessments of annual requirements for psychotropic substances and the system of estimates of annual requirements for selected precursors were adopted by the Economic and Social Council and the Commission on Narcotic Drugs, respectively, to help Governments to identify unusual transactions that might reflect attempts by traffickers to divert controlled substances into illicit channels.

196. The system of estimates or assessments can be effective only if both exporting and importing countries adhere to it: Governments of importing countries should ensure that their estimates and assessments are in line with their actual requirements and that no import of controlled substances in quantities exceeding those requirements is taking place. If the actual requirements are found to have increased beyond the requirements submitted previously to the Board or to have decreased substantially from those requirements, importing countries should inform the Board immediately of such changes. Governments of exporting countries should set up a mechanism to check all export orders involving controlled substances against the estimates and assessments of importing countries and allow exports only when they are in line with legitimate requirements in the importing countries.

197. In accordance with its mandate to identify loopholes in the implementation of the control systems that could lead to diversion, the Board regularly investigates cases involving possible non-compliance by Governments with the system of estimates or assessments. In this connection, the Board provides advice to Governments on the details of the estimates and assessments systems, as necessary. For example, during the consultations organized by the Board in September 2012, the components of the international drug control system relating to observance of import and export limits were discussed (see para. 171 above). Participants were informed about the procedures to identify import and export excesses and about the rules that should be observed to avoid such excesses. In this respect, the Board would like to remind Governments to utilize the training material on narcotic drugs and psychotropic substances whenever clarifications on the international drug control system are needed. The Board is also at the disposal of Governments to respond to specific questions on the matter.

198. As in previous years, the Board has found in 2012 that the system of estimates for narcotic drugs continues to be respected by most countries. Through its analysis, the Board determined that in 2011 six countries authorized imports or exports of narcotic drugs in excess of the respective estimates. The Board contacted the Governments concerned and requested them to ensure full compliance with the relevant treaty provisions.

199. For psychotropic substances, too, the system is well respected and the assessments of annual requirements have become more accurate, showing that Governments are increasingly aware of the actual requirements for psychotropic substances. In 2011 the authorities of 14 countries issued authorizations for substances for which they had not established any assessments or in quantities that significantly exceeded their assessments, and most exporting countries paid attention to the assessments established in importing countries and did not knowingly export psychotropic substances in quantities exceeding those assessments. A frequent cause of excess imports was imports destined for re-export, which are difficult to assess in advance. The system of assessments for psychotropic substances has therefore been amended slightly: as of 2013, Governments will no longer be requested to include estimates for exports or re-exports in the annual requirements for psychotropic substances. The Board trusts that the change will make the system of assessments for psychotropic substances even more transparent and effective.

200. The estimates of annual licit requirements for the four substances used in the illicit manufacture of amphetamine-type stimulants,[15] which have been published by the Board since 2006, have proved to be a very useful tool to assist Governments in verifying the legitimacy of shipments of precursors. They have also allowed the Board to identify emerging regional trends in the diversion of precursors, and several major investigations into cases of diversion have been launched as a result. The positive momentum generated in such a short period by this new tool needs to be maintained. Methodologies employed by some Governments when estimating their requirements must be improved, since some Governments made estimates far in excess of their actual legitimate annual requirements (see para. 223 below). The regular review of annual licit requirements for precursors and the submission of updated figures, as necessary, reflecting changing market conditions, as well as the participation of Governments that have not yet submitted such estimates, would improve this system.

Requirement of import and export authorizations

201. The requirement for import and export authorizations is another main control measure to prevent the diversion of controlled substances from international

[15] 3,4-MDP-2-P, pseudoephedrine, ephedrine and P-2-P and preparations containing those substances.

trade, since it allows the competent national authorities to check the legitimacy of individual transactions prior to shipment. Import and export authorizations are mandatory for a transaction involving any of the substances controlled under the 1961 Convention or listed in Schedule I or II of the 1971 Convention. The competent national authorities are obliged to issue import authorizations for transactions involving the importation of such substances into their country. The authorities of exporting countries must verify the authenticity of the import authorizations before issuing the export authorizations required to allow the shipments containing the substances to leave their territory. Moreover, upon receipt of the consignments, the authorities in importing countries must inform the authorities of exporting countries of the actual quantities received.

202. The 1971 Convention does not require import and export authorizations for trade in psychotropic substances listed in Schedule III or IV of the Convention. However, in view of widespread diversion of those substances from international trade in the 1970s and 1980s, the Economic and Social Council, in its resolutions 1985/15, 1987/30 and 1993/38, requested Governments to extend the system of import and export authorizations to cover all psychotropic substances. In 2012 the Board has been informed by the Governments of Azerbaijan, Chile, the Russian Federation, Tajikistan and Ukraine that they recently imposed import authorization requirements for international trade involving some or all of the substances in Schedules III and IV. In addition, the Governments of Christmas Island, the Cocos (Keeling) Islands, French Polynesia, Norfolk Island, Saint Helena and Sint Maarten informed the Board that they implement the same regulations as their sovereign Governments.

203. The Board notes that most countries and territories now require import and export authorizations for most of the psychotropic substances in Schedules III and IV of the 1971 Convention, in accordance with the Economic and Social Council resolutions mentioned above. All Governments that do not yet require import and export authorizations for all psychotropic substances are invited to extend such controls to all substances in Schedules III and IV as soon as possible and to inform the Board accordingly.

204. Some Governments, although in principle they require import and export authorizations for substances included in Schedules III and IV, have exempted certain specific preparations containing those psychotropic substances from the import/export authorization requirements otherwise in place in their countries, without informing other Governments or the Board accordingly. This has sometimes created confusion among trading partners and resulted in undue delays of transactions. The Board therefore requests all Governments that have exempted from the import authorization requirements that are normally enforced in their country certain preparations containing psychotropic substances included in Schedule III or IV to inform the Board of such exemptions without delay, so that other Governments can be advised accordingly. The Board further wishes to remind all Governments that exempt certain preparations containing psychotropic substances in accordance with the provisions of article 3 of the 1971 Convention that they should inform the Secretary-General of such exemptions, as applicable.

205. The Board shares with the competent authorities information on the import authorization requirements for substances listed in Schedules III and IV of the 1971 Convention that are applied in countries and territories, as well as of the exemptions, as applicable, to assist in monitoring international trade in psychotropic substances while preventing traffickers from targeting countries in which controls are less strict. For instance, this information can be reviewed on the secure area of the Board's website, which is accessible only to specifically authorized Government officials.

206. The Board is increasingly informed about import and export authorization requirements applied to precursors. According to the most recent information, about 70 Governments now require individual export authorizations for all precursors included in Tables I and II of the 1988 Convention. Those Governments that have either no controls or require only general permits for the export of Table I and Table II substances may not be in a position to comply with their treaty obligations. The Board therefore urges all Governments to ensure that they are able to provide pre-export notifications, particularly to the importing countries that have officially requested such notifications.

Verifying the legitimacy of individual transactions, particularly those involving import authorizations

207. Individual import authorizations are sometimes falsified by traffickers to obtain substances from legitimate international trade. The Board therefore reiterates its request to the authorities of exporting countries to verify the authenticity of all import authorizations using new or unknown formats, bearing unknown stamps or signatures, or that were issued by an unrecognized national authority, as well as of authorizations for consignments containing substances known to be frequently abused in the region of the importing country. The Board notes with appreciation that many Governments of exporting countries, including those of Belgium, Denmark, France, Germany, Hungary, India, Switzerland, the United Kingdom and the United States, are verifying the legitimacy of import authorizations

directly with the competent national authorities of importing countries or with the assistance of the Board. In this regard, the Board assists in such verifications, particularly in cases where the authorities of exporting countries did not receive feedback from the authorities of the importing countries, or when there is a concern that transactions might not fully comply with the requirements set out in the international drug control system.

208. The Board wishes to remind the Governments of importing countries that it is in their interest to respond in a timely manner to all queries regarding the legitimacy of transactions that they receive from competent authorities or from the Board. Failure to respond quickly in such cases may hinder the investigation of diversion attempts and/or cause delays in legitimate trade in controlled substances, thus adversely affecting the availability of those substances for legitimate purposes.

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

209. Governments will recall that in the report of the International Narcotics Control Board for 2011 (paras. 212-219), the Board informed Governments of the initiative of developing an international electronic import and export authorization system for narcotic drugs and psychotropic substances. In that report, the Board also highlighted the joint efforts of the international community since 2009 to identify how the proposed system could assist national drug control authorities in their daily work, while at the same time ensuring that the system functions in a way that fully complies with the requirements set out in the international drug control conventions.

210. The proposed electronic system is aimed at facilitating the exchange of electronic import and export authorizations between the competent national authorities of importing and exporting countries. The system would be able to check the quantity of a shipment against the latest estimate or assessment for the narcotic drug or psychotropic substance in question. Online endorsement would also be an important feature of the electronic system. All of those important features would be designed to help Governments to meet their obligations under the international drug control treaties and would enhance the monitoring of international trade in narcotic drugs and psychotropic substances and the prevention of their diversion.

211. Since the end of 2011, that initiative has gained great momentum. On the basis of extensive consultations with interested Governments and the Board, UNODC presented a system-design document and the cost estimate for developing and maintaining the electronic system.

212. In March 2012, Governments further strengthened their support for that initiative by adopting the Commission on Narcotic Drugs resolution 55/6. The resolution encourages Member States to provide the fullest possible financial and political support for developing, maintaining and administering an international electronic import and export authorization system for narcotic drugs and psychotropic substances. It also requests UNODC to undertake the development and maintenance of the system and invites the INCB secretariat to administer the international system during the start-up phase in the biennium 2012-2013. Furthermore, the resolution invites Member States and other donors to provide extrabudgetary contributions for those purposes.

213. The Board, which has regularly reviewed the progress achieved in that initiative, notes with appreciation that a number of Governments have pledged, contributed to or are considering contributing to the funding required for developing and maintaining the electronic system. Thanks to such contributions, the initial development of the system by UNODC is assured, and UNODC has commenced the development work. The Board invites all Governments to continue providing voluntary contributions to UNODC in order to ensure the continued maintenance of the electronic system after the first, development phase. The Board wishes to stress that the administration of such a system implies the monitoring of Governments' compliance with the control provisions for international trade in narcotic drugs and psychotropic substances. As reflected in Commission on Narcotic Drugs resolution 55/6, the Board is best placed to administer the system, once developed.

Pre-export notifications for precursor chemicals

214. Only 81 countries have made use of article 12, paragraph 10 (a), of the 1988 Convention, which makes it mandatory for exporting countries to inform the competent authorities of those countries of a planned export of precursors to their territory prior to actual shipment. Without this control measure, the more than 100 other parties to the 1988 Convention, in particular countries in parts of Africa, Central America and the Caribbean, Central Asia, South-East Asia and South-Eastern Europe, are at risk of being targeted by traffickers. The Board wishes to remind all Governments that the provisions of article 12, paragraph 10 (a), if used and implemented by all, would create a robust and practical mechanism for control of international trade in scheduled chemicals. Governments that have not yet invoked article 12, paragraph 10 (a), of the 1988 Convention should do so without delay, since it would oblige exporting

countries to issue notifications of all shipments of precursors destined to their country.

215. The Board notes with satisfaction that the number of registered users of the Board's PEN Online system now stands at 136, with an average of 1,800 pre-export notifications sent per month. Since the Board's last report, 10 additional States and territories — Armenia, Benin, the British Virgin Islands, Chad, Ethiopia, Kazakhstan, Nepal, Qatar, Senegal and Serbia — have registered with the PEN Online system. The information that is shared through PEN Online assists national competent authorities, and the Board, in identifying and confirming the legitimacy of individual shipments of precursors and in suspending or stopping suspicious shipments in an efficient and timely manner. As such, it is an important tool for the international community to help to monitor international trade in scheduled chemicals in order to help to prevent diversion. The Board reminds all Governments exporting scheduled chemicals to countries that have invoked article 12, paragraph 10 (a), of their obligation to issue notifications of such shipments prior to departure and recommends that they use the PEN Online system for such notifications, pursuant to Security Council resolution 1817 (2008). The Board also encourages all Governments to actively review pre-export notifications sent to their country and to communicate via the PEN Online system so that an unbroken chain of monitoring trade in chemicals can be maintained.

216. The Board launched Operation Ephedrine and Pseudoephedrine Intelligence Gaps in Africa (Operation EPIG) in June 2012, to gather strategic information on the licit trade, trafficking and illicit use of ephedrine and pseudoephedrine, including in their pharmaceutical preparation forms, in countries of Africa. The Operation, which lasted for three months and in which the Governments of 51 countries either in Africa or trading with countries in Africa participated, brought about a more active use of PEN Online by the authorities of participating countries. The Operation also showed the extent of trade in ephedrines to African countries. However, since pre-notification of exports of pharmaceutical preparations containing those substances, while recommended, is not mandatory, there is likely to be unaccounted trade in such preparations through and to African countries.

(c) Effectiveness of the control measures aimed at preventing the diversion of controlled substances from international trade

217. The control measures described in paragraphs 195-216 above continue to be effective. Very few cases involving diversion of narcotic drugs or psychotropic substances from international trade into illicit channels have been identified in recent years. From time to time, attempts to divert narcotic drugs and psychotropic substances from international trade are detected by vigilant competent national authorities, which often work in close cooperation with the Board. In such cases traffickers seem to be fully aware of the control measures that are applied by most Governments and circumvent them whenever possible. For example, falsified import authorizations continue to be used by traffickers in attempts to divert controlled substances. The Board recommends that Governments remain vigilant and scrutinize the import and export orders involving controlled substances to ensure that they are destined for legitimate purposes.

218. Diversion from international trade appears to continue to occur when the substances involved do not require import and export authorizations, as is the case in some countries for substances listed in Schedules III and IV of the 1971 Convention, including most of the commonly diverted benzodiazepines, and for the preparations included in Schedule III of the 1961 Convention. For example, diversion from international trade was the primary method noted by the Government of Indonesia for the diversion of benzodiazepines. The Board therefore reiterates its call to all Governments that do not yet require import and export authorizations for all psychotropic substances to extend the import and export authorization requirement to all psychotropic substances as soon as possible. The Board also urges the countries that have in principle introduced such authorization requirements for all psychotropic substances, but that have subsequently exempted some preparations from the import and export authorization requirements, to consider revoking the exemptions with regard to international trade, where appropriate.

219. With regard to the diversion of precursor chemicals, preparations containing precursor chemicals such as ephedrine and pseudoephedrine continue to be diverted from international trade to be used in the illicit manufacture of amphetamine-type stimulants, as reported by the Governments of Australia and New Zealand, among others.

(d) Prevention of diversion from domestic distribution channels

220. The diversion of narcotic drugs, psychotropic substances and precursors from licit domestic distribution channels has become a main source for supplying illicit markets. For narcotic drugs and psychotropic substances, the substances involved are diverted mainly in the form of pharmaceutical preparations. The problems associated with the diversion of preparations containing narcotic drugs or psychotropic substances, which are predominantly diverted

for subsequent abuse, and the actions to be taken to tackle those problems are described in paragraphs 303-315 below.

221. The availability of "medical cannabis" in California and other states in the United States constitutes a major challenge to compliance by the Government of the United States with the international drug control treaties, in particular the 1961 Convention. The Board notes that the so-called "medical cannabis" scheme in California has contributed to an increase in cannabis abuse, due to a lack of the required institutional framework for regulating the sale of cannabis for "medical" use. In particular, the number of "medical cannabis" dispensaries, selling cannabis and drug paraphernalia, has increased exponentially in California in recent years. There has also been an increased number of unregulated cannabis retailers in some parts of that state. Furthermore, it has been noted that more than 90 per cent of "patients" registered with "medical cannabis" dispensaries do not present medical histories associated with such dispensing and 70 per cent of the users of such dispensaries are under 40 years of age. The real outcome of such a scheme has been to make cannabis more readily available for recreational purposes. The Board urges the Government of the United States to take necessary steps to ensure that internationally controlled substances are used only for medical and scientific purposes and to prevent their diversion and abuse, in accordance with the international drug control treaties.

222. The diversion of precursors from domestic distribution channels increasingly involves pharmaceutical preparations containing those precursors. Most prominently, preparations containing ephedrine and pseudoephedrine have often been targeted by traffickers for use in the illicit manufacture of amphetamine-type stimulants. For instance, such preparations have been diverted from domestic distribution channels in China and the Republic of Korea, where there are a significant number of legitimate manufacturers of those preparations, and smuggled to Australia and New Zealand for the illicit manufacture of amphetamine-type stimulants. The Board invites the Governments concerned to attend to the recommendations in paragraphs 313 and 314 below, such as prohibiting the sale of such preparations by Internet pharmacies, ascertaining the points in the domestic supply chain that are most vulnerable to being exploited by traffickers, investigating the origin of seized preparations to identify their sources and points of diversion, and the sharing of information by law enforcement authorities of the countries concerned, and to apply those recommendations, as appropriate.

223. In this connection, the Board previously raised its concern regarding the relatively high annual legitimate requirements for imports of ephedrine and pseudoephedrine in some countries in Asia,[16] since those high levels of requirements put those countries at risk of being targeted by traffickers seeking to divert the substances for use in the illicit manufacture of amphetamine-type stimulants. Recent multiple seizures have borne out the concerns of the Board in this regard. Following large-scale disappearances of tablets containing pseudoephedrine from hospitals in Thailand, the annual legitimate requirement for the import of the substance was reduced considerably and investigations were launched. The Government of Pakistan started investigations into allegations that companies imported excessive quantities of ephedrines. The Board encourages all countries that identify significant diversions of precursors for amphetamine-type stimulants to re-evaluate their requirements for those substances and to inform the Board about changes without delay.

224. When trying to obtain acetic anhydride, trafficking organizations rely nowadays on diversion from domestic distribution channels. In order to address this situation, the establishment and maintenance of an effective domestic regulatory control system, as described in paragraphs 191-193 above, is essential.

225. The control measures applied to international trade in potassium permanganate have been effective and have forced the trafficking organizations to obtain potassium permanganate for use in the illicit manufacture of cocaine from other sources. There is evidence of that substance, as well as other chemicals, being illicitly manufactured. As laboratories illicitly manufacturing cocaine are increasingly being dismantled outside the three coca-producing countries along cocaine trafficking routes, all Governments, particularly those along known trafficking routes, should remain vigilant so as to prevent chemical trafficking organizations from establishing their activities in locations that were previously free from illicit manufacture.

2. Ensuring the availability of internationally controlled substances for medical and scientific purposes

226. In line with its mandate to ensure the availability of internationally controlled substances for medical and

[16] See, for example the report *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2011 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.12.XI.4), paras. 22-24.

scientific purposes, the Board carries out various activities related to narcotic drugs and psychotropic substances. The Board monitors action taken by Governments, international organizations and other bodies to support the rational use of controlled substances for medical and scientific purposes and their availability for those purposes.

(a) Supply of and demand for opiate raw materials

227. The Board has an important role to play in the supply of raw materials required for the manufacture of all medications containing opiates. Pursuant to the 1961 Convention and relevant resolutions of the Commission on Narcotic Drugs and the Economic and Social Council, the Board examines on a regular basis developments affecting the supply of and demand for opiate raw materials. The Board strives, in cooperation with Governments, to maintain a lasting balance between supply and demand for those materials. In order to analyse the situation regarding supply of and demand for opiate raw materials, the Board uses information from Governments of countries producing opiate raw materials, as well as from countries where those materials are utilized for the manufacture of opiates or substances not controlled under the 1961 Convention. A detailed analysis of the current situation with regard to the supply of and demand for opiate raw materials is contained in the 2012 technical report of the Board on narcotic drugs.[17] The following paragraphs are a summary of that analysis.

228. The Board recommends that global stocks of opiate raw materials be maintained at a level sufficient to cover global demand for approximately one year, in order to ensure the availability of opiates for medical needs in case of an unexpected shortfall of production, for example, caused by adverse weather conditions in producing countries.

229. In 2012, according to the information available to the Board, global production of opiate raw materials rich in morphine, as well as opiate raw materials rich in thebaine, was above the levels required to satisfy global demand. For 2013, Governments of producing countries are envisaging a further increase in the production of those materials. Global stocks of opiate raw materials rich in morphine are expected to reach a level covering global demand for a period of almost two years, and global stocks of opiate raw materials rich in thebaine are expected to reach a level covering global demand for a period of more than one year.

230. The Board has been in contact with the major producing countries of opiate raw materials to request them to ensure that their future production is maintained at a level that conforms to the actual requirements for those materials worldwide, in order to prevent the accumulation of excessive stocks. All producing countries should carefully attend to this important issue and prevent the accumulation of excessive stocks that might be a source of diversion.

231. Global demand for opiate raw materials rich in morphine and opiate raw materials rich in thebaine is expected to rise in the future, in line with the trend of previous decades. It is expected that the worldwide efforts to ensure the adequate availability of opioid analgesics, which are encouraged and supported by the Board and WHO, will contribute to the continuing rise in global demand for opiates and opiate raw materials.

(b) Consumption of narcotic drugs and psychotropic substances

232. Disparities in consumption levels of narcotic drugs between countries and regions remain as described in the 2010 *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*.[18] The availability of opioids for pain management is still inadequate in a large number of countries. While global consumption has significantly increased during the last 10 years, it remains concentrated in a limited number of countries. For example, consumption of fentanyl grew by more than 280 per cent between 2002 and 2011, but the major part of that increase was reported by high-income countries in North America and Europe. The increase in consumption of hydrocodone is almost exclusively, and the increase in consumption of oxycodone mostly, attributable to the high consumption rates in the United States. Although a large part of the growth in consumption of morphine is also due to elevated consumption rates in the United States and some European countries, increasing consumption has also been noted in many other countries of the world. In many regions, much remains to be done to ensure availability of opioids at levels adequate for medical requirements.

233. With regard to the consumption levels of psychotropic substances, it is more difficult to come to reliable conclusions than in the case of narcotic drugs. Nevertheless, it appears that more action is needed to assess the current adequacy of the availability of psychotropic substances and to promote changes, as necessary.

234. The analysis of the consumption levels of psychotropic substances is still hindered by the lack of adequate data, since the 1971 Convention does not require Governments to submit data on the consumption of such

[17] *Narcotic Drugs: Estimated World Requirements for 2013 — Statistics for 2011* (United Nations publication, Sales No. T.13.XI.2).

[18] United Nations publication, Sales No. E.11.XI.7.

substances to the Board. The Commission on Narcotic Drugs, in its resolution 54/6, encouraged all Governments to furnish such data to INCB. In accordance with that resolution, over 50 Governments have started to furnish consumption data for 2010 or 2011 to the Board. INCB welcomes this development, which will enable it to analyse more accurately the consumption levels of those substances in the countries and territories concerned. However, most Governments, including those of some manufacturing countries for which the calculated consumption levels appear to be very high and for which those levels might be overestimated in the absence of better data, have yet to follow suit. The Board wishes to remind those Governments that it is in their interest to collect such data, following the definition of consumption of narcotic drugs contained in the 1961 Convention,[19] and to provide them to national and international bodies, including INCB, to enable the monitoring of consumption trends and the identification of unusual or unwanted developments.

235. On the basis of the limited data available, it would appear that there are no major changes with regard to the consumption levels of psychotropic substances. If anything, the disparities in consumption levels of psychotropic substances between countries and regions, as described in the 2010 *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*, appear to be increasing, with most of the consumption of all psychotropic substances taking place in a limited number of countries. The Board has requested the countries concerned to determine whether there are problems of oversupply and possible misuse and to promote the rational use of the substances in question.

(c) *Guide on Estimating Requirements for Substances under International Control*, developed by the International Narcotics Control Board and the World Health Organization

236. The Board has for a number of years noted with concern the global disparities in the availability of narcotic drugs and psychotropic substances. As impediments to adequate availability of internationally controlled substances vary, national authorities need to recognize country-specific impediments and take appropriate action. As a first step, countries should identify their actual requirements for internationally controlled substances in order to overcome underconsumption and at the same time prevent overconsumption.

237. In order to support countries in estimating their requirements, the Board and WHO have developed the *Guide on Estimating Requirements for Substances under International Control*, which was launched during the fifty-fifth session of the Commission on Narcotic Drugs, in March 2012, and was brought to the attention of all Governments through a letter of the Board.[20] The Guide is intended to assist competent national authorities in identifying methods for calculating the quantities of controlled substances required for medical and scientific purposes. Furthermore, the *Guide* provides assistance to national authorities in preparing the estimates and assessments of annual requirements for controlled substances that countries are required to furnish to the Board.

238. The Board hopes that the *Guide* will help Governments in their efforts to ensure appropriate consumption levels of internationally controlled substances for their countries. The Board is at the disposal of competent national authorities to support them in the use of the *Guide* and to provide any clarification required.

(d) Activities of intergovernmental and non-governmental organizations

239. A number of international organizations, intergovernmental bodies and non-governmental organizations are undertaking activities focusing on the uneven accessibility of opioids for pain management.

240. UNODC, WHO and the Union for International Cancer Control have developed plans for a joint initiative to enhance access to internationally controlled drugs for the relief of pain while preventing diversion and abuse. The aim of the initiative is to coordinate activities at the international level and to contribute to in-country progress, beginning with three pilot countries in different regions, with the intention of scaling up the initiative in the years ahead. The initiative will cover various areas of activity, including data collection; regulatory revision and reform; training on estimates and statistics for narcotic drugs; awareness-raising and public education; procurement and distribution; community-based health care; and standards of care in health-care facilities. The objective is to contribute to the implementation of Commission on Narcotic Drugs resolutions 53/4 and 54/6 and the recommendations contained in the 2010 *Report of the*

[19] See article 1, paragraph 2, of the 1961 Convention: "For the purposes of this Convention a drug shall be regarded as 'consumed' when it has been supplied to any person or enterprise for retail distribution, medical use or scientific research; and 'consumption' shall be construed accordingly."

[20] The *Guide* is available, in all six official languages of the United Nations, on the website of the Board (www.incb.org/incb/en/publications/guidelines-for-use-by-competent-national-authorities.html).

International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes. The Board welcomes the initiative and invites Governments to support it.

(e) National activities

241. The Board notes that action has been taken in several countries to increase the level of consumption of internationally controlled substances, in particular opioid analgesics.

242. In Georgia, the National Programme for Palliative Care for 2011-2015 was adopted by the parliament. The Ministry of Labour, Health and Social Affairs seeks to improve the availability of opioid analgesics for outpatients. In the spring of 2012, the parliament of Georgia adopted an amended law on narcotic drugs, psychotropic substances and precursors that takes into account current medical and scientific knowledge. The amendments included the addition of a paragraph concerning the indispensability of opioid use for medical reasons, which reflects the principle of ensuring adequate availability of narcotic drugs for medical purposes. To facilitate the rational use of opioid analgesics, the Ministry has agreed to support the organization of training courses for physicians who care for patients with chronic pain. At the request of the Ministry, guidelines on chronic pain management were developed, along with recommendations for patients. Those guidelines were adopted by the Ministry in July 2012 and all medical facilities were requested to create corresponding treatment protocols.

243. In Guatemala, there have been recent improvements in the availability of low-cost opioids. Previously, inexpensive morphine was available only in injectable form and only for patients who were hospitalized. In January 2012, a local pharmaceutical company obtained a licence to manufacture immediate-release oral morphine, which became available at the national reference hospital for cancer beginning in February 2012. As new opioid analgesic formulations are being made available in Guatemala, the important process of educating and training physicians about how to safely prescribe opioids to treat pain was initiated in February 2012, with the implementation of a new postgraduate course in palliative care at the university level, which consists of over 300 hours of training over nine months.

244. In 2011, the Ministry of Health of Jamaica administered a survey to measure access to and availability of opioids at all Government hospitals and to identify the storage and handling capabilities of those facilities. A need was identified for immediate-release oral morphine tablets, which became available in April 2012 in the public-health sector in Jamaica for the first time. In May 2012 the Ministry held a meeting on the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases in Jamaica for the period 2012-2017. As a result of that meeting, the Ministry agreed to include palliative care services in the strategic plan, as well as to work towards developing a separate, comprehensive cancer control plan, which will consist of policies for palliative care, including the use of opioids to treat cancer pain.

245. In Nepal, health-care practitioners' efforts to work with government and industry to address the availability of all necessary formulations of opioid analgesics have continued, with support from international experts. The production of sustained-release morphine tablets has been under way since August 2012. The local production of an additional formulation of morphine will ensure a more continuous availability of all essential morphine formulations for patients in Nepal than was possible in the past. These advances in opioid availability have been coupled with ongoing efforts to educate health-care professionals about pain relief and the rational use and safe handling of essential controlled medicines.

246. In the Russian Federation, the Ministry of Health has been working with pain-relief experts to evaluate the mechanism governing the medical use of preparations containing narcotic drugs in order to improve the treatment of pain in the country. The lack of knowledge on the part of health-care professionals regarding the treatment of pain has been identified as one of the main impediments to the use of opioid analgesics. Health-care professionals are also wary of the consequences of errors in complying with administrative requirements for the use of narcotic drugs. The Ministry is preparing a full range of programmes at both the pre- and postgraduation stages of training to provide health-care professionals with the knowledge and skills for using such medicines. The Ministry is also drawing up legislation to simplify requirements for the prescription and administration of medical preparations containing narcotic drugs and psychotropic substances. The new legislation would extend the validity of prescriptions for controlled substances and facilitate access to opioid analgesics for patients released from hospitals. In 2011, the issue of palliative medical care was introduced in the federal legislation regulating the health system of the Russian Federation (art. 36 of Act No. 323 of 21 November 2011 on Federal Health Protection in the Russian Federation). In 2012, new methodological recommendations for oncologists and general practitioners regarding palliative treatment with narcotic drugs for outpatients were issued by the Herzen Oncological Research Institute.

247. In Serbia, following the enactment of the new Law on Psychoactive Controlled Substances in early 2011, a governmental commission was established to monitor the implementation of the new Law and to draft implementing regulations. As new opioid formulations such as immediate-release morphine are being made increasingly available in Serbia, palliative-care experts have consulted with Government officials to clarify modern medical and scientific pain management prescribing standards. For example, in early 2012, the Serbian Republic Institute for Health Insurance published an explanation allowing physicians to prescribe transdermal fentanyl along with immediate-release morphine for the treatment of breakthrough pain and issued a new list of prescription medicines allowed to be prescribed. In 2012, the prescription of methadone for the treatment of severe cancer pain was also allowed for the first time.

248. The Board acknowledges these national efforts to improve the availability of controlled substances for medical and scientific purposes. Countries where health administrations face similar problems may use them as examples of possible remedial measures. The descriptions above of positive developments in some countries should not obscure the fact that enormous discrepancies exist between countries with regard to the accessibility of internationally controlled substances. INCB underlines once again the need for WHO and the international community to support efforts of countries concerned to improve availability. At the same time, countries need to raise awareness of the risk of abuse of those substances and to ensure the prevention of their diversion into illicit markets.

(f) Need for targeted action for psychotropic substances

249. The Board is not aware of any intergovernmental, regional or national initiatives in the countries and regions where access to psychotropic substances is low to promote adequate availability and accessibility of medications containing psychotropic substances. Most actions taken to improve the availability of controlled substances have focused heavily or exclusively on opioid analgesics.

250. Similarly, among countries where consumption of psychotropic substances has been very high, some Governments showing high consumption levels have not yet taken the necessary actions to address their apparent excessive use and to promote rational use of those substances. In addition, even when the Board has been informed of action taken by Governments to prevent inappropriate use of psychotropic substances, it would appear that such action has been effective in only a few countries; in most other countries, the action has been effective only for a short time, if at all, and excessive consumption of the substances concerned continues to be noted.

251. The use of psychotropic substances for medical purposes is indispensable, as stated in the preamble to the 1971 Convention. They are useful in the treatment of a variety of mental and other diseases and, if properly prescribed and dispensed in line with the provisions of the 1971 Convention, will reduce human suffering and improve the quality of life of patients and their families.

252. The Board trusts that the lessons learned from the activities to improve the availability of medications that are used in the treatment of pain will help to support rational use of psychotropic substances in all countries and regions. In addition, the Board recommends that Governments continue to (a) collect reliable data on the consumption of psychotropic substances and share them with the Board to allow accurate analysis of their consumption levels; (b) investigate whether there are other medications containing substances that are not internationally controlled that are used in their territories to treat mental and other diseases commonly treated with psychotropic substances, and determine whether their use might have an impact on the consumption of internationally controlled substances; (c) taking into account those findings to the extent possible, compare their consumption levels with those in other countries and regions with a view to identifying inadequate or excessive consumption; and (d) take the appropriate actions to promote the rational use of psychotropic substances in their country.

(g) Replenishment of medical kits on board ships docked in foreign territorial waters

253. The Board was asked by the competent authorities of some countries to clarify the legal rules applicable to the replenishment of medical kits on board ships docked in foreign territorial waters under the international drug control conventions. Ships are, in principle, expected to restock their medical kits in the country in which they are registered. However, in some situations, it may be necessary to use the narcotic drugs or psychotropic substances contained within the medical kits during the journey to treat members of the crew or passengers. This would require the replenishment of the ship's medical kit prior to its return to its country of registry and possibly while it is docked in territorial waters of a foreign State.

254. When the ship is docked in foreign territorial waters, given that the resupply of the controlled substance would take place entirely within the jurisdiction of the foreign port in which the ship is docked, the conditions under which it would be undertaken would be those set forth in

the national legislation of that State. For the replenishment of first-aid kits, the crew of the ship would have to comply with regulations related to the purchase or acquisition of narcotic drugs and psychotropic substances valid in the territory in which such a purchase or acquisition takes place. Once these substances have been obtained and placed in the ship's medical kit, article 32, paragraph 1, of the 1961 Convention and article 14 of the 1971 Convention, which allow for the carriage of controlled substances in medical kits across territorial waters, would apply, allowing the ship to continue its onward journey, while it would be the responsibility of the country of registry to prevent the improper use of those substances.

255. The Board trusts that all countries will facilitate the replenishment with narcotic drugs and psychotropic substances of medical kits of ships docked in their territorial waters to ensure the availability of those drugs and substances on those ships in case of their need for medical use. Adequate control measures should be applied to prevent any misuse of that procedure for the diversion of controlled substances.

E. Special topics

1. Global drug policy debate

256. The Board takes note of recent calls by some Governments for a review, by States Members of the United Nations, of the approach to the global drug problem hitherto adopted by the international community, with the aim of adopting a balanced approach in enhancing the effectiveness of the strategies and instruments used by the world community in confronting the challenge of the drug problem and its effects. The Board welcomes and supports initiatives by Governments aimed at further enhancing international drug control, undertaken in conformity with the international drug control conventions.

257. At the same time, the Board notes with concern recent declarations and initiatives reported from some countries in the Western hemisphere proposing the legalization of the possession of narcotic drugs and psychotropic substances for purposes other than medical or scientific use, and the decriminalization of the cultivation of cannabis plant for non-medical use. In this regard, the Board notes with deep concern a proposal by the Government of Uruguay before the Parliament of Uruguay that would allow the State to assume control over and regulation of activities related to the importation, production, acquisition of any title, storage, sale and distribution of cannabis or its derivatives, under terms and conditions to be determined by a regulation, for the purpose of non-medical use.

258. The Board wishes to point out that such an initiative, if it were to be implemented, would be contrary to the provisions of the international drug control conventions. The 1961 Convention and the 1988 Convention require all States parties to limit the use of narcotic drugs, including cannabis, exclusively to medical and scientific purposes. Non-compliance by any party with the provisions of the international drug control treaties could have far-reaching negative consequences for the functioning of the entire international drug control system.

259. The Governments of those States, which are parties to the international drug control treaties, have demonstrated over many years their commitment to the aims and object of the international drug control conventions, extending their valuable cooperation to the Board in the implementation of the treaties. The Board stands ready, in line with its mandate, to continue a dialogue with all Governments in order to promote universal compliance with the provisions of the international drug control treaties.

2. New psychoactive substances

260. The term "new psychoactive substances" denotes substances of abuse that are not subject to international control measures but that have effects similar to those of controlled drugs. It is a generic term that includes emerging drugs of abuse sometimes referred to as "designer drugs", "herbal highs", "research chemicals" and "legal highs". It also includes substances that are not necessarily new but which have recently been increasingly abused.

261. In the past several years, the warnings about the dangers posed by new psychoactive substances have multiplied. Public health officials and drug control stakeholders have been raising awareness of the emergence of new psychoactive substances which are outside the scope of international control for some time. In its annual report for 2010, the Board warned Governments of this growing threat and recommended that they take concrete steps to monitor the emergence of new psychoactive substances with a view to adopting national control measures intended to stem the manufacturing, export, import, distribution and sale of these substances.

262. The Board notes that the international community has taken notice of the problem and has turned its attention to identifying ways to address it effectively. The Board also reminds Governments that pursuant to the international drug control conventions, States parties are explicitly authorized to adopt whatever national control measures

they deem necessary in addition to those existing at the international level. In this regard, the Board acknowledges the adoption in many States of legislative and regulatory measures aimed at establishing mechanisms to address the public health dangers caused by the emergence of new psychoactive substances.

263. In March 2012, the Commission on Narcotic Drugs adopted resolution 55/1, entitled "Promoting international cooperation in responding to the challenges posed by new psychoactive substances", in which the Commission encouraged States to take various decisive individual and collective actions to deal with the threat posed by new psychoactive substances. Through that resolution, the Commission recognized that the capacity of States to effectively deal with new psychoactive substances is a function of their ability to identify those substances in a timely manner, allowing for preventive measures to be taken, and, given the global nature of the problem, to share that information with other States and relevant stakeholders in order to make concerted action possible.

264. In recent years, there has been an unprecedented increase in the emergence of new psychoactive substances not within the purview of the international drug control conventions. The most common categories of these drugs have been synthetic cannabinoids, synthetic cathinones, piperazines and phenethylamines. According to EMCDDA, the number of notifications of new psychoactive substances received by the Centre averaged five per year from 2000 to 2005. In 2011, the figure had increased to 49, meaning that a new psychoactive substance was put on the market almost every week on average. Although it is impossible to know the exact number of new psychoactive substances on the market, experts have advanced estimates running well into the thousands. As abuse of these substances has increased, so too has the number of users who have experienced grave health consequences or even suffered death due to exposure to them. In many countries, use of such substances has manifested itself in marked increases in emergency room visits for adverse health reactions caused by the ingestion of new psychoactive substances, as well as in significant increases in calls to poison treatment centres.

265. The Board encourages all Governments to establish formal mechanisms aimed at collecting information regarding new psychoactive substances, including information regarding their chemical make-up, patterns of abuse, marketing techniques, trade names, distribution and diversion methods and countries of origin. There is mounting evidence suggesting that many new psychoactive substances are being manufactured in China and India. The Board urges the Governments of China and India to investigate this matter and to take decisive action to prevent the manufacturing of new psychoactive substances on their territory.

266. The Board notes that several States have established early warning systems for new psychoactive substances, which have been pivotal in national efforts to identify and move to control new psychoactive substances. With respect to the regional level, the Board acknowledges the leading role taken by EMCDDA on the question of new psychoactive substances, particularly through its establishment of a European early warning system. The Board encourages those States that have not yet done so to consider establishing early warning systems and to establish mechanisms for the sharing of obtained information with other States and with multilateral stakeholders, including WHO, INTERPOL, UNODC and INCB. The Board urges those multilateral stakeholders to continue to examine specific aspects of the problem of new psychoactive substances and to disclose their findings to the international community. The Board also acknowledges the particularly important role of WHO in monitoring the emerging abuse of uncontrolled substances and recommending scheduling when it deems appropriate.

267. The Board particularly welcomes efforts made by UNODC in response to Commission on Narcotic Drugs resolution 55/1 aimed at collecting information about new psychoactive substances, including through the elaboration and distribution to national laboratories of a questionnaire on the topic. The Board encourages UNODC to act as a focal point on the question of new psychoactive substances and to gather information from States regarding new substances of abuse and measures adopted to address the problem. The Board also encourages States to continue to support ongoing UNODC activities regarding new psychoactive substances such as the global Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme.[21]

268. A particular challenge to Government efforts to place new psychoactive substances under national control is the difficulty of identifying those substances in a timely manner, given the rapid succession of new substances entering the market, their inconsistent chemical composition and the lack of technical and pharmacological data and reference material, as well as insufficient forensic and toxicological capacity on the part of some States. The Board acknowledges the recommendation contained in Commission on Narcotic Drugs resolution 55/1 that UNODC should continue to provide technical assistance to States, upon request, in order to assist them in bolstering the capacity of their institutions to deal with the problem of

[21] Available from www.unodc.org/unodc/en/scientists/smart.html.

new psychoactive substances. The Board also encourages closer cooperation between States on a bilateral and multilateral level, as well the provision of technical assistance where required.

269. In order to raise awareness of the public health dangers associated with many new psychoactive substances and, in particular, to dispel the misconception that those substances are safe since they are not controlled, the Board invites all Governments to include new psychoactive substances in the scope of all existing prevention programmes, and, if deemed necessary, to design specific prevention initiatives targeting this phenomenon. The Board reminds States that it is impossible to gauge the extent of the abuse of new psychoactive substances without comprehensive data on prevalence of abuse, populations specifically at risk and patterns of abuse, and encourages Governments to include new psychoactive substances in their national drug abuse surveys and to effectively disseminate the findings of those studies to all stakeholders, as well as to the public, as an additional means of awareness-raising.

270. The Board also encourages States to cooperate in the development of chemical reference standards aimed at identifying new psychoactive substances and to make those standards available to drug-testing laboratories as necessary. Where such reference samples are not available, the Board encourages States to share analytical data. The Board is aware that in many cases, the work of forensic laboratories in identifying new substances is hampered by obstacles to the availability of test and reference samples of internationally controlled substances. INCB encourages States to consider the recommendations made by the Board in its *Guidelines for the Import and Export of Drug and Precursor Reference Standards for Use by National Drug Testing Laboratories and Competent National Authorities*[22] and the "Additional courses of action in support of the implementation of the 2007 INCB Guidelines for the import and export of drug and precursor reference standards for use by national drug testing laboratories and competent national authorities",[23] which are available on the Board's website.

271. A further obstacle has been the distribution of new psychoactive substances through the Internet. The Board encourages Governments to monitor the activities of websites selling new psychoactive substances and products containing those substances that are based in their territory, as well as such websites based in other countries, and to share information in that regard with the competent authorities of countries used as a base for such websites. The Board invites Governments to apply the recommendations contained in its *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*[24] to the extent to which they are relevant to addressing the sale of new psychoactive substances on the Internet.

272. In addition to the measures listed above, States have taken various legislative and regulatory action to reduce the supply of new psychoactive substances on their territory.

273. Traditionally, national attempts to address new psychoactive substances have been primarily concentrated within the ambit of drug control legislation. Given the speed with which new substances are designed, manufactured and put on the market, drug syndicates are often able to outpace existing controls by staying one step ahead of national legislative and regulatory norms. Further exacerbating this problem is the fact that the onus of identifying and evaluating the potential for harm of new psychoactive substances generally falls upon States, and in many cases no action can be taken to control the substance until that process has been concluded.

274. The adoption of traditional national control measures is often a lengthy and onerous process which, in many cases, has shown itself to be ill-suited for use in addressing such a dynamic phenomenon. In recognition of this fact, States have increasingly developed novel approaches to combating the problem of new psychoactive substances by supplementing traditional drug control measures through an innovative combination of emergency control powers, consumer protection measures and food and drug safety mechanisms in order to expedite the application of control measures to new substances.

275. Among the methods used by States to address the emergence of new psychoactive substances have been the use of "generic" and "analogue" scheduling. In the case of analogue scheduling, a substance that is both structurally similar and has a similar or greater psychoactive effect as a substance already controlled is deemed to be a controlled substance analogue and as such is also considered to be controlled. Under generic scheduling measures, particular variations of a core molecular structure are to be controlled. Thus, each substance does not have to be dealt with individually, and new types of substances can be controlled through these approaches. However, the

[22] United Nations publication, Sales No. M.08.XI.6 (available from www.incb.org/documents/Narcotic-Drugs/Guidelines/reference_standards/NAR_Guidelines_reference-standards_en.pdf).

[23] Available from www.incb.org/documents/Narcotic-Drugs/Guidelines/reference_standards/Additional_courses_of_action_ref_standards_EN.pdf.

[24] United Nations publication, Sales No. E.09.XI.6.

analogue approach requires the availability of pharmacological data to be able to demonstrate the similarity of psychoactive effects.

276. In seeking to protect the public from potentially harmful substances, States have also made increasing use of "emergency scheduling" procedures that allow them to take swift action to remove a substance from the market while a decision is pending on whether permanent control measures are to be applied to that substance. The adoption of such emergency measures has been highly effective in ensuring that the public is not unnecessarily put at risk before a comprehensive evaluation of the substance can be undertaken by national authorities.

277. Another approach taken by States to limit the public health dangers posed by some new psychoactive substances has been to subject such substances to requirements similar to those imposed upon manufacturers of medications. This has meant that in order for a new psychoactive substance to be deemed to be legal and obtain market authorization, it must have gone through a rigorous approval process backed up by toxicological data, medical trials etc. States having resorted to this type of control measure have reported that the costs associated with the approval process have acted as an effective deterrent for manufacturers of new psychoactive substances.

278. In many countries, recourse has been made to provisions under consumer and health protection laws with respect to requirements for clear disclosure of ingredients, labelling and instructions for use, leading to the confiscation of contravening products, as well as the closure of retail outlets selling them.

279. As noted above, the legal framework established by the international drug control conventions provides the possibility for States to adopt national control measures beyond those mandated at the international level. The choice by each State of what type of measures to apply is informed by the real situation on the ground that such measures are meant to address, and is also governed by the legal and regulatory norms and structures in place. While the Board acknowledges that each State must pursue the adoption of measures tailored to its specific situation, it remains convinced that in identifying appropriate responses to the emergence of new psychoactive substances, States may benefit from an exchange of best practices on the matter.

280. A global problem such as the proliferation of new psychoactive substances requires global solutions. The Board notes the efforts that have been undertaken at the national, regional and international levels to find effective ways to deal with this imposing problem, and encourages States and international organizations to continue to work together in sharing information, developing common strategies and exchanging best practices. In the pursuit of its mandate, the Board stands ready to assist Governments.

3. Abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances

281. Over the years, the Board has repeatedly drawn the attention of Governments to the increasing abuse of prescription drugs containing controlled substances. In its annual report for 2009, in particular, the Board devoted a special topic to this problem to highlight the need for Governments to give it increased attention and to introduce countermeasures. Since 2009, the abuse of prescription drugs has continued to spread in all regions of the world, and is posing serious health and social challenges in some countries. In North America and South and South-East Asia, as well as some countries in Europe and South America, prescription drug abuse has increased substantially in recent years. In the United States, for example, prescription drug abuse is more prevalent than the abuse of any other internationally controlled substance except cannabis. In Germany and the Russian Federation, sedatives and tranquillizers containing benzodiazepines ranked the second most commonly abused substance group. The most abused substances that have been reported include opioids containing buprenorphine, codeine, hydrocodone, methadone and oxycodone, sedatives and tranquillizers containing benzodiazepines, barbiturates or GHB, and stimulants.

282. The abuse of prescription drugs by injection, which increases the risk of HIV, hepatitis B and hepatitis C infection, has also been reported by many Governments. This problem is noted particularly in South Asia, where the most commonly injected prescription drugs include a variety of benzodiazepines and buprenorphine. Health-care coverage among injection drug users in the region is low; this increases the likelihood of drug abusers sharing their injection equipment.

283. One particular concern of the Board is the increase in recent years in the reported abuse of prescription drugs containing psychotropic substances. According to a recent CICAD report on drug abuse in the Americas, the past year prevalence of the abuse of tranquillizers obtained without a prescription among secondary school students was higher than 6 per cent in Bolivia (Plurinational State of), Paraguay and Colombia. In Singapore, the Government has reported a large increase in the abuse of sedatives and tranquillizers containing benzodiazepines. Increased deaths related to the

abuse of psychotropic substances have been reported by a number of countries.

284. While more and more Governments have become aware of the increased abuse of prescription drugs containing psychotropic substances, the problem remains largely underreported worldwide, compared to the abuse of prescription drugs containing narcotic drugs. Furthermore, the Board is concerned that the general public, in particular youth, are not adequately informed about the damaging effects of such abuse.

285. As with the abuse of prescription drugs in general, the abuse of prescription drugs containing psychotropic substances has gained popularity, owing mainly to the fact that such abuse is less stigmatized than the abuse of illicitly manufactured drugs, the perception that such medications can be obtained legally (for example, from health-care professionals) and the mistaken belief that the abuse of such substances is not damaging to health.

286. Another concern of the Board relates to the role of health-care professionals: they may intentionally or unintentionally contribute to the problem of prescription drug abuse in different ways. According to the latest United States National Survey on Drug Use and Health, the majority of prescription drug abusers who obtained such preparations from a friend or relative indicated that the friend or relative had obtained them using a legitimate prescription. Research has indicated that the training that health-care professionals have received in prescribing and dispensing controlled substances and identifying substance abuse was insufficient in many countries. In addition, the dispensing of prescription drugs by pharmacists without the required prescriptions is a factor in sustaining the illicit use of prescription drugs in some regions, such as South Asia.

287. In response to the challenges posed by prescription drug abuse, many Governments have taken action to address this growing problem. For instance, the Government of Singapore requires medical practitioners to report information such as the duration of treatment periods and the dosage and quantities of prescription drugs that are prescribed to suspected drug addicts. The Governments of Germany and the United States have formulated targeted action plans to monitor and reduce prescription drug abuse. However, more needs to be done.

288. The crucial first step is to improve knowledge about the nature and extent of the abuse of prescription drugs, so as to devise a targeted response. Although a number of studies and research papers regarding prescription drug abuse have become available recently, knowledge about this problem in most countries remains extremely limited. The lack of information on the extent of abuse is a particular concern in Africa, where the availability of prescription drugs on unregulated markets outside the control of the health authorities appears to be a serious problem. As the Board outlined in its annual report for 2009, Governments should include prescription drugs containing controlled substances in national drug abuse surveys to obtain information on the nature and extent of the abuse. In some countries where this has already been done, the questions on the abuse of prescription drugs in the surveys tend to be unspecific and do not lead to sound conclusions. In some other countries, queries about the abuse of psychotropic substances have been omitted in such surveys, perhaps owing to the perception that the high abuse of opioid analgesics is a greater concern. In all such cases, national surveys should be improved by making the questions comprehensive as well as specific regarding the type of substance abused.

289. Secondly, although there has been significant improvement in some countries in raising awareness about the harmful effects of prescription drug abuse, many people, including from the medical profession, are still not aware that the abuse of prescription drugs containing controlled substances can be as dangerous as the illicit use of other drugs such as heroin and cocaine. Therefore, it is necessary for Governments to formulate and implement effective prevention strategies; such strategies should target the general public and medical professionals, who need to be better educated about the dangers associated with prescription drug abuse. Health authorities and professional organizations should develop guidelines and codes of conduct and enhance training programmes for health-care professions, with the aim of promoting rational prescription and dispensation and reducing abuse of prescription drugs.

290. In some countries, prescription drugs that have high rates of abuse have been removed from the market or replaced with variants less prone to abuse. While such approaches can be part of an effective strategy to tackle the abuse of certain prescription drugs over the longer term, care needs to be taken when applying such approaches because they might limit the availability of those substances on the licit market. In addition, dependent abusers can switch to other forms of abuse to substitute for the substance or substances they were abusing previously, and the substitutes may be even more harmful. Therefore, a balanced approach is needed to prevent abuse while at the same time ensuring the availability of prescription drugs for licit purposes.

291. Last but not least, to tackle the problem of prescription drug abuse, measures need to be taken to prevent the illicit supply of prescription drugs. In addition to diversion from licit channels, the clandestine

manufacture of pharmaceutical preparations containing controlled substances has been uncovered in some countries. This suggests that the abuse of certain prescription drugs has become so widespread that traffickers are seeking new methods to meet the demand. Therefore, the Board urges all Governments to take measures to prevent the diversion and illicit manufacture of prescription drugs, as an effective way to prevent abuse.

292. Some psychotropic substances, all of them central nervous system stimulants, are used mainly in the treatment of attention deficit hyperactivity disorder (ADHD), a mental and behavioural disorder that usually results in learning problems, among many others. Methylphenidate is the most widely known and prescribed substance, and in some countries the only substance, used for such treatment. Dexmethylphenidate, the more potent stereoisomeric form of methylphenidate (which is controlled under the 1971 Convention), is now increasingly imported and used in some countries. Furthermore, amphetamine and dexamphetamine, alone or in combination products, are used for the treatment of ADHD. All three substances mentioned above are included in Schedule II of the 1971 Convention, since they are considered to be of little to moderate therapeutic usefulness and their liability to abuse constitutes a substantial risk to public health. On a much smaller scale, pemoline, a substance included in Schedule IV of the 1971 Convention, has also been used in the treatment of ADHD. More recently, lisdexamfetamine, a prodrug of dexamphetamine (after consumption it metabolizes in the body to dexamphetamine) that is not under international control, has been developed. That substance is considered to be less liable to abuse than amphetamines and methylphenidate, and its use in the treatment of ADHD is spreading in some countries. A number of other substances that are not under international control are also used in the treatment of ADHD.

293. The diagnosis of ADHD, in particular in children, is time-consuming and should follow complex assessments of medical, developmental and educational parameters to exclude the possibility that the behavioural and learning problems are caused by other disorders or by family and environmental circumstances. Diagnosis of ADHD and its treatment with the help of central nervous system stimulants, primarily in children, started to grow substantially in North America about two decades ago, and that growth has subsequently spread to many countries and regions. Since consumption of the substances used to treat ADHD improves academic performance and alleviates behavioural problems, there have been reports of pressure from schools or parents to prescribe such substances to pupils and students without a proper diagnosis of ADHD. ADHD was previously considered to be mainly a problem of schoolchildren; however, ADHD in pre-school children and in adults has also been increasingly diagnosed and treated with stimulants such as methylphenidate.

294. Partly as a consequence of the developments described above, global use of the substances used in the treatment of ADHD has increased during the past two decades, although there have been changes in the use levels of the various substances mentioned above. Whereas global manufacture and use levels of amphetamines increased in the 1990s, when they were consistently much higher than the manufacture and use of methylphenidate, they have followed a downward trend since about 2000. The manufacture and use of pemoline were also much higher in the 1990s and have declined since. In contrast, the global manufacture of methylphenidate, which increased more than tenfold, from 4.2 tons in 1992 to 45.2 tons in 2011, and in 2009 surpassed the combined global manufacture of all amphetamines, continues to grow. The calculated global consumption increased during the same period from 4.2 tons (139 million defined daily doses for statistical purposes (S-DDD)) to 51 tons (1.5 billion S-DDD). While the Board has no direct information on the levels of use of many stimulants such as lisdexamfetamine that are not internationally controlled, there are signs that the total manufacture and use of central nervous system stimulants for the treatment of ADHD are not levelling off.

295. The high demand in the United States, where the use of methylphenidate and other substances for the treatment of ADHD is heavily advertised, including directly to potential consumers, and is promoted at schools, has been the major driving force for the manufacture and use of methylphenidate. The United States has traditionally been the major manufacturer and user of methylphenidate, in addition to being the major importer of amphetamines used in the manufacture of preparations to treat ADHD. In that country, the levels of calculated consumption[25] of methylphenidate increased steadily and sharply

[25] The 1971 Convention does not require that Governments furnish to the Board statistics on the consumption of psychotropic substances. In 2011, the Commission on Narcotic Drugs, in its resolution 54/6, requested Governments to submit consumption statistics for psychotropic substances to the Board to enable it to evaluate the availability of psychotropic substances in countries and regions. Some Governments have started to submit such statistics; however, so far the data received are not sufficient for the comparison of statistics between countries and years.

from 1.5 S-DDD per 1,000 inhabitants per day in 1992 to 10.8 S-DDD per 1,000 inhabitants per day[26] in 2011.

296. The use of methylphenidate for the treatment of ADHD has spread to a number of other countries. In 1992, the share of the United States in the total calculated use of methylphenidate was 86 per cent; in 2011, that figure dropped to 69 per cent. Whereas in 1992 a total of 63 countries and territories reported use of methylphenidate, in recent years over 100 Governments have reported such use. In 2011, Canada and Iceland, for the second consecutive year, showed higher calculated per capita consumption levels than the United States. Other countries in Europe and Oceania[27] that show very high rates of per capita consumption of methylphenidate are also among the countries with very high per capita consumption levels of amphetamines.

297. It should be noted that about half of the countries and territories in the world do not report any use of the psychotropic substances that are typically used in the treatment of ADHD. In particular, many countries where the population is much younger than in the countries reporting high consumption levels of stimulants used in ADHD, and that presumably would have a high rate of ADHD, hardly use such stimulants.

298. The increase in the availability and use of the substances used to treat ADHD, in particular methylphenidate, has been accompanied by frequent reports of diversion and abuse of the pharmaceutical preparations containing those substances from licit distribution into illicit channels, in particular in countries where consumption levels have been high. The preparations are typically abused by two groups: (a) students and pupils who want to improve their academic performance and who seem to ignore the health risks involved in the use of such substances without medical supervision, and (b) abusers of amphetamine-type stimulants who crush and subsequently snort, dissolve or inject the substances in question, such as methylphenidate, or mix them with street drugs to create what is called a "speedball". In the United States in the mid-1990s, the levels of abuse of substances that are used to treat ADHD were not less than the abuse levels of stimulants that were illicitly manufactured.[28] Whereas most other amphetamine-type stimulants have been obtained from illicit manufacture, all the methylphenidate found in illicit markets is believed to be diverted from domestic distribution channels.

299. Many methods for the diversion of those preparations were identified. For example, methylphenidate is among the substances most often obtained through illegal Internet pharmacies. In several countries adolescents and young adults reported little difficulty in obtaining preparations containing methylphenidate or amphetamines from friends or schoolmates. Furthermore, schools have been broken into and medication supplies stolen. In some countries there were reports that methylphenidate could be obtained without a prescription, in contravention of the provisions of the 1971 Convention. At least one criminal network was identified that was involved in falsifying orders for preparations containing methylphenidate.[29]

300. The Board recognizes the usefulness of stimulants in the treatment of ADHD when prescribed on the basis of careful and appropriate diagnosis and proper treatment evaluation. Nevertheless, the Board has repeatedly expressed its concern about the high level of consumption of methylphenidate and the other substances used in the treatment of ADHD, which has led to the widespread diversion and abuse of pharmaceutical preparations containing those substances. The Board has requested the countries concerned to ensure that the control measures foreseen in the 1971 Convention are applied to the stimulants listed in Schedule II of that Convention and to take additional measures, as necessary, to prevent both the diversion from licit distribution channels and the abuse of preparations containing that substance.[30] The Board has also stressed on numerous occasions the importance of education and training for health professionals on the rational use of psychoactive drugs, to prevent the abuse of prescription drugs. In this connection, the Board noted that the significant increase in the use of stimulants for ADHD treatment in many countries could be attributed to possible overdiagnosis and overprescription.

301. Diversions of methylphenidate and other substances used in the treatment of ADHD, direct advertising to the general public to promote their use and wide public dissemination of information about the misuse and abuse of such substances, as well as the sources where they can be obtained, have helped to create an illicit market for preparations containing such substances. The Board is therefore concerned about the unabated increase in consumption of methylphenidate in a number of countries.

[26] Since 2010, statistical data on consumption were reported by the United States. The reported data confirm excessively high consumption levels.

[27] Namely, Australia, Belgium, Denmark, the Netherlands, New Zealand, Norway, Spain and Sweden.

[28] *Report of the International Narcotics Control Board for 2006* (United Nations publication, Sales No. E.07.XI.11), para. 87.

[29] *Report of the International Narcotics Control Board for 2009* (United Nations publication, Sales No. E.10.XI.1), para. 98.

[30] For example, in recommendation 24 of the *Report of the International Narcotics Control Board for 2009*.

Inadequately controlled supplies of those substances at sites such as schools, private homes and illegal Internet pharmacies, as well as the continued lack of awareness on the part of potential abusers about the health risks associated with the abuse of those stimulants, may lead to increased diversion and abuse.

302. The Board therefore reiterates that Governments should closely monitor the consumption levels of all stimulants that are used in the treatment of ADHD and ensure that they are prescribed in accordance with sound medical practice, as required under article 9, paragraph 2, of the 1971 Convention and in line with the rational use of psychoactive drugs, as recommended by WHO. The competent authorities of the countries concerned should further increase their vigilance with regard to the diversion of, trafficking in and abuse of stimulants in Schedule II used for the treatment of ADHD. Where necessary — for example, at schools — safety measures for storage and distribution should be enforced. Health professionals prescribing substances for the treatment of ADHD and health authorities should advise the general public, students and, in particular, parents of young patients of the risks and consequences of the abuse of such substances. The Board calls further on all Governments to inform it of any new development with regard to the diversion of, trafficking in and abuse of those substances.

4. Diversion of pharmaceutical preparations containing narcotic drugs or psychotropic substances

303. Reported seizures of pharmaceutical preparations containing controlled substances and the reports of increasing abuse in many countries and regions (see paras. 281-302 above) prove that these preparations continue to be readily available on the illicit market. Unlike the case of heroin, cocaine and amphetamine-type stimulants, which are well known to be clandestinely manufactured, the illicit manufacture of pharmaceutical preparations containing controlled substances has rarely been reported, indicating that their supply has been originating primarily from diversion from licit domestic distribution channels.

304. The most commonly diverted pharmaceutical preparations contain the following:

- Strong analgesics such as fentanyl, hydrocodone, morphine and oxycodone
- The substances buprenorphine and methadone which are mainly diverted from substitution treatment
- Stimulants such as methylphenidate and phentermine
- Many sedatives and tranquillizers (certain benzodiazepines and barbiturates, and GHB).

Diverted pharmaceutical preparations containing narcotic drugs and psychotropic substances are frequently abused in the countries of diversion. However, they are also often smuggled from the countries where they were diverted to other countries and regions where they are abused, as reported by a number of countries. For instance, diverted preparations containing buprenorphine were smuggled from France into Mauritius, where the abuse of buprenorphine is a significant concern.

305. Governments are increasingly aware that pharmaceutical preparations continue to be diverted to feed the illicit market, yet knowledge about how those drugs are being diverted remains limited. Of the 65 Governments that have returned the 2011 annual report questionnaire, 25 Governments indicated that they had seized pharmaceutical preparations containing narcotic drugs and psychotropic substances; however, only 7 Governments could identify the source of supply or methods of diversion. Lack of knowledge about the diversion methods makes it difficult to devise targeted countermeasures.

306. On the basis of information available to the Board, the diversion of pharmaceutical preparations containing controlled substances continues to occur mainly in the domestic supply chain. While such diversion appears to be a problem in many countries, it is most prominent in countries where either the national legislation or its implementation is weak.

307. Diversion is often facilitated knowingly or unknowingly in the health-care sector, for instance, through unethical practices of health-care professionals, such as prescribing controlled substances in a manner that is not medically appropriate. The role of some pharmaceutical companies is also important in this regard when they boost sales by offering incentives to medical practitioners for promoting their products. Pharmacies are another important source of diversion for pharmaceutical preparations containing controlled substances. Preparations that require a prescription are obtained in many countries illicitly from pharmacies with or without prescriptions, sometimes owing to a lack of qualified pharmacists in those pharmacies. For example, according to a report of UNODC, in South Asia significant quantities of pharmaceutical preparations are diverted from licensed and unlicensed pharmacies both with and without prescription.

308. Furthermore, pharmaceutical preparations containing controlled substances are often diverted by patients. The sale of legitimate prescriptions to unauthorized persons, forgery of prescriptions, "doctor shopping" using false identification and obtaining drugs from friends are indicated by Governments as being the major methods of diversion. In some cases, drug abusers misuse prescriptions from doctors by making repeated purchases from multiple pharmacies using a single prescription ("pharmacy shopping").

309. In recent years, illegal Internet pharmacies and mail and courier services have flourished as important channels for diversion, because shipments are difficult to track and the sheer volume of international mail makes it impossible to screen every package. Benzodiazepines appear to be the substances under international control that are most commonly ordered from illegal Internet pharmacies. There is another related concern: the majority of the drugs supplied by illegal Internet pharmacies may be counterfeit.

310. Since 2009, the Board has been collecting information on the smuggling of internationally controlled substances by mail in response to the request by the Commission on Narcotic Drugs (resolution 50/11). To enable the Board to fully assess trends relevant to this issue, Governments are requested annually to provide the Board with information on all seizures of pharmaceutical products containing internationally controlled substances sent through the mail, whether ordered via the Internet or not, and add information regarding the use of the Internet in the relevant transactions, if possible. The Board notes that, while the number of responses received has increased since 2009, several countries with major experience in the control of narcotic drugs and psychotropic substances smuggled by mail did not submit data to the Board, which makes a full analysis of trends difficult. The Board therefore reminds all Governments, pursuant to Commission on Narcotic Drugs resolution 50/11, to submit to the Board the form entitled "Notification on seizures of internationally controlled licit substances smuggled through the mail, including those ordered via the Internet",[31] which is sent every year to all Governments.

311. Theft from hospitals and warehouses has also been a method of diversion in many countries. For instance, in Canada between 2009 and 2011, over 3 million tablets were diverted, with over 70 per cent having been stolen. Most of the stolen tablets contained opioids such as oxycodone, hydromorphone and morphine, substances with a high potential for abuse. In the Russian Federation, theft from hospitals and doctors' offices was the primary method of diversion for preparations containing fentanyl, benzodiazepines and barbiturates such as phenobarbital.

312. Pharmaceutical preparations that are exempt from the prescription requirement under the international drug control treaties, such as cough syrup containing codeine, have often been targeted by traffickers, since they are easily available in large quantities for abuse or use in the illicit manufacture of other drugs. For instance, in the Russian Federation, codeine preparations that were exempt from the prescription requirement were found to be used in the illicit manufacture of desomorphine, a substance that has been much abused in that country.

313. The Board is aware that some Governments have implemented targeted measures to address the specific challenges posed by the diversion of pharmaceutical preparations containing controlled substances in their country, or are planning to do so. For example, in the United States, prescription drug monitoring programmes have been established in 35 states to track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. In India, where pharmacies were found to be frequent points of diversion of pharmaceutical preparations destined to feed the illicit market in the subregion of South Asia, a programme to monitor the distribution of pharmaceutical preparations to vulnerable areas close to international borders, as well as an online prescription monitoring system is planned. In Australia and China, law enforcement actions against illegal Internet pharmacies have been intensified, leading to the dismantling of a number of illegal online pharmacies and significant seizures of diverted preparations containing controlled substances. In June 2012, the Russian Federation introduced a prescription requirement for the purchase of any codeine preparation in order to reduce the diversion of such preparations.

314. The Board believes that preventing the diversion of pharmaceutical preparations containing controlled substances requires a combination of actions to respond to specific methods of diversion, as shown in the examples above. Strengthening regulatory control measures and building up the capacity of law enforcement authorities so that they are fully aware of the problems associated with the diversion of prescription drugs, are essential. Where appropriate, Governments should introduce or expand programmes to monitor the movement of prescription drugs. New legislation might have to be adopted. For example, the sale of internationally controlled substances by Internet pharmacies should be prohibited. It is equally important for Governments that experience problems of diversion of pharmaceutical preparations to carry out studies of the domestic supply chain, from manufacture or

[31] Available from www.incb.org/incb/en/narcotic-drugs/Yellowlist_Forms/forms.html.

import of the preparations containing controlled substances to the point of their retail distribution, in order to ascertain the points that are most vulnerable to exploitation by traffickers. In addition, the origin of seized preparations should be investigated by law enforcement authorities to identify their sources and points of diversion. In this connection, the sharing of information and cooperation between the law enforcement authorities of the countries concerned is needed to investigate the smuggling of diverted pharmaceutical preparations.

315. Furthermore, measures are needed to reduce the abuse of diverted pharmaceutical preparations (see paras. 281-291 above), since without such abuse there would be no diversion of those preparations. In this connection, awareness-raising programmes should be conducted for the health-care professions, targeting the legal and ethical aspects of prescribing and dispensing preparations containing controlled substances. Last but not least, Governments should make every effort to ensure that measures to strengthen control of the supply and distribution of controlled substances should never jeopardize the availability of those substances for medical treatment.

5. Substances not under international control

316. In recent years, the Board has repeatedly drawn the attention of Governments to the reports of abuse of and international trafficking in ketamine, a substance currently not under international control. The Board has noted with concern that diversion or trafficking of ketamine has been noted in all regions of the world and that the abuse of ketamine has become a health risk in a number of countries. Widespread abuse of ketamine, particularly among youth, continues to be reported by countries in East and South-East Asia, as well as in the Americas.

317. The international community shares those concerns of the Board. The Commission on Narcotic Drugs, at its forty-ninth session, in March 2006, adopted resolution 49/6, entitled "Listing of ketamine as a controlled substance", in which the Commission called upon Member States to consider controlling the use of ketamine by placing it on the list of substances controlled under their national legislation, where the domestic situation so required. In March 2007, the Commission took further action in its resolution 50/3, encouraging Member States to consider adopting a system of precautionary measures for use by their government agencies to facilitate the timely detection of the diversion of ketamine.

318. The Board notes the adoption of the above resolutions of the Commission on Narcotic Drugs and calls upon all Governments to implement those resolutions without delay. In 2008, the Board sent a questionnaire to all Governments requesting information on the specific legal or administrative measures adopted pursuant to Commission resolution 49/6, including, in particular, information on measures to control imports and exports of ketamine. The Board received information from 104 countries and territories. Of those, over 50 per cent reported that ketamine had already been placed on the list of substances controlled under national legislation, pursuant to Commission on Narcotic Drugs resolution 49/6. With regard to the control of licit international trade in ketamine, 59 countries and territories informed the Board that they required import and export authorizations for ketamine.

319. The Board has published, on a secure page of its website, information on the requirements for import and export authorizations for ketamine in individual countries, with a view to assisting trading countries in rapidly verifying the legitimacy of individual trade transactions involving that substance without unduly delaying licit trade. The Board calls upon the competent authorities of exporting and importing countries to consult that information before authorizing imports or exports of ketamine. Moreover, the Board reiterates its requests to all Governments that have not yet done so to furnish it with updated information on their national regulatory control measures for ketamine that are applied in their countries pursuant to Commission on Narcotic Drugs resolutions 49/6 and 50/3.

320. In recent sessions of the Commission on Narcotic Drugs, a number of Governments have commented on the health risks and other problems associated with abuse and diversion of ketamine as experienced in their countries. Those countries expressed their disappointment with the fact that the substance was not under international control and called for urgent international action to counter the abuse of and trafficking in ketamine. Welcoming the national controls applied in many countries in accordance with the above Commission resolutions, those Governments stressed the need for concerted action by all Governments, which would best be achieved when ketamine was controlled under the international drug control treaties.

321. The Board notes that ketamine has been illicitly manufactured in some countries, in addition to being diverted from licit channels, and has been subsequently trafficked between countries and regions, to satisfy the growing illicit demand for the substance. The Board shares the opinion of the Governments concerned that national control measures alone may not be sufficient to enable law

enforcement cooperation between the countries involved, the concerted investigation of such crimes or the prosecution of the criminals behind them, to name a few of the actions that need to be taken in this regard.

322. The Board therefore recommends that Governments that do not apply control measures to ketamine remain vigilant, in view of the risk that ketamine might be diverted or abused in the country. The Board further encourages Governments to inform the Board and UNODC of cases of diversion or attempted diversion of ketamine that they may uncover and to collect epidemiological data on the abuse of the substance, and reminds Governments that experience difficulties with the diversion and abuse of ketamine to provide the relevant information to INCB, UNODC and WHO.

323. Another development of concern is the increasing abuse of tramadol, a synthetic opioid not under international control, which has become a serious problem in a number of countries in Africa, notably Egypt. Abuse of tramadol has also been reported by Jordan, Lebanon, Libya, Mauritius, Saudi Arabia and Togo.

324. In response to that emerging threat and concerned by the increasing abuse of tramadol preparations in the country, the Government of Egypt placed that substance, as well as its salts and derivatives and preparations containing tramadol, under national control in 2012. Tramadol is also under national control in other countries, such as Jordan and Saudi Arabia.

325. According to information available to the Board, tramadol seems to be diverted mainly from international trade. For instance, Egyptian authorities seized in the country's main seaports about 120 million tablets containing tramadol in 2011 and about 320 million tablets in the first quarter of 2012. The preparations were reportedly smuggled into Egypt mainly from China and India. Increasing amounts of seizures of preparations containing tramadol are also reported by Saudi Arabia.

326. In West Africa, a series of large seizures of tramadol preparations, totalling more than 132 tons of such preparations, were effected between February and October 2012. The preparations had been concealed in sea containers coming from India and were intercepted by the law enforcement authorities of Benin, Ghana, Senegal and Togo.

327. The Board is concerned about the growing abuse of tramadol in some African and West Asian countries and the increasing amount of trafficking in tramadol preparations to Africa, as evidenced by recent large seizures of such preparations in North and West Africa. The Board calls on countries in Africa and West Asia to take the measures necessary to address that problem and to furnish pertinent information on the extent and nature of the abuse of and trafficking in tramadol to the Board and WHO.

6. Plant materials not under international control containing psychoactive substances

328. The utilization of plant-based preparations that are not under international control and which contain natural psychoactive ingredients is often part of traditional indigenous rituals, traditional medicine and religious ceremonies. Examples of the plants or parts of plants from which such preparations are concocted include khat (*Catha edulis*) from East Africa and the Arabian peninsula; ayahuasca, a preparation made from plants indigenous to the Amazon basin of South America, most importantly a jungle vine (*Banisteriopsis capii*) and another tryptamine-rich plant (*Psychotria viridis*), containing a number of psychoactive alkaloids, including DMT; the peyote cactus (*Lophophora williamsii*), containing mescaline; magic mushrooms (*Psilocybe*), which contain psilocybine and psilocine; *Ephedra*, containing ephedrine; "kratom" (*Mitragyna speciosa*), a plant indigenous to South-East Asia containing mitragynine; *Salvia divinorum*, a plant originating in Mexico that contains the hallucinogen salvinorin A; and iboga (*Tabernanthe iboga*), native to western Central Africa, containing the hallucinogen ibogaine.

329. The Board pointed out some of the problems related to the use of those plant materials outside their original socioeconomic context in its annual report for 2010 (paras. 284-287). Since then, increasing interest in the use of such plant materials for recreational purposes has been noted, possibly encouraged by a lack of clarity with regard to the control status of the plants at the national or the international level. At present, no plants, including the ones containing psychoactive ingredients, are controlled under the 1971 Convention, although the active ingredients they contain are sometimes subject to international control. For example, cathine and DMT are psychotropic substances included in Schedule I of the 1971 Convention, while the plants and plant-based preparations that contain them, namely khat and ayahuasca, respectively, are not subject to any restrictions or control measures. This situation is seemingly exploited by drug trafficking networks and online retailers, resulting in increased trade, use and abuse of these plant materials in many countries.

330. The easy availability of those plant materials through the Internet is evidenced in the 2011 EMCDDA survey on the online availability of new psychoactive substances in the European Union. According to that survey, the most commonly sold new psychoactive substances based on

natural products in Europe include "kratom", *Salvia divinorum*, ayahuasca and hallucinogenic mushrooms.

331. Furthermore, the Board notes the increasing popularity of practices that purportedly have spiritual connotations, such as "spiritual tourism", under the cover of which the plant-based psychoactive materials are consumed. Several centres around the world offer "initiatory journeys" with the presence and assistance of a shaman. Some online travel agencies offer "initiatory journeys" "supervised" by shamans, although such events are usually totally outside the sociocultural context that they claim to represent. Shamanic practices during such initiatory journeys, such as trance, ecstasies, hallucination and divination, are reached mainly through the ingestion of preparations made out of plant materials containing the psychoactive substances mentioned above.

332. The Board notes with concern that the use of those substances has been associated with various serious health risks (both physical and psychological) and even with death. The Board therefore wishes to draw the attention of Governments to the fact that the use of such plant materials for whatever purpose could be unsafe practice.

333. In view of the health risks associated with those materials, a growing number of Governments have placed such material or preparations under national control, or are considering doing so, and are taking other measures to prevent negative health consequences of such use. For example, in 2009 *Salvia divinorum* emerged in Canada as a substance of concern; in 2010, an estimated 1.6 per cent of Canadians aged 15 years and over had used the substance in their lifetime and 0.3 per cent reported having used it in the past year. Although *Salvia divinorum* is not currently scheduled under the Controlled Drugs and Substances Act, Health Canada has proposed to include it as a controlled substance under that Act. In the United States, the substance has been placed on the Drug Enforcement Administration's "Drugs and Chemicals of Concern" list. In addition, several states in the United States have banned the substance.

334. The Board reiterates its recommendation to the Governments of countries where the misuse and trafficking of such plant materials may occur to remain vigilant and recommends that appropriate action be taken at the national level where the situation so requires.

III. Analysis of the world situation

A. Africa

1. Major developments

335. The social and political changes in North Africa that began in Egypt, Libya and Tunisia in 2011 and were still ongoing in 2012 have reportedly caused deficiencies in the drug law enforcement capabilities of these countries.

336. Major political changes also took place in Guinea-Bissau and Mali in early 2012, which may affect the fight against drug trafficking in West Africa and elsewhere. While transitional Governments have now been installed in the two countries, the situation remains unstable, in particular, in the case of Mali. That is of concern as both Guinea-Bissau, a hub for cocaine trafficking in the subregion, and Mali, a transit country for cocaine and cannabis resin, have been targeted by international drug traffickers.

337. In recent years, West Africa has emerged as a transit area for the trafficking of narcotics, especially cocaine, from South America to the lucrative European market. Approximately 30 tons of cocaine were trafficked to West Africa in 2011. Cocaine trafficking in the subregion is estimated to generate $900 million in profit annually for criminal networks. There are an estimated 1.5 million cocaine abusers in West and Central Africa. Furthermore, trafficking in heroin and methamphetamine has increased in West Africa. Afghan heroin is trafficked through Pakistan and the Middle East into East and West Africa, and methamphetamine is manufactured in growing quantities across West Africa, mainly in Ghana and Nigeria.

338. The Security Council has repeatedly expressed its concern at the illicit drug and crime situation in West Africa and the Sahel. In a presidential statement (S/PRST/2009/32), the Council invited the Secretary-General to consider drug trafficking, as well as other threats, as a factor in conflict prevention strategies and peacebuilding efforts. During its meeting on peace and security in Africa held on 21 February 2012, the Council acknowledged the importance of system-wide action by the United Nations to combat the spread of drug trafficking and illicit weapons in countries struggling to overcome the consequences of armed conflict and instability.

339. East Africa continues to be used as a transit area for the trafficking of heroin. The increase in heroin seizures recently reported in East Africa suggests that illicit heroin trafficking is increasing in that area and, as a spillover effect of such trafficking, heroin abuse is increasing as well, notably in Kenya, Mauritius, Seychelles and the United Republic of Tanzania. Of particular concern is the increasing abuse of heroin by injection in a subregion that is seriously affected by HIV and AIDS.

340. While cannabis remains the most widely cultivated, trafficked and abused drug in Africa, new threats have emerged, in particular, the illicit manufacture, trafficking and abuse of amphetamine-type stimulants. Until a few years ago, illicit manufacture and abuse of methamphetamine and methcathinone appeared to be largely confined to Southern Africa. Methamphetamine manufacture has now spread to West Africa, as corroborated by the detection of two methamphetamine laboratories in Nigeria, in the period 2011-2012. There is growing evidence to suggest that drug trafficking networks are increasingly exploiting East and West Africa for trafficking amphetamine-type stimulants, particularly methamphetamine, to other parts of the world, primarily East and South-East Asia.

341. There continue to be attempts to divert precursor chemicals in Africa, predominantly precursors used in the illicit manufacture of amphetamine-type stimulants. Recent reports of significant thefts or losses of ephedrine and pseudoephedrine in countries in East Africa might be an indication that precursors of amphetamine-type stimulants are being diverted from licit domestic distribution channels into the illicit manufacture of amphetamine-type stimulants in other parts of Africa.

342. Abuse of tramadol, a synthetic opioid not under international control, has become a serious problem in a number of African countries, notably in North Africa. Trafficking of tramadol to Africa seems to be increasing as well, as corroborated by a series of large seizures of tramadol effected in West Africa in 2012, totalling more than 132 tons, of preparations containing tramadol coming from India that were intercepted in Benin, Ghana, Senegal and Togo during that year.

2. Regional cooperation

343. At the fifth session of the African Union Conference of Ministers for Drug Control and Crime Prevention, held in Addis Ababa in October 2012, participants endorsed the African Union Plan of Action on Drug Control and Crime Prevention (2013-2017). The plan provides a comprehensive approach to the problems of illicit drugs, crime, corruption and terrorism as impediments to development. It is expected that the plan will be presented for adoption at the Assembly of Heads

of State and Government of the African Union to be held in January 2013.

344. The Conference also adopted the African Union Common Position on Controlled Substances and Pain Management. The Common Position, which will be submitted for endorsement at the African Union Conference of Ministers of Health to be held in April 2013, defines a harmonized African policy to improve the availability of and access to narcotic drugs and psychotropic substances for medical needs. The Board welcomes that initiative, which will facilitate wider access to effective medication for pain management in Africa.

345. The Board notes that the Regional Action Plan to Address the Growing Problem of Illicit Trafficking, Organized Crime and Drug Abuse in West Africa of the Economic Community of West African States (ECOWAS) expired in 2011. The plan, adopted in 2008, coordinated the efforts of ECOWAS member States to address the growing problem of drug trafficking, organized crime and drug abuse in West Africa. The Board calls upon the ECOWAS Commission and its member States to renew and extend the regional action plan as soon as possible to ensure a sustained political framework for addressing the world drug problem in the subregion.

346. At a meeting held in Algiers in July 2012, the Ministers for Foreign Affairs of States members of the Arab Maghreb Union (Algeria, Libya, Mauritania, Morocco and Tunisia) agreed on a common strategy to deal with recent developments and security threats in North Africa, notably trafficking in drugs and arms, organized crime, money-laundering and terrorism.

347. The Twenty-second Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Accra in July 2012. The Meeting approved the Accra declaration, for consideration by the Commission on Narcotic Drugs at its fifty-sixth session, in March 2013. The declaration, which sets forth recommendations for improved cooperation among African States in the fight against drug trafficking, contains, inter alia, specific recommendations for improved regulatory controls over narcotic drugs, psychotropic substances and precursors. The Meeting also agreed on actions against illicit cultivation of, and trafficking in, cannabis, the promotion of good practices and strategies in the treatment and rehabilitation of drug abuse and the enhancement of the continent's drug law enforcement capacity.

348. In June 2012, Guinea joined the West Africa Coast Initiative. The initiative addresses the growing problem of illicit drug trafficking and transnational organized crime in West Africa.

349. The INTERPOL-coordinated Operation Atakora, conducted in several countries of West Africa, resulted in the seizure of nearly 8 tons of illicit drugs and the arrest of 74 persons in July 2012. Funded by ECOWAS, the operation was carried out at airports, seaports and land borders across Benin, Ghana and Togo and led to seizures of cannabis, methamphetamine and large amounts of pain medication. The three-day operation was preceded by a joint INTERPOL/Colombian National Police training session held in Lomé.

350. UNODC assists authorities in West African countries to address problems related to drug trafficking and abuse and organized crime through national integrated programmes. In 2012, national integrated programmes against illicit drugs and crime were launched in Burkina Faso and Ghana. Cape Verde updated its national drug control programme in 2012, and Cameroon officially requested assistance for the development of a national drug and crime strategy. In line with Security Council resolution 2039 (2012), the Government of Benin considered measures such as developing a national integrated programme to fight drug trafficking and organized crime, including piracy and armed robbery at sea. However, the implementation of such programmes in Guinea-Bissau and Mali had to be suspended following the coups d'état in those countries in early 2012.

351. The UNODC Airport Communication Project, conducted in cooperation with INTERPOL and the World Customs Organization, is aimed at building drug interdiction capacity at international airports and establishing direct, secure communication lines connecting authorities at airports in West Africa and Central Africa with those at airports in Latin America and the Caribbean along the transatlantic routes used to traffic cocaine. The two-week operation "Operation Cocair 3", led by the World Customs Organization and supported by INTERPOL, the European Commission and UNODC and involving 25 airports across West and Central Africa and in Brazil, conducted in December 2011, resulted in the seizure of more than 500 kilograms (kg) of drugs, including cocaine, heroin, cannabis, methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy"), methamphetamine and amphetamine, as well as cash of a value of 2.5 million euros.

352. The African subregional groups against money-laundering have continued to support the activities of African countries to combat money-laundering. The Middle East and North Africa Financial Action Task Force (MENAFATF), in collaboration with the World Bank, organized a subregional workshop to train bank supervisors on supervision of compliance with

anti-money-laundering regulations, held in Casablanca, Morocco, in May 2012. The Eastern and Southern Africa Anti-Money Laundering Group (ESAAMLG) convened its twelfth Council of Ministers Meeting and its twenty-fourth Task Force of Senior Officials Meeting, held in Maputo in August 2012. The Intergovernmental Action Group against Money Laundering in West Africa (GIABA) organized a number of expert meetings and seminars for its members in Dakar and Lagos, Nigeria, in August 2012.

3. National legislation, policy and action

353. The Government of Burkina Faso finalized in April 2012 its national drug and crime strategy for the period 2013-2017. The strategy has a particular focus on drug trafficking, as well as the prevention of terrorism and trafficking in counterfeit medicine.

354. The Government of Egypt, concerned by the increasing abuse of tramadol, placed the substance, as well as its salts and derivatives and preparations containing tramadol, under national control in 2012. Furthermore, the Government's Fund for Drug Control and Addiction Treatment has developed a national action plan against drug abuse for 2012-2016, for adoption by Parliament.

355. In Ghana, the narcotics law is currently under review. The amendment proposed by the Narcotics Control Board of Ghana foresees placing additional precursor chemicals under national control and introducing higher sanctions for the diversion of precursors into illicit drug manufacture. The Government has also allocated additional resources to the Narcotics Control Board, which will allow it to substantially increase its drug law enforcement workforce.

356. The Government of Kenya established a national technical committee on drug trafficking and abuse in October 2011 to guide the national strategy to reduce illicit drug demand and suppress supply. All relevant ministries and institutions with responsibility for drug control matters in Kenya are represented on the committee.

357. In Libya, the newly established anti-narcotics agency has, in collaboration with UNODC, prepared a new project to develop the agency's intelligence capabilities and to strengthen its regional cooperation capacity.

358. The Government of Nigeria has embarked upon a comprehensive programme covering the areas of countering drug trafficking, demand reduction, criminal justice reform and the fight against organized crime.

359. In South Africa, the Central Drug Authority has drafted a new national master plan for the period 2012-2017 that takes an inter-agency approach to coordinating drug abuse prevention, treatment and intervention at the provincial and national levels and includes a nationwide database to track drug crimes. The Authority cooperates with the South African Police Service on a comprehensive anti-drug strategy.

360. The Ministry of Health of Tunisia, in cooperation with the Pompidou Group of the Council of Europe and with the support of WHO, organized a seminar for officials from different ministries, doctors and managers in Tunis in May 2012 to discuss issues related to drug abuse and addiction and strategies and policies for the prevention and treatment of drug abuse and rehabilitation.

361. In Uganda, draft legislation on comprehensive national drug control is before the Parliament. If approved, the legislation would increase criminal penalties for drug trafficking, strengthen the Government's authority to confiscate assets, establish special drug courts and a national coordination body to oversee the drug abuse treatment and rehabilitation services and strengthen regional and international counter-narcotics cooperation efforts.

362. The Government of Zimbabwe has established a national drug panel, composed of the Ministry of Health and Child Welfare, Zimbabwe Revenue Authority, the Office of the Attorney General, the Medicines Control Authority and the Police, to spearhead the launching and implementation of the country's master plan to combat drug trafficking. The panel is also responsible for overseeing the proper disposal of seized drugs.

363. A number of African Governments have taken steps to strengthen their legal framework against money-laundering. The Government of Algeria adopted an implementing regulation in February 2012 to strengthen the country's law on the prevention and fight against money-laundering and the financing of terrorism of 2005, and the Government of Djibouti amended its anti-money-laundering act of 2002 to allow for asset confiscation. In the Gambia, a draft law on countering money-laundering and the financing of terrorism was submitted to Parliament in June 2012 to bring current national legislation into conformity with international standards, and in Togo, legislation has been drafted to deal with the forfeiture of assets.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

364. Illicit production of cannabis resin is concentrated in some countries in North Africa. Morocco has

traditionally been the predominant supplier of the cannabis resin abused in Europe, which is the world's largest illicit market for cannabis resin. According to the World Customs Organization, about 72 per cent of the total amount of cannabis resin seized by customs authorities worldwide in 2011 originated in Morocco. However, recent UNODC data indicate that the supply of cannabis resin from other countries, notably Afghanistan, could be increasing.

365. The Government of Morocco reported that the area under illicit cannabis cultivation amounted to 47,400 ha in 2010. No additional land was targeted for crop substitution in 2011. Large shipments of illicit cannabis cultivated in Morocco that are destined for Europe are transported via speedboats and other small non-commercial vessels. Smugglers continue to ship cannabis through the Spanish enclaves of Ceuta and Melilla and the Moroccan port of Tangier. Multi-ton seizures of cannabis continue to be made on a regular basis. In 2011, 138 tons of cannabis resin were seized.

366. Other North African countries have reported large amounts of seized cannabis resin. Algerian authorities seized over 53 tons of cannabis resin transiting national territory in 2011 and 26 tons in the first half of 2012. The Government of Egypt reported that in 2011 it had seized more than 18 tons of cannabis resin, most of which had originated further west within Africa, with smaller amounts coming from Pakistan and Afghanistan. According to Egyptian authorities, no cannabis resin is produced in the country, although illicit cannabis plant cultivation is widespread, notably in the Sinai peninsula.

367. Cannabis herb production and trafficking are reported in practically all African countries. Cannabis herb is abused locally or smuggled within the region. Africa is also one of the main sources of the cannabis herb seized in Europe. The largest producers of cannabis herb in Africa are countries in West and Central Africa (the Democratic Republic of the Congo, Ghana, Nigeria, Senegal and Togo), North Africa (Egypt and Morocco), East Africa (Ethiopia, Kenya and the United Republic of Tanzania) and Southern Africa (Malawi, South Africa, Swaziland and Zambia).

368. In 2011, the National Drug Law Enforcement Agency (NDLEA) of Nigeria seized a total of 192 tons of cannabis herb, which represents a 10-per-cent increase over the total in 2010. Also in 2011, Nigerian authorities eradicated a total of 918 ha of cannabis plant cultivation, compared with 593 ha in 2010. According to the Agency, that amount of cultivation is equivalent to a yield of 1,836 tons of cannabis herb. Other countries reporting seizures of cannabis herb in 2011 were Morocco (129 tons), Egypt (73 tons), Burkina Faso (33 tons), Sierra Leone (3 tons) and Cape Verde (2.6 tons). Compressed cannabis is smuggled from South Africa to Europe by parcel post and in air and sea containers.

369. In the past decade, West Africa emerged as a new hub for the smuggling of cocaine from South America to Europe. However, cocaine trafficking routes leading to West Africa seem to have lost some of their attraction in the past several years. Since 2007, drug traffickers seem to have turned to using containerized shipping to smuggle cocaine into West Africa. Nine of the 14 large seizures effected in 2011 were made in Benin, Cameroon, Ghana, Nigeria, Sierra Leone and Togo. Almost half of all maritime seizures of cocaine concealed in containers had departed from Brazil. The Plurinational State of Bolivia was the second most important country of departure for cocaine destined for West Africa. The main destinations of cocaine consignments coming through Ecuador were Benin and Côte d'Ivoire. In November 2011, 530 kg of cocaine were seized from a sea freight container in Brazil destined for Europe via Benin. In October 2011, a record seizure of 1.5 tons of cocaine was made in Cape Verde. Furthermore, 480 kg of cocaine destined for Nigeria were seized in Brazil in October 2011, and 145 kg were intercepted in Cameroon on a ship coming from Brazil. In July 2012, Argentine customs officials at the Buenos Aires international airport seized more than half a ton of cocaine destined for Nigeria.

370. In addition, traffickers use commercial aircraft and carriers to transport cocaine shipments to West Africa. In 2011, Lagos airport was the main hub of cocaine smuggled to Europe by air. That year, over half of the air couriers coming from West and Central Africa that were arrested in European airports had departed from Nigeria; 26 per cent had departed from Cameroon, and 18 per cent had departed from Benin. Cocaine is also smuggled in air freight. In 2011, a consignment of 113 kg of cocaine was intercepted at the airport of Miami, United States; it had been sent from the Plurinational State of Bolivia and was destined for Benin.

371. Significant amounts of cocaine are smuggled directly from South America to the illicit markets of South Africa. Some cocaine is trafficked from West Africa to South Africa, either directly or via Angola and Namibia. Cocaine is regularly intercepted in Ethiopia, Kenya, Uganda and the United Republic of Tanzania. In 2011, Tanzanian customs authorities intercepted 86 kg of cocaine coming mostly from Brazil, and authorities in Mozambique intercepted at Maputo international airport 12 cocaine shipments, totalling 65 kg, on a route from India through Ethiopia to Mozambique.

372. Reports indicate that cocaine traffickers are increasingly attempting to smuggle cocaine to Europe through Morocco, with cocaine being shipped from South America to sub-Saharan Africa and the Sahel region and on to Morocco.

373. Illicit opium poppy cultivation is confined to the Sinai peninsula in Egypt and is thought to be limited in scale. The opium produced there is abused locally, and there is no evidence of it being used for the manufacture of heroin. In Egypt, opium ranks fourth among the drugs of abuse. As a result of intensified drug control efforts over the past years, opium poppy cultivation has decreased. Opium is also smuggled to Egypt from South-East and South-West Asia. In 2011, about 11 kg of opium were seized in Egypt.

374. Heroin is trafficked to Africa from South-East and South-West Asia. Africa has now emerged as a trafficking hub for heroin for abuse within Africa as well as for onward shipping to Europe and elsewhere. Most heroin enters Africa through the countries located along the East African coastline (Ethiopia, Kenya, Mozambique, Somalia and the United Republic of Tanzania), and consignments of Afghan heroin in amounts of up to several hundred kilograms enter East Africa after crossing the Indian Ocean from the Islamic Republic of Iran and Pakistan. Airports are used to move smaller quantities of heroin, making use of both air freight and air couriers. Some of the heroin smuggled to East Africa is then smuggled to West Africa and onward to Europe, while smaller quantities are smuggled into North America and some parts of Asia, and some of the heroin is smuggled from East Africa to Southern Africa. Major transit hubs for heroin trafficking in Africa include Nigeria and South Africa.

375. Total heroin seizures in Africa rose from 311 kg in 2008 to 695 kg (amounting to 7 per cent of global heroin seizures) in 2010, the latest year for which aggregate UNODC data are available. East Africa had the largest amount of heroin seizures in Africa in 2010 (245 kg), followed by North Africa (239 kg) and West and Central Africa (201 kg), suggesting that illicit heroin markets are expanding in all three subregions. That upward trend in African heroin seizures seems to have continued in 2011 according to the World Customs Organization, which recorded an increase in the volume of heroin intercepted by African customs authorities, from 266 kg in 2010 to 302 kg in 2011.

376. East Africa's unprotected coastline, major seaports and airports and porous land borders provide traffickers with a multitude of entry and exit points. Moreover, a lack of capacity to control borders and ports of entry, inadequate cross-border cooperation and weak criminal justice systems make East Africa attractive to international drug trafficking syndicates. Large seizures of heroin arriving in East Africa using maritime routes were first reported in 2011: 179 kg of heroin were intercepted in Dar es Salaam, United Republic of Tanzania, in February 2011, and 102 kg of heroin were intercepted in Mombasa, Kenya, in March 2011. In January 2012, the largest such seizure ever reported in East Africa, 211 kg of heroin, was effected in Dar es Salaam. Thus, in less than two years, almost 750 kg of heroin were seized on the coast of East Africa. Furthermore, naval vessels effected two large seizures of heroin being transported on dhows in the Indian Ocean, south-east of Oman, in February and April 2012, in which 240 kg and 180 kg of heroin, respectively, were seized.

377. Afghan heroin smuggled into West and Central Africa is destined mainly for the illicit markets of Europe. Recently, however, there has been a significant increase in heroin trafficking in those subregions, which could result in the spillover effect of increased heroin abuse. While in the past heroin has been smuggled through West Africa in smaller quantities and not in bulk in sea freight containers, in recent years there have been a number of cases of heroin smuggled into West Africa in containerized vessels; since 2010, several large consignments of heroin have been intercepted in West Africa or en route to that subregion, including a consignment of 200 kg of heroin coming from Pakistan that was seized in Benin in April 2011. Altogether, almost 400 kg of heroin were seized in West Africa in 2011. A seizure of 113 kg of heroin was effected at the seaport of Lagos in June 2012. Since January 2012, there have also been several heroin seizures at the international airport of Abidjan, Côte d'Ivoire. Most of the heroin seized in or bound for West Africa was destined for Benin, Côte d'Ivoire and Nigeria.

378. In North Africa, heroin is smuggled into Egypt across the Gulf of Aqaba and through the eastern borders of the country, mainly from Afghanistan.

(b) Psychotropic substances

379. Trafficking of amphetamine-type stimulants from West Africa to other regions and subregions has emerged as a new threat. Since 2008, there have been reports of methamphetamine being trafficked from countries of West Africa such as Benin, Cameroon, Côte d'Ivoire, Ghana, Guinea, Nigeria, Senegal and Togo to East Asia, predominantly Japan and the Republic of Korea. Seizures of methamphetamine from West Africa have been increasing since 2009. Currently, the most common destinations for methamphetamine trafficked through

Africa appear to be Japan, Malaysia, the Republic of Korea, Singapore and Thailand. The drugs are usually trafficked by air in quantities between 1 and 2 kg.

380. Methamphetamine has been illicitly manufactured in Southern Africa and North Africa for some time. In West Africa, a clandestine methamphetamine laboratory was dismantled for the first time, in Lagos in July 2011. The laboratory had an estimated manufacturing capacity of 20-50 kg per production cycle. In February 2012, a similar laboratory was dismantled in Lagos, and about 5 kg of finished methamphetamine were seized.

381. So far, there have been no reports of illicit methamphetamine manufacture in East Africa. However, methamphetamine transits East Africa on a route from West Africa, notably on air routes to major consumer markets, passing through key transport hubs such as Addis Ababa and Nairobi. Methamphetamine was seized for the first time at the airport of Entebbe, Uganda, in 2011, when 3 kg of methamphetamine were seized from an air courier from West Africa en route to India. Total seizures of methamphetamine in Uganda amounted to 10 kg in 2011 and to 5 kg in the first three months of 2012.

382. According to the World Customs Organization, 14 African countries emerged as source countries or transit countries for shipments of methamphetamine bound for the Asia-Pacific region in 2011. Those countries were Benin, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, the Gambia, Ghana, Kenya, Mali, Mozambique, Nigeria, Senegal, South Africa and Togo, from which amounts up to 20 kg were trafficked. Nigeria is most frequently cited as the origin of trafficked amphetamine-type stimulants, largely methamphetamine. In 2010, Nigerian authorities reported total seizures of 75 kg of amphetamines at the international airport in Lagos, compared with the 45 kg of amphetamines seized at that airport in 2011. Methamphetamine and amphetamine from West Africa are also smuggled to South Africa, the largest illicit market of amphetamine-type stimulants on the continent. In 2011, Libya emerged as the source country of two major amphetamine seizures, of over 2.1 million tablets (about 720 kg) and of 2 million amphetamine tablets (about 666 kg) effected by customs authorities in Saudi Arabia in July 2011 on the land border with Jordan.

383. Illicit manufacture of methamphetamine, methcathinone and methaqualone continues to take place in South Africa. The substances are destined for domestic abuse as well as for trafficking to countries in Southern Africa. Methaqualone (Mandrax), a sedative banned in 1977, is smuggled into South Africa from Asia but is also manufactured locally. In June 2012, authorities seized 860,000 tablets (approximately 350 kg) of methaqualone being transported by road from Botswana and the United Republic of Tanzania and destined for Western Cape province, South Africa. In July 2012, South African police dismantled two methaqualone laboratories in Johannesburg and seized about 300,000 tablets (approximately 120 kg) of methaqualone.

384. Another serious problem faced by many African countries is the availability of prescription drugs on unregulated markets. Often those drugs have been diverted or are counterfeit, and they contain controlled substances, possibly amphetamine-type stimulants, as well as sedatives and tranquillizers. In some African countries, there was an increase in the total amount of such substances seized: for instance, 2,985 kg of non-specified psychotropic substances were seized in Nigeria in 2011, as compared with 712 kg in 2009.

385. In Mauritius, psychotropic substances such as diazepam (Valium) and clonazepam (Rivotril) are abused by drug-dependent persons who are supplied by dealers. Buprenorphine, a substance controlled under Schedule III of the 1971 Convention, is trafficked, mainly from France, in the form of Subutex tablets. After the implementation of stricter control measures, the availability of the drug on the local illicit market has decreased. In the first half of 2012, there have been only three significant seizures, totalling 9,353 Subutex tablets, in Mauritius. In contrast, diversion of sedatives and tranquillizers from local distribution channels has increased, mainly through purchases without medical prescription from rogue pharmacies.

(c) Precursors

386. Kenyan authorities have been reporting significant thefts and/or losses of ephedrine and pseudoephedrine since 2009, and in 2010, Tanzanian authorities started to report thefts of pseudoephedrine. Between September 2009 and December 2011, the thefts of ephedrine and pseudoephedrine in Kenya and the United Republic of Tanzania combined totalled over 3.2 tons (2,062 kg of pseudoephedrine and 1,183 kg of ephedrine). Furthermore, stopped shipments of large amounts of ephedrine destined for Uganda (100 kg) and the Sudan (300 kg) were reported in 2011. The ultimate destination of those diversions and attempted diversions is unclear.

387. Illicit manufacture of methamphetamine and methcathinone in Southern Africa takes place mainly in South Africa, where licitly imported ephedrine and pseudoephedrine are diverted from domestic distribution channels. Other countries in Southern Africa reporting

seizures or stopped shipments of ephedrine include Mozambique, Zambia and Zimbabwe. According to the authorities of Mozambique, ephedrine is smuggled by air from India to Maputo via Addis Ababa, for smuggling onward to clandestine laboratories in the subregion. In 2011, 41 kg of ephedrine were seized in Mozambique, and in 2012, a shipment of 1,970 kg of 1-phenyl-2-propanone (P-2-P) from India to Mozambique was suspended after it was confirmed by authorities that the importing company had no import authorization. In 2011, a suspected shipment of 500 kg of P-2-P intended for Mozambique was suspended by authorities of the exporting country, India.

388. The reported seizures described above show that many subregions of Africa are actively being targeted by traffickers for use as both transit areas and destinations for precursors. At the same time, monitoring and control mechanisms over precursor chemicals are still weak in many African countries, and exact data on legitimate trade in, and annual licit requirements for, precursor chemicals continue to be scarce. To assist the Governments of African countries in preventing the diversion of precursor chemicals into illicit drug manufacture, INCB has launched a three-month international operation in June 2012, Operation Ephedrine and Pseudoephedrine Intelligence Gaps in Africa (Operation EPIG), focusing on shipments of ephedrine and pseudoephedrine, including pharmaceutical preparations containing those substances, destined for or transiting through Africa.

(d) Substances not under international control

389. Khat (*Catha edulis*), a substance that is widely consumed in countries in East Africa and parts of the Middle East for its stimulating effects, is cultivated mainly in Ethiopia and Kenya. Most khat is grown for export to Somalia and Yemen and for consumption by expatriate communities. Owing to the health risks associated with khat consumption, khat is prohibited in several countries in East Africa, as well as in the United States, Canada and a number of countries in Europe. In June 2012, the Government of the Netherlands banned khat. The United Kingdom thus remains the only major European country allowing the import of that substance.

390. Abuse of tramadol is a serious problem in a number of African countries, including Egypt, Libya and Mauritius. In 2011 and 2012, Egypt witnessed an upsurge in trafficking in tramadol. While in 2011, total seizures of tramadol preparations amounted to 120 million tablets, about 320 million tramadol tablets were seized in the seaports of Alexandria, Damietta and Port Said in the first quarter of 2012. The preparations are smuggled to Egypt mainly from China and India. The Libyan anti-narcotics agency reported that Libya is facing large-scale trafficking and abuse of tramadol; however, exact statistics are not available due to the current restructuring of the country's law enforcement institutions. Abuse of tramadol preparations is also reported by Mauritius and Togo.

391. Under the UNODC/World Customs Organization Container Control Programme, a total of 24 containers with a total of more than 132 tons of tramadol preparations were seized between February and October 2012. All containers originated in India and were seized in West Africa. Of those, 16 containers were intercepted in Lomé, 7 containers in Cotonou, Benin, and 1 container in Dakar. A further container is being held in Tema, Ghana. Nineteen of those intercepted containers were ultimately destined for the Niger. Because part of the seized preparations might be counterfeit, forensic examinations will be conducted to determine whether the seized preparations actually contain tramadol.

(e) Abuse and treatment

392. Lack of capacity for the collection and analysis of drug-related data, in particular drug abuse epidemiological data by the national authorities, remains a serious challenge in many African countries. Such information is urgently required for policy formulation and to tailor demand reduction interventions to meet local needs. The Board reiterates the importance of States in the region taking concrete steps to improve frameworks for the collection and analysis of drug-related data, and encourages greater international cooperation to that end.

393. Abuse of cannabis herb, the most widely abused illicit substance in Africa, is reported in all subregions of Africa, while abuse of cannabis resin occurs mainly in countries of North Africa. The annual prevalence rate of cannabis abuse among the African population aged 15-64 is estimated to be 7.8 per cent (range: 3.8-10.4 per cent), which is higher than the global average of 3.8 per cent (range: 2.8-4.5 per cent). West and Central Africa are the subregions with the highest prevalence rates, estimated at 12.4 per cent (range: 5.2-13.5 per cent). Within that subregion, the highest national annual prevalence rate for cannabis abuse is that of Nigeria: 14.3 per cent of the population aged 15-64. In South Africa, cannabis was the most common primary substance of abuse in 2011 for patients in treatment under the age of 20.

394. According to UNODC estimates, there could now be some 1.5 million cocaine drug abusers (range: 0.5 million-2.3 million) in West and Central Africa, which corresponds to an annual prevalence rate

ranging between 0.3 per cent and 1.1 per cent of the population aged 15-64. Nigeria and South Africa are the countries with the highest annual prevalence rates, estimated at 0.8 and 0.7 per cent, respectively, of the population aged 15-64. In South Africa, cocaine is commonly a secondary substance of abuse. In contrast, cocaine abuse in North Africa and East Africa is considered to be low.

395. In Africa, heroin abuse is perceived to be increasing and is mainly concentrated in East and West Africa, reflecting the fact that East Africa is Africa's main area of entry for Afghan heroin and West Africa is an important area of exit. The prevalence of heroin abuse, including abuse by injection, is higher in East Africa than in any other subregion, particularly in Kenya, Mauritius, Seychelles and the United Republic of Tanzania.

396. Mauritius, Kenya, Nigeria and South Africa, in that order, are reported to have the highest annual prevalence rates of heroin abuse in Africa (1.3 per cent, 0.7 per cent, 0.7 per cent and 0.5 per cent, respectively). Abuse of heroin mixed with cocaine and various additives, known locally as "sugars" or "niaope", is also reported. According to estimates of Kenya's National Authority for the Campaign against Alcohol and Drug Abuse (NACADA), there are over 200,000 heroin addicts in Kenya. The number of injecting drug abusers in Coast Province alone is estimated at between 40,000 and 60,000, and the average age at which people begin to abuse drugs is decreasing. In North Africa, heroin abuse is also reported by Egypt.

397. The annual prevalence of amphetamine-type stimulants in Africa is estimated at between 0.2 per cent and 1.4 per cent of the population aged 15-64. This wide range reflects the fact that there is either limited or no recent or reliable data available for most parts of Africa. Nigeria, South Africa and Egypt, in that order, seem to have the highest annual prevalence rates of abuse of such stimulants (1.4 per cent, 1 per cent and 0.5 per cent of the population aged 15-64, respectively). Burkina Faso, Cape Verde, Côte d'Ivoire, Egypt, Ghana, Kenya, Senegal and Sierra Leone and several other African countries have reported abuse of amphetamine-type stimulants in recent years. In South Africa, methcathinone, crystal methamphetamine and MDMA ("ecstasy") remain the most abused amphetamine-type stimulants. Methamphetamine is abused mainly in Western Cape province, especially in Cape Town, while methcathinone abuse continues to be limited to Gauteng province. According to the South African Community Epidemiology Network on Drug Use (SACENDU), the proportion of patients that reported methamphetamine as their primary substance of abuse remained stable in Western Cape province, at 35 per cent, in 2011.

398. South Africa is possibly the world's largest illicit market for methaqualone (Mandrax), a sedative-hypnotic, which is often abused in combination with cannabis. Although in many communities Mandrax is now considered old-fashioned, methaqualone is still relatively common as a secondary substance of abuse in Western Cape province. Abuse of methaqualone also occurs in other countries in East and Southern Africa, notably Kenya and Mozambique.

399. The abuse of over-the-counter and prescription medicines, such as slimming tablets containing controlled substances, analgesics and benzodiazepines (including diazepam and flunitrazepam), continues to be a problem in many African countries. In West African countries, including Burkina Faso, Mali, the Niger and Senegal, abuse of amphetamine is common among labourers doing heavy physical work. In those countries, psychotropic substances such as pemoline, secobarbital, diazepam (Valium), flunitrazepam (Rohypnol) and pentazocine are sold on the illicit market, as well as counterfeit substances often sold as those substances, and are subject to widespread abuse. The abuse of buprenorphine (Subutex) and sedatives is a serious problem in Mauritius. In Egypt, prescription drugs, notably trihexyphenidyl (Parkinol) and carisoprodol (Somadril), are now the second most abused group of substances, after cannabis. Most of those substances are manufactured locally for medical purposes and are diverted from domestic distribution channels. High levels of non-medical use of prescription drugs (mainly benzodiazepines, analgesics, codeine preparations and sedative-hypnotics) are reported in South Africa.

400. The increasing levels of drug abuse reported by many African countries will translate into a greater demand for treatment and rehabilitation. Yet the national health-care systems of many countries in Africa are not able to adequately meet such demand. Treatment is usually offered — mostly in the form of detoxification — in State mental health hospitals and/or psychiatric institutions. The number of trained personnel is insufficient, and there is a lack of access to and availability of drug dependence treatment and rehabilitation facilities for people in need. The Board therefore calls upon the Governments of African countries to improve the treatment available to drug-dependent persons and to facilitate their access to quality and affordable treatment services by providing support for the development and strengthening of such services and capacity-building for the entities that provide such services.

401. Under the joint UNODC/WHO project entitled "Treating drug dependence and its health consequences" (Treatnet II), assistance is provided to participating States to increase their technical competence in providing effective treatment and rehabilitation of drug-dependent persons tailored to the needs of different geographical regions. In Africa, the project is being implemented in Côte d'Ivoire, Egypt, Kenya, Morocco, Mozambique, Nigeria, Sierra Leone, the United Republic of Tanzania and Zambia. In Kenya, over 700 health workers were trained in drug dependence treatment. A regional training-of-trainers seminar held in Nairobi in September 2012 trained 54 health professionals from 11 countries in Africa.

402. In Algeria, a multi-year project has been put in place aimed at setting up a network of over 50 drug addiction treatment centres. So far, seven addiction care centres are already operational, in addition to existing facilities.

403. In Kenya, the National Authority for the Campaign against Alcohol and Drug Abuse has started to develop an opiate substitution therapy programme and a syringe exchange programme.

404. The commitment of the Government of Morocco to prevention, treatment and rehabilitation of drug-dependent persons is reflected in its national programme launched in 1999, which provides for the establishment of treatment centres for young people with addictive behaviours and offers awareness-raising, diagnosis, prevention and social reintegration to patients. Since 2010, Morocco has also had a methadone substitution programme in place.

405. In the United Republic of Tanzania, where a methadone maintenance programme was launched in 2011 for persons who abuse drugs by injection, one further opioid treatment centre was opened in 2012. It is expected that the programme will be able to serve up to 1,500 injecting drug abusers.

B. Americas

Central America and the Caribbean

1. Major developments

406. The region of Central America and the Caribbean continues to be used as a major transit area for South American cocaine heading northwards to the North American market. In general, the region experienced a decline in seizures of cocaine in 2010, possibly as a result of declining demand in North America. That notwithstanding, the increasing power of drug gangs has helped to raise corruption and homicide rates in the region, especially in Belize, El Salvador, Guatemala and Honduras, the "Northern Quadrangle", which are particularly affected by significant levels of drug-related violence. Areas exposed to intense drug trafficking in Central America show higher homicide rates. Drug trafficking has corrupted some State institutions, which in a number of cases have been overwhelmed by the resources deployed by trafficking organizations.

407. UNODC estimates that about 280 tons of South American cocaine (purity-adjusted) are destined for North America. Much of it travels by way of Central America and the Caribbean, where cocaine use is also increasing. Recently, cocaine shipments destined for countries in Central America, with further deliveries for Mexico and the United States of America, have increased. Cocaine prevalence rates in Central America and in the Caribbean have been estimated by UNODC at 0.5 per cent and 0.7 per cent (2010), respectively.

408. In 2011 and 2012, there was increased trafficking in precursor chemicals in countries in Central America, in particular non-scheduled chemicals used in the illicit manufacture of methamphetamine. El Salvador, Guatemala and Nicaragua reported incidents in 2011 and 2012 involving significant seizures of esters of phenylacetic acid and methylamine. Illicit laboratories have also been reported in the region. Similarly, seizures of chemical precursors, raw material (coca paste) and laboratories in Guatemala and Honduras indicate the likely existence of both cocaine- and heroin-refining facilities. Large seizures of chemicals effected over a short period present a challenge to the local authorities in terms of safe handling and environmentally friendly disposal. Furthermore, the abuse of MDMA ("ecstasy"), generally imported from Europe, has been spreading in Central America and the Caribbean since the period 2010-2011.

409. The destabilizing effects of drug trafficking and their impact on regional security have increased and the region has been affected by links between drug trafficking and increased levels of violence. The links between drug trafficking, trafficking in weapons and the related higher levels of violence that characterized drug-related crime in a number of countries of the region over the past year continue to exist, including an increased homicide rate. According to the latest data of UNODC, Honduras and El Salvador are the most violent countries in the world, with homicide rates of 92 and 69 per 100,000 population, respectively, and Central America is the most violent region, with a rate of 41 per 100,000 population — one third higher than Southern Africa and twice the rate of

Central Africa and South America. The situation regarding crime- and drug-related violence in the region is critical, as in some areas people's security continues to be threatened by increasing rates of violence, in particular drug-related crime. The number of recent arrests and extraditions of key drug traffickers in Guatemala, some with links to Mexican cartels, underscores the presence of drug cartels in Guatemala, as do reports of increasing violence in the country, where the homicide rate is 38.5 per 100,000 population.

410. Jamaica continued to be the largest producer of cannabis in the Caribbean and has been exploited by cocaine traffickers as a trans-shipment point for other illicit drugs. The illegal drug trade continues to play a critical role in providing capital to gang members and other organized criminal groups operating in Jamaica. In 2010, the re-emergence of Curaçao as a major point of exchange (cannabis/cocaine) via drug mules was noted; nevertheless, in 2011 there was a shift back to Barbados and Trinidad and Tobago. Furthermore, Colombian traffickers are increasingly using routes through Panama, as a hub, and other Central American countries to move drugs to the United States.

411. The Board is deeply concerned about the recent developments in Central America, in particular the high-level call in some countries to pursue legalization of illicit drugs, on the assumption that decriminalization of trafficking would reduce drug-related violence, which appear to be proposals that would be inconsistent with the obligations of parties under the international drug control conventions. The Board notes with concern the increasing influence of powerful drug cartels on the *maras* (local gangs), which have become diversified and internationalized and are now conducting their illicit drug-related activities and trafficking with the support of small- and medium-sized cartels. This poses a new challenge to the Governments of the region in tackling illicit drug trafficking and drug-related violence.

412. UNODC has been implementing its regional programme for Central America for the period 2009-2012, which is being revised and will have a second phase for the period 2013-2015, and is also finalizing a regional programme for the Caribbean in close cooperation with the secretariat of the Caribbean Community (CARICOM). This work is being led by the regional hub for Central America and the Caribbean in Panama recently developed by UNODC. On 15 October 2012, UNODC established the Liaison and Partnership Office in Mexico as the first of its kind. This initiative may serve as a model for other countries in various regions and reinforces cooperation between Mexico and UNODC, taking advantage of Mexico's expertise and experience in combating illicit drugs and organized crime. As a sign of regional cooperation, centres of excellence are being created in the Dominican Republic and Mexico with a view to promoting evidence-based drug demand reduction programmes and criminal justice responses. Criminal justice in Central America has been reinforced by the Central American Network of Organized Crime Prosecutors (REFCO) using best practices to strengthen transnational investigations to counter organized crime. Furthermore, the global Container Control Programme, a joint initiative of UNODC and the World Customs Organization, continued to expand, operating in more countries in the region and controlling containers transported by sea.

2. Regional cooperation

413. The Twenty-first Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, was held in Santiago in October 2011. The Meeting considered three main issues: building partnerships with the chemical industry to strengthen precursor control, implementing effective border controls, and addressing the proceeds of drug trafficking. Participants discussed measures taken to counter drug trafficking, practical problems that impede cooperation at the regional and subregional levels, as well as measures to overcome such problems. The Board acknowledges the recommendations made at the Meeting, in particular that, in order to better target attempts at illicit diversion of precursor chemicals, Governments of the region should review the information they share on cocaine analysis and seized chemical precursors so as to ensure that such information supports trend analysis. The Board encourages continued and enhanced regional cooperation, coordination and exchange of information among law enforcement authorities of the region. The Board notes the important role and contribution of drug liaison officers in sharing of information and conducting joint investigations.

414. The secretariat of CICAD Group of Experts on Chemical Substances and Pharmaceutical Products held a meeting in Santo Domingo from 25 to 29 June 2012, with the participation of the Board. The Board provided an overview of shortcomings in the control of precursor chemicals in the region and of tools available to Governments to counter such weaknesses, referring to article 12, paragraph 10 (a), of the 1988 Convention and encouraging registration with the new Precursors Incident Communication System (PICS) and establishing annual legitimate requirements for the import of amphetamine-type stimulant precursors.

415. The Ministry of Health of Belize hosted the Fifth Meeting of the Directors of National Drug Councils in Belize City on 3 and 4 May 2012. Building human resources in drug demand reduction for sustainable development was the theme of the annual regional gathering, which brought together 20 directors of drug councils of CARICOM States. Participants discussed Caribbean strategies to reduce the demand and supply of illicit drugs in the countries of the subregion in order to improve treatment and expand access to care for substance abuse disorders, and to reduce the psychosocial costs of substance addiction.

416. The Dominican Republic hosted a regional conference on organized crime on 16 and 17 May 2012, organized by REFCO, a network of prosecution units in Central America and the Caribbean. Twelve representatives of public prosecutors' offices discussed issues such as drug gangs and strategies to strengthen public prosecutors' offices and to combat money-laundering.

417. The President of the Republic of Honduras hosted the Presidents of the Central American Integration System (SICA) in Tegucigalpa on 6 March 2012. Presidents of the following countries participated in the event: Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama. The meeting issued a joint declaration on the importance to the region of the safety and welfare of its citizens, and the need to continue the dialogue on the Central American Security Strategy and its importance in relation to the economic and social development of the region. The Minister for Foreign Affairs of the Dominican Republic and the Vice-President of the United States of America also participated in the meeting. Issues discussed included drug trafficking, money-laundering, arms trafficking, trafficking in precursor chemicals and the human, social and economic costs that those illegal activities had for the countries of the region. Participants recalled the commitments made by the international community in the framework of the International Conference in Support of the Central American Security Strategy in Guatemala City on 22 and 23 June 2011. Participants also recognized the importance of strengthening regional mechanisms for information exchange between Central America and other countries in the international community, as well as the need to address the problem of drug trafficking in a comprehensive manner, taking into account not only interdiction efforts but also the reduction of supply and consumption in particular.

418. The transregional Airport Communication Project (AIRCOP) and the Container Control Programme are both being actively implemented in Central America and the Caribbean. AIRCOP was activated at the UNODC Regional Office for Central America and the Caribbean in Panama in July 2012. Joint airport interdiction task forces will be set up for the project in a number of countries in Latin America and the Caribbean and will be connected to international law enforcement databases. Communication networks of INTERPOL and the World Customs Organization will be secured to enable the real-time transmission to international airports of operational information aimed at identifying illicit networks and intercepting illicit shipments. This initiative provides targeted programmes of training in the methods, techniques and systems of risk analysis, drug detection and criminal network investigation. In the Central American and Caribbean region, implementation of the project was planned for the Dominican Republic and Jamaica, and is expected to expand to other key locations in the region. The Container Control Programme is in operation in Costa Rica, Guatemala and Panama, as well as other South American countries. This joint effort enables countries to improve the information exchange between law enforcement agencies, enhance capabilities with counterparts, provide information exchange and container alerts, plan target operations, deploy special investigative techniques and aid in post-seizure investigations. In 2011, law enforcement officers cooperating with the Container Control Programme in Latin America seized about 10 tons of drugs and 166,000 litres of various chemicals. The Programme will keep expanding in the region, with units planned to go into operation in the period 2012-2013 in Chile, the Dominican Republic, Guyana, Jamaica and Suriname. Comprehensive port assessments are being conducted, and memorandums of understanding are being negotiated with each of those countries.

3. National legislation, policy and action

419. Costa Rica reported that it had continued to implement its national drug control plan for the period 2008-2012. The strategy included a drug demand component, as well as areas relating to education, security, justice and non-governmental organizations.

420. In 2011, Cuba continued its Operation Hatchet, led by the Ministry of the Interior and with the participation of other ministries, with a view to reducing the supply of illicit drugs through increased observation of the coastline and borders for detection and interdiction efforts. The Government of Cuba continued to interdict suspicious vessels and aircraft and to share information on "go-fast" vessels with neighbouring countries, including the United States. In 2011, some 45 real-time

reports of go-fast drug trafficking incidents were made by Cuba to the United States Coast Guard.

421. In 2011, in order to better counter illicit drugs, the Government of El Salvador created a series of innovative procedural mechanisms to enhance criminal investigation from a scientific perspective, such as the use of special techniques — controlled delivery, controlled purchase and covert operations — as well as regulations on the forfeiture of assets of crime. The Government of El Salvador is implementing, in cooperation with OAS, drug-related programmes such as the Training and Certification Programme for Prevention, Treatment and Rehabilitation of Drug Abuse and Violence (PROCCER). In March and June 2012, REFCO provided a national training programme and workshop on wiretapping, organized by the Office of the Public Prosecutor of El Salvador for national prosecutors. These activities encouraged the exchange of information based on the needs and opinions of those involved in implementing wiretapping legislation. The Special Law on Telecommunications Intervention was adopted in 2010 and includes provisions for wiretapping.

422. Guatemala continued to support the United Nations-led International Commission against Impunity in Guatemala in order to investigate high-profile corruption cases and organized criminal activity, with a view to reinforcing the national justice system. In November 2011, the President, in an unprecedented measure, signed the final extradition order to extradite the former President to the United States on money-laundering charges. With the support of the United States Government, the Government of Honduras engaged in bolder narcotics interdiction operations, while also working to develop institutions capable of preparing criminal cases, bringing suspects before a judge and sending convicted criminals to prison.

423. The Government of Jamaica continues to work with its regional counterparts, such as Cuba, to combat trafficking in illicit narcotics. The Government is in the process of developing bilateral agreements with Cuba and Haiti to address the illicit drug trade, the "guns-for-drugs" trade and other organized criminal activities. Regarding trafficking by sea, Jamaica reported that it had in place bilateral agreements with Cuba and the United States, and also envisaged cooperation agreements with the Bahamas and the Dominican Republic. Concerning individuals arrested for being involved in the illicit drug trade and other drug-related offences, the total number of Jamaicans arrested in 2011 amounted to 20,216, which surpassed the number of overall arrests for 2010. However, there has been an increase in the number of foreign nationals being used as couriers to smuggle drugs into Canada, the United Kingdom and the United States. In Jamaica, the recently re-established Ian Fleming International Airport and Falmouth Pier presented opportunities for drug traffickers to smuggle drugs, but this threat has been mitigated by the vigilance of the country's law enforcement institutions. The Ministry of National Security was in the process of finalizing the National/Master Drug Abuse Prevention and Control Plan for the period 2012-2016. During 2011-2012, an annual anti-drug strategy was established under the Narcotics Review Committee in order to disrupt and dismantle major criminal drug groups and to speed up the cannabis eradication programme.

424. Trinidad and Tobago continues to be a trans-shipment point for narcotics and precursor chemicals and for other illicit transnational activities. The Government is actively pursuing supply and demand reduction initiatives through legislative review, institutional strengthening, enhanced inter-agency collaboration, capacity-building, border control initiatives, information- and intelligence-sharing, public awareness and standardization of the operations of treatment and rehabilitation centres. To further those initiatives, several law enforcement and security agencies in the country have engaged in a number of interdiction strategies to tackle drug trafficking. In 2010-2011, the country's law enforcement authorities participated in joint investigations with counterparts in France, Germany, Spain, the United Kingdom and the United States, which led to a number of seizures and arrests.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

425. While Central American and Caribbean countries produce cannabis and some opium and their residents also consume drugs, the primary risk in the region arises from its use in the transit of South American cocaine. In some countries in the region, higher homicide rates are linked to organized crime and conflicts between criminal groups over the control of drug trafficking routes to illicit markets further north. Organized criminal groups based in Colombia and Mexico have had an increasing influence over the illicit drug trade and growing violence throughout the region. In April 2012, Guatemalan law enforcement authorities arrested the head of a major drug trafficking and money-laundering organization based in Guatemala. The suspect had smuggled thousands of kilograms of cocaine to Mexico and into the United States, and was believed to be responsible for bringing the Mexican criminal group Los Zetas into Guatemala in 2008. The individual had close ties to Los Zetas and

represented a dangerous and critical figure in the trade in illicit drugs in Central America.

426. After a decline in recent years, there are indications that trafficking in cocaine through the Caribbean is increasing. Colombian authorities reported that most of their recent seizures pointed to the increasing importance of the Caribbean route as opposed to previous years, when seizures occurred mostly in the Pacific. In May 2012, United States authorities seized 1,288 kg of cocaine packaged in 50 large bales on a go-fast vessel in Caribbean international waters. Colombian authorities reported that, of 155.8 tons of cocaine seized in 2011, 55 per cent had been seized in territorial and international waters. Traffickers are now usually sending shipments by sea, using boats or semi-submersibles, through the Caribbean to the Central American/Mexican corridor and afterwards overland into the United States. Jamaica reported that there had been a significant increase in the amount of cocaine seized in 2011 compared with the previous year — 553 kg in 2011 compared with 178 kg in 2010. About 1.5 kg of "crack" cocaine was seized in Jamaica in 2011. According to the report of the Twenty-first Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held in Santiago from 3 to 7 October 2011, a new issue in the region has been the emergence of trafficking by air of liquid cocaine ingested by individuals. This method of concealment is on the increase, and airports of the region should take further measures to facilitate the identification of such cases. At that meeting, attention was also drawn to the trafficking of ingested cannabis products, a development that was reportedly the consequence of the high price of cannabis products in illicit markets.

427. The Dominican Republic remains an important transit country for illicit drugs; however, due to increasing interdiction efforts, drug smuggling through the territory of that country has declined. The country's efforts resulted in an increase in the amount of narcotics seized in 2011 as compared with 2010, with most seizures being made at the country's six international airports and seaports. In 2011, Dominican authorities seized 6.7 tons of cocaine, 42 kg of heroin, 845 kg of cannabis and 5,551 MDMA ("ecstasy") tablets. During 2010, 4.85 tons of cocaine, 30 kg of heroin, 642 kg of cannabis and 138 "ecstasy" tablets were seized by law enforcement authorities.

428. In Trinidad and Tobago, the local drug problem is two-pronged, consisting of cocaine, originating primarily in Colombia, and potent varieties of cannabis trafficked from Colombia, Jamaica and Saint Vincent and the Grenadines for domestic consumption. Most of the cocaine transiting Trinidad and Tobago arrives via Guyana, Suriname and Venezuela (Bolivarian Republic of), and is transported in cargo containers destined primarily for Europe and smaller boats operating between Trinidad and South America. In 2010, according to the Trinidad and Tobago Police Service, 85 kg of cocaine were seized in the country, compared with 98 kg seized in the first half of 2011. During the same period (2010-2011), cannabis seizures decreased from approximately 1,848 kg to 825 kg.

429. In 2010, Jamaica eradicated an area of cannabis plant cultivation equivalent to 447 ha, and, as at September 2012, 373 ha of cannabis plant (1,053,000 plants) had been eradicated by the Government. However, because of the lack of reliable information, the exact area under cultivation, the harvestable area and the extent of production of cannabis in Jamaica are not known. Jamaica continues to be a significant exporter of cannabis herb in the region. The country is also a source for trafficking in cannabis resin ("hashish"). In 2011, Jamaica seized about 36,732 kg of cannabis herb, 9 kg of hashish, 170 kg of cannabis oil and 130 kg of cannabis seeds.

430. Illicit cultivation of opium poppy in Central America, notably in Guatemala, is of increasing concern. Eradication reports suggest that illicit cultivation is increasing in Guatemala, which could substitute for the declining opium production in Colombia, where abuse of heroin has apparently increased, leaving less heroin for trafficking to other consumer countries. The amount of opium poppy eradicated in Guatemala rose from 489 ha in 2005 to 1,490 ha in 2011. Heroin seizures also increased along Central American trafficking routes, supporting the likelihood of increased opium production and supply of heroin. However, at present, no remote sensing or ground reviews of opium poppy cultivation and eradication activities are being carried out in Central America: so few precise cultivation and yield data or estimates of production currently exist.

431. El Salvador reported cases involving criminal organizations trafficking in pharmaceutical preparations, in particular oxycodone, methadone and hydrocodone — medications that are used licitly for pain relief and for the treatment of heroin addicts. Investigations resulted in arrests of individuals involved in those activities, including medical personnel. The Board draws attention to the risks of abuse of such substances and calls upon Governments to monitor the situation in the region and to exercise effective control over distribution mechanisms.

432. In Saint Vincent and the Grenadines, an important producer of cannabis, officials estimated that more than 300 acres (121 ha) of cannabis plants were under cultivation. During 2011, the Government eradicated 70 acres (28 ha) of cannabis plant cultivation, destroying 1,696,021 plants and seizing 10.1 tons of cannabis, 39 kg of cocaine and 180 cocaine rocks. According to the UNODC *2011 Global Study on Homicide: Trends, Contexts, Data*, homicide rates in Saint Vincent and the Grenadines reached a high of 33 per 100,000 inhabitants in 2007. The latest figure for 2010 is estimated at 22 per 100,000 inhabitants. In 2011, Saint Vincent and the Grenadines also reported 522 drug-related prosecutions, 322 convictions and 432 persons arrested for drug offences.

(b) Psychotropic substances

433. The misuse of pharmaceutical preparations, including those containing tranquillizers, sedatives and stimulants, continues to be a serious concern in Central America, especially among women. Central America remains a region of concern regarding the abuse of pharmaceutical preparations that contain stimulants, as well as of prescription stimulants. General data on prevalence for the region of Central America and the Caribbean are either not available or are not reported by countries.

434. Central America has a high prevalence of abuse of amphetamine-type stimulants. Illicit manufacture of amphetamine-type stimulants and increased seizures of their precursors have been reported in several countries, in particular Guatemala, where a methamphetamine laboratory was dismantled by the authorities in December 2011. The laboratory was located in San Marcos, some 275 km from Guatemala City. At least 500 kg of methamphetamine, estimated in value at more than 32 million United States dollars, were believed to have been manufactured by the clandestine laboratory. Guatemalan law enforcement authorities also confiscated manufacturing equipment and chemicals that could have been used in the synthesis of methamphetamine. In 2011, clandestine laboratories producing amphetamine-type stimulants were also dismantled in Nicaragua.

435. According to a recent report released by CICAD, with respect to seizures, countries in Central America have reported on seized pharmaceutical products in terms of quantities and types of controlled substances, which varied from one country to another. These included primarily tranquillizers, such as the benzodiazepines diazepam, alprazolam and clonazepam. Smaller seizures of stimulants, such as methylphenidate, and anorectics such as amfepramone, phentermine and mazindol were also recorded.

(c) Precursors

436. During 2011, measures taken by the police in El Salvador helped to expose a number of international drug trafficking networks using, as a modus operandi, imports of substantial quantities of precursors (ephedrine, pseudoephedrine, ethyl phenylacetate and methylamine) from China through the port of Acajutla. Those substances were then transported in small amounts by land to Guatemala for the illicit manufacture of synthetic drugs. In 2011, approximately 213 kg of such precursors were seized in El Salvador.

437. In Guatemala, approximately 100 kg of ephedrine, 95 kg of pseudoephedrine and 550,310 pseudoephedrine tablets were seized by the National Civil Police in 2011-2012. Some 212 litres of sulphuric acid and 512 litres of acetic anhydride were also seized during that period.

438. In January 2012, the Tax Administration Service, the secretariat of the Navy and the Attorney General's Office of Mexico seized 12 containers of monomethylamine, a non-controlled chemical used to manufacture methamphetamine, with an approximate weight of 195 tons. The containers had arrived at the Mexican port of Lázaro Cárdenas from China. Ten of the containers were bound for Puerto Quetzal in Guatemala and the remaining two were headed for the port of Corinto in Nicaragua.

5. Abuse and treatment

439. The annual prevalence of cocaine abuse among the general population in Central America and the Caribbean (0.5 per cent and 0.7 per cent, respectively) remains higher than the global average as trafficked cocaine spills into the general population.

440. Annual prevalence of abuse of amphetamine-type stimulants has been reported as considerably higher in Central America than the global average, in particular in El Salvador (3.3 per cent), Belize and Costa Rica (1.3 per cent) and Panama (1.2 per cent). UNODC has estimated that some 330,000 and 220,000 people abuse amphetamine-type stimulants (excluding "ecstasy") in Central America and in the Caribbean, respectively. Those numbers correspond to an estimated annual prevalence of abuse of amphetamine-type stimulants of 1.3 per cent in Central America and 0.8 per cent in the Caribbean. Some 30,000 and 80,000 people are estimated to be MDMA ("ecstasy") abusers in Central America and in the Caribbean, respectively, which would represent

respective estimated annual prevalence rates of abuse of "ecstasy" of 0.1 per cent and 0.3 per cent.

441. The annual prevalence of cannabis abuse has been estimated at 2.4 per cent in Central America and 2.8 per cent in the Caribbean, with some 590,000 persons abusing cannabis in Central America and 760,000 persons in the Caribbean. According to UNODC, the annual prevalence of abuse of opioids was 0.5 per cent in Central America and 0.4 per cent in the Caribbean. Some 120,000 and 100,000 people are estimated to be opioid abusers in Central America and in the Caribbean, respectively. As regards opiates, UNODC has estimated the annual prevalence at 0.1 per cent and 0.3 per cent for Central America and the Caribbean, with a low estimate of opiate abuse by 20,000 and 80,000 people, respectively.

442. In Central America and the Caribbean, according to the latest figures available, an estimated 0.1 million people abuse cocaine in each subregion, which represents 2 per cent of the total population of cocaine abusers in the Americas (8.4 million people). The tentative estimate of the amount of cocaine consumed in Central America was 5 tons, with an estimated 6 tons consumed in the Caribbean (of the tentatively estimated total of 275 tons of cocaine consumed in the Americas).

443. According to the Caribbean Regional Strategic Framework on HIV and AIDS 2008-2012, a study conducted by CARICOM and the Pan Caribbean Partnership against HIV and AIDS, the HIV epidemic in the Caribbean is due primarily to sexual, mainly heterosexual, transmission. Surveys conducted in the region have suggested that there is an adequate level of knowledge about HIV in the Caribbean, although that knowledge has yet to sufficiently change behaviours. Countries have attempted to implement specific targeted interventions among most-at-risk populations, including drug abusers.

444. The global programme for the prevention of drug use, HIV/AIDS and crime among young people continues in El Salvador, Honduras, Nicaragua and Panama, with evidence-based family skills, training programmes intended to prevent drug abuse, HIV/AIDS and crime and delinquency among young people by strengthening and improving the capacity of families to take better care of children. In addition, 115 families from the Panamanian provinces of Panamá and Colón have participated in outreach groups; 28 parent groups have been established in Honduras; and training has been given in Nicaragua to professionals of the National Institute against Alcoholism and Drug Addiction, the community police, the Ministry of Education and certain non-governmental organizations. To ensure the sustainability of the programme, additional train-the-trainer programmes have been organized in Honduras, Nicaragua and Panama, reaching approximately 80 facilitators, who are expected to continue the programmes at the national level for prevention and for strengthening the family.

445. In Cuba, the national policy against drug abuse focuses primarily on preventive measures. Prevention programmes are oriented towards the promotion of healthy lifestyles and are tailored according to the particularities of each province (urban, rural or coastal areas). These programmes aim at improving identification of and support for groups at risk, early detection and suitable treatment of drug-dependent persons and rehabilitation through community participation. Family doctors are trained in the early detection of drug abuse. In Cuba, the network of specialized services for the treatment of addictions consists of mental health teams in polyclinics, community mental health centres, hospitals and detoxification centres.

North America

1. Major developments

446. Despite declining prevalence rates for some drugs, North America remains the biggest illicit drug market in the world, as well as the region reporting the highest drug-related mortality rate. According to figures contained in the *World Drug Report 2012*,[32] approximately 1 in every 20 deaths among persons aged 15-64 in North America is related to drug abuse. That figure takes into account overdose deaths and HIV/AIDS acquired through shared use of contaminated drug paraphernalia, as well as trauma-related deaths, including motor vehicle accidents caused by driving under the influence of drugs.

447. Annual prevalence of cocaine use fell in North America from 2.4 per cent of the population aged 15-64 in 2006 to 1.5 per cent in 2011, equivalent to a decrease of some 38 per cent over that five-year period. The decline was linked to important drops in the clandestine manufacture of cocaine in Colombia over that period, as well as intensified measures by the Mexican authorities to prevent drug cartels from smuggling cocaine from the Andean countries to Mexico and the United States.

448. Prescription drug abuse in North America continues to represent a major threat to public health and

[32] United Nations publication, Sales No. E.12.XI.1.

remains one of the biggest challenges to the drug control efforts being deployed by Governments in the region. In the United States, overdose deaths caused by the abuse of prescription opioids are reported to have quadrupled since 1999. According to figures released by the Centers for Disease Control and Prevention, the number of deaths from opioid drug overdoses in the country since 2003 exceeded those attributable to cocaine and heroin combined. It is also estimated that, for every death related to opioid overdoses, there were an estimated nine admissions to treatment for addiction to that category of drug.

449. Drug-related data in the United States released in 2012 confirmed significant increases in per capita sales of oxycodone and hydrocodone between 2000 and 2010 in several states. The increases in oxycodone sales were on the order of 565 per cent in Florida, 519 per cent in New York, 515 per cent in Tennessee and 439 per cent in Delaware, while hydrocodone sales increased by 322 per cent in South Dakota and 291 per cent in South Carolina and Tennessee. While part of those increases may be explained by an ageing population and a greater willingness of physicians to prescribe such medications for the treatment of pain, their greater availability has also contributed to increased abuse and addiction. The Board notes this development with concern and reiterates the importance for Governments of establishing effective control measures for the prescribing of drugs by medical practitioners, their distribution by wholesalers and their sale by pharmacies and continuing to develop and implement prevention and treatment programmes. It notes the measures taken by Governments in the region to control these drugs more effectively through such steps as more effective record-keeping and oversight of individual physicians and encourages broader adoption of such procedures.

450. According to research published in the *Journal of the American Medical Association*, the number of babies born in the United States showing symptoms of opiate withdrawal tripled from 2000 to 2009, affecting 1 of every 1,000 newborns. In 2009 alone, approximately 13,500 babies were born with withdrawal symptoms, which include seizures, breathing problems and feeding difficulties.

451. On 6 November 2012, voters in the states of Colorado, Washington and Oregon voted on ballot initiatives to legalize the use of cannabis for recreational purposes in their respective states. In Colorado and Washington, the initiatives passed while voters in Oregon rejected cannabis legalization for non-medical and non-scientific purposes. The Board reiterates that the legalization of cannabis for non-medical and non-scientific purposes would be in contravention to the provisions of the 1961 Convention as amended by the 1972 Protocol.

452. As in other regions, traffickers in North America have continued to develop so-called "designer drugs", substances whose chemical composition is engineered to remove them from the scope of existing control already applicable to substances with analogous properties. The two categories of "designer drugs" that are the most commonly abused are synthetic cathinones and synthetic cannabinoids. According to data released by the American Association of Poison Control Centers, calls to poison control centres in 2011 for human exposure to synthetic cannabinoids or synthetic cathinones more than doubled over the number reported for 2010. The Board urges Governments in the region to take cognizance of the content of chapter II of the present report, on emerging substances of abuse, and to consider implementing the recommendations to Governments which are contained therein. It takes note of the steps taken by Governments in North America to better control these substances through new statutes, as well as effective use of existing legal measures.

453. In early 2012, Canada reported shortages of certain injectable drugs, caused by problems related to manufacturing standards at one of the country's leading suppliers of generic drugs. Shortages were also compounded by a fire which destroyed part of a manufacturing plant, as well as by a recall of 57,000 vials of injectable morphine from health facilities across the country owing to incorrect labelling. The Board wishes to remind Governments in the region of the importance of diversifying sources of controlled medications and of the necessity of developing contingency plans to be implemented should the supply of these drugs be disrupted.

454. The issue of drug shortages was also addressed by United States lawmakers through their adoption of the Food and Drug Administration Safety and Innovation Act, which was signed into law in July 2012. The Act is a comprehensive piece of legislation concerning a wide range of issues surrounding the manufacturing of drugs and medical devices, with a focus on safety, affordability and biomedical innovation. In order to prevent shortages of important drugs in the United States, the Act requires manufacturers of certain drugs to notify the Food and Drug Administration of any circumstances they encounter that may lead to shortages of the drugs they produce.

455. In Mexico, drug-related violence continued to constitute a major threat to public security nationwide. According to figures released by the Government of Mexico, over 60,000 people have been killed as a result of drug-related violence since 2006. The Attorney General reported that 12,903 people were killed between January and September 2011 alone, representing an 11-per-cent increase over the same period the previous year. Journalists reporting on organized crime continued to be targeted by traffickers and subjected to threats, intimidation, violence and murder. The President of Mexico has stated that the extent of drug-related violence in his country is attributable to sustained demand for illegal drugs in the United States. The Board notes that solutions to drug abuse and drug-related violence can be effective only if they are built upon supply and demand reduction initiatives, based on the principle of shared responsibility, and takes note of the joint efforts by the United States and Mexico, including measures to curb both supply and demand, to address this extraordinary challenge.

2. Regional cooperation

456. In March 2012, Mexico hosted a high-level hemispheric meeting on transnational organized crime. The meeting, which was attended by representatives of 33 members of OAS, was aimed at identifying new threats posed by international criminal syndicates and at identifying effective strategies to deal with organized crime in its many forms. The participants agreed on the need for closer regional cooperation based on the principle of shared responsibility. During the meeting, the Secretary General of OAS announced the creation of the Centre for Cooperation in Combating Transnational Organized Crime.

457. Also in March 2012, the first-ever trilateral meeting of North American Defence Ministers was held in Ottawa. The meeting was intended to lead to the development of a common threat assessment mechanism for the region, as well as to foster increased cooperation to jointly address common security threats, including drug trafficking.

458. On 2 April 2012, the sixth North American Leaders' Summit was convened in Washington, D.C., bringing together the Presidents of the United States and Mexico and the Prime Minister of Canada. The three leaders discussed the regional economy, trade and energy, as well as transnational drug trafficking, and issued a joint statement reaffirming their commitment to continue to work together to address security threats, based on the principles of shared responsibility, mutual trust and respect. They also announced their intention to enhance interregional cooperation with Central America, in particular by launching a Central American Integration System — North America dialogue on security challenges. The Board acknowledges the commitment demonstrated by North American leaders in improving regional cooperation and welcomes initiatives aimed at fostering greater interregional cooperation.

459. The leaders of Canada, Mexico and the United States participated in the Sixth Summit of the Americas, held in Colombia in April 2012. The Summit focused on regional cooperation and economic integration, as well as security challenges, including those related to drug abuse and drug-trafficking-related violence (see para. 514 below).

460. The President of Mexico participated in the Second Mexico-Caribbean Community Summit, which was held in Bridgetown on 20 and 21 May 2012. The issues discussed during the summit included economic development and integration, environmental protection and transnational organized crime. The participating States agreed to continue to work together to develop regional solutions to the challenges with which they were confronted.

461. On 30 and 31 August 2012, the Meeting on Social Integration and Drugs in Latin America, organized by CICAD, was held at OAS headquarters in Washington, D.C. The meeting, which was financed jointly by OAS and the Government of Spain, was aimed at providing a forum for discussion of issues related to social integration and vulnerability to drug abuse in order to contribute to the development of comprehensive policies to address that problem.

462. Throughout 2012, the Governments of Canada and the United States continued to implement measures under their joint "Beyond the Border Action Plan for Perimeter Security and Economic Competitiveness". The action plan provides for greater cooperation between customs and law enforcement authorities in both countries, including through the sharing of intelligence and an increase in the joint screening of land and air cargo and passenger baggage. In June 2012, both Governments announced the creation of binational port operations committees, mandated with streamlining implementation of the action plan, at eight Canadian airports.

463. In August 2012, the United States Drug Enforcement Administration and the Government of Mexico announced the conclusion of a memorandum of understanding aimed at coordinating their efforts to address the significant increase in illegal methamphetamine laboratories on both sides of their shared border. The agreement is aimed at bolstering the

exchange of information and intelligence, joint chemical control efforts and training and resources for dismantling illegal laboratories.

464. The United States State Department has also set aside Merida Initiative funding to increase the capacity of Mexican law enforcement to detect and dismantle illegal drug laboratories operated by Mexican traffickers, to gather evidence and to destroy chemical precursors used in the manufacturing of illicit drugs.

465. Drug trafficking networks have continued to use submersible and semi-submersible vessels to smuggle large quantities of drugs from South America along the Central American coast to northern markets. In response to that threat, the United States and Canada have continued to participate in Operation Martillo, a collaborative law enforcement programme that brings together 14 countries from the Americas and Europe and is aimed at disrupting maritime smuggling along both sides of the Central American isthmus. According to United States authorities, in 2011 the operation resulted in the interception of 119 tons of cocaine, with a wholesale value of $2.35 billion, before it could reach destinations in the United States. The Board acknowledges the positive results achieved by the States participating in Operation Martillo and encourages them to continue to implement this project, as well as to explore further avenues of cooperation.

3. National legislation, policy and action

466. In April 2012, the United States Administration released its 2012 National Drug Control Strategy, which is aimed at building upon the framework established by the 2010 and 2011 strategies, as well as the Prescription Drug Abuse Prevention Plan. The strategy lays out the Administration's proposed measures to: prevent drug abuse in the community; expand treatment and rehabilitation support and integrate them into the health-care system; address problems related to drug abuse, delinquency and incarceration; disrupt domestic drug trafficking and production and strengthen international cooperation; and improve information systems for analysis and assessment. The 2012 strategy also continues the Administration's focus on the prevention of prescription drug abuse and driving under the influence of drugs and retains the emphasis on "special populations", a term encompassing college and university students, women and families, former and serving members of the military and their families, and groups considered to have particular treatment needs. Projected expenditures for prevention and treatment initiatives undertaken under the strategy for the 2012 fiscal year are $10.1 billion.

467. Throughout 2012, the Government of Mexico continued to implement the strategic objectives for that year set out in its action plan for the prevention and treatment of addictions, including opening additional Nueva Vida ("New Life") referral centres, increasing training of health-care workers working with addiction, fostering a national and international approach to prevention activities and further developing and integrating the addiction treatment network.

468. In April 2012, the fourth National Prescription Drug Take-Back Day was held in the United States, allowing the Drug Enforcement Administration and its partners across the country to collect 276 tons of unneeded prescription medications at 5,659 collection points. The total amount of prescription drugs collected in 2012 brought the four-year total to more than 680 tons. According to new figures released by the Office of National Drug Control Policy, 68 per cent of new past-year abusers of prescription pain relievers obtained the pills from a friend or family member for free or took the pills from them without asking. INCB welcomes this initiative by the United States authorities and wishes to remind Governments that the development of effective disposal mechanisms for unneeded pharmaceuticals is an essential component in any effective strategy against prescription drug abuse.

469. In response to the problem of prescription drug abuse, several states in the United States have introduced legislation aimed at curbing abuse, including through the creation of prescription monitoring systems designed to ensure that doctors are not overprescribing prescription drugs and that the same individuals are not obtaining them from multiple doctors and pharmacies. At the federal level, the Food and Drug Administration in July 2012 approved a risk evaluation and mitigation strategy for extended-release and long-acting opioid drugs. The strategy is aimed at increasing the number of health-care professionals trained on how to prescribe certain painkillers and help patients use the drugs safely.

470. The Government of Canada announced plans to comprehensively review existing regulations governing its Marihuana Medical Access programme, based on extensive public consultations held in 2011. The consultation process, which solicited input from individuals licensed under the current programme, provincial and territorial health and public safety officials, physicians and medical associations, pharmacists and municipalities, was undertaken with the stated purpose of reducing the risk of abuse and

exploitation by criminal elements, increasing community safety and improving the way programme participants access medical cannabis. According to information provided by Health Canada, changes to the programme are expected to include the phasing out of personal cultivation by licensed individuals in order to reduce the risk of diversion to illicit channels, as well as the tightening of controls on cannabis producers licensed under the programme. These changes are expected to enter into force in 2013. The Minister of Health of Canada has publicly acknowledged that strengthening the current compliance and enforcement regime is necessary to ensure adequate regulation of licensed producers. The Board notes the steps taken by the Government of Canada to adopt measures to reduce the risk of diversion of cannabis administered under this programme and will continue to monitor the outcomes of the consultation process.

471. In the United States, the issue of the sale and use of cannabis for medical purposes has remained a contentious one. In May 2012, Connecticut became the seventeenth state to enact legislation allowing such sale and use, which is also permitted in the District of Columbia despite the existence of the Controlled Substances Act, a federal statute explicitly prohibiting the possession, manufacture and distribution of cannabis except for limited legitimate uses. In November 2012, the electorate of the states of Arkansas, Massachusetts and Montana were asked to vote on ballot initiatives related to the use of "medical cannabis" in their respective states. Voters in Massachusetts approved the initiative in their state, while those in Arkansas and Montana rejected the establishment of state-sanctioned medical cannabis schemes.

472. The Los Angeles City Council voted in August to instruct the city's police department to work with the Drug Enforcement Administration and the city's district attorney to enforce its municipal ban on "medical" cannabis dispensaries. The ban is currently being challenged before the California Supreme Court. Throughout California, concerted action by state officials and law enforcement agencies has led to the closure of nearly half of the 1,400 cannabis dispensaries operating in the state. The Board notes that the control requirements that have been adopted in the 17 states in question and in the District of Columbia under the "medical" cannabis schemes fall short of the requirements set forth in articles 23 and 28 of the 1961 Convention as amended by the 1972 Protocol.

473. In June 2012, the Chicago City Council voted to decriminalize possession of 15 grams of cannabis or less. The Council ordinance confers discretion upon Chicago police to issue citations of between $250 and $500 for possession of up to 15 grams. Police will continue to arrest individuals smoking cannabis in public, individuals under the age of 17 caught with the drug and any individual they believe to be selling the drug. In addition to the fine imposed for violations of the ordinance, the director of administrative hearings is also authorized by the ordinance to require violators to attend a drug awareness programme and/or perform community service. Also in June 2012, the Governor of New Jersey vetoed a bill adopted by the New Jersey General Assembly that would have decriminalized the possession of up to 15 grams of cannabis and making it subject to fines of between $150 and $500, with mandatory drug education classes for repeat offenders. The Governor based his opposition to the bill on its incompatibility with federal law, which classifies cannabis as an illegal drug. In New York state, a cannabis decriminalization bill put forward by the Governor was defeated by lawmakers on the same grounds. The Board requests that the Government of the United States take effective measures to ensure the implementation of all control measures for cannabis plants and cannabis, as required under the 1961 Convention, in all states and territories falling within its legislative authority.

474. In January 2012 and as part of the process aimed at strengthening the capacity of the federal institutions of Mexico to combat criminal and drug trafficking organizations, the Ministry of Public Security requested UNODC to evaluate the New Police Model, developed by the Government of Mexico as a cornerstone of its new security policy, which has been gradually implemented since 2007. The evaluation was undertaken by a team of international experts recruited, coordinated and advised by UNODC. The process was completed in May with the submission to the Ministry of Public Security of a detailed report on the structure, capacity and processes of the newly established Federal Police, as well as a set of recommendations for the further strengthening of the model.

475. In February 2012, the Canadian Centre on Substance Abuse hosted a national dialogue on the abuse of prescription drugs in Canada. The consultation process with expert advisory committees on treatment, education, prevention and monitoring and enforcement was expected to culminate in the elaboration of a national strategy, to be released in 2013.

476. At a meeting held in July 2012, the Canadian Association of Chiefs of Police approved a draft resolution on the illicit use of pharmaceuticals, to be presented at the Association's next annual meeting. The

resolution calls for increased cooperation between police and other stakeholders, including health-care professionals, in collecting data on the issue and calls for the creation of a national prescription drug drop-off day. A drop-off day for unused prescription drugs was held in the Niagara region of the province of Ontario in May 2012, allowing the collection by local authorities of large quantities of oxycodone, codeine, fentanyl and hydromorphone.

477. In February 2012, the Drug Enforcement Administration of the United States issued a six-month extension of the placement of five synthetic cannabinoids in schedule I of the Controlled Substances Act, subjecting them to strict control measures. The comprehensive Food and Drug Administration Safety and Innovation Act, mentioned above, also contained the Synthetic Drug Abuse Prevention Act, which places 15 specific cannabimimetic agents, 2 synthetic cathinones and 9 synthetic phenethylamines under national control. The Act also extends the validity period of orders issued by the Attorney General under the Controlled Substances Act, temporarily placing a substance in schedule I "to avoid an imminent hazard to the public safety" for a period of between one and two years and extends temporary scheduling from six months to one year when rule-making proceedings to permanently schedule the drug are in progress.

478. Also, in July 2012, the Drug Enforcement Administration conducted Operation Log Jam, a coordinated enforcement action targeting synthetic cannabinoids and synthetic cathinones in which 250 search warrants were served at locations across the United States. The operation resulted in 90 arrests and seizures of 4.9 million packets of synthetic cannabinoids and material to process an additional 13.6 million packets, 167,000 packets of synthetic cathinones and $36 million in United States currency. While acknowledging that several of the substances seized in Operation Log Jam were not prohibited as such by the Controlled Substances Act, the Drug Enforcement Administration has stated that federal prosecutions related to these substances will take place pursuant to the Controlled Substance Analogue Enforcement Act, which allows drugs to be treated as controlled substances if they are proven to be chemically or pharmacologically similar to substances already controlled under the Controlled Substances Act.

479. On 20 September, the Government of Canada added methylenedioxypyrovalerone (MDPV), a synthetic cathinone marketed as "plant food" and "bath salts", to schedule I of the Controlled Drugs and Substances Act banning possession, trafficking, import, export and production of the substance without Government authorization.

480. In response to persistent attacks by drug syndicates against members of the media in his country, the President of Mexico in June 2012 signed the Law for the Protection of Human Rights Defenders and Journalists. The law contains concrete measures aimed at addressing acts of violence and intimidation against journalists; the measures include increased cooperation between the federal and state governments and the strengthening of protective and preventive measures. The law also calls for the creation of a special fund for the implementation of the law, as well as the creation of a governing body, an advisory board and a national executive coordinating office. The Ministry of the Interior of Mexico also supported UNODC in the completion of a pilot project supported by Germany on violence committed by drug trafficking and criminal organizations against members of the media in Mexico. The project analysed patterns and causes of violence against members of the media, with the involvement of local academia, media representatives and state and local institutions. One of the outcomes of the analysis was the identification of existing best practices aimed at reducing the exposure to risk of members of the media and the formulation of a set of recommendations aimed at improving institutional capacity in responding to requests for protection of members of the media and reducing their exposure to risk.

4. Cultivation, production, manufacture and trafficking

481. Drug-smuggling syndicates have continued to innovate in their efforts to smuggle drugs into and within the region, including through the use of submersible and semi-submersible vessels to smuggle drugs from South America along the Central American coast to northern markets. In addition, the building of sophisticated cross-border tunnels has continued. According to Immigration and Customs Enforcement of the United States, more than 150 tunnels equipped with lighting, ventilation and, in some cases, railcar systems, have been discovered since 1990. The discovery of the tunnels has resulted in the seizure of several tons of illegal drugs, mostly cannabis.

(a) Narcotic drugs

482. Cannabis continues to be widely produced and trafficked in all three countries in the region, with substantial seizures being reported by each of them. Cross-border cannabis trafficking within North America also remains an issue of great concern. Information

provided to the Board by the Government of Mexico shows a significant decline in cannabis seizures, from over 2,248 tons in 2010 to 1,795 tons in 2011. Meanwhile, United States seizure data for 2011 reveal a decrease in cannabis seizures, from over 1,895 tons in 2010 to 1,834 tons in 2011. In contrast, the quantity of cannabis seized in Canada in 2011 increased slightly, from 105 tons in 2010 to a five-year high of 111 tons. In addition to the large quantities of cannabis produced in the United States for internal consumption, Canada and Mexico remain major source countries.

483. Extensive outdoor production of cannabis has continued to be identified by national law enforcement agencies in North America. United States authorities have identified increased attempts by traffickers to cultivate cannabis on public lands, such as in forests. Widespread indoor production of cannabis has also continued in the region, mainly in the United States and Canada. According to United States law enforcement data, indoor growing operations discovered in 2010 were heavily concentrated in Florida and California.

484. According to Statistics Canada, although the general crime rate in Canada continued to decline in 2011, drug-related crime increased slightly, reflecting a trend which began in the 1990s. Of a total of 113,100 drug-related crimes reported by police in 2011, more than half (54 per cent) were related to cannabis possession, a 7-per-cent increase over the previous year.

485. The cultivation of opium poppy in Mexico has increased, with Mexican authorities reporting opium seizures in 2011 totalling 1.45 tons, representing a significant increase over the 1 ton reported in 2010. After a spike in 2010, when over 2.9 tons of opium were reported seized in the United States, seizure numbers for 2011 showed a considerable drop, to slightly over 48.5 kg.

486. Large-scale law enforcement operations targeting the cultivation of opium poppy and the manufacturing of heroin in Mexico have yielded unprecedented results. While the country reported heroin seizures for 2011 totalling more than 685 kg, National Defence Ministry officials confirmed having seized 3,640 litres of a liquid which laboratory tests revealed to be heroin. The seizure represented the largest of its kind ever carried out in Mexico.

487. According to the United States Office of National Drug Control Policy, Mexico and Colombia have remained the main source countries for heroin abused in the United States, with Mexican heroin more prevalent in states west of the Mississippi river and Colombian heroin more prevalent to the east of it. After nearly doubling between 2005 and 2010, reported heroin seizures in the United States continued their increase, to 2.95 tons in 2011 compared with 2.42 tons in 2010. Afghanistan remained the primary source of heroin in Canada. In 2010, Canada seized 98 kg of heroin, while reported seizures for 2011 totalled 39 kg, continuing a decline that was first observed in 2008.

488. Although North America still represents the largest global market for cocaine, abuse of the drug in the region has continued to decline. That can be attributed in part to reduced supply caused by a 47-per-cent drop in cocaine manufacturing in Colombia, the primary source country for cocaine smuggled into the region, as well as the disruption of supply routes through Mexico owing to both the efforts of law enforcement authorities and the conflict between criminal syndicates in that country. The decline is also the result of traffickers increasingly targeting emerging markets in Europe, South America and Oceania. The decrease in the availability of cocaine in the region has led to increased prices and decreased purity.

489. Cocaine seizures in Mexico remained relatively stable in 2011 at 9.4 tons, following a substantial decline from 21.6 tons in 2009 to 9.4 tons in 2010. Cocaine seizures in the United States in 2011 declined slightly, from 66.7 tons in 2010 to 58.2 tons. In Canada, cocaine seizures plummeted to 4.64 kg in 2011 from more than 1.1 tons reported in 2010.

490. Prescription drug abuse, mostly of opioid analgesics, has remained an issue of considerable concern for Governments in the region. Efforts to control abuse of these drugs have been hampered by their widespread availability and by the ease with which they can be obtained from friends and family members, who remain by far the primary source of abused pharmaceuticals. Abusers of prescription medications have also continued to exploit weak control measures for monitoring prescriptions in many jurisdictions. With the strengthening of control measures and a growing awareness among pharmacists and health-care professionals of the dangers of prescription drug abuse, illegal Internet drug sites and dealers have become a growing source of prescription drugs.

491. Large-scale abuse of prescription drugs in North America has led to widespread diversion and counterfeiting of these substances. According to information provided by Health Canada, over 3 million tablets were diverted in Canada between 2009 and 2011, with over 70 per cent having been stolen in armed robberies or as a result of breaking and entering and 3 per cent having been lost in transit; the disappearance of a further 19 per cent remained unexplained. The vast majority of the tablets stolen were

opioids, with oxycodone, hydromorphone and morphine constituting the main drugs sought by traffickers. In the United States, the Drug Enforcement Administration has continued to focus on drug wholesalers and pharmacies in an effort to counter prescription drug diversion. In 2012, it moved to revoke the controlled substances authorizations of several pharmacies suspected of having diverted controlled substances, primarily opioid analgesics.

(b) Psychotropic substances

492. Illicit large-scale manufacturing of methamphetamine in Mexico has continued to expand, and falling prices and increased purity levels have spurred increased availability of the drug in the United States. Another factor that has increased the availability of methamphetamine has been the further development of new manufacturing processes, which have led to faster and easier manufacturing of the drug.

493. According to UNODC, 22 tons of methamphetamine were seized in North America in 2010, accounting for approximately half of all such seizures globally. Figures released jointly by the Government of Mexico and the Drug Enforcement Administration of the United States reveal that Mexico experienced a 1,000-per-cent increase in seizures of clandestine methamphetamine laboratories between 2010 and 2011. The figures also show that seizures of methamphetamine by United States law enforcement officers at the country's border with Mexico in 2011 totalled 7.4 tons, more than double the amount seized in 2009.

494. The resurgence of MDMA ("ecstasy") abuse in the United States, noted by the Board in its previous annual report, has continued, with availability of the drug steadily increasing. Canada remains a significant source country for "ecstasy" abused in the United States, with Canadian drug syndicates also increasingly targeting emerging markets. Law enforcement authorities in Canada have also identified possible incidences of polydrug manufacture in which "ecstasy" was being manufactured in methamphetamine laboratories.

(c) Precursors

495. Over the past decade, Governments in North America have introduced increasingly stringent control measures for precursors and have bolstered efforts to prevent diversion, in particular through the use of the Pre-Export Notification (PEN) Online system, as well as through participation in successful multilateral precursor control initiatives such as Project Prism and Project Cohesion.

496. Despite decisive action taken by Governments in the region, traffickers have persisted in their attempts to smuggle precursors into the region and to divert them from licit trade. Traffickers have also increasingly sought to circumvent existing control measures by substituting controlled substances, such as ephedrine and pseudoephedrine, in their manufacturing processes with alternative chemicals such as esters of phenylacetic acid, which are not under international control. Thus, while declines in the use of ephedrine and pseudoephedrine have been noted, they have not necessarily translated into a long-term reduction in illicit methamphetamine manufacturing.

(d) Substances not under international control

497. Illicit drug manufacturers in North America have continued to innovate in developing new substances of abuse and in identifying ways to circumvent existing controls on the ingredients they require for their manufacturing activities. As was discussed in chapter II, new psychoactive substances, which are being marketed as "spice", "plant food", "bath salts" and so-called "legal highs" and which have analogous effects to cannabis, "ecstasy" and amphetamines, are becoming increasingly available through commercial outlets and on the Internet.

498. The smuggling of khat into Canada has continued, with the Canada Border Services Agency reporting having made seizures of khat 9,482 times between January 2005 and July 2011, making it the third most commonly seized drug at the Canadian border, after cannabis plant and steroids.

499. According to the *World Drug Report 2012*, *Salvia divinorum*, a perennial herb native to Mexico, where it is used by indigenous groups in religious ceremonies, is increasingly being abused in Canada for its hallucinogenic effects. Although *Salvia divinorum* is not currently scheduled under the Controlled Drugs and Substances Act, Health Canada has proposed including it as a controlled substance. In the United States, it is not under national control under the Controlled Substances Act but has been placed on the Drugs and Chemicals of Concern list of the Drug Enforcement Administration. In addition, several United States states have banned the substance.

5. Abuse and treatment

500. According to the figures for 2010 contained in the *World Drug Report 2012*, the annual prevalence rate for cannabis abuse in North America remained stable at 10.8 per cent of the population aged 15-64 and continued

to be significantly higher than the estimated world annual prevalence rate of 2.6-5.0 per cent. Data for the United States, however, reveal an upward trend. The annual prevalence of cannabis use in the United States rose from 10.1 per cent of the population aged 12 and older in 2007, to 11.5 per cent in 2011.

501. North America had a considerably higher estimated opioid prevalence rate, at 3.8-4.2 per cent, than the global average of roughly 0.6-0.8 per cent. The report pointed out, however, that the level of abuse of prescription opioids in the region was greater than that of heroin. At 0.9 per cent, past-year "ecstasy" use in North America was also higher than the global average of 0.2-0.6 per cent.

502. UNODC data for 2010 (the most recent year available) reveal that cocaine abuse continues to represent a major problem in North America. There were an estimated 5 million past-year cocaine users in the region, representing nearly one third of the global total. The data did indicate a decrease in the annual prevalence of cocaine use, from 2.4 per cent among the population aged 15-64 in 2006 to 1.9 per cent in 2009, 1.6 per cent in 2010 and 1.5 per cent in 2011.

503. The United States National Survey on Drug Use and Health for 2011 released in August 2012 shows decreases in the estimates of non-medical use of psychotherapeutic drugs (a term used to describe both over-the-counter pharmaceuticals and prescription drugs) in the United States, compared with the estimates for 2010. The survey for 2011 estimates that 2.4 per cent of the population aged 12 or older used psychotherapeutic drugs for non-medical purposes in that year (down from 2.7 per cent in 2010 and 2.8 per cent in 2009). This included declines in the percentage of those aged 12 or older using pain-relieving drugs "non-medically" from 2.1 per cent in 2009 to 2 per cent in 2010 and 1.7 per cent in 2011, and a decline in the percentage of those using tranquillizers for non-medical purposes from 0.9 per cent in 2010 to 0.7 per cent in 2011. The proportion of those individuals aged 12 or older using stimulant and sedative psychotherapeutic drugs remained constant, at 0.4 per cent and 0.1 per cent respectively.

504. The same survey also presented data on the methods used to obtain psychotherapeutic drugs for non-medical use. As in the previous National Survey on Drug Use and Health (for 2010), the most recent data show that over one half of non-medical users of pain relievers, tranquilizers, stimulants and sedatives aged 12 or older obtained the prescription drugs they most recently used "from a friend or relative for free".

505. According to figures for 2011 contained in the Canadian Alcohol and Drug Use Monitoring Survey, the rates for both lifetime and past-year abuse of several drugs in Canada declined. According to the survey, lifetime cannabis use reported among Canadians 15 years of age or older in 2011 was 39.4 per cent, compared with the 44.5 per cent reported for 2004. The number of respondents reporting having used cannabis in the past year also significantly declined to 9.1 per cent in 2011, from 14.1 per cent for 2004. Rates of past-year abuse of cocaine for 2011 (0.9 per cent), MDMA ("ecstasy") (0.7 per cent) and methamphetamine (0.7 per cent) remained relatively unchanged. The survey also reveals that, in 2011, 22.9 per cent of Canadians aged 15 years or older used psychoactive pharmaceuticals (tranquillizers/sedatives, stimulants, opioid pain relievers).

506. According to figures for 2010/11 reported in the Youth Smoking Survey, past-year use of cannabis among Canadian students in grades 7 to 12 significantly decreased, from 27 per cent in 2008/09 to 21 per cent in 2010/11. At 23 per cent, past-year use among males continued to be higher than among females (19 per cent). The average age of first use of cannabis remained unchanged from 2008/09 at 13.7 years of age. The survey findings also reveal that the decline in abuse of other drugs in the general population, as reported in the Canadian Alcohol and Drug Use Monitoring Survey, was also observed among this age group. According to the Youth Smoking Survey, prevalence of past-year use of MDMA ("ecstasy") declined from 6 per cent in 2008/09 to 5 per cent in 2010/11, while abuse of hallucinogens during the same period declined from 7 per cent to 4 per cent. A decrease in abuse of psychoactive substances among the students surveyed was also noted, with 5 per cent of respondents reporting having abused psychoactive substances, a 2-per-cent decrease over the same figures for 2008/09.

507. In the United States, the Monitoring the Future study revealed that the prevalence rates for past-month, past-year and lifetime abuse of cannabis among high school students had increased for the third consecutive year. The study also reported a significant increase in daily cannabis abuse among respondents in 2011, continuing a trend noted in 2010 data. According to the 2011 figures, 1.3 per cent of eighth graders, 3.6 per cent of tenth graders and 6.6 per cent of twelfth graders (representing 1 in 15 twelfth graders) reported abusing cannabis on a daily or near-daily basis. Those increases were accompanied by decreases in the perception of risks associated with the use of cannabis. The Board notes that this development occurred in the context of campaigns promoting the legalization of cannabis for medical purposes as well as the decriminalization of cannabis for

non-medical purposes. With respect to the abuse of synthetic cannabinoids by high school students, the study cited data from its 2011 survey (predating the scheduling of those substances) indicating that 11.4 per cent of twelfth graders had reported abusing those substances in the previous 12-month period, making the substance second only to cannabis among illicit drugs abused by twelfth graders.

508. According to figures released in June 2012 by the United States Department of Health and Human Services in its Treatment Episode Data Set, the percentage of admissions to state-funded substance abuse treatment facilities for non-heroin opiates as the primary substance of abuse continued to increase. The data reveal that, from 1997 to 2010, admissions for opiates other than heroin, including oxycodone, hydrocodone and codeine, as the primary substance of abuse increased from 1 per cent to 8.6 per cent, making those substances more likely than cocaine or methamphetamine to lead to admission for treatment. Admissions for primary abuse of cannabis increased from 16 per cent in 2007 to 18.4 per cent in 2010, while admissions for heroin remained stable.

509. In Canada, widespread abuse of OxyContin, particularly among the country's First Nations communities, led to its removal from the market in March 2012 and its replacement by OxyNeo, a new medication the manufacturer claimed was more difficult to abuse and less likely to cause addiction. In recent years, abuse of OxyContin continued to plague many First Nations communities, particularly in the country's vast north. Traffickers took advantage of the drug's highly addictive properties and of the scarcity of supply in remote northern regions to inflate prices and increase profits. In some communities, the rate of abuse of oxycodone was over 80 per cent of the working age population, leading one First Nations chief to declare a state of emergency in his community. Drug abuse among Canada's First Nations communities has remained a major threat to public health in these communities. Despite the challenges caused by widespread drug addiction among First Nations communities, the Government of Canada has reduced or eliminated funding for many First Nations health initiatives pursuant to austerity measures contained within the federal budget it presented in March 2012. The Board wishes to remind the Government of Canada of the importance of ensuring adequate support for community-based drug prevention, treatment and rehabilitation initiatives, including those within First Nations communities.

South America

1. Major developments

510. The region of South America suffers from the illicit cultivation of coca bush, opium poppy and cannabis plant, as well as the manufacture and production of and trafficking in the illicit drugs stemming from that cultivation. There is significant and growing abuse of these plant-based drugs among the region's population, as well as growing use of synthetic drugs of abuse, both those manufactured illicitly and those diverted from licit channels. In 2011, the total area of illicit coca bush cultivation significantly decreased in Bolivia (Plurinational State of) (27,200 ha) and slightly increased in Colombia (64,000 ha) and Peru (62,500 ha). The total area under illicit coca bush cultivation in South America in 2011 was estimated at 153,700 ha, indicating a minor decrease from the 154,200 ha reported in 2010.

511. As research is ongoing to determine the ratios for the conversion of coca leaf to cocaine in South America, UNODC did not provide any estimate of the global potential manufacture of cocaine in 2011. In 2010, UNODC estimated that the total global potential manufacture of cocaine ranged from 788 to 1,060 tons, indicating a decline in cocaine manufacture since the period 2005-2007.

512. Following the rejection of a proposal to amend article 49 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, concerning the abolishment of coca-leaf chewing by the parties to the Convention, the Government of the Plurinational State of Bolivia formally deposited with the Secretary-General an instrument of denunciation of the 1961 Convention as amended by the 1972 Protocol. The denunciation of the Convention took effect on 1 January 2012. In 2012, the Government launched an international campaign to solicit the support of States parties to the 1961 Convention for its strategy to re-accede to that Convention with a reservation. The Board expressed its concern in its annual report for 2011 that if the international community were to adopt an approach whereby States parties would use the mechanism of denunciation and re-accession with reservations to overcome problems in the implementation of certain treaty provisions, the integrity of the international drug control system would be undermined.

513. The Board noted with concern that in August 2012, the Government of Uruguay presented to its national congress a proposed law to legalize the production and sale of cannabis in the country. According to the proposed

law, the Government would assume control and regulation over the activities of importing, producing, acquiring title to, storing, selling and distributing cannabis herb and its derivatives. If adopted, the law could be in contravention of the international drug control conventions to which Uruguay is a party. The Board, in line with its mandate, has sought a dialogue with the Government of Uruguay to promote the country's compliance with the provisions of the international drug control treaties, in particular the 1961 Convention.

514. The Heads of State and Government of the Americas attending the Sixth Summit of the Americas held in Cartagena de Indias, Colombia, in April 2012 released a final communiqué in which they expressed concern that criminal organizations involved in drug trafficking continue their attempts to infiltrate societies and undermine democratic institutions. The Heads of State and Government also mandated OAS to prepare a report on the drug problem in the Americas.

515. The abuse of cocaine in the Americas is no longer confined to North America and a few countries in the Southern Cone, but has spread across Latin America and the Caribbean. According to a CICAD report entitled *Report on Drug Use in the Americas: 2011*, in the period 2002-2009 about 27 per cent of cocaine abusers in the hemisphere were found in South America. The report, released in March 2012, also warns about the adverse health effects of the abuse of a variety of smokeable substances that are produced during the processing of cocaine hydrochloride.

2. Regional cooperation

516. The aim of the CICAD Multilateral Evaluation Mechanism is to make periodic recommendations to CICAD member States on improving their capacity to address drug trafficking and abuse and enhance multilateral cooperation. At its fiftieth regular session, held in Buenos Aires from 2 to 4 November 2011, CICAD approved a draft resolution entrusting an intergovernmental working group with the development of a draft proposal for a new assessment instrument to replace the current Multilateral Evaluation Mechanism questionnaire, considering the objectives of the current Hemispheric Drug Strategy.

517. In an effort to strengthen the fight against drug trafficking and organized crime in the region, the International Criminal Police Organization (INTERPOL) Regional Bureau for South America held the American Meeting of National Agencies Related to the Fight against Drugs Traffic in South America, in Buenos Aires from 9 to 11 November 2011. The meeting, among other things, approved the establishment of a permanent group of national experts in the fight against drugs to foster efforts to build and implement future joint transnational operative activities in the region.

518. The Cooperation Programme between Latin America and the European Union on Drug Policies organized the International Conference on the theme "Synthetic drugs, an emerging phenomenon in Latin America", held in Cartagena de Indias, Colombia, from 1 to 4 November 2011. Experts from counter-narcotics police units and national prosecution agencies from Argentina, Bolivia (Plurinational State of), Chile, Colombia, Ecuador and Uruguay, together with delegates from Europe, Central America and North America and international organizations including the Police Community of the Americas (AMERIPOL), EMCDDA and Europol shared their experiences regarding the use of the early warning system, the importance of reference laboratories for forensic analysis and police research and investigations on legal psychoactive substances ("legal highs"), precursors and chemical substances used to manufacture synthetic drugs.

519. The issue of combating microtrafficking of illicit drugs received increased attention from experts from Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay and Venezuela (Bolivarian Republic of) who attended the meeting of the Union of South American Nations South American Council on the World Drug Problem, held in Asunción, on 22 and 23 March 2012. The participants in the meeting called for a major commitment at the international level to address the problem.

520. "Drugs in severely excluded populations" was the theme of the XIV Ibero-American Seminar on Drugs and Cooperation, which took place in Santiago from 16 to 20 April 2012. The event was jointly organized by the Ibero-American Network of Non-Governmental Organizations Working in Drug Addiction, the National Service for the Prevention and Rehabilitation of Drug and Alcohol Use of Chile (SENDA) and the Central University of Chile, and was sponsored by CICAD and the National Plan on Drugs of Spain.

521. In Lima in June 2012, the Andean Community, the European Union and the Pan American Health Organization launched an Andean region drug-abuse prevention programme entitled "Strong families: love and limits". The initiative will be implemented jointly through workshops in households with teenagers between 10 and 14 years of age from Bolivia (Plurinational State of), Colombia, Ecuador and Peru. The project is based on

validated experiences and work carried out in several countries in Central and South America.

522. The Government of Peru hosted the International Conference of Ministers of Foreign Affairs and Heads of Specialized National Agencies against the World Drug Problem, in Lima on 25 and 26 June 2012. The heads of delegation adopted the Lima Declaration recognizing the need to intensify efforts to achieve the goals established in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. It was also re-emphasized at the meeting that this issue must be addressed in a multilateral, regional and bilateral framework, under the principle of common and shared responsibility.

3. National legislation, policy and action

523. Reduction of drug abuse and the strengthening of policies and prevention programmes, focused in particular on vulnerable population groups, as well as the regular conduct of drug-abuse surveys, were among the objectives of a drug strategy for 2011-2015 adopted by the Government of the Plurinational State of Bolivia. In the area of drug supply reduction, the objectives of the strategy also include eradication of any coca bush cultivation in excess of the 20,000 ha authorized by the Government of the Plurinational State of Bolivia (12,000 ha of coca in the Yungas of La Paz, 7,000 ha in the Tropics of Cochabamba and 1,000 ha in Caranavi), and strengthening of activities addressing drug trafficking and the diversion of precursors.

524. In 2011, the Brazilian authorities increased control of the psychoactive substances lisdexamfetamine and atomoxetine (which are not currently under international control) by placing those substances under national control and including them on the national list of substances under special control. The Government also included the psychoactive substance mephedrone on the list of substances of prohibited use in Brazil.

525. In 2011, the Chilean Congress approved the law that created the Ministry of Interior and Public Safety and the National Service for the Prevention and Rehabilitation of Drug and Alcohol Use. The National Service will assume responsibility for the implementation of drug abuse prevention, treatment, rehabilitation and social reintegration policies, as well as the development of a national strategy for drugs and alcohol, and will cooperate with the Ministry of Interior and Public Safety in that regard.

526. In March 2012, representatives of the Chilean Government, including judicial authorities, and of the private sector signed an agreement that institutionalizes drug treatment courts as public policy. The agreement allows drug abusers who commit minor crimes, if it is their first offence, to receive a therapeutic intervention, on a voluntary basis, in order to reduce the recurrence of drug abuse and commission of crime.

527. The drug control legislation adopted by the Government of Colombia on 31 July 2012 recognizes that the consumption and abuse of and addiction to psychoactive substances is a matter of public health and the welfare of the family, the community and individuals. According to that law, drug addicts have the right to comprehensive care by the State and drug abuse and drug addiction should be treated as illnesses.

528. In January 2012, the Board of the National Narcotic and Psychotropic Substances Control Board of Ecuador approved the National Plan for Integrated Drug Abuse Prevention 2012-2013. The National Plan awaits approval by the President.

529. UNODC estimates that Paraguay is the largest illicit producer of cannabis in South America. In addition, large amounts of cocaine are trafficked through its territory from Bolivia (Plurinational State of), Colombia and Peru. The Board notes that in October 2011, the Government of Paraguay, in cooperation with UNODC, launched a four-year national integrated programme, to increase the responsiveness, effectiveness and efficiency of the Paraguayan State in facing the challenges posed by organized crime and drug trafficking in the country.

530. In March 2012, the Government of Peru approved the National Drug Control Strategy 2012-2016. The Strategy promotes the development of projects and activities supporting integrated and sustainable development in areas where coca bush is grown, control of the drug supply and the prevention and rehabilitation of drug abuse. Its main goals include reduction of the potential production of coca leaf by 30 per cent by 2016.

531. To improve port security and prevent the illegal use of sea containers in transnational organized criminal activities, including drug and precursor trafficking, the Governments of Guyana and Suriname joined the UNODC Container Control Programme in August 2012. In addition, in 2011 the Suriname Government approved the National Drug Master Plan 2011-2015 and the National Drug Prevention Plan 2011-2014.

532. The Government of Uruguay, to address the risk of diversion of pharmaceutical preparations containing ephedrine and pseudoephedrine, adopted a decree in

January 2012 requiring the issuance of a prescription for their dispensation.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

533. In recent years, most countries in South America have registered increases in cannabis herb seizures. In the Plurinational State of Bolivia, aggregate seizures of cannabis plant and cannabis herb rose gradually from 125 tons in 2006 to 1,900 tons in 2009. Although such seizures declined to about 1,100 tons in 2010 and about 380 tons in 2011, the amount of cannabis plant and cannabis herb seized in the Plurinational State of Bolivia from 2008 to 2011, amounting to 3,500 tons, continued to be a matter of concern.

534. In Brazil, seizures of cannabis herb increased by 12 per cent, from 155 tons in 2010 to 174 tons seized in 2011. Most of the seized cannabis originated in Paraguay.

535. In the period 2004-2006, Colombian authorities seized an average of 130 tons of cannabis herb per year; in the period 2007-2009, that figure rose to about 215 tons per year. In 2011, the seizures of cannabis herb further increased to 321 tons. According to the past reports of the national authorities, cannabis seized in some parts of the territory contained high levels of tetrahydrocannabinol (THC), ranging from 8 to 20 per cent. Cannabis cultivated in Colombia is abused locally but also has been smuggled to countries in Central America.

536. Seizures of cannabis herb in Chile increased from 8.4 tons in 2010 to 14.6 tons in 2011; in Ecuador such seizures almost doubled, from 2.5 tons in 2010 to 4.6 tons in 2011. The 310 tons of cannabis herb seized in Paraguay in 2011 was more than three times as much as that seized in 2009; the 2 tons of cannabis herb seized in Uruguay in 2011 was the largest amount seized in the country in the past decade; and in Peru, the 157 tons of eradicated cannabis plants was the largest amount eradicated in the country in the past decade.

537. In the Bolivarian Republic of Venezuela, the Government increased sanctions for trafficking in genetically modified cannabis in order to discourage trafficking of cannabis with a high THC content. According to the Government, cannabis trafficking towards the Bolivarian Republic of Venezuela significantly decreased, as corroborated by the amounts of seizures of cannabis herb, which dropped from 39 tons in 2010 to 15.8 tons in 2011. Seizures of cannabis with high levels of THC, however, still occurred.

538. The large seizures of cannabis in South America are a source of concern, as they might be a sign of a significant increase in the magnitude of cannabis production in the region. The Board calls upon the Governments of the countries in South America to determine, to the extent possible and in cooperation with UNODC, the magnitude of and current trends in the illicit cultivation and use of cannabis plants in their territories and to further strengthen their efforts to combat such cultivation.

539. The Bolivian drug strategy for 2011-2015 envisages measures to limit the cultivation of coca bush to 20,000 ha that have been authorized by the Government for that use. The measures include the publication of maps delimiting areas of authorized cultivation, voluntary eradication of at least 5,000 ha per year, forced eradication and activities to prevent the cultivation of new coca plants.

540. From 2006 to 2010, the area of eradicated, illicitly cultivated coca bush in the Plurinational State of Bolivia ranged from 5,070 to 8,200 ha. In 2011, eradication efforts increased in the country. The Bolivian authorities eradicated a total of 10,500 ha under illicit coca bush cultivation, 2,300 ha more than in 2010. The Board notes with appreciation that the area under illicit cultivation in the Plurinational State of Bolivia decreased by 12 per cent, from 31,000 ha in 2010 to 27,200 ha in 2011, and wishes to encourage the Government to further step up its efforts to prevent the illicit cultivation of coca bush in the country.

541. The area under coca bush cultivation in Colombia rose to 64,000 ha in 2011, up by 2,000 ha (or 3 per cent) compared with 2010. More than half of the area under coca bush cultivation (63 per cent) was concentrated in four departments: Nariño, Putumayo, Guaviare and Cauca. In 2011, the Government manually eradicated 34,170 ha of coca bush and sprayed a total of 103,302 ha. While aerial spraying remained at 2010 levels, manual eradication decreased by 22 per cent.

542. Recent studies carried out by the Government of Colombia and UNODC indicate that the coca leaf yield per hectare has decreased. According to these studies, a number of factors, including reduced use of fertilizers and the pressure exerted by eradication leading to smaller coca bush plots further away from settlements could have contributed to the decreased coca leaf yield. The potential cocaine manufacture in Colombia in 2011, 345 tons (down 1 per cent, from 350 tons in 2010), was the smallest since 1998.

543. The goals of the Peruvian National Drug Control Strategy 2012-2016 include reducing the potential

production of coca leaf by 30 per cent by 2016. To achieve that goal, the strategy envisages gradually increasing eradication efforts, starting with 14,000 ha to be eradicated in 2012 and up to 30,000 ha in 2016. In 2011, the Peruvian authorities eradicated 10,290 ha under illicit coca bush cultivation, about 1,700 ha less than in 2010.

544. In 2011, Peru changed its methodology for calculating the area under illicit coca bush cultivation. The area under such cultivation increased, and at the end of 2011 amounted to 62,500 ha.

545. The illicit cultivation of coca bush, albeit on a small scale, slightly increased in Ecuador in 2011. During that year the national competent authorities eradicated 14 ha of coca bush.

546. Although global seizures of cocaine remained rather stable in the period 2006-2010, the purity of cocaine seized over that period decreased. As a result, the total amount of pure cocaine seized worldwide actually decreased.

547. In 2011, cocaine seizures decreased in several countries, including Brazil, Colombia, Peru and Uruguay. In Colombia, seizures of cocaine (salts) decreased from 164.8 tons in 2010 to 146.1 tons in 2011, and in Peru seizures of cocaine (base and salts) decreased from 31.1 tons in 2010 to 24.7 tons in 2011.

548. In Brazil, seizures of cocaine (base and salts) decreased from 27.1 tons in 2010 to 24.5 tons in 2011. More than 50 per cent of cocaine seized in Brazil originated in Bolivia (Plurinational State of), about 40 per cent in Peru and less than 10 per cent in Colombia.

549. In the Plurinational State of Bolivia, seizures of cocaine (base and salts) increased from 29.1 tons in 2010 to 34 tons in 2011. Seizures of cocaine (base and salts) also increased in Ecuador, from 15.5 tons in 2010 to 21.3 tons in 2011, and in Venezuela (Bolivarian Republic of), from 24.9 tons in 2010 to 26.3 tons in 2011. In Ecuador, microtrafficking in drugs has increased. In Chile and Paraguay seizures of cocaine remained relatively stable.

550. Semi-submersible and submersible vessels have been used by drug trafficking organizations operating in South America to minimize the risk of detection of the smuggling of cocaine from the region at least since 1993, when the first semi-submersible vessel was seized. From that time until mid-2012, law enforcement agencies seized over 70 submersible and semi-submersible vessels worldwide. In 2011, 33 per cent of cocaine seized by the Colombian army was transported by "go-fast" vessels and 17 per cent by submersible and semi-submersible vessels. In June 2012, the Colombian army seized a 20-metre-long semi-submersible vessel made of fibreglass. It is estimated that the construction of the vessel cost about $1 million.

551. In 2011, laboratories illicitly manufacturing cocaine hydrochloride were dismantled in all main coca leaf-producing countries. In Bolivia (Plurinational State of) 25 laboratories were dismantled, in Colombia 200 laboratories and in Peru 19 laboratories. In Colombia, farmers process about 1 per cent of coca leaf into coca paste and 66 per cent into coca base; only 33 per cent of coca leaf is sold unprocessed. Currently, the traffickers use the process of reoxidation of coca base before its conversion into cocaine hydrochloride.

552. Cocaine processing laboratories were also destroyed in Ecuador and Venezuela (Bolivarian Republic of) in 2011. In Ecuador, police authorities dismantled five laboratories processing cocaine base originating in Colombia and Peru. In the Bolivarian Republic of Venezuela, in the states of Táchira and Zulia, bordering Colombia, the national authorities destroyed a total of 17 illicit drug laboratories.

553. Although the illicit cultivation of opium poppy still exists in some countries in South America, the magnitude of that cultivation is much less than that of cannabis plant and coca bush cultivation. In Colombia, the potential manufacture of heroin was estimated to be one ton in 2011.

554. In recent years, small areas of opium poppy were reportedly eradicated in Colombia, Ecuador and Peru. In 2011, the illicit cultivation of opium poppy in Colombia (338 ha) represented about 0.2 per cent of worldwide cultivation. Heroin manufactured in Colombia is destined for markets in Europe, Mexico and the United States. There are also indications of increased demand for the substance within the country. In 2011, the Colombian authorities destroyed one illicit laboratory manufacturing heroin and seized 522 kg of heroin and 205 kg of opium.

555. From 2001 to 2010, the Peruvian authorities eradicated a total of 585 ha of opium poppy in the country. No eradication of opium poppy was reported in 2011. In addition to five ha of illicit opium poppy eradicated in Ecuador in 2011, the national competent authorities reported over 100 incidents of heroin seizures, totalling 155 kg. Seizures of small amounts of opium or heroin were also reported by other countries in South America.

(b) Psychotropic substances

556. Although the issue of the non-medical use of pharmaceutical drugs and the use of prescription drugs without a medical prescription, whether as

self-medication or for recreational use, has gained greater attention in the Americas, specific information on such non-medical use in the region is still limited. For example, standardized surveys on drug abuse among high school students in the Americas enquire about the use of pharmaceuticals in the broad categories of tranquillizers and stimulants.

557. According to the recent CICAD *Report on Drug Use in the Americas: 2011*, the past-year prevalence of the use of tranquillizers without a medical prescription among secondary school students in Bolivia (Plurinational State of), Colombia and Paraguay was higher than 6 per cent. The report also indicates that although the prevalence of non-medical use of pharmaceutical substances varies a great deal from country to country, many countries in the Americas that have relatively low rates of abuse of illicit drugs showed higher rates of misuse of pharmaceutical and prescription drugs.

558. Justifiable concerns over the spreading abuse of synthetic drugs in South America can be corroborated by seizures of sizeable amounts of amphetamine-type stimulants in the region, including in Argentina, Brazil, Chile, Colombia, Ecuador and Uruguay in 2011. For example, in Brazil alone, 170,000 units of amphetamine, 48,000 units of methamphetamine and 259,000 units of MDMA ("ecstasy") were seized in 2011.

(c) Precursors

559. Most of the world's reported seizures of Table II acids and solvents occur primarily in the three coca-producing countries of the Andean region. Between 2005 and 2011, Bolivia (Plurinational State of), Colombia and Peru accounted for roughly 40 per cent of global seizures of sulphuric acid and hydrochloric acid.

560. In Colombia, traffickers recycle liquid precursors in order to minimize the risk of disclosure of illicit manufacture of cocaine, as well as to minimize the costs of cocaine manufacture. Perhaps as a result, seizures of acids and solvents decreased in Colombia in the past two years. The Colombian authorities also reported cases of clandestine manufacture of sulphuric acid from sulphur that can be found in mines in volcanic areas in the country.

561. Although the extent of illicit use of potassium permanganate and the methods of its diversion have changed in South America in the past few years, the substance remains the key oxidizing agent used in the manufacture of cocaine hydrochloride in the region. In 2011, countries in South America accounted for 97 per cent of global seizures of potassium permanganate (36.9 tons). In that year Colombia seized 24.0 tons, Bolivia (Plurinational State of) 9.9 tons and Peru 2.0 tons of the substance. In addition, the Colombian authorities dismantled seven illicit laboratories manufacturing potassium permanganate.

5. Abuse and treatment

562. According to UNODC and the latest Government sources, the annual prevalence rates of cannabis abuse in the general population in Bolivia (Plurinational State of) (4.5 per cent), Chile (4.9 per cent), Suriname (4.3 per cent) and Uruguay (8.3 per cent) were the highest in South America. Among youth, the prevalence of cannabis abuse is even higher. For example, in Chile, 16.2 per cent of young people 15 to 16 years old and in Uruguay 12.5 per cent of youth 13 to 17 years old used cannabis in the past year.

563. According to the preliminary results of a drug abuse survey released in 2012 by the National Institute of Public Policy for Alcohol and Other Drugs and the Federal University of São Paulo in Brazil, 7 per cent of the adult population in the country aged 19 to 59 have consumed cannabis at least once in their lives; over 60 per cent of those had done so before the age of 18. Even though cannabis consumption rates in Brazil are relatively low, the dependence rates are high; 37 per cent of cannabis users are dependent on the substance. The survey also found that three quarters of the Brazilian population was against the legalization of cannabis.

564. The results of the national survey on the consumption of psychoactive substances in the school population, conducted in Colombia in 2011, indicated that 7.0 per cent of the school population in the country, 11 to 18 years old, had abused cannabis herb at least once in their lives.

565. UNODC estimated that the overall average of the annual prevalence of cocaine abuse in South America in 2010 remained essentially stable, estimated at 0.7 per cent. The recent Brazilian drug abuse survey indicates that the last-year prevalence of cocaine abuse (any form of cocaine) among the adult population was 2 per cent. Despite a reported decline in cocaine abuse in some countries in the region, including Argentina and Chile, the demand for treatment for cocaine abuse exceeds demand for treatment for abuse of any other illicit drug.

566. Coca-based products obtained at various processing stages, mostly referred to as cocaine base paste, are likely to be some of the most addictive and noxious substances abused in several countries in South America. According to the recent CICAD survey on drug abuse in the Americas, the lifetime prevalence rates for cocaine base

paste in Argentina, Bolivia (Plurinational State of), Chile, Colombia, Ecuador, Peru and Uruguay were found to be 1 per cent or higher. There appears to be a variety of local forms of cocaine base paste, known as paco, basuco, pasta base or coca paste. More research, however, needs to be done in the different countries to determine whether these substances are indeed different substances or whether they should be classified as variants of the same substance.

567. The latest estimates of annual prevalence of the abuse of opioids for most of the countries in South America are at least five years old; therefore, a reliable comparison of opioid abuse within the region is not possible. According to the available data, the lowest rate of abuse of opioids in South America, 0.02 per cent, was reported in Colombia in 2008 and Venezuela (Bolivarian Republic of) in 2011, respectively. The highest rates of abuse of opioids were reported in Bolivia (Plurinational State of) in 2007 (0.6 per cent) and Brazil, in 2005 (0.5 per cent). In Brazil, non-medical use of prescription opioids accounted for most of the opioids abused.

568. Concern over rising levels of the abuse of synthetic drugs among South American youth also continued to grow. High annual prevalence of abuse of amphetamine-type stimulants among young people was reported, for example, in Argentina, Chile and Colombia. According to the latest information provided by Governments, 1.4 per cent and 1.6 per cent of youth aged 15 to 16 years old in Argentina and Chile, respectively, used MDMA ("ecstasy") in the past 12 months.

569. According to the CICAD *Report on Drug Use in the Americas: 2011*, inhalant abuse may be a growing problem in the Americas, as youth seek out licit and easily available substances. Once considered to be a drug used almost exclusively by street children, the report indicates that inhalant abuse is firmly established among high school students in Latin America and the Caribbean. In most countries in both Latin America and the Caribbean, inhalants are the most common substance of abuse after cannabis and, in some countries, the past-year prevalence of abuse of inhalants exceeds the prevalence of cannabis abuse.

C. Asia

East and South-East Asia

1. Major developments

570. In 2011, East and South-East Asia continued to be the region with the second largest total area under illicit opium poppy cultivation, accounting for over 20 per cent of illicit opium poppy cultivation worldwide. Increased illicit opium poppy cultivation was reported by the Lao People's Democratic Republic and Myanmar for six consecutive years, beginning in 2007. From 2011 to 2012, the total estimated area under cultivation in the two countries increased by approximately 66 per cent and 17 per cent, respectively, indicating potential growth in opium production. In view of the continued increase in illicit opium poppy cultivation in the region, the Board again urges the Governments of the Lao People's Democratic Republic and Myanmar to take the necessary actions to curtail illicit opium poppy cultivation. The Board calls upon the international community, in particular UNODC, and other countries of the region, to strengthen assistance to the Lao People's Democratic Republic and Myanmar, including for alternative development programmes and illicit crop eradication.

571. East and South-East Asia continued to be a manufacturing hub and a growing illicit market for amphetamine-type stimulants, in particular methamphetamine. Seizures of methamphetamine in East and South-East Asia accounted for almost half of the global total in 2010. In 2011, most countries of the region continued to report increased seizures of methamphetamine. Furthermore, evidence has shown that the illicit manufacture of amphetamine-type stimulants has expanded from traditional manufacturing countries such as China and Myanmar to other countries, including Cambodia, Indonesia, Malaysia, the Philippines and Thailand. Ephedrine and pseudoephedrine, substances used in the illicit manufacture of amphetamine-type stimulants, continued to be trafficked in large quantities in the region.

572. Trafficking in and abuse of prescription drugs and over-the-counter pharmaceutical preparations containing internationally controlled substances are serious problems in East and South-East Asia. In Malaysia, a clandestine laboratory manufacturing tablets containing nimetazepam (a sedative-hypnotic benzodiazepine, also known as Erimin 5) was dismantled in 2010. Few benzodiazepines had ever been illicitly manufactured in other countries. That operation, together with the recent seizures of nimetazepam tablets, raised concern about Malaysia emerging as a country used for the illicit manufacture of, and as a transit area for, benzodiazepines destined for illicit markets in other countries. Many countries of the region have also reported abuse and seizures of drugs containing morphine, codeine and benzodiazepines, some of which had been smuggled out of South Asia, stolen or obtained from pharmacies with forged prescriptions. The Board therefore urges

Governments of the region to strengthen control measures over international trade in and domestic distribution of prescription drugs and over-the-counter pharmaceutical preparations containing internationally controlled substances and to closely monitor patterns of and trends in trafficking in and abuse of those drugs in order to devise effective countermeasures.

573. In response to the recent challenges posed by the abuse of emerging psychoactive substances, in 2011 the Government of the Republic of Korea introduced a temporary scheduling scheme and a drug analogue management system in order to bring new substances under national control in a timely manner. The substances that have been scheduled under these control schemes include synthetic cannabinoid receptor agonists and MDPV.

2. Regional cooperation

574. The Fifth Association of Southeast Asian Nations (ASEAN) Plus Three Ministerial Meeting on Transnational Crime, for ASEAN members plus China, Japan and the Republic of Korea, was convened in Bali, Indonesia, in October 2011. Delegates at the meeting reaffirmed the commitment of their countries to consolidating cooperation between ASEAN member States and China, Japan and the Republic of Korea in combating transnational crime. In addition, a plan of action to implement the memorandum of understanding between ASEAN and China on cooperation on non-traditional security issues, including the issue of drug trafficking, was adopted to further enhance cooperation between the two parties in the areas of information exchange, personnel training, law enforcement, and research and analysis.

575. In November 2011, the International Seminar Workshop on Sustainable Alternative Development was held in Chiang Rai and Chiang Mai, Thailand. The seminar was jointly organized by the Governments of Peru and Thailand and attended by over 100 participants from 27 countries. The purpose of the seminar was to gather and assess information for developing a set of international guidelines for more effective alternative development programmes in areas where illicit crops are grown. The outcome of the meeting was reported to the Commission on Narcotic Drugs at its fifty-fifth session, in March 2012.

576. The seventeenth Asia-Pacific Operational Drug Enforcement Conference was held in Tokyo in February 2012. Participants from 38 countries shared information on the current drug situation in the Asia-Pacific region, with the aim of strengthening international cooperation in drug law enforcement, in particular to counter the threat posed by trafficking in amphetamine-type stimulants.

577. The twentieth ASEAN Summit was held in Phnom Penh in April 2012. At that summit, Heads of State and Government of ASEAN member States adopted a declaration in which they affirmed the goal of a drug-free ASEAN community by 2015 and decided that relevant ministers should accelerate the implementation of the ASEAN Work Plan on Combating Illicit Drug Production, Trafficking and Use (2009-2015). The leaders also decided that annual reports on the progress of implementation in the area of drug control should be submitted to ASEAN. Furthermore, they stressed the importance of sharing information and best practices of law enforcement and the necessity of enhancing cooperation with ASEAN external partners.

578. In February 2012, the Asian Centre for Certification and Education of Addiction Professionals (ACCE), established by the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific, organized the Second Regional Training of Trainers for Addiction Treatment Practitioners in Bangkok. Medical professionals working in the area of treatment of substance abuse in Malaysia, Maldives, Pakistan, the Philippines, Singapore, Sri Lanka and Thailand attended the training. A similar training session organized by ACCE took place in Kuala Lumpur in April 2012. Those training initiatives were aimed at training, expanding and professionalizing the drug abuse treatment workforce in the region.

579. In February 2012, the Government of Thailand entered into an agreement with UNODC to support alternative development efforts in the Lao People's Democratic Republic. Furthermore, in March 2012, Thai authorities launched a regional partnership on drug control aimed at strengthening drug control cooperation with neighbouring countries, in particular Cambodia, China, the Lao People's Democratic Republic, Myanmar and Viet Nam. Under the strategy, capacity-building projects and intelligence exchange between Thailand and those countries have been implemented. Additionally, the Thai authorities have taken part in joint patrols along the Mekong river with the authorities of China, the Lao People's Democratic Republic and Myanmar to intercept vessels used by drug traffickers.

580. The twenty-ninth International Drug Enforcement Conference took place in Bali, Indonesia, in June 2012. Law enforcement officials from over 70 countries participated in the annual meeting under the theme of enhancing international partnerships to combat drug

crimes. Meeting participants stressed the importance of strengthening international and regional cooperation and sharing intelligence in fighting drug trafficking, including transnational drug trafficking with links to terrorism. The new modi operandi of drug traffickers for financing terrorist acts were also discussed.

581. In July 2012, a regional workshop was organized by the UNODC global SMART programme in Phnom Penh. At that workshop, participants were given an update on the trafficking and abuse of amphetamine-type stimulants in the region, as well as national countermeasures. The threats and challenges posed by emerging new psychoactive substances on the market were also discussed. Over 40 drug control officials from 11 countries (Brunei Darussalam, Cambodia, China, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam) attended the workshop.

582. Cooperation between ASEAN and the Government of the Republic of Korea in the area of drug control continued to be further strengthened. There are plans for the establishment in Seoul of the Asia-Pacific information and coordination centre, a joint project of the Government of the Republic of Korea and ASEAN. The member agencies of the centre will include law enforcement authorities from Brunei Darussalam, Cambodia, Indonesia, the Lao People's Democratic Republic, the Philippines, the Republic of Korea, Singapore, Thailand and Viet Nam. The mandate of the centre will be to improve information-sharing and cooperation with respect to countering drug trafficking in the region. The centre will also facilitate the formulation of regional drug control strategies and provide technical assistance in drug law enforcement.

3. National legislation, policy and action

583. In 2012, the Government of China adopted a series of control measures to prevent the diversion of pharmaceutical preparations containing ephedrine and pseudoephedrine from domestic distribution channels to the illicit market. Such measures include requiring prescriptions for purchasing those pharmaceutical preparations at pharmacies and the registration of personal information (such as name and identification number) when making such a purchase. Manufacturers and distributors found to have engaged in diverting such preparations will be subject to severe legal liabilities, such as the revocation of their licences. Those control measures were introduced in response to the increase in illegal sales of pharmaceutical preparations containing ephedrine and pseudoephedrine by pharmaceutical companies and pharmacies to drug traffickers in the country.

584. Two new pieces of legislation were recently enacted by the Government of Indonesia. A regulation on compulsory reporting by drug addicts provides that drug abusers, or their family members, have to report to the authorities in order to receive treatment and rehabilitation services. A regulation on precursors provides Government control over all activities involving precursors, from manufacture, import and export to packaging and distribution. The regulation requires that relevant Government agencies prepare annual legitimate requirements for precursors used in the country and report such statistics to the Board.

585. The Government of the Republic of Korea has strengthened controls over precursor chemicals in the form of raw materials. As at June 2012, any activities relating to the manufacture, import or export of precursor chemicals must be approved by the competent national authorities.

586. The Government of Singapore has amended the Misuse of Drugs Act to expand the reporting obligations of medical practitioners. The amended Act requires medical practitioners to report the duration of treatment periods and the dosage and quantities of selected prescription drugs that are prescribed to suspected drug addicts, such as those containing benzodiazepines, zolpidem, codeine and substances not under international control such as dextromethorphan and tramadol. This additional information would assist relevant authorities in identifying possible trends in the abuse of prescription drugs. Furthermore, to facilitate the submission of such reports, a web-based electronic notification system has been introduced.

587. The Government of Viet Nam launched its new national drug control and crime prevention strategies in July 2012. The strategies highlight the need for a comprehensive national response that combines effective law enforcement, drug abuse treatment and rehabilitation measures that allow for better integration of former drug dependent persons into society and the active participation of communities in crime prevention.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

588. Illicit opium poppy cultivation in the Lao People's Democratic Republic and Myanmar continued to increase in 2012. Approximately 51,000 ha of opium poppy were estimated to have been illicitly cultivated in Myanmar in

2012, representing an increase of about 17 per cent over 2011. UNODC estimates that about 300,000 households were involved in illicit opium poppy cultivation in Myanmar, the majority in Shan state. In the Lao People's Democratic Republic, illicit opium poppy cultivation continued its steady increase, from 1,500 ha in 2007 to 6,800 ha in 2012.

589. Some eradication of illicit opium poppy took place in the Lao People's Democratic Republic, Myanmar and Thailand. According to the UNODC *South-East Asia Opium Survey 2012*, the authorities of the Lao People's Democratic Republic and Myanmar eradicated about 700 ha and 23,700 ha of opium poppy, respectively, in 2012, which was equivalent to approximately 42 per cent of that year's total estimated cultivation in the two countries. The Government of Thailand eradicated 205 ha, which accounted for nearly 98 per cent of the total estimated cultivation during 2011-2012.

590. Illicit cannabis cultivation and cannabis seizures continued to be reported by Indonesia and the Philippines, the countries with the largest illicit cultivation of cannabis plants in East and South-East Asia. In Indonesia, approximately 24 tons of cannabis herb were seized in 2011, a slight increase over the total amount seized in 2010. About 1.8 million cannabis plants were eradicated in 2011, most of which was concentrated in Aceh province. In addition to the supply of cannabis through large-scale domestic cultivation, small quantities of cannabis resin from Denmark and France had been smuggled into Indonesia. The authorities of the Philippines eradicated about 4 million illicitly cultivated cannabis plants in 2011. Other countries, including Cambodia, China, Japan, the Lao People's Democratic Republic, Myanmar, the Republic of Korea and Thailand continued to report cannabis seizures in 2011.

591. The region of East and South-East Asia continues to be an important market for heroin. Significant increases in heroin seizures were reported in China, where over 7 tons were seized in 2011, compared with 5.4 tons in 2010. In 2012, authorities of the Lao People's Democratic Republic destroyed over 12 kg of heroin that had been seized in the country. Most of the heroin seized in the region continued to be manufactured in and smuggled out of the area known as the Golden Triangle. In addition, the smuggling of heroin from Afghanistan and mainly through Pakistan into East and South-East Asia increased in 2011.

592. Total cocaine seizures in the region declined and remained at low levels in 2011. In July 2012, however, a record seizure of 650 kg of cocaine found in a shipping container arriving from Ecuador was made in Hong Kong, China. This seizure, together with the 560 kg of cocaine seized in Hong Kong, China, in 2011, raised the concern of the city becoming a transit point for cocaine consignments originating in South America and Central America and destined for mainland China.

(b) Psychotropic substances

593. Seizures of methamphetamine in East and South-East Asia continued to increase significantly in 2011. In China, seizures of methamphetamine amounted to over 14 tons in 2011, increasing by 45 per cent from 10 tons in 2010. In Thailand, 54.8 million methamphetamine tablets and 1.2 tons of crystalline methamphetamine were seized in 2011; both of those figures represent an increase over 2010 levels. During the first eight months of 2012, the Thai authorities had already seized 50.8 million methamphetamine tablets and 870 kg of crystalline methamphetamine, indicating a possible increase in total seizures in 2012. Other countries, such as Cambodia, Indonesia and Myanmar, also reported increased quantities of amphetamine-type stimulants seized in 2011.

594. Most of the seized amphetamine-type stimulants in East and South-East Asia continued to be illicitly manufactured within the region. In 2011, China reported having dismantled 357 clandestine laboratories, most of which were found to have manufactured methamphetamine and ketamine. The authorities of Indonesia and the Philippines dismantled 14 and 6 clandestine methamphetamine laboratories, respectively, in 2011. In addition, illicit manufacture of amphetamine-type stimulants has been reported by Cambodia, Malaysia and Thailand, though on a small scale.

595. Myanmar remained an important source of illicit supply of amphetamine-type stimulants. A total of 6 million methamphetamine tablets and 33 kg of crystalline methamphetamine were seized in the country in 2011. Although no dismantling of clandestine laboratories was reported, the authorities of Myanmar indicated that all amphetamine-type stimulants seized had been domestically manufactured. There are indications that methamphetamine originating in Myanmar had been smuggled to China, the Lao People's Democratic Republic and Thailand, and from those countries to Cambodia and Viet Nam. Furthermore, recent armed clashes between drug syndicates and law enforcement authorities along the Mekong river indicated that the Mekong river was increasingly being used as a trafficking route for smuggling methamphetamine from Myanmar into its neighbouring countries.

596. Seizures of MDMA ("ecstasy") were reported mainly by Indonesia and Malaysia; in recent years, the total amount of "ecstasy" seized in those two countries has continued to grow. In 2011, over 1 million "ecstasy" tablets were seized in Indonesia, the highest level since 2008 and almost triple the number seized in 2010. In addition, five clandestine "ecstasy" laboratories were dismantled in the country. Apart from illicit domestic supply, MDMA ("ecstasy") tablets from Malaysia and the Netherlands continued to be smuggled into Indonesia. In Malaysia, according to UNODC, an MDMA ("ecstasy") clandestine laboratory was dismantled in 2010, indicating that in addition to Indonesia, Malaysia has been targeted by traffickers of "ecstasy".

597. Seizures of nimetazepam tablets in Malaysia increased significantly from 2010 to 2011. In 2010, 2 million nimetazepam tablets originating in India were seized in Malaysia. In July 2012, 3 million nimetazepam tablets were seized in a shipping container arriving in Malaysia from India via Hong Kong, China. The drugs were stuffed in black plastic bags hidden among sacks of tobacco. This seizure was one of the largest drug seizures in Malaysia in the past 10 years. Other countries, such as Indonesia and Singapore, reported large seizures of nimetazepam tablets arriving from Malaysia in 2010 and 2011.

(c) Precursors

598. One of the biggest challenges related to precursor control in East and South-East Asia remains the trafficking in precursors used for the illicit manufacture of amphetamine-type stimulants, particularly pharmaceutical preparations containing ephedrine and pseudoephedrine. In 2011, the Chinese authorities continued to seize large quantities of pharmaceutical preparations containing pseudoephedrine, which had been diverted from domestic distribution channels to supply domestic as well as foreign clandestine laboratories.

599. With the strengthening of control over pharmaceutical preparations containing ephedrine and pseudoephedrine in many countries of the region, traffickers have turned to countries with less or no control over such preparations, such as the Republic of Korea. In December 2011, 2 million tablets containing pseudoephedrine originating in the Republic of Korea were seized in Thailand. The seized drugs were intended for use in the illicit manufacture of methamphetamine in the Golden Triangle area bordering northern Thailand.

600. In July 2011, approximately 16 tons of acetic anhydride were seized as a result of a joint operation of the Chinese and Pakistan authorities. The substance had originated in China and was destined for use in illicit heroin manufacture in Afghanistan.

601. In April 2012, a joint operation of the authorities of Australia and China led to the dismantling of a transnational drug trafficking group that intended to smuggle a total of 3.4 tons of safrole-rich oil from China to Australia. Most of the safrole-rich oil, disguised as liquid hair products, had been smuggled between April and August 2011 and seized by the Australian authorities after the arrival of the shipments in Sydney. The seized substance was probably intended to be used in the illicit manufacture of MDMA ("ecstasy") in Australia.

(d) Substances not under international control

602. Ketamine seizures continued to be reported in East and South-East Asia. In 2011, China (including Hong Kong, China) reported seizures of 5.7 tons of ketamine, accounting for the majority of the total seizures of ketamine in the region. Illicit manufacture of ketamine continued to be detected in China. Furthermore, about 95 kg of ketamine were seized in 2011, indicating that Indonesia might have become an emerging market for ketamine. In addition, it is worth noting that many tablets seized in Indonesia that were to be marketed as "ecstasy" contained ketamine rather than MDMA.

603. New psychoactive substances are gaining popularity on the illicit markets in East and South-East Asia. The Republic of Korea has reported seizures of products containing synthetic cannabinoids and sold under the brand name "spice", as well as products containing MDPV and sold as "bath salts". Those substances are being increasingly smuggled into the country by mail and used as substitutes for cocaine or "ecstasy". Viet Nam and Indonesia have also reported seizures of 1-(3-trifluoromethylphenyl)piperazine (TFMPP) and *N*-benzylpiperazine (BZP).

5. Abuse and treatment

604. Heroin continues to be the primary drug of abuse in China, Malaysia, Myanmar, Singapore and Viet Nam. In China, there were about 1.2 million registered heroin-dependent persons in 2011, accounting for over 64 per cent of the total registered drug-dependent population group that year. In Myanmar, 87 per cent of the persons who received drug abuse treatment in 2011 did so for heroin abuse. While most countries of East and South-East Asia have reported heroin abuse to be stable

or decreasing, Malaysia and Singapore have reported increased heroin abuse in recent years.

605. Cannabis remains the most popular drug of abuse in Indonesia, owing mainly to its abundant domestic supply. A survey of secondary schools in Indonesia in 2011 showed that annual prevalence of cannabis abuse among students was 1.3 per cent, significantly higher than among the general population (0.5 per cent). Cannabis is the second most commonly abused drug in Japan, the Philippines, the Republic of Korea and Thailand, and the third most commonly abused drug in Malaysia and Myanmar.

606. A common trend that has been observed in most countries of the region is the increased abuse of amphetamine-type stimulants, most notably methamphetamine. Methamphetamine remains the most common drug of abuse in Brunei Darussalam, Cambodia, Japan, the Philippines, the Republic of Korea and Thailand. A considerable increase in the abuse of synthetic drugs, particularly amphetamine-type stimulants, has been reported in China, where registered cases of abuse increased by 36 per cent from 2010 to 2011. Malaysia and Singapore have also reported increased abuse of amphetamine-type stimulants.

607. Another concern relates to drug abuse among young people in the region. In China, people under the age of 35 constituted nearly 70 per cent of all synthetic drug abuse reported cases. In Thailand, young people between the ages of 15 and 19 represented the biggest drug abuse population group. In Indonesia and Myanmar, the average age of people under treatment for drug abuse was less than 30 years old.

608. An emerging challenge for the countries of East and South-East Asia is the abuse of prescription drugs and over-the-counter pharmaceutical preparations containing internationally controlled substances, mainly morphine, codeine, benzodiazepines and barbiturates. In Brunei Darussalam, a large increase in the abuse of Erimin 5 tablets, containing nimetazepam, has been reported. Benzodiazepines and barbiturates were the third most commonly abused drug group in Indonesia and the fourth most commonly abused drug group in China. Myanmar also reported increased abuse of benzodiazepines. In Malaysia, morphine was the second most commonly abused substance among individuals receiving drug abuse treatment. In Thailand, over 260 drug-related deaths in 2010 were related to the abuse of benzodiazepines.

609. Drug abuse by injection was reported by almost all countries of the region. Drugs that are commonly injected included heroin, amphetamine-type stimulants and benzodiazepines. The high prevalence of HIV/AIDS among people who abuse drugs by injection remains a serious public health risk in some countries. The Government of Indonesia estimated in 2009 that HIV prevalence among people who abused drugs by injection was nearly 50 per cent. In Myanmar, HIV prevalence among that group was about 22 per cent; in the Republic of Korea, HIV prevalence among the adult population remained very low.

610. Heroin abuse was the primary reason for people receiving treatment for drug abuse in China, Indonesia, Malaysia, Myanmar and Singapore, whereas in the Philippines, the Republic of Korea and Thailand, abuse of amphetamine-type stimulants, in particular methamphetamine, accounted for the majority of the drug addicts who received treatment. Cannabis was the most common drug of abuse of those receiving treatment in Japan. In many countries, demand for treatment increased in the past two years, in particular among persons dependent on amphetamine-type stimulants. Furthermore, a number of countries, such as China, Indonesia, Malaysia and Singapore, reported treatment of people who had abused prescription drugs, in particular those containing morphine, buprenorphine and benzodiazepines.

611. In China at the end of 2011, there were over 220,000 people receiving drug abuse treatment in compulsory treatment centres; in addition, 97,000 people were receiving drug abuse treatment in community treatment and rehabilitation centres. Methadone substitution treatment programmes continued to be expanded. By the end of 2011, there were 719 treatment units nationwide, which had provided drug substitution treatment to a total of 337,000 people.

612. In Cambodia, the UNODC-supported community-based drug treatment programme has been expanded as an alternative to compulsory treatment service since its launch in 2010. The programme provides drug-dependent persons with voluntary drug abuse treatment and care services in a variety of health centres, referral hospitals and non-governmental organizations. The services include tailored treatment plans for counselling, assessment and evaluation, vocational training and the provision of sterile injecting equipment.

613. One obstacle to effective and targeted treatment services for many countries of East and South-East Asia is the lack of surveys of drug abuse among the general population. Only a few countries, such as Indonesia, the

Philippines and Thailand, indicated that general population surveys and school surveys had been carried out on a regular basis. Other countries had usually based their analysis of the drug abuse situation on statistics on arrests or treatment. Such data are not comprehensive and may reflect only a fraction of the drug abuse problems in a country. The Board therefore encourages the Governments of countries of the region to establish, in collaboration with regional and international organizations, including UNODC, mechanisms for routinely monitoring the trends and patterns related to drug abuse among the general population, including abuse of prescription drugs, in order to devise targeted prevention and treatment policies and strategies.

South Asia

1. Major developments

614. South Asia continues to face diversion of and trafficking in pharmaceutical preparations containing internationally controlled substances and a serious problem of abuse of prescription drugs and over-the-counter pharmaceutical preparations. Pharmacies represent one of the key points at which diversion occurs. Drug abusers are often able, in all countries of the region, to obtain prescription pharmaceutical preparations containing internationally controlled substances without a prescription. In some cases, diversion also occurs from manufacturers. As well as being sold within the region, the diverted pharmaceuticals are also trafficked on to other countries, in significant part through illegal Internet pharmacies.

615. The main problem behind the diversion of and trafficking in prescription pharmaceutical preparations appears to be that enforcement of national laws and regulations designed to control those preparations is weak, though the laws and regulations themselves are largely adequate. At the pharmacy level, for example, it is common for pharmacies to lack a qualified pharmacist in some countries in South Asia. In all countries in South Asia, the main reason for weak enforcement of regulations is weakness in the organizations responsible for regulating pharmacies and pharmaceutical manufacturers, in particular a lack of monitoring/inspection personnel. There is also insufficient awareness of enforcement powers and the extent of the problem. The Board urges Governments in South Asia to strengthen the enforcement capacity of their national agencies responsible for regulating pharmacies that dispense pharmaceuticals containing narcotic drugs and psychotropic substances. Further, there are certain gaps in the regulations on the pharmaceutical industry themselves: control measures for the manufacture of some pharmaceuticals containing controlled substances (for example, some of those containing pseudoephedrine) are insufficient, which can lead to those substances being diverted. Countries in South Asia also have few regulations with respect to online pharmacies.

616. In response to the threat posed to the region by the abuse of and trafficking in pharmaceutical preparations and other drugs, Governments in South Asia are renewing their efforts and are undertaking major new initiatives to tackle the problem. Governments across the region have revised policies and legal and criminal justice frameworks on drug control. India has approved a new national policy on narcotic drugs and psychotropic substances, while Maldives has approved a new drugs act regulating how the criminal justice system will deal with drug abuse and trafficking. The Government of Bangladesh has been working on a new national drug policy, while the Government of Bhutan has adopted the revised Bhutan Medicines Rules and Regulation 2012. In addition, India has undertaken significant initiatives to strengthen its law enforcement agencies and to upgrade border security. The Board welcomes the strong commitment of Governments in South Asia to tackling the illicit drug problem in the region and urges them to build on those measures and to continue to further strengthen efforts to combat drug abuse and trafficking. The Board believes, in particular, that efforts could be further enhanced (a) through better working-level contacts and information-sharing between government agencies in the region engaged in tackling drug abuse and trafficking; and (b) by improved primary prevention, for example, working through schools, encouraging the industry to self-regulate (for example, through voluntary codes of conduct) and adopting the measures mentioned above against abuse of and trafficking in pharmaceutical preparations.

2. Regional cooperation

617. At a meeting between the Prime Minister of India and the President of Maldives in November 2011, India and Maldives signed a memorandum of understanding on combating international terrorism, transnational crime, illicit drug trafficking and enhancing bilateral cooperation in capacity-building, disaster management and coastal security.

618. The Central Bureau of Narcotics of India hosted the second meeting of the Expert Working Group on

Precursors of the Paris Pact initiative in November 2011. More than 50 participants from 30 countries and organizations took part in the meeting, which dealt with the use of precursor chemicals in heroin production in Afghanistan and ways to improve control over trade in precursors to prevent diversion.

619. A meeting between the Home Secretary of India and the Deputy Union Minister for Home Affairs of Myanmar was held in January 2012. Both sides agreed to interaction between their drug control agencies at the director-general level once a year and at the deputy director-general level twice a year.

620. In December 2011, UNODC published a report entitled *Misuse of Prescription Drugs: A South Asia Perspective* on the abuse of prescription pharmaceutical preparations in South Asia. The report was based on information gained from seminars with policymakers and experts in the fields of drug law enforcement and drug treatment in South Asia and representatives of the pharmaceutical industry in the region. The Board welcomes the report, which contributes to improving understanding of prescription drug abuse in South Asia.

621. In 2009, the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific established the Asian Centre for Certification and Education of Addiction Professionals. In March and April 2012, the Centre held a training of trainers in Kuala Lumpur, with support from the Government of the United States of America. Further, in February 2012, the National Dangerous Drugs Control Board of Sri Lanka and the Colombo Plan, also with support from the Government of the United States, launched an initiative for the certification of addiction treatment professionals in Sri Lanka, whose aim is to train, professionalize and expand the addiction treatment workforce in the country.

622. In June 2012, an expert group meeting was hosted by UNODC in New Delhi to discuss various subjects, including drug trafficking and crime prevention. Government experts from Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka participated in the meeting. The following key decisions were reached on how to improve regional cooperation to combat drug abuse and transnational organized crime, including drug trafficking, in the region: to strengthen border management in relation to drugs and crime and to promote the gathering and sharing of intelligence and information to strengthen the implementation of normative and legal frameworks; to undertake capacity-building, including through the expansion of computer-based training; to connect drug abuse and crime prevention strategies; to promote cooperation and coordination among health practitioners, law enforcement and regulators; to train criminal justice officials on drugs and crime and to use a regional forum to make regular reviews of the drug and crime situation and national and regional policy responses.

623. UNODC, in partnership with India's National Academy of Customs, Excise and Narcotics, in 2012 continued to provide technical assistance to enhance drug law enforcement capacities in the region through computer-based training. Computer-based training centres have been established in Bhutan, India, Maldives and Nepal and by the end of 2012 computer-based training for drug law enforcement will be set up in Bangladesh and in Sri Lanka. More than 500 drug law enforcement officers have been trained at regional- and national-level training programmes. Three training tools — a training manual, training guidelines and a training curriculum — were also developed for use by officers in the implementation of their domestic drug laws in accordance with the international drug control conventions.

624. The Governments of all countries in South Asia worked with UNODC to finalize the UNODC regional programme for the period 2013-2015. The programme will include measures to counter transnational organized crime, including drug trafficking, and drug abuse prevention and treatment. The focus is on the cross-border dimension of those challenges and the establishment of the instruments necessary for regional cooperation. Efforts will be made to strengthen data collection, research and analysis as the basis for evidence-based interventions, to enhance data- and information-gathering, analysis and sharing, to improve border control and to provide training to law enforcement and customs personnel at airports and seaports.

3. National legislation, policy and action

625. The authorities of Bangladesh have continued their efforts to raise awareness of and provide education on the dangers of drug abuse. To that end, in 2011, they distributed some 60,000 posters, 10,500 leaflets and 10,000 stickers and organized some 4,000 discussion meetings and 200 speeches at schools and colleges. They also formed around 800 anti-drug committees in educational institutes. The number of cases tried in drug courts in Bangladesh rose from 1,500 in 2010 to 3,700 in 2011. Prevention activities in Bangladesh also target the abuse of prescription-only pharmaceutical preparations.

626. In March 2012, the Government of Bhutan and UNODC organized training for forensic chemists and

law enforcement officers on drugs and precursors. Participants from a range of Bhutanese agencies attended.

627. As mentioned above, in January 2012, India's Cabinet approved a new National Policy on Narcotic Drugs and Psychotropic Substances, including a detailed action plan focused on implementing the recommendations that the Board made during its last mission to India, in December 2010. The Board welcomes the Government of India's responsiveness to the Board's recommendations. As regards measures against trafficking in drugs and precursors, under the policy India will use satellite imagery to detect and eradicate illicit cultivation of opium poppy and cannabis plant. India will also strengthen its international cooperation on precursor control, including by helping other countries to strengthen their precursor control measures. As regards targeting drug abuse, drug treatment services will prioritize de-addiction. Where those who abuse by injection refuse such treatment, they may be offered needle exchange or oral substitution therapy, services that have already been offered in India for some time. Such services will be restricted to centres established, supported or recognized by the Government.

628. The Department of Border Management of India is undertaking a major programme of upgrading the country's border security, which should help to combat cross-border drug trafficking. The Department will fence around 3,400 km of India's border with Bangladesh and construct some 4,400 km of border patrol roads; at least 80 per cent of the fences and at least 80 per cent of the roads have already been constructed. Around 60 per cent of India's border with Pakistan are to be fenced and 60 per cent floodlit; at least 95 per cent of the fences and at least 95 per cent of the floodlighting is already complete. India also plans to build some 800 km of strategic roads along its border with China, and has deployed a 25-battalion border guard force and established 450 border outposts along its border with Nepal. The Board notes these measures and their potential to reduce drug trafficking across India's borders.

629. As mentioned above, in December 2011 the Parliament of Maldives ratified the Drugs Act, which established a national drug control council, a national drug agency and drug courts. The Drugs Act regulates the prohibition of illegal drug use in Maldives and prevention of peddling and trafficking in drugs. The law also makes a legal distinction between drug abusers, drug peddlers and drug traffickers. Individuals convicted of abusing drugs are given a suspended sentence to undergo rehabilitation, which is revoked if they opt for and complete the course of treatment. Under the regulation, a clear distinction is made between drug users, who are provided with a chance to reintegrate into society as responsible citizens, and drug dealers, who will be convicted for their offence and face harsher penalties. The Act also paves the way for increased access to rehabilitation programmes for those addicted to illicit drugs in order to provide them a chance to better reintegrate into society and remain drug-free. Establishment of drug treatment rehabilitation and aftercare services is mandated under the purview of the National Drug Agency. Separate provisions for treatment centres for persons under 18 years and for women will be implemented so as to address the specific needs of those population groups.

630. In Sri Lanka, the research division of the National Dangerous Drugs Control Board began a national household survey on drug abuse in late 2011. In January 2012, the Minister of Health of Sri Lanka announced plans to create a national drug control authority.

4. Cultivation, production, manufacturing and trafficking

(a) Narcotic drugs

631. Pharmaceutical preparations containing narcotic drugs continue to be diverted from India and India continues to be the main source for those substances and for preparations smuggled into other countries in South Asia, as well as an important source for smuggling to other regions in the world. The preparations containing narcotic drugs that are most commonly diverted in India are codeine-based cough syrups, dextropropoxyphene and pethidine. Large quantities of preparations containing narcotic drugs are known to be smuggled from India into Bangladesh, Bhutan and Nepal.

632. From India to Bangladesh there is smuggling of codeine/diazepam combination tablets and ampoules of pethidine (which can be easily injected), among other drugs. In Bangladesh, seizures of ampoules of injectable drugs rose to some 120,000 ampoules in 2011, compared with a previous high of 90,000 in 2009. Codeine-based preparations are also smuggled into Bangladesh, largely overland. Seizures of codeine-based cough syrups in Bangladesh have increased considerably, with the number of litres of codeine-based cough syrups doubling between 2006 and 2010. Codeine-based cough syrups are also smuggled from India to Bhutan, Nepal and Sri Lanka. In 2011, India seized over 1.16 million bottles of pharmaceutical preparations containing codeine.

633. Other routes for smuggling of pharmaceutical preparations in South Asia are from Pakistan to Sri Lanka

and from Sri Lanka to Maldives; Sri Lanka is, alongside India, one of the leading sources for pharmaceutical preparations smuggled into Maldives.

634. The Board recommends that the Government of India, as part of its efforts to tackle the diversion of and trafficking in pharmaceutical preparations, consider further strengthening its framework against the smuggling of codeine-based cough syrups.

635. The Government of India is pursuing a sustained effort to reduce the level of illicit cultivation of cannabis plant in the country. In 2010, the estimated area under illicit cultivation was 552 ha, following the eradication of 681 ha of illicitly cultivated cannabis plant during the course of that year. A further 1,114 ha were eradicated in 2011. In Bhutan, illicit cultivation of cannabis plant has historically been minimal: seizures of cannabis in Bhutan in 2010 totalled around 4 kg, but increased to around 75 kg in 2011. Significant quantities of high-potency cannabis resin are produced in Nepal. Sri Lanka seized around 204 tons of cannabis plant in 2011.

636. In India, the authorities were successful in destroying almost 6,000 ha of illicitly cultivated opium poppy in 2011. Around 528 kg of heroin (a decrease from 766 kg in 2010) and around 2.3 tons of opium were seized in India in 2011.

637. In Nepal, following an apparent brief upsurge in illicit cultivation of opium poppy from 2007 to 2010, the Government stated in 2011 that it had become poppy-free. There have been isolated cases of illicit cultivation of opium poppy in Bangladesh: in 2011, 22 ha were eradicated along the border with Myanmar. The Board welcomes the strong commitment shown by the Governments of Bangladesh, India and Nepal to eradicating illicit cultivation of cannabis plants and opium poppy within their territory and welcomes the success of their eradication campaigns.

638. It appears that heroin is increasingly being trafficked through Bangladesh, which is being used as an alternative to heroin trafficking routes through India and Myanmar. Heroin from Afghanistan has also recently begun to be sold in Bangladesh. Heroin enters Bangladesh via forest areas, hill tracks and the sea, including from Myanmar. The airport in Dhaka and the port of Chittagong are used as exit points. Seizures of heroin in Bangladesh fell, however, from some 190 kg in 2010 to 100 kg in 2011. There remains room for improvement in cooperation between Bangladesh and neighbouring countries in South Asia with regard to combating illicit trafficking and organized criminal groups. In Sri Lanka, the authorities estimate that in 2011 around 75 per cent of heroin trafficked into the country entered from Pakistan, with 23 per cent coming from India and 2 per cent from Maldives. The authorities in Sri Lanka estimate that in 2011 over 50 per cent of smuggled heroin came into the country by air, with the remainder being brought in by sea.

639. Drug trafficking has shown significant increases in Maldives in recent years. Cannabis is the substance most commonly trafficked into the country. According to data on seizures made by the Maldives Customs Service, the most commonly used route for trafficking narcotic drugs into Maldives is from Trivandrum in the south of India to Male. In Sri Lanka, illicit manufacture of drugs and precursor chemicals is negligible.

(b) Psychotropic substances

640. Pharmaceutical preparations containing psychotropic substances continue to be diverted from India's pharmaceutical industry and smuggled into neighbouring countries (in particular Bangladesh, Bhutan and Nepal) and elsewhere. The preparations containing psychotropic substances most commonly diverted from India's pharmaceutical industry are benzodiazepines and buprenorphine. In Bangladesh, ampoules of buprenorphine are smuggled in from India. The number of ampoules of buprenorphine seized in Bangladesh has risen dramatically in recent years: the number seized in 2010 (some 70,000 ampoules), was around 40 times the number seized in 2006. In Nepal, seizure data suggest that smuggling of benzodiazepines into that country is increasing.

641. Regarding amphetamine-type stimulants, trafficking in methamphetamine pills from Myanmar into South Asia continues to rise. In Bangladesh, seizures of "yaba" amphetamine-type stimulant tablets (pills containing methamphetamine and caffeine) in 2011 rose to their highest levels in the past few years: 1.4 million tablets of "yaba" were seized, compared with a previous high of 800,000 in 2010. This is a dramatic rise compared with 2006, when just 2,000 were seized. In the region of Myanmar that borders Bangladesh, 14 illicit methamphetamine factories were identified; Myanmar is a known route for trafficking in amphetamine-type stimulants into Bangladesh. In Nepal, no illicit manufacture of amphetamine-type stimulants was reported. Seizures of amphetamine-type stimulants, excluding MDMA ("ecstasy"), increased in Sri Lanka from 8 kg in 2009 to 25 kg in 2010. According to data from the World Customs Organization, India was the source of 81 kg of the methamphetamine seized worldwide reported to the Organization in 2011.

642. In India, 72 kg of methaqualone were seized in 2011. No clandestine laboratories manufacturing methaqualone have been dismantled in that country since 2009. Regarding amphetamine, 473 kg of the substance were seized in India in 2011.

(c) Precursors

643. South Asia continues to be targeted by organized criminal groups as a source of precursors of amphetamine-type stimulants, in particular ephedrine and pseudoephedrine. In India, the authorities seized 7.2 tons of ephedrine and pseudoephedrine in 2011 and 2.3 tons in the first six months of 2012. This represents a substantial increase compared with the period 2008-2010, when the most seized in any one year was 2.2 tons (2010). From November 2011 to the end of June 2012, Indian authorities reported seizing over 30 million tablets containing pseudoephedrine, over 13 million of which were destined for Myanmar. Seizures of acetic anhydride in India have decreased significantly since 2008, when around 2.8 tons were seized; no seizures were recorded in 2011. Attempted diversions and seizures of pharmaceutical preparations containing pseudoephedrine from Bangladesh also resurfaced in 2011, with shipments from Bangladesh being stopped while transiting through Europe en route to Central America.

(d) Substances not under international control

644. Following the decision of the Indian authorities in February 2011 to classify ketamine as a psychotropic substance under the Narcotic Drugs and Psychotropic Substances Act, the quantity of ketamine seized has increased, from 1.3 tons in 2010 to 1.5 tons in 2011; the quantity seized in the first half of 2012 was 350 kg.

645. In Bhutan, abuse of solvents is a serious problem. In India, the Ministry of Health and Family Welfare banned the sale and storage of correction fluid, including nail polish remover, at the retail level from July 2012.

5. Abuse and treatment

646. UNODC estimates that around 3.6 per cent of the population of South Asia abuses cannabis at least once a year. The corresponding estimate for opioids is 0.3 per cent; the prevalence of opiate abuse is estimated as being slightly lower, but still around 0.3 per cent. As regards abused pharmaceutical preparations of narcotic drugs and psychotropic substances, in each of the countries in South Asia, benzodiazepines are among the most commonly abused; codeine-based cough syrups are also commonly abused in Bangladesh and India. Heroin-dependent individuals in the region often use narcotic and psychotropic pharmaceuticals alongside heroin or as a substitute for heroin. Polydrug abuse is particularly apparent in Bangladesh, Maldives and Nepal.

647. In Bangladesh, the most frequently abused drug is heroin, then codeine contained in cough syrups; the third most abused drug is cannabis. Recently, "yaba" has become one of the three main non-pharmaceutical drugs abused in Bangladesh, after heroin and cannabis. Drug abuse in Bangladesh is spreading from urban to rural areas, with indications that this is particularly the case for "yaba". There is also evidence that drug abuse among street children in Bangladesh is increasing. The total number of people receiving drug abuse treatment in Bangladesh was approximately 2,500 in 2010.

648. Drug abuse in Bhutan has historically been very low. However, according to the most recent estimates, 4.2 per cent of the population aged 15 to 64 abuse cannabis in any given year. UNODC data on expert perceptions also indicated that abuse of cannabis was rising in 2010. According to UNODC, expert perceptions in 2010 indicated that cannabis was the most abused drug in Bhutan. Abuse of pharmaceuticals is also increasing and becoming serious, in particular the abuse of opioids, including dextropropoxyphene, and benzodiazepines, including nitrazepam, and decongestants containing adrenergic stimulants, as well as anticholinergics and antihistamines to a lesser extent, some of which are not internationally controlled.

649. Cannabis is the most abused drug in India, followed by opioids. Among those treated for drug problems in India in 2010, 22 per cent abused cannabis, 66 per cent abused opioids (33 per cent heroin, 14 per cent opium and 19 per cent prescription opioids) and 12 per cent other substances. Some 200,000 people abuse drugs by injection in India. Commonly abused pharmaceuticals are codeine-based cough syrups, opioid painkillers and benzodiazepines, all of which are widely available through retail pharmacies. In February 2012, the All-India Institute of Medical Sciences initiated methadone maintenance treatment, as part of a pilot project, with assistance from the UNODC Regional Office for South Asia. The project currently provides treatment to about 250 injecting drug abusers at five sites in the country. All of the implementing sites are government health-care facilities. An increase in the size of the programme is currently under consideration.

650. In India, a pilot study has been carried out to test the feasibility of using buprenorphine for treatment of opioid dependence in prison settings. It is a collaborative project between the UNODC Regional Office for South

Asia, the National Drug Dependence Treatment Centre of India and the prison service at Tihar prison. The feasibility of opioid substitution treatment in prison settings was demonstrated through this project. Additionally, a standard operating guideline was also developed for implementation of opioid substitution treatment in prison settings in the region. Opioid substitution treatment is not yet available in any other prisons in South Asia.

651. Drug abuse has been rising rapidly in Maldives in the recent years, especially among young people. In the period 2011-2012, the Ministry of Health, the National Drug Agency and the National Human Rights Commission of Maldives, the National Drug Dependence Treatment Centre of India (part of the All-India Institute of Medical Sciences), UNODC, a national research organization in Maldives and civil society groups cooperated to undertake the national drug use survey of Maldives for the period 2011-2012. The survey found that the most commonly abused drugs in Maldives were, in order, cannabis resin, opioids and cannabis herb. The most commonly abused non-pharmaceutical opioid in Maldives is "brown sugar", a variety of heroin. MDMA ("ecstasy") has been abused in Maldives since 2011. Abuse of pharmaceutical preparations is also serious. Since 2011 the abuse of nitrazepam has also been detected.

652. In partnership with the Maldives Ministry of Health and Family, methadone maintenance treatment is being provided for more than 50 people through a centre operated by the Department of Drug Prevention and Rehabilitation Services. The Government of Maldives, in partnership with UNODC, also supports 14 local non-governmental organizations across nine atolls providing aftercare and support services for recovering drug users, their partners and families.

653. In Nepal, it has been estimated that 30,000-34,000 people abuse drugs by injection — some 0.18 per cent of the adult population. This is an increase from the estimated level of 28,500 people in 2009. Most of the people who abuse drugs by injection in Nepal are believed to be abusing opioids such as buprenorphine and propoxyphene. UNODC also estimates that 30,000-50,000 people in Nepal abuse heroin, though it is not so often abused by injection. A study among female drug abusers in Nepal found that cannabis, benzodiazepines, heroin and dextropropoxyphene were the main substances of abuse. Multiple drug abuse using pharmaceutical preparations containing internationally controlled substances also occurs in the country; such preparations are also abused as substitutes for other drugs when these are in short supply or too expensive.

654. According to UNODC data on expert perceptions in 2010, the most abused drug in Sri Lanka was cannabis, followed by opiates. According to other recent estimates, around 1.4 per cent of the population aged 15 to 64 abuse cannabis in any given year. Sri Lanka's drug abuse register currently lists 245,000 people, of whom 200,000 abuse cannabis and the remainder heroin. The authorities do not currently have an estimate for the total number of people requiring treatment for drug abuse in Sri Lanka. Among those treated for drug abuse in 2010, some 70 per cent abused heroin, while 30 per cent abused cannabis. The authorities estimate that some 1,300 people received residential drug abuse treatment in 2011, of whom 75 per cent abused opioids and 30 per cent abused cannabis as their primary drug of abuse (with some abusing both drugs heavily).

655. Sri Lanka employs a range of techniques in drug abuse treatment and increased its budget for treatment programmes in 2011, including screening and short-duration therapy. The authorities estimate that around 50 per cent of those in need of such interventions do receive them. The interventions are undergoing impact evaluations. Sri Lanka also provides residential and outpatient treatment facilities (the latter defined as facilities used without an overnight stay), detoxification, counselling, contingency management (psychosocial interventions providing incentives to abstain from drug abuse), rehabilitation and aftercare. Sri Lanka has a national treatment reporting and monitoring system that covers drug treatment provided by the public sector and by non-governmental organizations.

West Asia

1. Major developments

656. West Asia continues to have the greatest share of global illicit opium poppy cultivation and illicit opiate production, primarily Afghanistan, which saw a significant rebound in illicit opium poppy cultivation, reaching 154,000 ha in 2012, 18 per cent more than the previous year, and representing an estimated 64 per cent of global cultivation. The number of provinces of Afghanistan cultivating illicit opium poppy remained unchanged, with opium poppy cultivation in excess of 100 ha in half of the 34 provinces. However, illicit opium production in 2012 decreased by 36 per cent from the previous year, dropping to 3,700 tons, as an opium poppy disease and poor weather decreased yields in 2012.

657. After a substantial increase from 2010 to 2011, the value of opium produced in Afghanistan in 2012 dropped by half over the previous year and was estimated to be valued at over $700 million, which is the equivalent of 4 per cent of the country's gross domestic product in 2012. The majority of the farmers illicitly cultivating opium poppy who were surveyed in 2012 cited as the reason for cultivation the high income from opium poppy, which far exceeded the prices paid for alternative licit crops such as wheat. In addition, both the prices and the production of cannabis — particularly cannabis resin — appear to be increasing.

658. The uncertain security situation and political instability prevailing across the Arab world provides fertile ground for illicit activities that profit both regional and international criminal networks, resulting in increasing levels of illicit trafficking in drugs and persons and money-laundering.

659. With respect to drug trafficking in the Middle East, there is an increasing trend in both the quantity and the number of seizures reported. Most of the countries in the region are still considered to be transit areas for the smuggling of illicit drugs, in particular, Iraq.

660. Traditionally, countries in the Middle East are affected mainly by trafficking in amphetamine-type stimulants, in particular, amphetamine sold as Captagon tablets. Judging by the significant number of seizures reported in the region, Saudi Arabia retains the record for most seizures, followed by Jordan and the Syrian Arab Republic. Saudi Arabia continues to be the destination of choice and an important market for Captagon tablets, although they also continue to be a problem in other countries of the Cooperation Council for the Arab States of the Gulf. However, reports indicate that Captagon tablets are also seized in other countries of the region, such as Iraq.

661. Demand for various illicit stimulants, such as cocaine and methamphetamine, appears to be increasing in parts of West Asia. Seizures of these drugs have steadily increased, and abuse, for example, of methamphetamine in the Islamic Republic of Iran, has also been reported to be on the rise.

662. The trend observed with regard to seizures of methamphetamine as reported by some countries in the Middle East, in particular Israel and Jordan, may indicate an increase in and spread of trafficking in methamphetamine in the region. Seizures of MDMA ("ecstasy") have been reported by some countries in the region.

663. Increased abuse of prescription drugs, in particular benzodiazepines such as diazepam, bromazepam and alprazolam, has been reported in a number of countries, including Jordan, Kuwait, Qatar and the United Arab Emirates.

664. The number and quantities of seizures of counterfeit pharmaceuticals worldwide increased significantly in 2011, rising from 1,398 seizures of a total of 11.7 million tablets in 2010 to 1,861 seizures of a total of 26.7 million tablets in 2011. The number of reported cases in the Middle East also increased in 2011. Seizures of counterfeit medicines used for the treatment of insomnia (benzodiazepines) were reported in the region, although they did not constitute the drug group of greatest concern.

665. Several West Asian countries continue to report large annual legitimate requirements for imports of precursors that can be used in the illicit manufacture of methamphetamine. Large-scale seizures of ephedrine were reported by the Islamic Republic of Iran in 2010 and 2011, and in 2012, allegations of large-scale diversion of ephedrine were being investigated in Pakistan. The Government of Jordan has now prohibited the importation of P-2-P, a precursor that can be used in the illicit manufacture of, among other substances, amphetamines, which is common in the region.

666. The third Ministerial Conference of the Paris Pact Partners on Combating Illicit Traffic in Opiates Originating in Afghanistan was held in Vienna in February 2012 and was attended by 500 participants from 58 countries and 16 international organizations. Government Ministers and Paris Pact partners stressed the need to reduce opium poppy cultivation and production, opiate trafficking and illicit consumption. Ministers and other heads of delegation adopted the Vienna Declaration, a statement of international commitment to act in coordinated fashion against illicit Afghan opiates, which addressed four main areas of cooperation: strengthening regional initiatives to counter trafficking in opiates originating in Afghanistan, detecting and blocking financial flows linked to illicit opiates, preventing the diversion of precursor chemicals used in the manufacturing of illicit opiates in Afghanistan, and reducing drug abuse and drug dependence.

2. Regional cooperation

667. In November 2011, Ministers of the Governments of Afghanistan, Iran (Islamic Republic of) and Pakistan held a meeting in Kabul to strengthen regional security cooperation to combat threats posed by illicit drugs amid concerns over the rapidly rising quantity of opium

production in Afghanistan and its increasing value. The confidence-building meeting was aimed at promoting the exchange of information and intelligence-led operations targeting major transnational trafficking networks. All parties have been increasing their cross-border drug control capacities. Future joint operations and patrols will likely cover key maritime drug trafficking routes.

668. In November 2011, UNODC, together with the European Commission and the National Narcotics Control Commission of China, conducted a debriefing on operation Targeted Anti-trafficking Regional Communication, Expertise and Training (TARCET) III held in Beijing. Participants in the debriefing discussed the results of the operation to counter trafficking in precursors, involving Afghanistan, Iran (Islamic Republic of), Pakistan and all Central Asian States. Seizures in Afghanistan of 13 tons of acetic anhydride, 3.5 tons of acetic acid, 7 tons of hydrochloric acid, 2 tons of sodium carbonate and 1 ton of ammonium chloride during the operational period were reported. At the meeting, the Islamic Republic of Iran also reported having seized 1.5 tons of acetic anhydride. Weaknesses in information exchange continue to hinder backtracking investigations to identify the source of diversion and intelligence-led operations related to precursor chemicals in Afghanistan and neighbouring countries, particularly as trafficking in chemicals is a global phenomenon. Therefore, to enhance intelligence-sharing, particularly among those agencies in a position to take action, the Board encourages all Member States to communicate all illicit chemical-related incidents through the Board's secure online global communication platform: PICS.

669. The Istanbul Conference for Afghanistan: Security and Cooperation in the Heart of Asia was held in November 2011, following preparatory meetings in Oslo and Kabul in October. At the Conference, the declaration entitled "Istanbul Process on Regional Security and Cooperation for a Secure and Stable Afghanistan" was adopted by 13 participating States in the region and supported by 22 other States, institutions and organizations present as observers. The Istanbul Process reaffirms general principles of regional cooperation and contains a list of seven specific confidence-building measures for consideration by the countries of the region, including one measure in the area of counter-narcotics.

670. The International Conference on Afghanistan, held in Bonn, Germany in December 2011, marking a decade of partnership between Afghanistan and the international community, was attended by 85 States and 15 international organizations. Participants discussed issues related to future regional cooperation; governance; the peace process; economic and social development; security, including terrorism-related issues; and illicit drug trafficking. Afghan authorities will assume responsibility for the security of their country, fully taking over from the International Security Assistance Force (ISAF), at the end of 2014. The international community has committed to the continued support of Afghanistan beyond 2014.

671. The forty-sixth session of the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East was held in Vienna in December 2011. It was attended by representatives of Azerbaijan, Egypt, India, Iran (Islamic Republic of), Iraq, Jordan, Lebanon, Oman, Pakistan, Qatar, Saudi Arabia, the Syrian Arab Republic, Turkey, United Arab Emirates and Yemen, along with numerous observers. The Subcommission discussed and made recommendations regarding the ongoing impact of illicit drug production in the Near and Middle East, improved coordination and models of drug demand reduction, developing and enacting legislation to allow for coordinated cross-border law enforcement activities such as controlled deliveries, strengthening the monitoring of precursor chemicals and synthetic drug trafficking, and supporting the implementation of evidence-based drug treatment throughout the region.

672. In December 2011, UNODC launched the regional programme for Afghanistan and neighbouring countries, focusing on creating a broad international coalition to counter opium poppy cultivation, drug production and trafficking. The programme includes a comprehensive set of responses aimed at addressing the nexus of poverty and drug cultivation, curbing illicit drug demand, sharing intelligence and targeting high-value traffickers.

673. A meeting organized by UNODC in Almaty in February 2012 provided an opportunity for the heads of counter-narcotics operational units from Afghanistan, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkmenistan and Uzbekistan to review the current state of multilateral operations. The meeting, attended by senior officials from police, customs and drug control agencies, in addition to international counterparts from 30 countries, international and regional organizations, focused on sharing information on targeted transnational drug trafficking groups, reviewing regional cooperation efforts related to precursor control in Afghanistan and developing a list of specific drug control activities for 2012.

674. In May 2012, the Ministerial Meeting of the Tripartite Initiative brought together drug control authorities from Afghanistan, Kyrgyzstan and Tajikistan to improve regional cross-border counter-narcotic activities. Regional partners are

promoting counter-narcotics cooperation by strengthening border controls between Afghanistan and Tajikistan through the provision of training and equipment and by making available legal, health-related and law enforcement expertise to Governments in the region.

675. The active participation of countries in the Middle East in regional and subregional cooperation meetings under the umbrella of the Council of Arab Ministers of the Interior, the Cooperation Council for the Arab States of the Gulf and the Arab Office for Narcotic Affairs, as well as close cooperation between law enforcement agencies, including INTERPOL, the Arab Criminal Police Bureau and the Arab Office for Narcotic Affairs resulted in successful cross-border drug control operations and numerous controlled deliveries leading to the dismantling of international drug networks.

676. The first meeting of the steering committee of the regional programme for the Arab States for the period 2011-2015 was held under the auspices of the League of Arab States in Cairo in May 2012. The steering committee consists of the League of Arab States and its relevant councils, UNODC and the 18 States included in the UNODC regional programme. The steering committee called upon all States concerned to strengthen regional cooperation on drug control, in particular in the light of the Arab region's increased exposure to drug trafficking and organized crime in 2011, as reported by Member States.

677. At the 21st INTERPOL Asian Regional Conference, held in Amman in September 2012, measures were approved by senior law enforcement officials from Asia, the South Pacific and the Middle East to enhance collective police responses and the capacity of law enforcement authorities to enhance regional and international security. Delegates from some 40 countries reviewed a range of law enforcement issues including terrorism, cybercrime, trafficking in persons, integrity in sports, maritime piracy, trafficking in illicit goods, pharmaceutical crime and environmental security.

678. The Board takes note with satisfaction of the increasing number of bilateral agreements and memorandums of understandings signed between countries in the region. All countries in the region affirm that they are committed to regional and international cooperation for drug control in the Middle East.

3. National legislation, policy and action

679. In 2012, the Government of Afghanistan launched the National Drug Demand Reduction Policy for the period 2012-2016, prepared by the Ministry of Counter-Narcotics, as the competent national authority, in close cooperation with the Ministry of Public Health and the Ministry of Labour and Social Affairs, Martyrs and the Disabled. The policy addresses drug abuse prevention and the treatment and rehabilitation of drug-affected persons and recommends the establishment of regional drug treatment centres and an increase in drug prevention and treatment capacity by up to 40 per cent over the next five years. In addition, drug treatment services will become part of the regular public health services budget in order to improve funding stability.

680. In February 2012, the Government of Afghanistan also launched the National Alternative Livelihood Policy, aimed at strengthening and diversifying rural livelihoods by tackling the root causes and drivers of dependency on illicit crops. The policy has six main objectives: undertake comprehensive, locally-adapted and practical interventions focusing on rural communities affected by the Government's counter-narcotics campaigns; provide assistance to farmers, labourers and rural communities that have taken the decision not to engage in the production of narcotics; maintain the "opium poppy-free" status of communities that have opted not to engage in the illicit cultivation and production of narcotics; reduce the cultivation of opium poppy and production of narcotics; prevent the spread of illicit opium poppy cultivation; and achieve a steady reduction in illicit opium poppy cultivation.

681. In May 2012, the Government of Afghanistan launched its new Anti-Drug Trafficking Policy, which concentrates law enforcement resources on high-value drug traffickers and their organizations. The policy prioritizes asset forfeiture, improves existing processes for opium poppy eradication, enhances the capacities of counter-narcotics agencies, strengthens border controls, enhances regional cooperation and coordination among counter-narcotics institutions, establishes a fund to provide incentives to law enforcement authorities and seeks to improve the conditions of those incarcerated for drug offences. The policy's objectives include increasing the drug seizure rate from the current 0.5-1.5 per cent to a minimum of 12 per cent and increasing the precursors seizure rate to between 30 and 50 per cent within five years.

682. The Board continues to be concerned about the lack of reliable data and information being collected on the nature and extent of drug abuse in the Middle East, as it hinders the provision of adequate treatment and prevention programmes. In that connection, the Board welcomes the signing in 2011 of a five-year agreement

between the United Arab Emirates and UNODC to carry out an in-depth analysis of shortages in the availability of treatment for drug addiction in the country.

683. In the area of reduction of illicit drug demand, the Board notes that UNODC and the Ministry of the Interior of the United Arab Emirates jointly established the rapid situation assessment and data collection process. The Board encourages all Governments in the region to start or to continue to assess the patterns of and trends in drug abuse in their country in order to better assist the authorities in addressing the drug problem, including the diversion of pharmaceutical preparations; to do so will reinforce efforts in drug demand reduction. In that context, the Board would like to stress the importance of establishing epidemiological data collection and improving the health-care system's capabilities in the area of prevention and treatment.

684. The Board welcomes the fact that the Jordanian law on drugs drafted in April 2012 recommends that first-time drug users be sent to a rehabilitation centre instead of prison.

685. In an effort to address the challenging problem of a fast-developing synthetic drug market, the Government of Israel amended the Dangerous Drug Ordinance to include analogues of amphetamine, methamphetamine, cathinone and methcathinone.

686. Jordan has taken measures to increase public awareness of dangers of drugs by involving governmental institutions, non-governmental organizations, correction and rehabilitation centres and youth clubs. Actions taken in 2011 included courses aimed at preventing drug abuse, lectures and fairs to raise awareness, and media programmes and press briefings.

687. The Syrian Arab Republic established stringent procedures for the control of some pharmaceutical preparations containing trihexyphenidyl (benzhexol), codeine and dextropropoxyphene, which may be dispensed only upon receipt of a renewable prescription for a maximum of seven days supply at each dispensation. Severe penalties are established for pharmacists contravening those procedures, although it is unlikely that the law will be enforceable throughout the country under the current circumstances.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

688. UNODC estimates that in 2012, illicit opium poppy cultivation totalled 154,000 ha in Afghanistan, an increase of 18 per cent over 2011. That amount represents an estimated 64 per cent of global cultivation. An opium poppy disease that damaged the harvest significantly in 2010 reappeared again in 2012, and, along with adverse weather, decreased the opium yield, particularly in the eastern, western and southern regions of the country.

689. Opium poppy cultivation in 2012 increased in most of the significant opium poppy-growing provinces and remained concentrated in the south, notably Helmand province. However, growth in cultivation in the central and eastern provinces was noted. Beyond Helmand and Kandahar, attention should be given by the Government to the increasing cultivation trends in Nangarhar and Badakhshan provinces, which previously had significant areas of illicit opium poppy cultivation.

690. The number of opium poppy-free provinces remained unchanged in 2012, with 17 cultivating opium poppy in excess of 100 ha. Increases were also seen among the provinces with the largest areas of opium-poppy cultivation, with cultivation in Helmand and Farah increasing 19 and 58 per cent, respectively. A slight decrease was noted in Kandahar. However, the area under cultivation remained elevated, with more than 24,000 ha of opium poppy cultivation.

691. Afghanistan accounted for nearly three quarters of estimated global opium production, even as production decreased to 3,700 tons in 2012, compared with 5,800 tons in 2011. The *Afghanistan: Opium Survey 2012*, a survey jointly carried out by the Ministry of Counter-Narcotics of Afghanistan and UNODC, revealed a 49-per-cent drop in the farm-gate value of opium over the past year, which was estimated to have had a value of over $700 million in 2012, equivalent to 4 per cent of the country's gross domestic product.

692. In 2012, the farm-gate price for dry opium had decreased to $196 per kilogram, a 19-per-cent drop from 2011. Even with the decrease, 64 per cent of village leaders surveyed in 2012 cited the high income from opium as the predominant reason for growing opium poppy.

693. The price of illicit dry and fresh opium declined in 2012 — but continues to far outweigh prices of licit agricultural products — making illicit opium poppy cultivation more profitable than licit crops for farmers. None of Afghanistan's licit crops can match the gross income per hectare generated by the illicit cultivation of opium poppy. Additionally, UNODC production and price data for 2011 indicate that gross revenue generated from illicit cannabis cultivation surpassed that of opium poppy, with households, numbering 65,000, reportedly earning $8,100 per hectare annually from cannabis plant

cultivation, which is significantly greater than the 2012 estimated per hectare earnings generated from opium poppy cultivation ($4,600).

694. The Government of Afghanistan estimated that in 2011, the livelihoods of some 191,500 rural households depended on the growing of illicit drug crops, primarily opium poppy. Among the surveyed villages, however, only 30 per cent had received some form of agricultural assistance (e.g. seeds, fertilizers and irrigation) in the preceding year. Without sustainable alternatives for households currently engaged in the illicit cultivation of drug crops and production of narcotics, it will be difficult to achieve regional security, governance, development and counter-narcotics objectives.

695. Research continues to suggest that there is a strong correlation between security and agricultural assistance and the likelihood of opium poppy cultivation. Villages that reported good levels of security and that had received government-sponsored agricultural assistance in the previous year were significantly less likely to have grown opium poppy in 2012 than were villages with a low level of security and that had not received assistance. Additionally, villagers who had received materials to raise awareness of the problems associated with opium poppy were found to be significantly less likely to grow illicit opium poppy. The continuing decreases in the force levels of ISAF and the planned handover by ISAF of security responsibility to the Afghan Government by 2014 could impact on security in parts of the country, and that, combined with an increase in opium prices, could foster instability and lead to greater levels of illicit drug production.

696. As of August 2012, a total of 9,672 ha of Governor-led eradication of fields of opium poppy cultivation were verified in 18 provinces of Afghanistan, an increase of 154 per cent over the area eradicated in the same period in 2011, with large increases in verifiable eradication noted in Helmand, Kandahar and Nangarhar provinces. Increases were due to pre-planting and pre-eradication campaigns conducted by the Ministry of Counter-Narcotics and to its improved coordination with other Government ministries. However, eradicating illicit opium poppy crops is not without risk to the eradication teams involved. Farmers' resistance to operations took the form of direct attacks, mine explosions, the flooding of poppy fields and violent demonstrations. In 2012, as of June, 102 lives had been lost and 127 people had been injured during eradication efforts.

697. Pakistan reports limited illicit cultivation of opium poppy and Government eradication efforts, with an estimated 362 ha of opium poppy cultivation in 2011, the lowest levels in a decade. Pakistan is affected far more by cross-border trafficking in illegal drugs and precursor chemicals, which have a local value estimated at between $910 million and $1.2 billion. Reports suggest that 40 per cent of heroin trafficked from Afghanistan transits Pakistan (the so-called southern route), 35 per cent transits the Islamic Republic of Iran (the Balkan route) and a quarter transits various Central Asian countries (the northern route). It appears that traffickers are increasingly using Central Asian railways to transport opiates to the Russian Federation.

698. Turkey continues to seize significant amounts of opiates originating in Afghanistan and destined for markets in Europe, and in 2011 approximately 98 per cent of opiates seized by the country's authorities were in the form of heroin (6.4 tons). Turkey reports that the number of seizures of all opioids has been in decline, with heroin seizures at their lowest level in the past five years and the number of opium seizures dropping by 80 per cent between 2007 and 2011. As was the case in 2010, no seizures of morphine base were reported in 2011. Decreases were attributed to lower production in Afghanistan, the increased use of air and sea cargo shipping methods and trafficking routes avoiding Turkey, as traffickers responded to enhanced law enforcement efforts in that country.

699. Heroin seizures remain low in the Middle East, but the global trend in 2011 showed an increase, particularly in Saudi Arabia, which reported total seizures of 111 kg, followed by Jordan and the Syrian Arab Republic (92 kg each) and Qatar (12 kg).

700. In 2011, the authorities of Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan detained a total of 15,690 people for suspected involvement in illicit drug offences, 22 per cent fewer than in 2010. Compared with 2010, opioid seizures in those countries declined 21 per cent in 2011, to 4.3 tons. However, total drug seizures increased 89 per cent, to 91.6 tons, driven by a substantial increase in seizures of cannabis, including cannabis resin.

701. Three of the five countries most commonly reported worldwide as the origin of cannabis resin are located in West Asia, namely Afghanistan, Lebanon and Pakistan. According to UNODC, information on the origin of seized cannabis resin indicates that Afghanistan is the second most commonly identified supplier of cannabis resin, after Morocco. Cannabis cultivation and cannabis resin production may also be spreading, with more than half of Afghanistan's provinces now cultivating cannabis plant. Cannabis plant cultivation in Afghanistan in 2011 covered 8,000-17,000 ha, with subsequent

cannabis resin production estimated at 1,000-1,900 tons. The demand for Afghan cannabis resin, irrespective of quality, also appears to have risen in recent years, with average farm-gate prices for the highest quality resin increasing from around $35 per kg in 2009 to $86 per kg in 2010 and $95 per kg in 2011.

702. Illicit cultivation of cannabis plant continued in some areas throughout the Middle East, in particular Lebanon. According to officials in the Occupied Palestinian Territory, some illicit cultivation of cannabis plant, although limited, takes place in the West Bank.

703. The volume of both cannabis resin and herbal cannabis intercepted in the Middle East increased in 2011. Most of the seizures in 2011 were reported by Jordan and Saudi Arabia, which seized 1.7 tons and 23 tons, respectively. Yemen, for the second consecutive year, was identified as the source country.

704. Although the number of seizures involving opium in the region decreased, quantities seized in Qatar in 2011 increased significantly (to 535 kg) compared with previous years (less than 5 kg). Most of the seizures were carried out at the Doha international airport and involved passengers from Bangladesh, Egypt and Iran (Islamic Republic of).

705. Cocaine seizures in West Asia are reported to be occurring with increasing frequency and to be of increasingly large amounts, with cocaine seizures increasing more than 20 times between 2001 and 2010. In 2011, Turkey seized a record 589 kg of cocaine — nearly double the amount in 2010 — and reported that the number of cocaine seizures had increased dramatically, as well as the average amount per seizure. Qatar, which has reported no cocaine seizures, was frequently identified as a transit area for cocaine trafficked from Brazil in 2011, often destined for countries in East Asia.

706. The new trend of smuggling of cocaine observed in Jordan in 2010 continued in 2011. However, the quantities seized were less: in 2011, Jordan seized 1.4 kg of cocaine compared with more than 4.2 kg in 2010. Cocaine enters Jordan from South America via European airports, destined for Israel, Lebanon and other countries in the region.

(b) Psychotropic substances

707. West Asia has experienced considerable growth in trafficking in and seizures of amphetamines, and, as was reported in the report of the Board for 2011, a particular concern is the rapid emergence and growth of methamphetamine manufacture, trafficking and abuse throughout the region. Significant increases were seen in the Islamic Republic of Iran, where the country reported seizing 3.9 tons of methamphetamine — nearly triple the previous year's totals — placing it among the countries seizing the largest quantities of the substance globally. Iranian authorities reported dismantling several significant methamphetamine trafficking organizations in 2011. In 2010, 166 illicit clandestine methamphetamine laboratories were reported to have been dismantled.

708. According to UNODC, the region accounted for nearly a quarter of the global amphetamine (amphetamine and methamphetamine) seizures. In 2010, large amphetamine seizures totalling 500 kg or more were reported in Iran (Islamic Republic of), Iraq, Jordan, Saudi Arabia and the Syrian Arab Republic. In 2011, customs authorities in Saudi Arabia reported seizures of tablets sold as counterfeit Captagon and amphetamine totalling 20,585 kg — the highest amounts ever recorded — while Jordanian authorities reported seizures of 905 kg. In all cases, the drugs were en route to Saudi Arabia, with 48 per cent originating in the Syrian Arab Republic and 44 per cent originating in Jordan.

709. Saudi Arabia continues to be the main country of destination for amphetamine sold as counterfeit Captagon tablets. These tablets are smuggled into the country through Jordan and the Syrian Arab Republic. In 2011, the volume of amphetamine (including Captagon) seized in the Middle East amounted to nearly 22 tons, and according to the World Customs Organization, seizures made in Saudi Arabia constituted nearly 95 per cent of the total, followed by Jordan. According to Government sources, total seizures of amphetamine in Saudi Arabia amounted to 11.4 tons, followed by the Syrian Arab Republic (3.8 tons) and Jordan (1.8 tons).

710. Jordan and the Syrian Arab Republic continue to be the main countries of origin of the seized amphetamine. Furthermore, in the light of the seizures reported in Iraq, the amphetamine market seems to be expanding in that country.

711. According to the World Customs Organization, the quantity of methamphetamine seized decreased sharply in 2011 compared with previous years, and a total of 31 kg were intercepted in Saudi Arabia. On the other hand, MDMA ("ecstasy") seizures in the region increased, according to Bahrain and Yemen. In all cases, the drug was found in international airports in travellers' belongings. Origins cited included Iran (Islamic Republic of), Jordan and Thailand.

712. In 2010, Jordan reported for the first time the seizure of methamphetamine (2 kg), and seizures of the substance reported by Israel have increased over the past few years.

713. Most countries in the region continue to report the abuse of prescription drugs containing psychotropic substances such as benzodiazepines and stimulants such as methylphenidate. In Israel, Ritalin (methylphenidate) is mainly abused among the student community.

(c) Precursors

714. Most acetic anhydride reported seized was destined for use in Afghanistan. Based on a limited number of backtracking investigations, combined with an analysis of pre-export notification patterns, the source of diverted acetic anhydride in the region is best characterized as diversion from domestic distribution channels followed by subsequent smuggling into Afghanistan. The Board urges increased use of backtracking investigations of seizures of acetic anhydride and other scheduled chemicals, particularly those found in illicit heroin laboratories, to determine their source of diversion. Results of such investigations should be shared with the Board through the global Project Cohesion mechanism and among other relevant regional and international partners.

715. Data collected by the Afghanistan Ministry of Counter-Narcotics and UNODC suggest that the price of illicit acetic anhydride, as estimated in May 2011 ($416 per litre) declined by about half by May 2012, to between $165 and $232 per litre, depending on the perceived quality of the substance. Given the inherent value of illicit precursor price data in understanding the dynamics of illicit markets, the Board recommends the systematic collection and monitoring of prices of illicit precursors by Governments, as is typically done for illicit drugs.

716. The Government of Jordan informed the Board that the import of P-2-P had been prohibited as of May 2012. The country previously had the highest annual legitimate requirements for the substance in the world, purportedly for use in cleaning supplies for export to Iraq. The Board had repeatedly expressed concerns to the Government over its unusual use and the high likelihood of diversion into the illicit manufacture of amphetamine, the psychoactive ingredient found in counterfeit Captagon tablets seized in mass quantities throughout the region. Iraqi authorities no longer allow importation of P-2-P-based cleaning products.

717. Several countries in West Asia continue to report some of the highest annual legitimate requirements for imports of ephedrine and pseudoephedrine, precursors that can be used in the illicit manufacture of methamphetamine. Iran (Islamic Republic of), the Syrian Arab Republic and Pakistan have some of the highest annual legitimate requirements for importation of pseudoephedrine of any country. Pakistan has the fourth highest annual legitimate requirements for ephedrine worldwide, and since March 2012, the alleged diversion of significant amounts of ephedrine have led to high-profile investigations in the country. In 2011, the Islamic Republic of Iran reported several significant seizures of ephedrine originating in the neighbouring countries of Iraq and Pakistan. The Board encourages all Governments to communicate all chemical-related incidents through PICS, the Board's secure online global communication platform.

718. The Board continues to be concerned by Governments in high-risk regions failing to implement the most fundamental tools to counter trafficking in chemicals. Many countries in West Asia are not registered with the Pre-Export Notification Online (PEN Online) system, which provides real-time notification of pending exports of chemicals that can be used in illicit drug production. Of equal concern is the fact that many countries in the region — including those registered with and actively using the PEN Online system — have not invoked article 12, paragraph 10 (a), of the 1988 Convention, meaning that exporting countries are not required under international law to notify importing Governments of any pending precursor shipments. These fundamental anti-trafficking tools are provided to all Governments free of charge. The Board calls upon all Governments that have not yet done so to register with the PEN Online system and invoke article 12, paragraph 10 (a), of the 1988 Convention for all substances in Tables I and II without further delay. The international community's development assistance efforts should include any technical assistance required to enable States effectively to take part in these Board-managed precursor control mechanisms.

(d) Substances not under international control

719. Substances not under international control, in particular khat, continue to be seized in the Middle East. In 2011, a total of 250 kg of khat, destined for Saudi Arabia, was seized, almost all by the Yemeni customs services. Abuse of khat is also reported in Israel.

720. Solvent and inhalant abuse is reported in some countries, such as Israel and Saudi Arabia. In Saudi Arabia, a large proportion of patients seeking care for drug abuse in rehabilitation centres are being treated for

solvent abuse (glue and gasoline), with a reported growing number of school students among those patients.

5. Abuse and treatment

721. Many countries of West Asia have high levels of opiate abuse, which can be seen in both direct and indirect estimates of annual prevalence of drug abuse and treatment admissions data, with indications that opiate abuse is increasing, particularly abuse of heroin. Prevalence of heroin abuse is particularly high in Afghanistan and neighbouring countries. UNODC estimates the prevalence of opiate abuse in Afghanistan, excluding abuse of opioids and pharmaceutical opioids, as among the highest in the world, with prevalence of past-year abuse at between 2.3 and 3 per cent of the general population aged 15-64 years.

722. The Afghanistan Ministry of Counter-Narcotics reports that the number of drug abusers in the country is increasing, especially abusers of heroin and opium. From 2005 to 2009, the number of heroin abusers increased by 140 per cent, and the number of opium abusers increased by 53 per cent. The Government estimates that more than a third of the 940,000 drug abusers in Afghanistan live in Kabul province. Studies of drug abusers in Kabul found that the most commonly abused drug types are opium, cannabis oil, heroin and pharmaceutical preparations containing controlled substances. Approximately 13 per cent of those studied were injecting drug abusers. Drug abuse initiation was most commonly due to the influence of friends or done out of curiosity, as indicated by 54 per cent of respondents.

723. Limited data are available on the prevalence of injecting drug use in the countries of the Middle East. There are estimates of 20,000 injecting drug abusers in Afghanistan and 2,000-4,000 injecting drug abusers in Lebanon. In the Islamic Republic of Iran, 18.7 per cent of the approximately 1.5 million drug abusers are injecting drug abusers, while other countries do not report data in that regard.

724. The prevalence of injecting drug abuse in prison settings is also largely unknown, except for the Islamic Republic of Iran, where data indicate that 1.2 per cent of male prisoners are injecting drug users. There is virtually no data available on the prevalence of HIV among injecting drug abusers in prisons, apart from the Islamic Republic of Iran, where there is an estimated rate of HIV infection of 8.1 per cent among inmates who had a history of injecting drugs.

725. In the Middle East, needle and syringe programmes are available in Iran (Islamic Republic of), Israel, Lebanon and Oman, as well as the Occupied Palestinian Territory, whereas opioid substitution therapy is available only in Bahrain, Iran (Islamic Republic of), Israel and Lebanon. Only the Islamic Republic of Iran has made available opioid substitution therapy in prisons and other closed settings. Lebanon is planning a pilot opioid substitution therapy programme in prisons.

726. The Islamic Republic of Iran reports that 2.7 per cent of the general population have abused opiates in the past year. Drugs abused included opium (34 per cent of drug abusers), "crack" heroin (a high purity form of heroin) (27 per cent), heroin (19 per cent), opium residue, analgesics and methamphetamine (4 per cent each) and cannabis (2 per cent). Abuse of methamphetamine, although substantially lower than abuse of opiates, has increased, and the Government reported that in 2011, the national drug addiction telephone hotline received more than 470,000 calls, with the most common questions related to crystalline methamphetamine.

727. New 2010 estimates of prevalence of drug abuse from Azerbaijan and Georgia showed that, since the time of the last survey (2-4 years ago) abuse of opioids (including opiates) has more than doubled in those countries. In Azerbaijan, past-year prevalence of opioid abuse for the general population aged 15-64 years increased from 0.2 per cent in 2008 to 1.3-1.7 per cent. The prevalence of past-year drug abuse in Georgia increased from 0.6 per cent in 2006 to 1.3-1.4 per cent.

728. Treatment admission data for most countries of West Asia show elevated levels of opioid abuse, mostly in the form of heroin abuse. Treatment admissions data reported by countries showed that the proportion of those entering treatment primarily for opioid abuse ranged widely, between 31 and 99 per cent of admissions since 2006, with the highest proportions of opioid abuse (rates of 75 and 97 per cent in two countries) found in Central Asian countries. Most recent UNODC estimates suggest that drug abusers in West Asia (excluding Turkey) consumed an estimated 12 per cent of all heroin consumed worldwide.

729. Treatment in Afghanistan is woefully limited, with existing drug treatment capacity equal to just 3 per cent of the estimated number of opiate abusers. There are 50 drug treatment centres located throughout the country providing treatment and aftercare services. There are nine treatment centres in Kabul province, with a total of 255 beds, of which two treatment centres are allocated for women and one for children; the remaining six centres are for men. The centres admit nearly 2,000 drug abusers

annually, with the average length of stay in treatment being just one month. Rates for successful treatment completion and relapse were not reported.

730. According to the Ministry of Health of Iraq, the number of drug abusers entering outpatient and inpatient treatment countrywide has steadily increased, with 1,462 individuals receiving treatment in 2008, 2,337 individuals in 2009, 5,668 individuals in 2010 and 2,761 individuals in the first half of 2011. The highest number of those entering treatment are from the southern district of Basra, bordering the Islamic Republic of Iran, with trihexyphenidyl (benzhexol) being the most commonly reported substance of abuse. That substance is also found to be abused in the Syrian Arab Republic. The Board encourages the Governments of Afghanistan and Iraq, through assistance by the international community, to expand appropriate drug treatment services throughout their respective countries.

731. The Board notes with satisfaction that some countries in West Asia, such as Jordan and Lebanon, took measures to strengthen their treatment and rehabilitation centres. In particular, the involvement of both the private and public medical care sectors in order to reach the maximum number of drug abusers. In Lebanon, for example, drug addicts are treated in hospitals and by some non-governmental organizations. A study cited by the Lebanese Ministry of Public Health on drug addicts treated in hospitals and by non-governmental organizations in 2011 showed that a total of 1,411 patients were receiving treatment (1,206 males and 205 females). Almost 22 per cent of the patients are treated for abuse of tranquillizers, followed by alcohol (16 per cent), cocaine, amphetamine, cannabis oil, heroin and codeine, in descending order. In addition, among the patients, there were 119 cases of polydrug abuse.

D. Europe

1. Major developments

732. Abuse of illicit drugs in Europe has stabilized in recent years, although at a high level. Yet the emergence of new psychoactive substances, so-called "designer drugs" or "legal highs", poses a major challenge, which many Governments are addressing by placing individual substances or groups of substances under national control. Adding to the challenge is the pattern of polydrug abuse: the consumption of illicit drugs in combination with other drugs, alcohol and non-controlled substances. In 2011, a significant increase in new cases of HIV infection based on a high HIV prevalence among injecting drug users was reported by Bulgaria, Greece and Romania.

733. Bosnia and Herzegovina has become an important regional trafficking hub for narcotics shipments. Main trafficking routes pass through Bulgaria, Romania and the former Yugoslav Republic of Macedonia to Kosovo,[33] then through Montenegro and Serbia to Bosnia and Herzegovina, and from there to Croatia and Slovenia and Western European markets.

734. In October 2011, the Convention of the Southeast European Law Enforcement Center entered into force, and the Southeast European Cooperative Initiative (SECI) Center became the Southeast European Law Enforcement Center (SELEC). The main objective of SELEC is to provide support for the competent national authorities of Member States and enhance coordination in preventing and combating organized crime in the region. SELEC inherits the activities of the SECI Center: 12 years of operational activities, joint investigations, training sessions and strategic analysis covering the most sensitive criminal areas in the South-Eastern European region.

735. Detections of laboratories used for the illicit manufacture of amphetamines have increased, and the increased manufacturing capacity of some of these sites has been noted. The trend of methamphetamine replacing amphetamine in Northern and Western Europe appears to be continuing, and the quantity of methamphetamine seized in Northern Europe has increased significantly.

2. Regional cooperation

736. In November 2011, a dialogue on drugs was held between the European Union and the Russian Federation in Brussels. Also in November 2011, a regional ministerial conference on challenges and achievements related to regional and transnational cooperation in the fight against organized crime in South-Eastern Europe was held in Belgrade. The conference was attended by ministers of internal affairs and justice and public prosecutors from the region, as well as representatives of European Union member States and members of the European Commission. The participants agreed on the necessity of creating expert teams to monitor regional cooperation in criminal matters and judicial cooperation.

737. In November 2011, the regional anti-drug initiative, Operation Channel, carried out annually under the auspices of the Collective Security Treaty Organization (CSTO), involved competent law enforcement, customs authorities and financial intelligence units of CSTO member States. In the course of the operation,

[33] All references to Kosovo in the present document should be understood to be in compliance with Security Council resolution 1244 (1999).

many tons of drugs and psychotropic substances were seized, including 11.6 tons of opium, 17.4 tons of cannabis herb, 3.2 tons of cannabis resin and 871 kg of heroin.

738. A high-level meeting of the Pompidou Group of the Council of Europe in December 2011 decided to reinforce cooperation with the countries of Eastern and South-Eastern Europe, especially in the fields of prevention and treatment, and adopted a policy paper on licit and illicit drugs and a strategic document setting out a political agreement regarding drugs. Also in December 2011, the European Commission proposed the establishment of a European border surveillance system (EUROSUR) to enhance coordination among member States and prevent and combat serious crime, including drug trafficking.

739. In December 2011, the Council of the European Union adopted conclusions on new psychoactive substances, and in June 2012 it adopted conclusions on the new European Union drugs strategy for the period 2013-2020 to address polydrug use, the rapid spread of new psychoactive substances, ensuring access to and addressing misuse of prescribed controlled medications, the use of the Internet in the illicit distribution of drugs, the diversion of precursors, the quality of demand reduction services and the high incidence of blood-borne diseases. Combating synthetic drugs and new psychoactive substances was identified by the Standing Committee on Operational Cooperation on Internal Security (COSI) of the European Union as one of the Union's priorities in combating organized crime. The European Commission was in the process of carrying out an impact assessment on a new instrument to replace Council decision 2005/387/JHA on information exchange, risk assessment and control of new psychoactive substances and announced that it would propose stronger European Union legislation in that regard. A number of regional and interregional forums in 2012 have focused on the challenge of emerging substances of abuse.

740. In January 2012 in Brussels, the World Customs Organization held the first Global Forum on Combating Illicit Drug Trafficking and Related Threats, with representatives of customs authorities from 65 countries, as well as international and regional organizations. The Forum enabled an exchange of best practices in combating trafficking in drugs and precursor chemicals and associated money-laundering and corruption.

741. In February 2012, the seventh meeting of the European Union-Mexico Joint Council established by the Economic Partnership, Political Coordination and Cooperation Agreement between the European Union and its Member States and Mexico welcomed steps to reactivate the agreement on the control of precursors.

742. In February and March 2012, the first meeting on drug policy cooperation in South-Eastern Europe and the Balkans, held in Dubrovnik, Croatia, focused on exchange of information and experience. The second such meeting, held in Zagreb in September 2012, focused on rehabilitation and reintegration services.

743. In March 2012, a memorandum of understanding was concluded in Brussels between INCB and the World Customs Organization. The agreement formalized the long-standing cooperation between the two bodies, with a view to enhancing international drug control efforts within their respective mandates.

744. In May 2012, within the framework of the Pompidou Group of the Council of Europe, an international conference on alcohol, drugs and prevention in the workplace, held in Strasbourg, France, adopted a frame of reference for policies for preventing alcohol and drug use in the workplace.

745. In May 2012, UNODC launched a new regional programme for South-Eastern Europe for the period 2012-2015 on "Countering illicit trafficking and organized crime for improved governance, justice and security". The programme is aimed at combating illicit drug trafficking via the Balkan route and related problems, as well as at improving intraregional cooperation between countries along the Balkan route and countries in West and Central Asia and Europe affected by heroin trafficking from Afghanistan.

746. The fourteenth High-level Meeting of the Coordination and Cooperation Mechanism on Drugs between the European Union and the Community of Latin American and Caribbean States, held in Brussels in June 2012, expressed support for, inter alia, continued cooperation between the two regions in addressing the world drug problem, highlighting the need to address prevention, early intervention, treatment, rehabilitation, social reintegration and reduction of the negative health and social consequences of drug abuse.

747. The third World Forum against Drugs, held in Stockholm in May 2012, focused on human rights, the right of children to be protected from illicit drugs, illicit drug use and trafficking problems in Latin America, as well as on primary prevention. A joint statement was signed at the Forum by the representatives of Italy, the Russian Federation, Sweden, the United Kingdom and the United States, reiterating their commitment to ensuring the adequate availability of narcotic drugs and psychotropic substances for the relief of pain, treatment

of illness and research; preventing and reducing the use of those drugs for any other purpose and reducing the consequences of such use; and calling for a balanced approach to the world drug problem, with a strengthened international partnership. The second Congress of the World Federation against Drugs, also held in Stockholm in May 2012, resulted in a statement highlighting the need to support the international drug control conventions and to promote policies aimed at limiting the harmful effects of drugs through prevention, law enforcement and treatment and recovery programmes.

3. National legislation, policy and action

748. Many countries in the region have introduced legislation to address the challenges posed by the abuse of new psychoactive substances. In Austria in January 2012, legislation entered into force that brought under control substances or groups of substances that are not subject to the 1961 or 1971 conventions and that have the potential for psychoactive effects, are likely to be abused and pose a potential health threat.

749. Cyprus introduced a generic system of classification in national drug control legislation in 2011. In Denmark, legislation entered into force in July 2012 that introduced the generic scheduling of drugs, including synthetic cannabinoids. Finland amended the 2008 Narcotics Act in June 2011 to enable the control of substances based on a risk assessment by the Finnish Medicines Agency, together with the police, customs authorities and the National Institute for Health and Welfare. In April 2012, Hungary created a schedule C to existing legislation, on which a substance can be included after a formalized rapid assessment has found that it affects the central nervous system and therefore poses as serious a threat to public health as the substances listed in the international drug conventions, and that the substance has no therapeutic use. Within one year of placement on the schedule, the risk of individual substances must be assessed, resulting in either full control or removal from the schedule; compound groups remain on the schedule as long as any substance in the group meets the above-mentioned criteria. Following the enactment of the revised drug law in Switzerland in July 2011, yearly reviews of new synthetic substances enable such substances to be brought under national control. "Temporary class drug orders" were introduced in the Misuse of Drugs Act 1971 of the United Kingdom as at November 2011, enabling the control of a new psychoactive substance for one year if the substance is misused, likely to be misused or could have harmful effects. In addition, a new action plan to tackle psychoactive substances, published in May 2012, is aimed at reducing the demand for such substances by providing information about the associated risk and harms, restricting supply and ensuring effective treatment and support for lasting recovery.

750. Many countries in the region are also placing individual substances or groups of substances under national control. For example, mephedrone has been brought under control by most member States of the European Union, with the Czech Republic, Finland, Greece, Latvia, Slovenia and Spain, as well as Switzerland, all placing it under control in 2011, and tapentadol was placed under national control in Cyprus, Estonia, Finland, Greece, Latvia and Spain in 2011.

751. In May 2011, the first national survey on the use of drugs and other addictive substances among the general population in Croatia was initiated. In July 2011, the Government of Croatia adopted amendments to the Act on the Suppression of Drugs Abuse (OG 84/11), thus enabling the introduction in the country of the unified prescription form used by physicians active in the Schengen area to prescribe medicine containing narcotic drugs for the personal use of travellers within that region for a maximum of 30 days. In October 2011, the Croatian Parliament adopted a new penal code, which entered into force on 1 January 2012. In the new penal code, the abuse of narcotic drugs is punished according to the provisions of two criminal acts covering the unauthorized possession and manufacture of, and trade in, drugs and substances banned in sports. The new penal code also provides for the criminalization of growing plants and fungi from which narcotic drugs can be obtained and of activities related to money-laundering. In the context of the process of adapting the Croatian drug demand reduction system to European Union standards, the Government in 2011 initiated the creation of a database for programmes on combating drug abuse in Croatia. The purpose of the database is to consolidate information about all of the demand reduction activities that are being implemented at all levels in Croatia.

752. In November 2011 in Denmark, the city council of Copenhagen decided that it would ask the national Government for authorization to introduce an experimental scheme concerning the legalization of trade in and use of cannabis; however, according to information provided by the Government, it had not been asked for such an authorization and had indicated that such an authorization would not be granted. In July 2012, an amendment to the drug law was to come into effect that would empower the Minister of Health to license, at the request of municipal governments, "drug consumption rooms" and regulate their operation by municipal authorities and private organizations with operational

agreements with the municipal authorities. The Government of Denmark has been informed of the position of the Board that consumption rooms are in violation of the provisions of the international drug control conventions.

753. In May 2012, a code of conduct developed by the Government of France and the chemical industry was published, with the aim of facilitating the identification and reporting of suspicious transactions of precursor chemicals.

754. In August 2012, the National Substance Misuse Strategy of Ireland was published, integrating strategies for alcohol and drug abuse for the first time. In January 2012 in Latvia, new procedures came into force for the treatment of addiction to alcohol, narcotics, psychotropic substances, toxic substances and gambling, with redesigned rules for opioid substitution treatment that allow the provision of substitution treatment and for such treatment to be offered beyond the capital city provided that certain criteria are met.

755. In December 2011, the parliament of Lithuania adopted a political resolution expressing grave concern about new psychoactive substances and calling for further preventive and improved control measures. Also in December 2011, a Government order set out conditions for the storage of precursor chemicals in order to comply with European Commission regulations.

756. In June 2012, the Republic of Moldova became the thirty-seventh member of the Pompidou Group following the adoption of Law No. 75. Currently, the Pompidou Group collaborates with the Republic of Moldova in the fields of drug treatment in prisons, drug prevention for youth and the development of systems to improve drug detection at European airports.

757. In January 2012, amendments to the national framework of the Netherlands for policy related to so-called "coffee shops" as contained in the Opium Act Instructions came into force, with the aim of reducing the size of such sites, facilitating control and combating drug tourism. Access to "coffee shops" is to be restricted to residents of the Netherlands aged 18 years or older who are members of a "coffee shop", with membership to each site limited to 2,000 individuals per calendar year. The restrictions were applied in three southern states (Limburg, North Brabant and Zeeland) as from May 2012, and were to be implemented nationwide from January 2013. The amendments also increase the minimum distance between "coffee shops" and secondary schools and secondary vocational institutions. While the Board has taken note of this development, its position continues to be that such "coffee shops" are in violation of the provisions of the international drug control conventions.

758. On 1 June 2012, measures to prohibit over-the-counter sales of medicines containing codeine or its salts became effective in the Russian Federation. Since 1 June 2012, the sale of such medicines by pharmacies is allowed only with a doctor's prescription. The increased controls are a result of the fact that these medicines are often used for the clandestine manufacture of desomorphine.

759. In November 2011, the Government of Serbia established within the Ministry of Health a commission on psychoactive controlled substances, an interministerial committee responsible for providing expert advice to the Government on issues related to psychotropic substances, as well as for issuing licences for forensic laboratories.

760. In 2012, the Government of Ukraine adopted the National Drug Strategy through 2020. The strategy defines administrative, social, medical, legal, educational, informational and other measures aimed at preventing non-medical use of drugs, reducing the supply and demand of illegal drugs and facilitating the availability of drugs for medical and scientific use.

761. In May 2012 in the United Kingdom, the National Institute for Health and Clinical Excellence released clinical guidelines for England and Wales for the prescribing of strong opioids for the treatment of pain for adults in palliative care, noting that published evidence suggested that pain resulting from advanced disease, especially cancer, remained undertreated and expressing the goal of helping to improve pain management and patient safety.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

762. The illicit cultivation of cannabis plant in Western and Central Europe, especially indoor cultivation and cultivation on a commercial scale, has continued to increase. The involvement of criminal groups in illicit cannabis cultivation, as reported by Bulgaria, Denmark, Germany, France, Hungary, Italy, Norway, Slovakia, Sweden and the United Kingdom, is a growing concern. In a study by EMCDDA of 30 countries in Europe, 16 countries indicated that indoor cultivation was the dominant method of illicit cultivation, while the Czech Republic, France, Germany, Latvia, Sweden and the United Kingdom reported increases in indoor cultivation in recent years and France reported that three quarters of cases of illicit cultivation of cannabis plant involved

indoor cultivation. Hydroponic cultivation was noted by 12 countries (Belgium, Czech Republic, Ireland, Greece, Hungary, Latvia, Luxembourg, Netherlands, Romania, Slovenia, Slovakia and the United Kingdom) and was reported to have increased in the Czech Republic and Slovakia. In the United Kingdom, detections of sites of illicit cultivation of cannabis have continued to increase, coupled with a reduction in the size and scale of commercial illicit cultivation sites. Similarly, in Finland, small-scale cultivation at the household level is increasing. Slovenia reported an increase in indoor cultivation, while at the same time it noted a decrease in outdoor cultivation. In Bulgaria, an increase in the indoor cultivation of cannabis plant was reported in 2011. So-called "grow shops", retail outlets selling products for the indoor cultivation of plants, have been identified as a potential indicator of increases in illicit domestic production of cannabis, especially indoors. According to EMCDDA, the existence of such outlets in 2009 was reported by 15 countries in Western and Central Europe, seven of which noted the existence of information on cannabis cultivation in such outlets.

763. Trafficking of cannabis herb continues at significant levels in Eastern and Central Europe. Cannabis herb is usually trafficked from the former Yugoslav Republic of Macedonia, Albania and Kosovo to Montenegro and southern Bosnia and Herzegovina. There is evidence that cannabis herb produced in the region is playing an increasingly important role in the supply chain of European cannabis markets. While Albania has reported a decrease in seizures of locally produced cannabis herb, increases in cannabis plant cultivation have been reported by Bulgaria and Ukraine. Seizures of cannabis resin imported from beyond the region continue to decline, and seizures of cannabis herb remain relatively stable, although at a significantly lower level than a decade ago. The number of cannabis plants seized, however, increased dramatically between 2004 and 2010. While there is an overall stable or decreasing trend in the abuse of cannabis in the region, 1 per cent of European adults may be using cannabis on a daily or almost-daily basis, and 4 per cent of school students aged 15 or 16 report having abused cannabis at least once a week, while in France and Monaco more than one in every five students in that age group reported using cannabis in the past month. Treatment demand owing to the abuse of cannabis is increasing; between 2004 and 2009, the number of people entering treatment for the first time whose primary drug of abuse was cannabis increased by 40 per cent in 18 European countries.

764. Ukraine has reported the eradication of large areas of illicit cultivation of cannabis plant close to its border with the Republic of Moldova, and estimated the area under illicit cultivation at 920 ha in 2010. Albania, another important producer of cannabis herb, has implemented law enforcement actions against cannabis growers and traffickers, and reported a lower estimate of production capacity; areas of illicit cannabis plant cultivation and the production of cannabis further decreased as a result of joint operations by national law enforcement institutions. During 2011, 89 cases of cannabis cultivation were recorded and 21,267 cannabis plants were destroyed. In addition, 79 people were arrested and placed under investigation for charges related to the illicit cultivation of cannabis.

765. There were no significant drug production cases reported by Croatia, with only a small number of cases of cannabis plant cultivation and intensive indoor cultivation by smaller criminal groups reported. Cannabis available on the Croatian market originates in Albania and is smuggled by organized criminal groups through Montenegro and Bosnia and Herzegovina into Croatia and on to Western Europe along the Balkan route. In the former Yugoslav Republic of Macedonia, small-scale cultivation of cannabis, mainly for domestic use, is the only known illegal production of drugs. In the first six months of 2011, the Government of the former Yugoslav Republic of Macedonia detected 222 crimes committed in the area of "illegal production and trade of narcotic drugs". The biggest cannabis seizure reported involved 105 kg smuggled from Albania into the former Yugoslav Republic of Macedonia on 11 June 2011.

766. Seizures of cannabis resin in Western and Central Europe are continuing to decrease, with seizures of 534 tons in Western and Central Europe in 2010, which is almost half the peak amount of 1,078 tons in 2004, and the number of seizures dropping to the lowest level since 2003. In Spain, the country with the greatest amount of cannabis resin seized by customs authorities globally, seizures decreased in 2010 for a second consecutive year, to the lowest level recorded since 1997. Seizures by customs authorities of cannabis resin in Western Europe decreased from 178 tons in 2010 to 147 tons in 2011. In Finland, however, a record quantity of cannabis resin was seized in 2011; most of it was en route to the Russian Federation. The relative importance of Morocco as a source of cannabis resin for Europe, the world's largest illicit market for the substance, is reportedly appearing to decrease, with the importance of resin from other countries, such as Afghanistan, India, Lebanon and Pakistan, appearing to increase. Nevertheless, Morocco was identified as the source country for almost three quarters of the cannabis resin seized in Western Europe by customs authorities in 2011. The volume of cannabis

resin seized by customs authorities in Eastern and Central European countries has also dropped significantly, reaching 95 kg in four seizure cases in 2011, compared with 814 kg in 44 seizure cases in 2010. The majority of the seizures were carried out on board trains coming from Azerbaijan, Tajikistan or Ukraine. The largest seizure was reported by Belarus: 131 kg of cannabis resin seized at the land border with Latvia.

767. The number of seizures of cannabis herb in Western and Central Europe has increased since 2001, doubling between 2005 and 2009 and, in 2010, exceeding seizures of cannabis resin for the first time. The amount of cannabis herb seized in Western and Central Europe has remained at about 60 tons since 2004 (62 tons in 2010), half the peak level of 124 tons in 2002. Following a decrease in seizures by customs authorities of cannabis herb in Western Europe from 2009 to 2010, the total amount seized more than doubled from 8.8 tons in 2010 to 17.7 tons in 2011. According to UNODC, over the period 2001-2010, seizures of cannabis herb by weight decreased in Western Europe yet increased in Northern, Central and Eastern Europe. The volume of cannabis herb interceptions made in Eastern and Central Europe in 2011 was more than double that of 2010, totalling 2.7 tons in 74 seizure cases. According to the World Customs Organization, Albania remains an important source country for cannabis herb seized in Eastern and Central Europe, accounting for a total volume of 2,194 kg, more than 80 per cent of the total amount seized in 2011. Almost all of the seizures of cannabis herb in Eastern and Central Europe were made while the cannabis herb was being transported by road.

768. Seizures of cannabis plants have continued to increase in Europe since 2004, from 1.7 million plants in 2004 to about 30 million plants in 2010, with seizures of plants totalling 42 tons in 2008 and 35 tons in 2010, most of which was accounted for by Spain (27 tons) and Bulgaria (4 tons). In the United Kingdom (England and Wales), the number of seizures involving plants increased by 12 per cent, despite a decrease in the number of plants seized. In Germany, while seizures of cannabis resin and cannabis herb both decreased by almost 20 per cent from 2010 to 2011, seizures of plants increased by almost a third.

769. While the amount of cocaine seized in Western and Central Europe has declined in recent years, there are some signs of stabilization. After increasing from about 50 tons in 2009 to about 60 tons in 2010, seizures of cocaine in Western and Central Europe remained at about half the peak amount of 120 tons in 2006. Spain continued to be the country reporting the largest quantity seized (25 tons), almost half the total for Western and Central Europe, followed by the Netherlands (10 tons). The quantity of cocaine seized by customs authorities in Western Europe remained relatively stable at about 34 to 37 tons per year between 2009 and 2011, representing almost half of global seizures of cocaine by customs authorities. In Romania, the total amount of cocaine seized in 2011 was more than 161 kg, approximately 63 times the quantity seized in 2010 (2.6 kg). The amount seized in 2011 was mainly the result of one large seizure (157.5 kg) made in Constanta harbour.

770. Cocaine traffickers use ports in Croatia and Greece for shipments to Eastern Europe. From there, cocaine is moved to smaller harbours in Montenegro and Albania, from which it is transported by road to Kosovo and then Serbia before reaching Bosnia and Herzegovina and Western European markets. The abuse of cocaine in Western and Central Europe remains stable, although with a high annual prevalence of 1.2 per cent.

771. Ships are still the main mode of transportation for cocaine trafficked to Western Europe, representing almost 80 per cent of the quantity seized by customs authorities in 2011; however, seizures by customs authorities at airports accounted for 15 per cent of the quantity seized in Western Europe. Cocaine is increasingly trafficked to Slovenia via container from Latin America, with shipments also arriving at ports on the Adriatic Sea and then entering Slovenia via the western Balkans. Of the cocaine seized by customs authorities in 2011 in Western Europe, 80 per cent was identified as having originated in Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Panama, Peru and Venezuela (Bolivarian Republic of). In 2010, cocaine deliveries to the Russian Federation arrived mainly from Ecuador. This trend continued in 2011, with two seizures carried out at the Saint Petersburg seaport, of 20.6 kg and 4.5 kg of cocaine arriving from Ecuador. Since 2009, the Caribbean region has become increasingly important in the trafficking of cocaine shipments destined for Europe. For example, the Dominican Republic was identified as the origin of 273 shipments, amounting to 3.5 tons, of cocaine seized by customs authorities in Western Europe in 2011. The significant increase, of about 50 per cent, in French seizures of cocaine in 2011 (almost 11 tons) compared with 2009 and 2010 was the result of seizures in the Caribbean. In January 2012, 1.2 tons of cocaine destined for the European market were seized on two vessels off the coast of Martinique.

772. Eastern Europe's biggest drug control problem continues to be the illicit trafficking of heroin and opiates originating in Afghanistan. Turkey continues to be a main corridor for heroin trafficking to Europe. Heroin also

continues to be trafficked through Central Asia into the Russian Federation along the northern branch of the so-called "silk route" (via Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan), both for domestic use and for trafficking onward to Western European countries.

773. In 2010, about 6 tons of heroin were seized in Western and Central Europe, a decrease from the approximately 8-9 tons seized annually between 2005 and 2009, with the highest quantities of seizures made in France and Italy (each approximately one ton) and with the decline affected by decreases in amounts seized in Bulgaria and the United Kingdom. Customs seizures of heroin in Western Europe decreased from 1.9 tons in 2009 to 1.0 ton in 2011. A decline in the availability of heroin on the illicit drug market was observed in some European countries between 2010 and 2011. This observation was supported by data from Ireland indicating that the prevalence of Drug Treatment Centre Board laboratory samples testing positive for heroin marker 6-acetylmorphine was at its lowest level in December 2010, slowly increasing at the beginning of 2011. Samples testing positive for benzodiazepine peaked in December 2010, coinciding with the shortage of heroin, followed by an ongoing increase, indicating either substitution or "cutting" of heroin with benzodiazepines.

774. In 2010, a decrease in seizures of heroin was recorded in most of the countries (except the Islamic Republic of Iran) along the main Balkan trafficking route, from Afghanistan through South-Eastern Europe to Western and Central Europe, although large quantities of heroin continued to be trafficked along that route. In 2011, nearly two thirds of the heroin seized at the borders of the United Kingdom had been trafficked directly from Pakistan (in air freight and containers). At the same time, there was a reduction in the amount of heroin being trafficked to the United Kingdom via Turkey. According to the World Customs Organization, the decreasing trend since 2009 in the amount of heroin seized in Eastern and Central Europe continued; in 2011 the total amount of heroin seized was 23 per cent of the amount seized in 2010.

775. Amounts of heroin seized by customs authorities along the traditional Balkan route (Turkey, Romania, Hungary and Austria) were greater than along the southern Balkan route (to Italy via Albania, the former Yugoslav Republic of Macedonia or Greece), with the use of the "silk route" continuing to be significant. In Romania, the quantity of heroin seized decreased by almost 90 per cent, from 108 kg in 2010 to 12 kg in 2011. Bulgarian customs authorities alone made 60 per cent of the seizures in Eastern and Central Europe and over 85 per cent of the total volume seized. The two largest seizures were made in Bulgaria, the first at the border with Turkey at the Kapitan Andreevo checkpoint, where customs authorities discovered 96 kg of heroin coming from Turkey. The second seizure was made at the border with Romania, at the Ruse checkpoint, where customs authorities discovered 43 kg of heroin bound for the Netherlands in a lorry load. Substantial seizures of heroin were also reported by the customs authorities of the former Yugoslav Republic of Macedonia, followed by those of Ukraine, Serbia and Albania with significantly smaller amounts. The Russian Federation reported 101 seizures by customs authorities in 2011, with a total of 138 kg of heroin.

776. Western Europe accounted for only a small portion (about 3 per cent) of the global seizures of opium by customs authorities in 2011; Turkey was identified as the source country in half of the shipments. A total of 112 tons of opium were seized in Germany in 2011, an increase of over 800 per cent compared with 2010 (12.3 tons). Buprenorphine, an opioid controlled under the 1971 Convention, is trafficked on a large scale from France to Finland, where seizures increased in 2011, while seizures of the substance between Finland and Estonia decreased. In Estonia, the trafficking of heroin and other opiates is reported to be in decline. In Latvia in 2011, two illegal laboratories for the manufacture of methadone were detected; the destination of the methadone produced was believed to be the Russian Federation.

777. Little progress was made in the past year in tackling drug trafficking in Bosnia and Herzegovina, a country which continues to be a transit corridor for international trafficking of narcotics. Organized crime groups linked with drug trafficking continued to operate through the country's territory. Local illicit drug consumption remained relatively low compared with other European countries. Bosnia and Herzegovina remains at an early stage in the fight against drug trafficking, as well as in taking effective action on reducing drug demand. Effective, sustainable and institutionalized mechanisms for cooperation and strategic coordination between different law enforcement agencies are still being developed, and the performance of law enforcement agencies in the fight against drug trafficking remains uneven. The Board urges the Government of Bosnia and Herzegovina to establish an office to coordinate national drug control activities as a matter of priority and to continue its efforts to strengthen drug control in both of

its constituent entities: the Federation of Bosnia and Herzegovina and the Republika Srpska.

(b) Psychotropic substances

778. Customs seizures of amphetamines in Western Europe tripled from 615 kg in 2010 to 1,827 kg in 2011, although they were still lower than in 2009 (3,028 kg). Europe continues to account for the majority of laboratories seized worldwide for illicitly manufacturing substances in the amphetamine group; the number of amphetamine laboratories seized in Europe increased from 43 in 2009 to 62 in 2010. It has been reported that the capacity of amphetamine manufacture in the Netherlands and Belgium may have increased by a factor of five to six, and in Poland by 30 to 160 per cent. The quantity of amphetamine powder seized in Western and Central Europe decreased from a peak of 8 tons in 2007 to 5 tons in 2010, with Germany accounting for almost a quarter of the amount seized, followed by the United Kingdom, the Netherlands and Poland. The number of amphetamine tablets seized in Western and Central Europe, however, doubled from 170,000 in 2008 to 345,000 in 2010, with 96 per cent of those seizures taking place in Spain. Most amphetamine seized in Europe is manufactured in (in descending order of significance) the Netherlands, Poland, Belgium, Bulgaria and Turkey, and the Netherlands remains the main source or distribution country for the majority of amphetamine consignments seized in the Central and Eastern European region (31 kg out of a total of 57 kg). The volume of amphetamines seized in Central and Eastern European countries decreased significantly in 2011 compared with 2010, falling to 57 kg. Customs authorities in Poland seized a total of 49 kg, far ahead of the quantity of amphetamine-type stimulants seized in Ukraine (3 kg) and Bulgaria (2 kg). The largest seizure of amphetamines (31 kg) was made in Olszyna, Poland, close to the German border, in a private vehicle coming from the Netherlands. Five seizures of amphetamines, with a total weight of 11 kg, were made in 2011 by the customs authorities of Belarus and the Russian Federation.

779. Methamphetamine has been reported as increasingly present in the illicit amphetamine market in some Nordic and Baltic countries, although amphetamine is far more commonly available in Europe. In Poland, which saw a decrease in 2011 in illicit amphetamine laboratories, there was some increase in the number of illicit methamphetamine laboratories detected; that was also the case in 2011 in the Czech Republic. The number of illicit methamphetamine laboratories seized in Europe decreased from 361 in 2009 to 328 in 2010. The majority of them (307) were seized in the Czech Republic, with an increase in the number of detections of such facilities in Austria and Bulgaria. The number of seizures and the quantity of methamphetamine seized in Western and Central Europe have continued to increase since 2001; there were about 7,300 seizures and 500 kg each year in 2009 and 2010, an increase from almost 300 kg in 2008, mainly owing to increases in 2009 in Sweden and Norway, the main countries for seizures of methamphetamine. Customs seizures of methamphetamine fell by more than 50 per cent in 2011 to 64 kg, from 142 kg seized in 2010, after having increased significantly from 2009 (30 kg). Thailand continued to be the main source country for methamphetamine seized by customs authorities in Western Europe in 2011 (28 out of a total of 67 seizures). African countries were also significant source countries in that regard, although to a lesser degree than in 2010. Benin, Ghana, Nigeria and South Africa together accounted for 10 per cent of the quantity seized.

780. After several years of decline, especially in 2009, MDMA ("ecstasy") has made a possible resurgence in Europe since mid-2010, according to Europol. Seizures of "ecstasy"-group substances more than doubled, from 595 kg in 2009 to 1.3 tons in 2010. In Romania, the number of tablets seized in 2011 was approximately 2.5 times the number seized during the previous year. No "ecstasy" laboratories were reported to UNODC as having been seized in Europe in 2010, yet several were detected in 2011. It has been suggested that this trend is possibly connected to the emergence of slightly modified precursor chemicals that are not controlled at the international level. EMCDDA reports increasing availability of MDMA in "ecstasy" tablets, after having decreased in recent years, with production methods apparently now based increasingly on safrole or on chemicals such as 3,4-MDP-2-P-glycidate, which are structurally similar to the controlled precursors traditionally used in the illicit manufacture of "ecstasy". In 2010, 3 million "ecstasy" tablets were seized in Western and Central Europe, a 50-per-cent increase compared with 2009 but significantly less than the peak of almost 23 million tablets in 2002. France, the Netherlands and Spain each accounted for about one fifth of tablets seized, followed by Germany, Poland and the United Kingdom. In Germany, the amount of "ecstasy" tablets seized more than doubled from 2010 to 2011. Customs seizures of MDMA ("ecstasy") in Western Europe increased from 109 kg in 2009 to 206 kg in 2010 and to 466 kg in 2011, with over half of the total amount seized by French customs authorities. The World Customs Organization reported only five seizures of "ecstasy" made in 2011 in Eastern and Central Europe (three by Poland, one by Serbia and one by Estonia), totalling 21 kg. The Netherlands was identified as the main source

country for illicit shipments of "ecstasy" to other European countries, representing about 80 per cent of the total amount seized by customs authorities in 2011.

(c) Precursors

781. Non-controlled substances are continuing to replace controlled precursor chemicals, through masking or substitution, although this was rare in Europe before 2010. Europol reported several large seizures between 2009 and 2011 of *alpha*-phenylacetoacetonitrile (APAAN) consignments and the dismantling of laboratories for the conversion of APAAN into 1-phenyl-2-propanone (P-2-P), a precursor chemical used in the illicit manufacture of amphetamine and methamphetamine. In addition to the illicit manufacture of P-2-P in Europe, trafficking of the substance continues.

(d) Substances not under international control

782. Illicit manufacture, trafficking and abuse of new psychoactive substances continue to pose a serious threat in Western and Central Europe. In 2011, a record 49 new psychoactive substances were reported to the European Union early warning system. All of the substances identified were synthetic; they included 23 synthetic cannabinoids and 8 synthetic cathinones. Five new chemical families of synthetic cannabinoids were detected; those substances make up the largest group monitored through the early warning system. Seven substances that were medicines, metabolites or precursors of medicines were also identified. In 2011, public health warnings were issued through the European Union system about adverse health effects related to a number of substances. In the United Kingdom, 19 per cent of Internet test purchases of new psychoactive substances, sold as "plant food" or "research chemicals", contained a substance under national control (20 per cent, 18 per cent and 22 per cent of samples contained, respectively, cathinones, synthetic cannabinoids or piperazines).

783. The number of Internet-based retail sites selling psychoactive products and shipping to European Union member States increased from 170 in January 2010 to 314 in January 2011 and 690 in January 2012. About a third of them were hosted on servers based in the United States, and a fifth of them were hosted on servers based in the United Kingdom. About two thirds of the sites identified had some type of disclaimer or product warning, and there was an increasing use of measures to restrict access to such sites and to protect the identity of buyers and sellers. Kratom (*Mitragyna speciosa*) and *Salvia divinorum* were the two most frequently identified products, available from 128 and 110 online sites, respectively. A 2011/12 study in England and Wales found that 0.9 per cent of adult respondents had purchased drugs over the Internet the most recent time they had taken drugs, compared with 0.7 per cent the previous year.

784. Mephedrone accounts for an increasing proportion of the illicit drug market in some European countries. Although not under international control, mephedrone has been placed under control in most European Union member States, yet it continued to be offered for sale over the Internet, although on fewer sites and at higher prices. In 2010/11 in the United Kingdom, over 120 websites advertising mephedrone and naphyrone for sale were closed down; those substances had been classified nationally as class B drugs in 2010. In Hungary, mephedrone was the most frequently seized synthetic substance in 2010, and increasing prevalence of injection of mephedrone and other cathinones was reported in the period 2010/11. In the United Kingdom, 286 of the 2,564 seizures made in Northern Ireland in 2010/11 were of mephedrone, considerably more than those of amphetamines (128 seizures) and "ecstasy" (150 seizures) and only slightly fewer than seizures of cocaine (304 seizures). In England and Wales in the period 2010/11 (both before and after the national control of mephedrone), annual prevalence of mephedrone abuse among people between the ages of 16 and 59 was 1.4 per cent, similar to "ecstasy" abuse and representing the third-most-abused drug within that age group. Among those aged 16-24, it was as frequently abused as cocaine (4.4 per cent). In 2011, there was a large increase in the detection of laboratories illicitly manufacturing mephedrone in Poland.

785. Customs seizures of khat continued to increase in Western Europe, from 49 tons in 2010 to almost 54 tons in 2011, with 95 per cent of the seizures in Germany (23.8 tons), Sweden (12.8 tons), Norway (8.3 tons) and Denmark (6.6 tons). A large increase in seizures of khat (1.4 tons) was reported in Malta in 2011. In 2012, the Government of the Netherlands placed khat under national control in List II of the Opium Act.

5. Abuse and treatment

786. With an average annual prevalence of 5.2 per cent, cannabis is still the most commonly abused drug in Europe, followed by cocaine, amphetamine-type stimulants and opioids (specifically heroin). Experts in numerous countries in Eastern and South-Eastern Europe have reported an increasing trend in the abuse of cannabis and amphetamine-type stimulants, including

"ecstasy", while the abuse of opioids and cocaine is reported as stable. Annual prevalence of cannabis in Eastern and South-Eastern Europe is estimated at 2.6 per cent, that of opioids at 1.2 per cent and that of opiates at 0.8 per cent. Annual prevalence of abuse of cocaine in Eastern and South-Eastern Europe is estimated at between 0.1 and 0.3 per cent of the population, abuse of amphetamine-type stimulants at between 0.2 and 0.5 per cent and abuse of "ecstasy" between 0.5 and 0.6 per cent.

787. In the European Union, annual prevalence of abuse of cannabis among adults is 6.7 per cent, ranging from 0.3 per cent to 14.3 per cent depending on the country. On average, 3.6 per cent of adults in Western and Central Europe abused cannabis in the preceding month, with the highest levels reported in Spain (7.6 per cent) and Italy (6.9 per cent). The stable or decreasing trend in cannabis abuse in Western and Central Europe appears to be continuing in general,[34] especially among young adults, although still at a high level, and an estimated 1 per cent of all European adults may be using cannabis on a daily or almost-daily basis. Annual prevalence of cannabis abuse among younger adults (15-24 years old) in Western and Central Europe averages 15.2 per cent, with a range from 0.9 per cent to 22.3 per cent. With monthly prevalence averaging 8 per cent, more than one in 10 people between the ages of 15 and 24 in France (11.8 per cent) and Italy (11 per cent), and almost one in five in Spain (17.2 per cent) reported abuse of cannabis within the previous month. A comparison of WHO Health Behaviour in School-aged Children surveys for 2005/2006 and 2009/2010 indicates an overall stable or decreasing trend in most countries in Europe in lifetime prevalence of cannabis abuse among students aged 15 and 16, yet an increasing trend in 30-day prevalence. In Switzerland, 10.4 per cent of youth and young adults (13-29 years old) had consumed cannabis in the previous six months, a decrease from 11.1 per cent in 2007 and 13.3 per cent in 2004, while the prevalence of daily or almost-daily abuse remained stable at about 1 per cent over the period 2007-2010. "Youth in Europe", a research-based drug abuse prevention programme initiated by European Cities against Drugs, published findings indicating a decrease in lifetime prevalence of cannabis abuse among young people (15-16 years of age) in Iceland, from 17 per cent in 1998 to 3 per cent in 2011. In Germany, annual prevalence of cannabis abuse among young people aged 12-17 years decreased from 9.2 per cent in 2001 to 4.6 per cent in 2011, yet remained relatively constant among those aged 18-25 at about 13.5 per cent in 2011.

[34] Poland, however, reported a large increase in cannabis abuse in 2010.

788. The level of abuse of cocaine remains relatively stable, with an average annual prevalence in Western and Central Europe among adults of 1.2 per cent, and a range of 0.1 per cent to 2.7 per cent (2.1 per cent among people aged 15-34). A decrease in annual prevalence of abuse of cocaine among adults has been seen over the past few years in countries with high prevalence rates, such as Denmark, Ireland, Spain and the United Kingdom. In France, however, the annual prevalence of cocaine abuse among adults has continued to increase, from 0.3 per cent in 2000 to 0.9 per cent in 2010, while lifetime prevalence among 17-year-olds decreased to 3 per cent in 2011 from 3.3 per cent in 2008, after having increased from 0.9 per cent in 2000.

789. The abuse of opioids in Western and Central Europe is reported to be stable, at an estimated average annual prevalence of 0.4 per cent. Heroin abuse in Europe may be declining or stabilizing, while the abuse of synthetic and semi-synthetic opioids appears to be increasing in some countries. Synthetic and semi-synthetic opioids such as fentanyl and buprenorphine may be displacing heroin in some countries in Northern and Central Europe, notably Estonia and Finland. Opioids account for almost half of new treatment cases and cause the majority of drug-related deaths in the region; 5 per cent of those entering treatment specified opioids other than heroin as the primary drug of abuse. In Estonia, which according to EMCDDA has the highest per capita level of drug-related deaths in the European Union, three quarters of those entering treatment reported fentanyl as the primary drug of abuse, and in Finland more than half of those entering treatment cited buprenorphine as the primary drug of abuse.

790. The abuse of amphetamines in Western and Central Europe remains stable, with an average annual prevalence among adults of 0.5 per cent and a range of between 0 and 1.1 per cent. Among people aged 15-34, the average annual prevalence of amphetamine abuse was 1.1 per cent, double that of the general population. In many countries, especially in Northern, Central and Eastern Europe, amphetamine is the most abused stimulant and, in many of those countries, it is the second-most-abused illicit drug, after cannabis. Annual prevalence of amphetamine abuse among those aged 15-34 has decreased in the United Kingdom, from 6.2 per cent in 1998 to 1.8 per cent in 2009/10, and in Denmark, from 3.1 per cent in 2000 to 2 per cent in 2010. Methamphetamine is increasingly available in countries in Northern and Western Europe, with increasing levels of abuse reported in Germany, Norway and

other Scandinavian countries; in Lithuania, methamphetamine has become the most commonly abused amphetamine-type stimulant. Levels of "ecstasy" abuse in Europe have been stable in recent years, with an average annual prevalence of 0.8 per cent, yet there are indications of a possible resurgence.

791. According to EMCDDA, although the levels of abuse of new psychoactive substances are not substantial, there is a potential for an increase. In Ireland in 2010/11, the annual prevalence of abuse of new psychoactive substances was 4 per cent among adults and 10 per cent among younger adults (aged 15-24). In Poland, annual prevalence among students aged 18-19 of abuse of so-called "legal highs" increased from 2.6 per cent in 2008 to 7.1 per cent in 2011; monthly prevalence was 2.5 per cent. In the United Kingdom, there were increases in hospital admissions and medical appointments owing to new psychoactive substances, as well as reports of health problems caused by the regular use of such substances. While overall drug-related deaths in the United Kingdom fell by 14 per cent from 2009 to 2010, deaths caused by emerging substances of abuse increased significantly, from 6 cases in 2008 to 44 cases in 2009. In England and Wales in 2011/12, annual prevalence of abuse among adults of mephedrone was 1.1 per cent, a decrease from 1.4 per cent the previous year. Among younger adults (aged 16-24), the annual prevalence was 3.3 per cent, the same as for "ecstasy", which nevertheless represents a decrease from 4.4 per cent in 2010/11. In Italy, a large increase was seen in 2010 in the abuse of tranquillizers and sedatives, while Spain saw a large decrease in the abuse of tranquillizers and sedatives. In the United Kingdom, in Northern Ireland, the abuse of antidepressants increased.

792. The European School Project on Alcohol and Other Drugs 2011 survey of students aged 15-16 years in 37 countries found that lifetime prevalence of abuse of illicit drugs was 18 per cent in 2011, an increase from 11 per cent in 1995 but a level that has been stable since 2007. Significant decreases in lifetime prevalence of abuse of illicit drugs were seen in Ireland, from 37 per cent in 1995 to 19 per cent in 2011, and in the United Kingdom, from 42 per cent in 1995 to 29 per cent in 2007, while the largest increase — a 9-per-cent increase — was recorded in Monaco. An age of onset of abuse of 13 years or younger was reported on average by 4 per cent of respondents for inhalants, 3 per cent for cannabis and between 1 and 2 per cent for non-prescription tranquillizers or sedatives, amphetamines or "ecstasy". The survey found that 8 per cent of students in France had tried cannabis by the age of 13 years, and that 15 per cent of students in Croatia, and one in 10 students in Latvia and Slovenia, had used inhalants at the age of 13. Annual and lifetime prevalence of cannabis abuse were fairly stable at 13 per cent and 17 per cent, respectively. The largest increases in annual prevalence were seen in France (from 24 to 35 per cent) and Monaco (from 21 to 33 per cent), and large increases were also seen in Poland (from 12 to 19 per cent) and Portugal (from 10 to 16 per cent). In France and Monaco, more than one in five students (24 per cent and 21 per cent, respectively) reported having used cannabis in the past 30 days, followed by the Czech Republic and Spain (both 15 per cent). Of students surveyed, 4 per cent had abused cannabis at least once a week during the survey period. The survey found that the lifetime prevalence among students of non-prescription use of tranquillizers or sedatives remained relatively stable between 1995 and 2011, at about 7 to 8 per cent.

793. The most frequently cited substances of abuse for those entering treatment in Western and Central Europe were opioids (48 per cent), cannabis (25 per cent), cocaine (15 per cent) and stimulants other than cocaine (6 per cent). The most frequently reported other drug of abuse was cannabis. Between 2004 and 2009, the number of people entering treatment for the first time whose primary drug of abuse was cannabis increased by 40 per cent in 18 European countries. Amphetamine was reported as the primary drug of abuse in 5 per cent of new treatment cases in Europe in 2009; however, amphetamine accounted for a much larger proportion of new treatment cases in Sweden (28 per cent), Poland (25 per cent) and Finland (17 per cent). Methamphetamine was the primary drug of abuse reported for almost one third of new treatment cases in the Czech Republic and almost two thirds of such cases in Slovakia, and has increased during the past decade. In Ireland from 2005 to 2010, the number of new treatment cases increased by over 50 per cent and, while the proportion of treatment requests involving opiates, mainly heroin, fell slightly in 2009/10, the number of cases involving cannabis as the primary drug of abuse increased by over 80 per cent from 2005 to 2010, with cannabis overtaking heroin to become the most common primary drug of abuse in new treatment cases in 2010. New substances of abuse were reported as a main problem substance for the first time in Ireland in 2009 (17 cases), increasing to 213 cases in 2010, which exceeded the number of cases reported for amphetamines, "ecstasy" and inhalants combined. In the United Kingdom, in England, the number of people under the age of 18 being treated primarily for abuse of heroin and cocaine decreased by 33 per cent

and 23 per cent, respectively, between 2009/10 and 2010/11; similarly, the number of young adults (aged 18-25) entering treatment because of abuse of heroin and/or crack cocaine fell by more than 50 per cent between 2005/06 and 2010/11. Nevertheless, the number of young people under the age of 18 being treated primarily for abuse of amphetamine-type stimulants (excluding "ecstasy") increased by 150 per cent between 2009/10 and 2010/11, owing to the placement of mephedrone under national control in 2010. Over half (58 per cent)[35] of young people under the age of 18 accessing treatment in England for substance abuse, including alcohol abuse, cited cannabis as the primary drug of abuse, although there was a slight reduction in the number of cases compared with the previous year.

794. In Belarus, by December 2011, 12,967 people had been registered on the Narcological Register as having a drug dependence problem. Of those, 2,574 of them were registered for the first time in 2011 (2,274 were registered in 2010). Opiates were the most abused drug among registered drug users in Belarus, and opiate abuse accounted for 62.8 per cent of newly registered persons. In 2011, the majority of registered drug abusers in Belarus used homemade opium produced either from poppy straw or seeds. Among those newly registered, there were more cases of pharmaceutical morphine misuse and fewer cases of heroin abuse compared with 2010. The number of registered persons abusing opiates increased by 6.5 per cent in 2011, the number of cannabinoid abusers increased by 8.1 per cent, and the number of persons that abused sedatives and tranquillizers increased by 5.7 per cent. In 2011, 3.6 per cent of those newly registered abused amphetamine, an insignificant change compared with the previous year.

795. The number of drug abusers in Bosnia and Herzegovina appears to be increasing, especially among the younger population. It is estimated that there are 7,500 injecting drug users in the country, which represents approximately 0.3 per cent of the population aged 15-64. Surveys suggest that the average age of injecting drug users is 30 years, about 91 per cent of them are male, and the vast majority inject heroin. One third of surveyed injecting drug users reported needle-sharing within the previous month. Between 30 per cent and 70 per cent of the prison population is estimated to be dependent on drugs. According to local authorities, the market for synthetic drugs, especially "ecstasy", is expanding, particularly in urban areas.

796. The most easily available and therefore the most commonly abused drug in the Russian Federation is cannabis, which is smuggled mainly from Central Asia but also produced locally. In addition, the current drug abuse situation is characterized by large-scale non-medical consumption of heroin, desomorphine, cocaine and amphetamine-type stimulants. The Ministry of Health of the Russian Federation reported about half a million officially registered drug-dependent persons. Recent trends include the replacement of heroin by less expensive and more readily available drugs, such as acetylated opium (produced from poppy straw and often disguised as food poppy) and desomorphine derived from licit codeine-based medications.

797. According to the Federal Drug Control Service, the number of desomorphine users in the Russian Federation is growing. Desomorphine consumption increased dramatically from the level of five years earlier: whereas in 2006 only just over 2 kg of the drug was consumed, in 2011 the figure was nearly 100 kg. The mortality rate from desomorphine abuse among drug addicts — mostly young people — is beginning to rival that from heroin. It is estimated that, over the past two years, between 5,000 and 7,000 people have died from desomorphine. In some areas of the country, up to 90 per cent of people identified as drug dependant for the first time used desomorphine.

798. The number of drug-induced deaths (estimated at 7,237) in Europe in 2010 remained stable, as did the number of deaths from drug overdose. Opioids were involved in about three quarters of drug-related deaths, and a substantial proportion of all drug-related deaths occurred in connection with the abuse of multiple substances, with alcohol, benzodiazepines and other opioids and cocaine often found in addition to heroin. Among Europeans aged 15-34, drug overdoses accounted for 4 per cent of all deaths. Decreases in drug-related deaths were reported in Germany, Italy and the United Kingdom. Some increases in drug-related deaths were reported in Estonia and Finland, owing in both countries to increases in deaths resulting from opioids and in Finland also to increases in deaths associated with amphetamine-type stimulants, tranquillizers and sedatives.

799. Following significant increases in 2011 in HIV case reports and prevalence among injecting drug users in Greece and Romania, a joint enquiry by EMCDDA and the European Centre for Disease Prevention and Control found that most countries reported no change in the rate of newly diagnosed cases or prevalence of HIV among injecting drug users in 2010/11. Bulgaria, Greece, Italy, Lithuania, Luxembourg and Romania

[35] If alcohol is excluded, the rate of treatment for cannabis would be 86 per cent.

reported slight increases, however, while other countries reported increases in injecting risk behaviour or low coverage of prevention services among injecting drug users.

E. Oceania

1. Major developments

800. The rates of abuse and illicit manufacture of amphetamine-type stimulants in Oceania are still among the highest in the world. This trend is particularly well documented in Australia and New Zealand, although methamphetamine abuse is reported to be stable or declining in those countries. While domestic illicit manufacture in Australia and New Zealand is widespread, the recent crackdown on precursor chemicals used in domestic manufacture has caused the price of amphetamine-type stimulants to rise, which has in turn attracted the attention of foreign traffickers seeking to take advantage of the potential for profits. The result has been that incidents of seizures of methamphetamine have increased, owing to higher interdiction rates. However, the lack of information on drug control from other countries in the region, in particular the Pacific island States, many of which have not ratified any of the international drug control conventions, means that a comprehensive and effective understanding of the drug trafficking situation is lacking. Nevertheless, research indicates that methamphetamines are available and that there is much abuse by youth, even in fairly remote areas.

801. Cocaine abuse is also increasing, and large seizures have been reported in the region, in particular in Australia. This trend is in keeping with indications from previous years that traffickers are targeting Australia and New Zealand as markets with high growth potential. The increasing prevalence of "legal highs" poses serious challenges for Australian health, law enforcement and regulatory agencies owing to the large number of substances available, confusion about their legal status and the complexity related to their manufacture and supply; it is also a notable trend in terms of developing drug abuse patterns. While cannabis is still the illicit drug of choice in the region, evidence suggests that new stimulant-type drugs are becoming more popular among younger age groups.

802. The Board welcomed the decisions by the Governments of Nauru and Niue to accede to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and urged both Governments to build on that momentum by acceding to the other two international drug control treaties.

803. However, the fact remains that nine States in Oceania have yet to become parties to all three of the international drug control treaties, and this continues to be a matter of grave concern for the Board, particularly in the light of increased reports of trafficking in and illicit manufacture of drugs in the region. High prevalence rates for the abuse of cannabis and knowledge of illicit methamphetamine manufacture in Oceania make it an area particularly susceptible to organized crime. The Board continues to urge all States concerned, namely the Cook Islands, Kiribati, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu, to accede without further delay to any of the three international drug control treaties to which they are not yet parties. Those States may easily become used by traffickers who want to supply the Australian and New Zealand markets.

2. Regional cooperation

804. A number of regional conferences have been organized in the region, allowing for greater coordination and cooperation on issues related to drug control.

805. The 2012 meeting of the Regional Security Committee of the Pacific Islands Forum was held in Fiji in June. The meeting's discussions focused on transborder issues, in particular transnational organized crime; border management and counter-terrorism; national and regional law enforcement challenges; and human security, human rights and governance issues.

806. Trafficking in precursor chemicals in Oceania continues to be a major source of concern for officials in the region. As part of efforts to tackle this problem, a joint meeting of the Project Cohesion and Project Prism Task Forces was convened in Canberra from 4 to 7 October 2011. Task Force members from Australia, China, Germany, India, Mexico, the Netherlands, the Russian Federation and the United States, as well as representatives of the European Commission, INTERPOL and the International Narcotics Control Board secretariat, attended the meeting. The meeting reviewed operations and activities conducted under the auspices of those two Projects, and Task Force representatives gave an overview of the latest trends observed in their regions with regard to cocaine, heroin and MDMA ("ecstasy"). A number of future actions were agreed, including an information-gathering exercise and improved reporting of seizures related to non-controlled substitutes. It was also agreed to pilot

the International Narcotics Control Board Precursors Incident Communication System.

807. Cooperation and capacity development in terms of customs and law enforcement have also continued to be developed. The 40th annual Pacific Islands Chiefs of Police Conference was held in Pohnpei, Federated States of Micronesia, from 23 to 25 August 2011. The Chiefs of Police discussed how to improve coordination and the use of donor resources, identifying gaps in services and how to support and oversee the building of sustainable training capacities within individual Pacific police organizations. The Oceania Customs Organization secretariat held its 14th Annual Conference in Pago Pago, American Samoa, on 3 May 2012. Delegates from 18 member countries and areas attended the meeting, namely American Samoa, Australia, the Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, New Zealand, Norfolk Island, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. Discussions focused on new strategic approaches, such as customs networking and the use of risk management techniques based on intelligence and information-sharing and exchange.

808. Australia further invested significant amounts of resources in its Pacific Police Development Programme. By the end of the four-year Programme, just under 100 million Australian dollars will have been invested in new skills, leadership and community training with the aim of improving both effectiveness and public confidence in police of Pacific island countries. The Programme gives country-specific support to the Cook Islands, the Federated States of Micronesia, Kiribati, the Marshall Islands, Niue, Palau and Tuvalu, but also seeks to support efforts to address Pacific-wide policing issues. In 2012, this has been done through a variety of train-the-trainer courses, conferences and workshops.

3. National legislation, policy and action

809. As reported in 2011, the Government of Australia endorsed a national drug strategy for the period 2010-2015, which is based on the three pillars of demand reduction, supply reduction and harm reduction. Its aim is to build safe and healthy communities by minimizing alcohol-, tobacco- and other drug-related harm among individuals, families and communities. Before that, in mid-2008, the amphetamine-type stimulant strategy was released by the Ministerial Council on Drug Strategy. The Government of Australia recently extended the amphetamine-type stimulant strategy to 2015, in order for it to conclude at the same time as the national drug strategy.

810. As part of its national drug campaign, Australia, with one of the highest levels of MDMA ("ecstasy") abuse in Oceania, launched an initiative in December 2011 aimed at warning youth about the dangers of "ecstasy" and other illicit drugs. That awareness-raising initiative highlighted the risks and potential harm associated with taking "ecstasy" in order to reduce the high consumption rates among youth. In addition, the Australian Government provided further funding for activities of the National Cannabis Prevention and Information Centre, which seeks to prevent cannabis uptake and provide evidence-based information on the harms associated with cannabis abuse, as well as interventions for cannabis users.

811. In May 2012, Australia amended the Standard for the Uniform Scheduling of Medicines and Poisons to include synthetic cannabinoids. In addition, with respect to Commonwealth legislation, 4-methylmethcathinone (4-MMC), ketamine and BZP were included and new thresholds for methcathinone and phenylpropanolamine were defined.

812. Following a period of consultations on the review of the Misuse of Drugs Act 1975, the New Zealand Law Commission published its final report in May 2012, which made recommendations to the Government about how New Zealand drug laws could be updated. The review contained a number of key proposals, including a full-scale review of the current drug classification system that would be based on an assessment of a drug's impact in terms of harm as well as a proposal for the establishment of a pilot drug court, which would allow the Government the opportunity to defer sentencing until some offenders had undergone court-imposed treatment for drug abuse.

813. In 2011, the New Zealand Government presented legislation to make domestically produced medication containing pharmaceutical preparations of pseudoephedrine available only by prescription. In March 2012, under the Misuse of Drugs Act 1975, it also placed a 12-month ban on the supply and sale of a number of synthetic cannabinomimetic substances (AM-1248, AM-2232 and UR-144). Cannabinomimetic substances are those that have been incorporated into products traded as legal alternatives to cannabis. In addition, as of early April 2012, 1,3-dimethylamylamine, a common ingredient in "party pills" and some weight-loss and sports-performance supplements, was banned. Furthermore, pseudoephedrine and ephedrine were reclassified. All imports and exports of the substances now require a permit for each consignment, as well as the issuance of a pre-export notification.

814. In an effort to address the rapid growth in new psychoactive substances, which can be synthesized so as to be one step ahead of existing controls, new legislation was introduced by the Government of New Zealand in July 2012. The legislation prohibits the sale of all psychoactive substances unless approved by a regulator.

815. After a review of the 1994 Fiji National Drug Policy, the Fiji Government approved the National Medicinal Products Policy in June 2012. The new policy will seek to improve the accessibility, quality and rational use of medicines by health professionals and consumers. As of 2012, Papua New Guinea has significantly increased the annual budget for its National Narcotics Bureau and other drug enforcement agencies with a view to education, raising awareness, treating and rehabilitating users and enforcing existing drug laws. In addition, a recommendation is being prepared, to be presented to the Prime Minister and the National Executive Council, to establish a ministerial task force that will study, among other things, appropriate penalties for drug crimes, the establishment of treatment and counselling centres and the possible updating of the Papua New Guinea Controlled Substance Bill.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

816. Cannabis remains the most prevalent illicit drug, in terms of abuse, production and seizures in Oceania. Prevalence rates in the region are estimated at between 9.1 and 14.6 per cent, among the highest in the world, with Australia ranked as the region's largest market for cannabis. In Australia, in the period 2010-2011, cannabis seizures accounted for 72 per cent of national seizure incidents involving illicit drugs. In that period, 2,137 cannabis detections were made at the Australian border and 50,073 cannabis seizures were made, the largest number of seizures reported in Australia over the last 10 years.

817. New Zealand also reported a high prevalence rate; cannabis was the most commonly abused illicit drug in the country, with about 1.2 million New Zealanders reporting having abused the drug in their lifetimes. However, the abuse of the drug appears to have decreased in the 18-24 age group in response to health concerns about smoking, combined with an increasing preference to abuse new, uncontrolled stimulants.

818. The abuse of cannabis and cultivation of cannabis plant also occur at high rates in many Pacific island States. Concerns that profits from this "cannabis industry" will be reinvested in the illicit manufacture of methamphetamine, in addition to other drugs, have previously been raised by the Board. The proximity of the islands to major markets for illicit drugs, combined with the difficulty of policing the Pacific islands owing to their geographic situation, appeals to drug traffickers, who have increasingly targeted the region. While eradication campaigns have been reported, recent cannabis abuse is estimated to be as high as 40 per cent of persons surveyed in Palau, Solomon Islands and Vanuatu. Abuse of cannabis in Papua New Guinea is also significant: officials there have reported that cultivation of the plant is one of the country's leading sources of revenue. The Marshall Islands reported the lowest prevalence rate of cannabis abuse in the Pacific islands, with 6 per cent of men and 3 per cent of women reporting lifetime use.

819. Although cocaine seizures in Oceania account for only 0.3 per cent of total world seizures, the increased amounts seized in 2011 suggest that the market for the substance in the region has expanded and that Oceania is increasingly being used as a smuggling route for the drug.

820. In the period 2010-2011, the number of cocaine detections at the Australian border increased by two thirds and the total weight of substances detected increased by 81 per cent from the levels of the previous period. Six seizures accounted for 78 per cent of the total amount of cocaine seized, with one of those seizures alone accounting for 401 kg. The diversification of embarkation points for smuggling of cocaine into the country is a notable trend, with the main embarkation points in terms of numbers being Argentina, Panama, Thailand, the United Kingdom and the United States. However, it is worth noting that the single seizure of 401 kg of cocaine was detected on a small craft travelling from Ecuador. The vast majority of detections in terms of numbers involve small amounts of the substance sent via parcel.

821. The 16.2 kg seized in New Zealand in the first seven months of 2012 represent an exponential increase from the 615 grams seized in 2011. While New Zealand is a transit country for trafficking of the drug to Australia, evidence suggests that most of the cocaine seized was for domestic consumption. Most of the cocaine detected came directly from South America, departing in particular from Argentina and Chile, with internal concealment being the most common form of its transportation. However, West African drug trafficking networks are also involved in the trafficking of cocaine into the country.

822. The prevalence of opioid abuse in Oceania is similar to that in many other developed countries with a dependable heroin supply, although abuse of the drug lags

substantially behind the abuse of other illicit drugs such as cannabis and amphetamine-type stimulants. In Australia, heroin abuse has remained stable since 2001, although the weight of national heroin seizures increased substantially in the period 2010-2011 to 375.7 kg, the largest amount seized since 2005-2006. Heroin from South-West Asia accounted for the most heroin in terms of quantity seized, whereas incidents of seizures originating from South-East Asia were the most frequent. In terms of weight, the primary embarkation points identified were Malaysia, Pakistan and Viet Nam, whereas India, Malaysia and Singapore were the countries from which the seized heroin most frequently departed.

823. In New Zealand, opioids are the third most prevalent drugs abused. The number of persons admitted for drug treatment for the abuse of heroin, morphine and opiates (including pharmaceutical opioids) accounted for 44 per cent of all drug-related hospital admissions in 2010. The trafficking and abuse of heroin and opium are not widespread in New Zealand, where many opiate abusers use "homebake" heroin, or diverted medicines such as oxycodone.

(b) Psychotropic substances

824. A record seizure of 558 kg of illicit drugs, of which 306 kg was crystal methamphetamine and 252 kg was heroin, was seized in Sydney in July 2012. That followed another major seizure, in May 2011, in which the Australian Federal Police seized more than 230 kg of methamphetamine in a raid in Sydney. The seizure in 2012 highlights the continued and substantial domestic demand for amphetamines in Australia, which is principally serviced by domestic illicit manufacture. A total of 13,982 arrests related to amphetamine-type stimulants were made in the period 2009-2010, representing 16 per cent of all drug-related arrests, second only to cannabis-related arrests. In the period 2010-2011, there were 556 detections of amphetamine-type stimulant (excluding MDMA ("ecstasy")) laboratories and 16 MDMA laboratories were detected, down from 17 in the period 2009-2010.

825. Despite this substantial domestic illicit manufacturing presence, trafficking of amphetamine-type stimulants into the country still takes place. Parcels accounted for over 90 per cent of detections, while air cargo accounted for 47 per cent of total weight detection for amphetamine-type stimulants (excluding MDMA ("ecstasy")) at the Australian border. The most popular embarkation points for amphetamine-type stimulants were Canada, China (including Hong Kong), India and Ireland. Seizures of "ecstasy" were also on the rise: 112 kg of "ecstasy"-group substances were seized in 2010, compared with 54 kg in 2008 and 59 kg in 2009.

826. In New Zealand, abuse of amphetamine-type stimulants has grown rapidly over the last two decades, and it remains the most commonly abused illicit drug after cannabis. A well-developed domestic amphetamine-type stimulant manufacturing capability has shown itself to be adaptive and responsive to demand. Although pseudoephedrine extraction laboratories were seized in New Zealand, the total number of clandestine laboratories detected has fallen, and a notable shift to rural and semi-rural locations has been seen as illicit manufacturers of amphetamine-type stimulants try to avoid being detected. However, the detection of polydrug manufacturing laboratories represents a new development in illicit drug manufacture in the country.

827. The New Zealand Government has identified the reduction of the availability and abuse of methamphetamine as its highest law enforcement priority, with 12 per cent of all drug-related arrests in 2010 involving methamphetamine. This prioritization has also led to methamphetamine seizures increasing by 45 per cent in 2010 over seizures in 2009. However, those seizures may also signal the increased appeal of selling the drug in the country, where the price of methamphetamine is comparatively high and profitable and as such has attracted attention from organized criminal groups from Asia, West Africa and the Islamic Republic of Iran. This is evidenced in part by the border seizure of 19.5 kg of methamphetamine in 2010, representing an 81 per cent increase over the amount in 2009. As in Australia, seizures of "ecstasy"-type substances increased over those of previous years: the 12 kg reported in 2010 matched the level of seizures reported in 2004.

(c) Precursors

828. As a result of legislative changes making it more difficult for traffickers to divert ephedrine and pseudoephedrine in Australia, criminal groups have responded by innovating and adapting the domestic manufacture of amphetamine-type stimulants.

829. Australian authorities detected 702 illicit laboratories in the period 2010-2011, the largest number ever recorded. New Zealand dismantled 130 illicit manufacturing laboratories in 2010, primarily for methamphetamine manufacture or the extraction of pseudoephedrine, a slight decrease from the 135 laboratories dismantled in 2009. This figure also includes a clandestine manufacturing laboratory that was extracting ephedrine and pseudoephedrine from ephedra plant material and pharmaceutical preparations. The use

of ephedra by methamphetamine laboratories represents a small but growing trend in the manufacture of amphetamine-type stimulants in New Zealand, first identified in 2005.

830. The extraction of ephedrine and pseudoephedrine from preparations, in particular from ContacNT, a distinct granular pharmaceutical formulation containing pseudoephedrine, which is sourced from China, remains the main method of obtaining the precursor chemicals needed for the manufacture of amphetamine-type stimulants. In 2010, New Zealand reported seizing 949 kg of pseudoephedrine preparations, mainly in the form of ContacNT, and in May 2011 alone, New Zealand seized almost 68 kg of ContacNT. In 2011, Australia and New Zealand combined accounted for the seizure of 1.7 tons of ephedrine and pseudoephedrine, mostly in the form of preparations.

831. It is clear that the market for MDMA ("ecstasy") in Australia is still attractive. In April 2011, Australian authorities dismantled an organized crime syndicate in Sydney and made the largest seizure of safrole in Australian history, seizing more than 2,800 litres of low-concentration safrole oil, misdeclared as liquid hair and cleaning products originating from China. The low safrole content corresponded to approximately 288 litres of pure safrole. This potentially could have led to the manufacture of 2.3 million "ecstasy" tablets.

832. In 2010, Australia reported 43 cases involving seizures of ephedra, which can be used in the manufacture of methamphetamine, totalling 3 kg. Most of the seizures were detected in the postal system and originated in the United States in the form of dietary or weight-loss supplements, although these may not have been intended for use in the illicit manufacture of drugs.

(d) Substances not under international control

833. In Australia, authorities are increasingly being challenged by the emergence of new amphetamine-type stimulant analogues. The analogues mimic the effects of MDMA ("ecstasy") and methamphetamine and are designed in such a way that they circumvent national drug control legislation. Although present in Australia since early 2000, the appeal of such substances, often sold as "legal highs", has evolved to such an extent that a separate and distinct market has been established. Detection of ketamine, which has a wide range of effects that include hallucinations, remained stable: 22 detections in the period 2009-2010 compared to 23 detections in the period 2010-2011.

834. Other psychoactive substances, such as mephedrone and methylenedioxypyrovalerone, are also increasingly being detected. Mimicking the effects of controlled substances, their presence has been detected in drugs sold as "ecstasy". The most prominent sources for BZP, mephedrone and 4-methyl-*N*-ethylcathinone are Ireland and the United Kingdom, although China has also been identified as a point of origin for sourcing the substances. The use of piperazines also continues to be reported. A number of laboratories in New Zealand have been discovered extracting large quantities of *gamma*-butyrolactone from horticultural fungicides (Fandango and Mogul).

5. Abuse and treatment

835. As noted above, cannabis remains the most abused drug in Oceania. A report released in 2012 estimated that up to 14.8 per cent of persons aged 15-64 had used cannabis in Oceania in 2009, making it the top region for abuse of the drug in the world.

836. In New Zealand, it was estimated that in 2011, 3.5 per cent of the population needed treatment for drug abuse, with 86 deaths reported as being related indirectly to the abuse of illicit drugs and psychotropic substances. Of the 9,451 persons brought into formal contact with the New Zealand police and justice system for drug-related offences, 8,085 of the cases were in connection with personal cannabis-related offences.

837. Cannabis abuse in the smaller Pacific island States is also notable, particularly among youth. Recent results from the 2011 Global School-based Student Health Survey found lifetime use of cannabis ranging from 4 per cent to 14.3 per cent among students aged 13 to 15 years, with boys much more likely to abuse cannabis than girls. The figures were as follows: for the Cook Islands, 9.2 per cent; Kiribati, 4 per cent; Solomon Islands, 14.3 per cent; and Tonga, 6.5 per cent.

838. In 2010, 2.1 per cent of the Australian population aged 14 years and older reported recent abuse of amphetamines, and 5.9 per cent of those in the 20-29 age group reported using the substance, making the latter the age group with the highest prevalence rate. Nevertheless, the figure reported in 2010 is the lowest since 1995.

839. Of alleged criminals held in custody in Australia, 21 per cent tested positive for methamphetamine. Compared to 2010, this represents a 6 per cent increase, although it is still below the highest result, recorded in 2003 and 2004, when 30 per cent of detainees tested positive. The Australian Institute of Criminology, which conducted the study, also reported that users thought the quality of the drug had significantly improved and its availability had increased.

840. After cannabis, amphetamine-type stimulants are the second most prevalent class of abused drug in New Zealand. In 2011, abuse of amphetamine-type stimulants, including MDMA ("ecstasy"), amphetamine and methamphetamine, was stable, and six deaths related to their abuse were reported. However, an increase in intravenous abuse of amphetamine and methamphetamine was reported over the reporting period.

841. In the Pacific islands, considerable challenges remain with regard to the reporting of statistics relating to illicit drug use, production and trafficking. Nevertheless, the use of kava (*Piper methysticum*) and abuse of cannabis are considered to be widespread. Furthermore, the abuse of amphetamine-type stimulants among secondary students is reported in many Pacific islands: the Marshall Islands reported a prevalence rate of 13.1 per cent and Palau 7.1 per cent. Evidence exists of intravenous methamphetamine abuse in many Pacific island territories, and in Vanuatu, where methamphetamine is injected by 41 per cent of injecting drug users aged 15 to 24.

IV. Recommendations to Governments, the United Nations and other relevant international and regional organizations

842. The Board monitors the implementation by Governments of the three international drug control conventions and examines the functioning of the international drug control system at the national and international levels. The Board, on the basis of its findings, makes recommendations to Governments, as well as international and regional organizations, to enhance the implementation of and compliance with the conventions.

843. The present chapter draws attention to the key recommendations in connection with chapters II and III of this report. The recommendations concerning the issue of shared responsibility in international drug control are contained in chapter I. Specific recommendations aimed at improving the control of precursor chemicals are contained in the 2012 report of the Board on the implementation of article 12 of the 1988 Convention.[36] The Board urges Governments and relevant international and regional organizations to review and implement, as soon as possible, all of the recommendations made by the Board, as appropriate. The Board calls on Governments to notify the Board of actions taken to address the recommendations made in this report.

A. Recommendations to Governments

844. The following recommendations to Governments are presented by subject area: treaty accession; treaty implementation and control measures; prevention of illicit drug production, manufacture, trafficking and abuse; and substances not under international control.

1. Treaty accession

845. The 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention form the framework of the international drug control system. Universal accession to the conventions and universal implementation by States of the provisions of the conventions are a fundamental prerequisite for effective drug control efforts worldwide aimed at ensuring access to narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion to illicit production, manufacture, trafficking and abuse.

Recommendation 1: The Board notes that a total of 17 States[37] have not yet become parties to all of the international drug control treaties. In addition, Afghanistan and Chad have not yet acceded to the 1972 Protocol amending the 1961 Convention. **The Board urges those Governments to accede to all of the international drug control treaties as a matter of urgency.**

2. Treaty implementation and control measures

846. While universal accession to the three international drug control conventions is necessary, it alone is not sufficient to address drug-related problems. In that regard, universal implementation of all provisions of the treaties and the effective application of the necessary control measures by all Governments is essential.

Recommendation 2: National legislation in some countries is not in line with all provisions of the international drug control treaties. Likewise, in some countries the lists of substances controlled at the national level do not include all substances contained in the schedules of the 1961 Convention and the 1971 Convention or in the Tables of the 1988 Convention. **The Board reiterates its call on Governments to review their laws and regulations to verify that they are in line with all provisions of the international drug control treaties and that all substances under international control are under national control in their countries. If necessary, Governments should amend their laws and regulations, as well as amend the national schedules of controlled substances, so as to comply with the treaties.**

Recommendation 3: Some Governments, among them major manufacturing countries, experience difficulties in reporting accurately and in a timely manner to the Board data on substances under international control, in particular after changes of staff or after the restructuring of the competent authorities. **To avoid such difficulties, the Board encourages all Governments to provide for the training of staff to enable them to fulfil the reporting obligations under the international drug control**

[36] *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2012 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.13.XI.4).

[37] Bolivia (Plurinational State of), Cook Islands, Equatorial Guinea, Haiti, Kiribati, Liberia, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Somalia, South Sudan, Timor-Leste, Tuvalu and Vanuatu.

conventions and to take the necessary steps to maintain the knowledge base of their staff at times of change.

Recommendation 4: Many Governments are making use of electronic systems to collect and compile data as required under the conventions. The Board welcomes the introduction of new technologies to facilitate such work. The Board notes, however, that in some countries the quality of information collected from national stakeholders, including information collected using electronic tools, is low. **The Board reminds Governments of their responsibility to ensure that all national stakeholders are fully aware of the reporting requirements and that any system at the national level for collecting data and reporting to the Board is designed and implemented in a way that is compatible with the provisions of the relevant international treaties. The Board invites all Governments to establish regular training sessions for national stakeholders on such systems and on the reporting requirements under the international drug control conventions.**

Recommendation 5: The Board notes with serious concern the ongoing move towards the legalization of cannabis for non-medical purposes in some parts of the United States and, in particular, the outcomes of recent ballot initiatives that took place in the states of Colorado and Washington in November 2012. **The Board stresses the importance of universal implementation of the international drug control treaties by all States parties and urges the Government of the United States to take the necessary measures to ensure full compliance with the international drug control treaties on its entire territory.**

(a) Narcotic drugs and psychotropic substances

Recommendation 6: In many countries, insufficient control measures governing the prescribing, distribution and sale of prescription drugs contribute to the diversion of those drugs for abuse. **The Board urges Governments concerned to adopt and implement effective control measures for the prescribing of medicines containing narcotic drugs and psychotropic substances by health-care professionals, their distribution by wholesalers and their sale by pharmacies.**

Recommendation 7: The diversion from international trade of psychotropic substances listed in Schedules III and IV of the 1971 Convention may occur when import and export authorizations are not required for those substances, as is the case in some countries. **The Board reiterates its call for all Governments that do not yet require import and export authorizations for all psychotropic substances to extend the requirement of import and export authorizations to all psychotropic substances as soon as possible. Furthermore, the Board encourages the countries that have introduced such authorization requirements for all psychotropic substances, but which have subsequently exempted some preparations from the import and export authorization requirements, to reconsider those exemptions, where appropriate.**

Recommendation 8: The Board welcomes the development, by UNODC with the support of the Board and some Governments, of an international electronic import and export authorization system for narcotic drugs and psychotropic substances, pursuant to Commission on Narcotic Drugs resolution 55/6. Such a system would assist national drug control authorities in their work and enhance compliance with the requirements set out in the international drug control conventions. **The Board encourages Governments to continue to support the development and maintenance by UNODC of an international electronic import and export authorization system and to utilize that system without delay, once it is developed** (see also recommendation 36 below).

Recommendation 9: The Board notes that most actions taken by Governments to support rational use of controlled substances have focused on opioid analgesics. There is also a need for more targeted action to ensure adequate availability and rational use of psychotropic substances in all countries. **The Board recommends that Governments (a) regularly collect reliable data on the consumption of psychotropic substances and share such data with the Board to allow accurate analysis of levels of consumption in their country; (b) identify whether there are other non-specific substances used in their territory that are not under international control and which might have an impact on the consumption of appropriate medications used to treat mental and other diseases commonly treated with psychotropic substances; (c) compare consumption levels in their country with those in other countries and regions with a view to identifying insufficient or excessive consumption; and (d) take the appropriate actions to promote the rational use of psychotropic substances in their countries in accordance with the recommendations contained in the 2010 Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Access for Medical and Scientific Purposes.**[38]

[38] United Nations publication, Sales No. E.11.XI.7.

(b) Precursors

Recommendation 10: The growing diversion of chemicals from domestic distribution channels has become the most common method of obtaining several precursor chemicals for the illicit manufacture of narcotic drugs and psychotropic substances. **The Board urges Governments to review existing domestic control systems to identify and address any weaknesses in the control of domestic trade in and distribution of precursor chemicals. Declaration of end-use and an understanding of the legitimate requirements for precursor chemicals by registered companies are among the key control measures that can assist Governments in preventing diversions.**

Recommendation 11: Universal implementation by all Governments of the provisions of article 12, paragraph 10 (a), of the 1988 Convention would ensure a robust and practical global mechanism for the control of international trade in scheduled chemicals. **The Board encourages Governments that have not yet invoked article 12, paragraph 10 (a), of the 1988 Convention to do so without delay, since it would oblige exporting countries to issue notifications of all shipments of precursors destined for their country.**

Recommendation 12: **The Board reminds all Governments exporting scheduled chemicals to countries that have invoked article 12, paragraph 10 (a), of the 1988 Convention of their obligation to provide notification of such shipments prior to departure, and recommends using the PEN Online system for such notifications, pursuant to Security Council resolution 1817 (2008).**

Recommendation 13: **The Board encourages all Governments to actively review pre-export notifications sent to their country and to communicate any objection to these in a timely manner via the PEN Online system in order to maintain an unbroken chain of monitoring trade in chemicals.**

Recommendation 14: High estimates of annual legitimate requirements for imports of ephedrine and pseudoephedrine in some countries put those countries at risk of being targeted by traffickers seeking to divert those substances for use in the illicit manufacture of amphetamine-type stimulants. **The Board encourages all countries that identify the diversion of precursors for amphetamine-type stimulants to re-evaluate their requirements for those substances and to inform the Board without delay about any such changes.**

Recommendation 15: In 2012, the Board launched the Precursors Incident Communication System (PICS) to assist Governments in responding to rapidly changing trends in the diversion of chemicals used in the illicit manufacture of drugs. In addition to a proactive sharing of information on identified precursor incidents, the main objective of the communication system is to trigger and stimulate bilateral and multilateral cooperation among the users of the system, including launching of joint investigations. The objective of the system is to provide a universal platform for communication of precursor incidents in real-time and to complement the exchange of information on licit trade in precursors through PEN Online. **The national competent authorities of all countries that have not yet done so are encouraged to register for use of PICS and thereby benefit from its use.**

3. Prevention of illicit drug production, manufacture, trafficking and abuse

847. Parties to the international drug control treaties have an obligation to limit to legitimate purposes the production, manufacture, export, import and distribution of, trade in and use of internationally controlled substances and to prevent their diversion and abuse.

Recommendation 16: The drug control situation in Afghanistan continues to be of great concern. In 2012, illicit opium poppy cultivation in Afghanistan continued to increase, involving half of the country's 34 provinces. The number of opium poppy-free provinces in Afghanistan remained at 17 in 2012. Illicit production of cannabis and cannabis resin has spread, with illicit cultivation of cannabis plant now occurring in 21 provinces. The Government of Afghanistan has recently launched several drug control policy documents, including the National Drug Demand Reduction Policy for the period 2012-2016, the National Alternative Livelihood Policy and the Anti-Drug Trafficking Policy. The Board appreciates the goals set out in those policy documents, including the reduction of the illicit cultivation of opium poppy and of illicit production and manufacture of narcotic drugs, an increase in drug seizure rates and an increase in drug abuse prevention and treatment capacity by up to 40 per cent over the next five years. **The Board urges the Government of Afghanistan to take adequate measures to implement those policy documents. The Board encourages all Governments and relevant international entities, including UNODC, to assist the Government of Afghanistan in implementing those goals.**

Recommendation 17: The Board notes with concern the continuous increase of the illicit opium poppy cultivation in the Lao People's Democratic Republic and Myanmar. **The Board urges the Governments of those countries to**

take the necessary actions to curtail illicit opium poppy cultivation. The Board calls on the international community, in particular UNODC, and other countries of the region, to strengthen assistance to the Lao People's Democratic Republic and Myanmar, including for alternative development programmes and illicit crop eradication.

Recommendation 18: The region of South America continues to suffer from the illicit cultivation of coca bush, as well as the illicit manufacture of and trafficking in cocaine. **The Board urges the Governments concerned, in particular Bolivia (Plurinational State of), Colombia and Peru, to further strengthen their efforts to eliminate the illicit cultivation of coca bush and the illicit manufacture of cocaine. All Governments of countries in the region are encouraged to take comprehensive steps to address trafficking in cocaine in a decisive manner.**

Recommendation 19: Trafficking organizations have continued to use submersible and semi-submersible vessels to minimize the risk of detection of the smuggling of cocaine from South America. **The Board calls on the Governments of the countries concerned in the Americas to take further measures to combat this kind of maritime drug trafficking and to strengthen regional and interregional cooperation in that regard.**

Recommendation 20: The large seizures of cannabis in South America in recent years continue to raise concerns regarding the magnitude of illicit cannabis production in the region. **The Board calls upon the Governments of the countries in South America to determine, to the extent possible and in cooperation with UNODC, the magnitude of and current trends in the illicit cultivation of cannabis plant and to further strengthen their efforts to combat such cultivation.**

Recommendation 21: The level of abuse of cannabis in Europe remains high, and the need for treatment of cannabis abuse has increased dramatically in many countries. The Board notes with concern the continuing increase in illicit cultivation of cannabis plant, especially indoors, in Western and Central Europe, as well as the growing involvement of criminal groups, as reported by a number of countries. The Board is also concerned about the continuing trafficking of significant quantities of cannabis herb in South-Eastern Europe, as well as the increasing illicit production of cannabis herb in the subregion. **The Board reminds Governments of countries in Europe of the need to systematically address the illicit cultivation of cannabis, and calls on Governments to step up efforts to prevent the abuse of cannabis and reinforce efforts to meet the growing demand for treatment services related to cannabis abuse.**

Recommendation 22: East and South-East Asia continue to be an illicit manufacturing hub and a growing illicit market for amphetamine-type stimulants, in particular methamphetamine. The illicit manufacture of amphetamine-type stimulants has expanded from traditional manufacturing countries, such as China and Myanmar, to other countries, including Cambodia, Indonesia, Malaysia, the Philippines and Thailand. **The Board urges Governments of countries in the region to devise and implement appropriate strategies to address the illicit manufacture of, trafficking in and abuse of amphetamine-type stimulants.**

Recommendation 23: The Board is concerned that the illicit manufacture of methamphetamine has taken hold in countries of West Africa, including Nigeria. Methamphetamine has been trafficked from countries of West Africa to East Asia, predominantly Japan and the Republic of Korea. **The Board calls on countries in West Africa to take measures necessary to address this problem.**

Recommendation 24: The abuse of prescription drugs containing controlled substances continues to be a growing problem in all regions of the world and is posing serious health and social challenges in some countries. **The Board recommends that Governments collect information on the nature and extent of the abuse of prescription drugs by including them in national drug abuse surveys; formulate and implement effective awareness-raising and prevention strategies targeting the general public and the health-care professions; develop professional guidelines and codes of conduct; enhance training programmes for health-care professions to promote rational prescribing and dispensing of prescription drugs; and offer treatment modalities for prescription drug abuse. The Board further urges all Governments to take measures to prevent the diversion and illicit manufacture of prescription drugs as an effective way to prevent abuse, while at the same time ensuring their availability for licit purposes.**

Recommendation 25: The Board remains concerned about the high levels of consumption of methylphenidate and other substances used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD), which has led to the widespread diversion and abuse of pharmaceutical preparations containing those substances. **The Board recommends that Governments closely monitor the consumption levels of all stimulants used in the treatment of ADHD; ensure that such substances are prescribed in accordance with sound medical practice**

and in line with the rational use of psychoactive drugs and that patients and, in the case of children, their guardians are informed of the risks and consequences of the abuse of such substances; ensure that the control measures foreseen in the 1971 Convention are applied to those substances; and take additional measures, such as enforcing safety measures for storage and distribution at schools, as necessary, to prevent the diversion and abuse of preparations containing stimulants used for the treatment of ADHD. The Board calls on all Governments to inform it of any new development with regard to the diversion of, trafficking in and abuse of those substances.

Recommendation 26: One of the factors contributing to the diversion of prescription drugs for abuse is that, in many communities, no disposal mechanisms exist for prescription drugs that are no longer needed for medical purposes. **The Board wishes to remind Governments that the development of effective mechanisms for the disposal of unutilized pharmaceuticals containing controlled substances is an essential component of any effective strategy against prescription drug abuse, and encourages all Governments to adopt such measures.**

Recommendation 27: The increasing levels of drug abuse reported by many African countries might translate into a greater demand for treatment and rehabilitation. The Board notes that the national health-care systems of many countries in Africa are not able to adequately meet demand for treatment of drug abuse and rehabilitation. Treatment in the region — mostly in the form of detoxification — is provided predominantly in State mental health hospitals and/or psychiatric institutions. The number of trained personnel is insufficient, and there is a lack of access to and availability of drug dependence treatment and rehabilitation facilities for people in need. **The Board calls on the Governments of African countries to improve the range of treatment options available to drug-dependent persons and to facilitate their access to quality and affordable treatment services by providing support for the development and strengthening of such services and capacity-building for the entities that provide such services.**

4. Substances not under international control

848. An increasing number of countries report problems with emerging substances of abuse that are not under international control.

Recommendation 28: The collection of information is central to efforts by Governments to develop strategies intended to limit the risks to public health posed by the emergence of new psychoactive substances of abuse. Without comprehensive data on prevalence, populations specifically at risk and patterns of abuse, it is impossible to evaluate the extent of the abuse of new psychoactive substances. **The Board encourages all Governments to establish formal mechanisms aimed at collecting information regarding new psychoactive substances, including information regarding their chemical composition, patterns of abuse, marketing techniques, trade names, distribution and diversion methods and countries of origin. Governments should include emerging psychoactive substances in their national drug abuse surveys and report the findings of those studies to INCB and WHO, as well as disseminating them to the public as an additional means of raising awareness.**

Recommendation 29: The operation of early warning systems at the national and regional levels has proven very useful in the timely identification of emerging psychoactive substances of abuse, allowing Governments to take swift and targeted action to address potential threats to public health. **The Board encourages those Governments which have not yet done so to consider establishing early warning systems and to establish mechanisms for the sharing of information with other States and with multilateral stakeholders including WHO, INTERPOL, the World Customs Organization, UNODC and INCB.**

Recommendation 30: The Board notes that many Governments do not currently include emerging psychoactive substances of abuse within the scope of their prevention programmes. **In order to raise awareness of the public health dangers associated with many emerging psychoactive substances and to dispel any misconception that those substances are safe since they are not controlled, the Board invites all Governments to include emerging psychoactive substances of abuse within the scope of all existing prevention programmes and, if deemed necessary, to design specific prevention initiatives targeting that phenomenon.**

Recommendation 31: The Board notes that the distribution of new psychoactive substances of abuse through the Internet has in many cases impeded Government efforts to limit the supply of those substances, which are readily available from online sources. **INCB encourages Governments to monitor the activities of websites selling emerging psychoactive substances of abuse, and products containing them, based in their territory, as well as such websites based in other countries, and to share information with the competent authorities of those countries. In addition, the Board invites Governments to apply the recommendations contained in the Board's *Guidelines for Governments on Preventing the Illegal Sale of***

Internationally Controlled Substances through the Internet **to address the sale of new psychoactive substances on the Internet.**

Recommendation 32: The Board acknowledges the adoption by several States of "emergency scheduling" procedures for submitting emerging psychoactive substances of abuse to temporary control measures in cases in which there is reason to believe that those substances may constitute a risk to public health. **The Board notes that these measures have been highly effective in ensuring that the public is not unnecessarily put at risk before a comprehensive evaluation of the substance can be undertaken by national authorities, and encourages States that have not yet adopted "emergency scheduling" measures to consider doing so.**

Recommendation 33: The utilization of plant-based preparations that are not under international control and contain natural psychoactive ingredients is part of traditional indigenous rituals and religious ceremonies in some countries. Outside of their original sociocultural context, the use of those plant materials has posed problems in some countries. **INCB reiterates its recommendation to the Governments of countries where misuse of and trafficking in such plant materials may occur to remain vigilant and take appropriate action at the national level, where the situation so requires.**

Recommendation 34: The Board is concerned about the growing abuse in some African countries of tramadol, a synthetic opioid not under international control, as well as the increase in trafficking of tramadol preparations to Africa, as evidenced by recent large seizures of such preparations in some countries of West Africa. The Board notes that in response to those developments, some African countries have placed tramadol under national control. **The Board calls on countries in Africa to take the measures necessary to address this problem and to furnish pertinent information on the extent and nature of abuse of and trafficking in tramadol to WHO and the Board.**

B. Recommendations to the United Nations Office on Drugs and Crime and the World Health Organization

849. UNODC is the principal United Nations entity mandated to provide technical assistance and coordination in drug control matters for Governments and other international organizations. Under the treaties, WHO is responsible for providing recommendations, based on medical and scientific assessments, regarding changes in the scope of control of narcotic drugs under the 1961 Convention and psychotropic substances under the 1971 Convention.

Recommendation 35: The Board notes that UNODC is developing a project aimed at building national capacities in regulatory control of internationally controlled substances. As part of the project, regional workshops will be organized and electronic learning tools provided to Governments, with the aim of improving drug control administration at the national level. **INCB welcomes this project and invites UNODC to implement it as soon as possible.**

Recommendation 36: The international electronic import and export authorization system for narcotic drugs and psychotropic substances, which is being developed by UNODC with the support of the Board and some Governments, will assist national drug control authorities in their work and ensure that the requirements set out in the international drug control conventions are complied with. In its resolution 55/6, the Commission on Narcotic Drugs invited the secretariat of the Board to administer such a system, in view of the core mandate of the Board to ensure and promote treaty compliance by Governments. **INCB reminds the pertinent bodies of the United Nations that adequate resources for the administration of this system would need to be assured** (see also recommendation 8 above).

Recommendation 37: The Board notes with appreciation the efforts being undertaken by UNODC on the issue of new psychoactive substances of abuse, particularly those aimed at collecting information regarding these substances and their abuse and at disseminating that information to Member States. **INCB encourages UNODC to act as a focal point on the question of new psychoactive substances of abuse and to gather information from States regarding those substances and measures adopted to address the problem.**

Recommendation 38: The Board notes that many States continue to experience obstacles to their ability to identify and control new psychoactive substances of abuse due to limited forensic capacity. **INCB invites UNODC to continue to provide technical assistance to States, upon request, in order to assist them in bolstering the capacity of their institutions to deal with the problem of emerging psychoactive substances.**

Recommendation 39: Emerging psychoactive substances of abuse have become a problem in many countries of all regions. Competent authorities of those countries would benefit from specific advice on health aspects of this problem. **INCB encourages WHO to examine health hazards of emerging psychoactive substances and to share its findings with the international community** (see also recommendation 29 above).

C. Recommendations to other relevant international organizations

850. Other international organizations also assist in international drug control efforts. In cases where States require additional operational support in specific areas such as drug law enforcement, the Board addresses recommendations to the relevant international and regional organizations with specific competence in those areas, such as INTERPOL and the World Customs Organization.

Recommendation 40: The Board notes that the Regional Action Plan to Address the Growing Problem of Illicit Trafficking, Organized Crime and Drug Abuse in West Africa of the Economic Community of West African States (ECOWAS) expired in 2011. The plan, adopted in 2008, coordinated the efforts of ECOWAS member States to address the growing problem of drug trafficking, organized crime and drug abuse in West Africa. **INCB calls on the ECOWAS Commission and its member States to renew and extend the regional action plan as soon as possible to ensure a sustained political framework for addressing the world drug problem in the subregion.**

Recommendation 41: Emerging psychoactive substances of abuse have become a problem in all regions. The law enforcement authorities of many countries would benefit from specific advice on law enforcement aspects of this problem. **INCB invites INTERPOL and the World Customs Organization to continue to examine aspects of the problem of emerging psychoactive substances that fall within their mandate and to share their findings with the international community** (see also recommendation 29 above).

(*Signed*)
Raymond Yans
President

(*Signed*)
Francisco Thoumi
Rapporteur

(*Signed*)
Andrés Finguerut
Secretary

Vienna, 16 November 2012

Annex I

Regional and subregional groupings used in the report of the International Narcotics Control Board for 2012

The regional and subregional groupings used in the report of the International Narcotics Control Board for 2012, together with the States in each of those groupings, are listed below.

Africa

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
Comoros
Congo
Côte d'Ivoire
Democratic Republic of the Congo
Djibouti
Egypt
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Libya
Madagascar
Malawi
Mali
Mauritania
Mauritius
Morocco
Mozambique
Namibia
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa
South Sudan
Sudan
Swaziland
Togo
Tunisia
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

Central America and the Caribbean

Antigua and Barbuda
Bahamas
Barbados
Belize
Costa Rica
Cuba
Dominica
Dominican Republic
El Salvador
Grenada
Guatemala
Haiti
Honduras
Jamaica
Nicaragua
Panama
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Trinidad and Tobago

North America

Canada
Mexico
United States of America

South America

Argentina
Bolivia (Plurinational State of)
Brazil
Chile
Colombia
Ecuador
Guyana
Paraguay
Peru
Suriname
Uruguay
Venezuela (Bolivarian Republic of)

East and South-East Asia

Brunei Darussalam
Cambodia
China
Democratic People's Republic of Korea
Indonesia
Japan
Lao People's Democratic Republic
Malaysia
Mongolia
Myanmar
Philippines
Republic of Korea
Singapore
Thailand
Timor-Leste
Viet Nam

South Asia

Bangladesh
Bhutan
India
Maldives
Nepal
Sri Lanka

West Asia

Afghanistan
Armenia
Azerbaijan
Bahrain
Georgia
Iran (Islamic Republic of)
Iraq
Israel
Jordan
Kazakhstan
Kuwait
Kyrgyzstan
Lebanon
Oman
Pakistan
Qatar
Saudi Arabia
Syrian Arab Republic
Tajikistan
Turkey
Turkmenistan
United Arab Emirates
Uzbekistan
Yemen

Europe

Eastern Europe

Belarus
Republic of Moldova
Russian Federation
Ukraine

South-Eastern Europe

Albania
Bosnia and Herzegovina
Bulgaria
Croatia
The former Yugoslav Republic of Macedonia
Montenegro
Romania
Serbia

Western and Central Europe

Andorra
Austria
Belgium
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Holy See
Hungary
Iceland
Ireland
Italy
Latvia
Liechtenstein
Lithuania
Luxembourg
Malta
Monaco
Netherlands
Norway
Poland
Portugal
San Marino
Slovakia
Slovenia
Spain
Sweden
Switzerland
United Kingdom of Great Britain and Northern Ireland

Oceania

Australia
Cook Islands
Fiji
Kiribati
Marshall Islands
Micronesia (Federated States of)
Nauru
New Zealand
Niue
Palau
Papua New Guinea
Samoa
Solomon Islands
Tonga
Tuvalu
Vanuatu

Annex II

Current membership of the International Narcotics Control Board

Hamid Ghodse

Born in 1938. National of the Islamic Republic of Iran. Professor of Psychiatry and of International Drug Policy, University of London (since 1987). Director, International Centre for Drug Policy, St. George's University of London (since 2003); President, European Collaborating Centres for Addiction Studies (since 1992); Non-Executive Director, National Patient Safety Agency, United Kingdom (since 2001); Chairman, Civil Honours Committee, Royal College of Psychiatrists, United Kingdom (since 2006).

Recipient of the following degrees, qualifications and awards: Doctor of Medicine (M.D.), Islamic Republic of Iran (1965); Diploma Psychological Medicine (D.P.M.), United Kingdom (1974); Doctor of Philosophy (Ph.D.), University of London (1976); and Doctor of Science (D.Sc.), University of London (2002). Fellow of the Royal College of Psychiatrists (F.R.C.Psych.), United Kingdom (1985); Fellow of the Royal College of Physicians (F.R.C.P.), London (1992); Fellow of the Royal College of Physicians of Edinburgh (F.R.C.P.E.), Edinburgh (1997); Fellow of the Faculty of Public Health Medicine (F.F.P.H.), United Kingdom (1997); Fellow of the Higher Education Academy (F.H.E.A.), United Kingdom (2005); Honorary Fellowship, Faculty of Forensic and Legal Medicine (FFFLM) (2012); International Distinguished Fellow, American Psychiatric Association (APA) (2009). Honorary Fellow, Royal College of Psychiatrists (R.C.Psych.) (2006); Honorary Fellow, World Psychiatric Association (FWPA) (2008). Member of the World Health Organization (WHO) Expert Advisory Panel on Alcohol and Drug Dependence (since 1979); Adviser, Joint Formulary Committee, British National Formulary (since 1984); Honorary Consultant Psychiatrist, St. George's and Springfield University Hospitals, London (since 1978); Honorary Consultant Public Health, Wandsworth Primary Care Trust, London (since 1997). Consultant Psychiatrist, St. Thomas's Teaching Hospital and Medical School, London (1978-1987); member, rapporteur, chairman and convener of various WHO and European Community expert committees, review groups and other working groups on drug and alcohol dependence; M. S. McLeod Visiting Professor, Southern Australia (1990); Honorary Professor, Peking University (since 1997); Honorary Fellow, St. George's, University of London (2011); Lifetime Achievement Award, Royal College of Psychiatrists (2011).

Author or editor of over 350 scientific books and papers on drug-related issues and addictions, including the following books: *The Misuse of Psychotropic Drugs*, London (1981); *Psychoactive Drugs and Health Problems*, Helsinki (1987); *Psychoactive Drugs: Improving Prescribing Practices*, Geneva (1988); *Substance Abuse and Dependence*, Guildford (1990); *Drug Misuse and Dependence: The British and Dutch Response*, Lancashire, United Kingdom (1990); *Misuse of Drugs* (3rd ed.), London (1997); *Young People and Substance Misuse*, London (2004); *Addiction at Workplace*, Aldershot (2005); *International Drug Control into the 21st Century*, Aldershot (2008); *Ghodse's Drugs and Addictive Behaviour: A Guide to Treatment* (4th ed.), Cambridge (2010); *International Perspectives on Mental Health*, London (2011); *Substance Abuse Disorders: Evidence and Experience*, Chichester, United Kingdom (2011); Editor-in-Chief, *International Psychiatry*; Honorary Editor-in-Chief, *Chinese Journal of Drug Dependence*; member of the Editorial Board, *International Journal of Social Psychiatry*; member of the Editorial Board, *Asian Journal of Psychiatry*, *Psychiatriki Journal*, Convener of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. Chairman, Association of Professors of Psychiatry of the British Isles (since 1991); Chairman, Association of European Professors of Psychiatry; Director, National Programme on Substance Abuse Deaths (since 1997); member of the International Association of Epidemiology (since 1998).

Member of the International Narcotics Control Board (since 1992). Member of the Standing Committee on Estimates (1992). President of the Board (1993, 1994, 1997, 1998, 2000, 2001, 2004, 2005, 2008, 2010 and 2011).

Wayne Hall

Born in 1951 in Australia. Trained as a research psychologist and worked as an epidemiologist. Currently Professor and National Health and Medical Research Council Australia Fellow, University of Queensland Centre for Clinical Research; and Visiting Professor, National Addiction Centre, Institute of Psychiatry, King's College London (both since 2009).

Professor of Public Health Policy, School of Population Health, University of Queensland (2006-2010); Professor and Director, Office of Public Policy and Ethics, Institute for Molecular Bioscience, University of

Queensland (2001-2005); Professor and Director, National Drug and Alcohol Research Centre, University of New South Wales (1994-2001). Author and co-author of over 700 articles, chapters and reports on addiction, drug use epidemiology and mental health. Member, World Health Organization Expert Committee on Drug Dependence (1996), and the Australian National Council on Drugs (1998-2001).

Member of the International Narcotics Control Board (since 2012). Member of the Standing Committee on Estimates (2012).

David T. Johnson

Born in 1954. National of the United States of America. Consultant and retired diplomat. Bachelor's degree in Economics from Emory University; graduate of the National Defence College of Canada.

United States Foreign Service officer (1977-2011). Assistant Secretary for the Bureau of International Narcotics and Law Enforcement Affairs, United States Department of State (2007-2011). Deputy Chief of Mission (2005-2007) and Chargé d'affaires, a.d., (2003-2005) United States Embassy, London. Afghan Coordinator for the United States (2002-2003). United States Ambassador to the Organization for Security and Cooperation in Europe (1998-2001). Deputy Press Secretary at the White House and Spokesman for the National Security Council (1995-1997). Deputy Spokesman at the State Department (1995) and Director of the State Department Press Office (1993-1995). United States Consul General, Vancouver (1990-1993).

Member of the International Narcotics Control Board (since 2012). Member of the Committee on Finance and Administration (2012).

Galina Korchagina

Born in 1953. National of the Russian Federation. Deputy Director of Research at the National Centre for Research on Drug Addiction, Ministry of Health and Social Development, Russian Federation (since 2010).

Leningrad Paediatrics Institute, Russian Federation (1976); Doctor of Medicine (2001). Doctor, boarding school, Gatchina, Leningrad region, (1976-1979). Head of the Organizational and Policy Division, Leningrad Regional Drug Clinic (1981-1989); Lecturer, Leningrad Regional Medical Academy (1981-1989); Head Doctor, City Drug Clinic, St. Petersburg (1989-1994); Assistant Lecturer (1991-1996) and Professor (2000-2001), Department of Social Technologies, State Institute for Services and Economics; Assistant Lecturer (1994-2000), Associate Professor (2001-2002) and Professor (2002-2008), Department for Research on Drug Addiction, St. Petersburg Medical Academy of Postgraduate Studies; Chief Professor and Head of the Department for Medical Research and Healthy Lifestyles, Herzen State Pedagogical University of Russia (2000-2008); Professor, Department for Conflict Studies, Faculty of Philosophy, St. Petersburg State University (2004-2008); member of numerous associations and societies, including: Association of Psychiatrists and Drug Addiction Specialists of Russia and St. Petersburg; Kettil Bruun Society for Social and Epidemiological Research on Alcohol; International Council on Alcohol and Addictions; International Society of Addiction Medicine: head of the sociology of science aspects of medical and biological research section of the Research Council on the Sociology of Science and the Organization of Scientific Research, St. Petersburg Scientific Centre of the Russian Academy of Sciences (2002-2008). Author of more than 100 publications, including more than 70 works published in the Russian Federation, chapters in monographs and several practical guides. Award for excellence in health protection, awarded by the Ministry of Health of the Union of Soviet Socialist Republics (1987). Consultant, Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (since 2006); co-trainer, WHO programme "Skills for change" (since 1995); participant in meetings of the Commission on Narcotic Drugs (2002-2008); expert on the epidemiology of drug addiction, Pompidou Group of the Council of Europe (1994-2003); temporary representative, WHO (1992-2008).

Member of the International Narcotics Control Board (since 2010). Vice-Chair of the Standing Committee on Estimates (2011, 2012).

Marc Moinard

Born in 1942. National of France. Retired law officer. School of Political Sciences, Paris; Paris Law Faculty; Faculty of Arts, Poitiers. Public Prosecutor, Beuvais (1982-1983); Public Prosecutor, Pontoise (1990); Public Prosecutor, Lyon (1990-1991); Public Prosecutor, Bobigny (1992-1995); Public Prosecutor in the Court of Appeal, Bordeaux (1999-2005), introducing major reforms into the legal system involving: the creation of centres for legal advice and mediation; the provision of legal advice in deprived areas; the establishment of a new system of cooperation between the courts and the police services allowing for the immediate handling of criminal offences;

and the creation of a new category of judicial personnel — assistant prosecutors.

Senior administrative posts in the Ministry of Justice: Director of Record Offices (1983-1986); President of the teaching board, National School of Clerks to the Court; Director of Legal Services; member of the Board of Directors, French National School for the Judiciary; Representative of the Minister of Justice in the Supreme Council of Justice (1995-1996); Director, Criminal Matters and Pardons (1996-1998); President, French Monitoring Centre for Drugs and Drug Addiction; Secretary-General, Ministry of Justice (2005-2008); President, Law and Justice Mission, responsible for the reform of the judicial map; President, Commission on Information Technology and Communication; Head of the International Affairs Service, Ministry of Justice. Lecturer, Paris Institute of Criminology (1995-2005); President, Fondation d'Aguesseau, a welfare body. Recipient of the following awards: Commander of the National Order of Merit; Commander of the Legion of Honour.

Member of the International Narcotics Control Board (since 2010). Member of the Standing Committee on Estimates (2012). Member of the Committee on Finance and Administration (2012).

Jorge Montaño

Born in 1948. National of Mexico. Professor of International Organizations and Mexican Foreign Policy, Instituto Tecnológico Autónomo de México, private consultant on the enforcement of the North American Free Trade Agreement (NAFTA).

Law and Political Science, Universidad Nacional Autónoma de México; Master of Arts and Doctor of Philosophy in International Affairs, London School of Economics. Director General de Educación Superior — Secretaría de Educación Pública (1976-1979); Member of the Mexican Foreign Service (1979-2008); Director of International Agencies (1979-1982); Assistant Secretary of Multilateral Affairs (1982-1988); Permanent Representative of Mexico to the United Nations organizations (1989-1992); Chairman of the Group of Experts to enhance the efficiency of the United Nations structure for drug abuse control (1990); Ambassador of Mexico to the United States (1993-1995); member of the Multilateral Evaluation Mechanism on Drugs (2001-2003) of the Inter-American Drug Abuse Control Commission (CICAD). Member of the Special Advisory Board, World Bank (2010-2012). Author of the following publications: *Partidos y política en América Latina*; *Implicaciones legales de la presencia de Estados Unidos en Viet Nam*; *Análisis del Sistema de Naciones Unidas*; *ACNUR en América Latina*; *Negociaciones del Tratado de Libre Comercio de America del Norte*; *Cooperación México-Estados Unidos en materia de narcotráfico*; *Debilidades de la certificación del Congreso de Estados Unidos*; *Retos de la frontera norte de México*; *Tráfico de armas en las fronteras mexicanas*. Author of 50 articles published in specialized journals. Weekly contributor to the editorial pages of *La Jornada*, *Reforma* and *El Universal*. President and founding member of *Foreign Affairs Latinoamérica* (formerly *Foreign Affairs en Español*). Founding President, Asesoría y Análisis, S.C., Mexican Council on Foreign Relations (COMEXI). Recipient of awards from the Governments of Chile, El Salvador, Greece and Guatemala. Participant in many meetings of organizations in the United Nations system, the Organization of American States and the Movement of Non-Aligned Countries.

Member of the International Narcotics Control Board (since 2009). Member of the Committee on Finance and Administration (2010). Chair of the Committee on Finance and Administration (2012).

Lochan Naidoo

Born in 1961. National of South Africa. Family Practitioner, Durban, South Africa (since 1985).

Bachelor of Medicine and Bachelor of Surgery (MBChB), University of Natal, South Africa (1983). Professional in Residence Programme: Hanley Hazelden (1995); Member of the South African Medical Association (since 1995); Member and Vice-Chairman of the Bayport Independent Practitioners Association (1995-2000). Certified Chemical Dependency Counsellor, National Board of Addiction Examiners (NBAE) (1996); Member of the American Society of Addiction Medicine (1996-1999). Diploma in Business Management, South African Institute of Management (1997). Founding member, International Society of Addiction Medicine (1999); Programme Designer and Principal Addictions Therapist of the Jullo Programme, a multi-disciplinary treatment model for primary, secondary and tertiary prevention of addiction disorders and dual diagnoses (since 1994); Clinical Director, Serenity Addiction Treatment Unit, Merebank, Durban, South Africa (since 1995). Member of the KwaZulu-Natal Managed Care Coalition (since 1995); Member of the Durban South Doctors' Guild (since 2000); Honorary Lecturer, Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, South Africa (2005-2011). Curriculum Committee undergraduate Lifestyle Medicine, University of KwaZulu-Natal (2005-2011). Drafter of the National Detoxification Policy and Procedure for the Department of Health of South Africa (2006); designer of the Roots *connect* software program, an Internet-driven

emotional and addiction psychoeducation delivery system (2007); Member of the Opiate Advisory Board of South Africa (2006-2008); Member of the Board, Central Drug Authority of South Africa (2006-2010); Member of the Governance Committee, Central Drug Authority of South Africa (2006-2010). Member of the Expert Committee on Opiate Treatment (2007-2008); Central Drug Authority representative to the Western Cape Province, South Africa (2007-2010); established "Roots HelpPoints" for early intervention and primary prevention among high-risk individuals (2008). Co-author of "Guidelines for opiate treatment in South Africa", *South African Medical Journal* (2008). Member of the Suboxone Advisory Board (2009). Co-author of "Suboxone update", *South African Medical Journal* (2010); Designer of "Rehab*Flow*" cloud computing software for addiction and co-morbidity management (2010); Management Committee Member of eThekweni District Mental Health and Substance Abuse Forum (2010). Rehabilitation and addictions trainer for health-care practitioners. Medical educator for undergraduate and postgraduate medical practitioners (since 1995); Patron of Andra Maha Sabha of South Africa; founder, Merebank West Community Coalition (1995). Trustee, Merebank Community Trust (2000-2005).

Member of the International Narcotics Control Board (since 2010). Member of the Standing Committee on Estimates (2011). Member of the Committee on Finance and Administration (2011). First Vice-President of the Board (2012).

Rajat Ray

Born in 1948. National of India. Professor and Head of the Department of Psychiatry and Chief, National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi. Graduate of Medicine (MBBS), Medical College in Calcutta (1971). M.D. (Psychiatry), AIIMS (1977). Member of the faculty, Department of Psychiatry, National Institute of Mental Health and Neuro Sciences, Bangalore (1979-1988). Author of several technical reports and articles in peer reviewed national and international journals. Assistant Editor, *Addiction Biology*. Member of the International Advisory Board, *Mental Health and Substance Use: Dual Diagnosis* and the Editorial Board, of the scientific journal *International Drug Sciences and Drug Policy*.

Recipient of research support from various bodies at the national level (such as the Ministry of Health and Family Welfare and the Indian Council of Medical Research) and the international level (such as the United Nations Office on Drugs and Crime (UNODC) and WHO. Member of a study on HIV/AIDS, a collaborative project of NDDTC, AIIMS and the Centre for Interdisciplinary Research in Immunology and Disease, University of California, Los Angeles (UCLA), United States of America. Member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems. Member of the expert group to discuss mental health and substance use disorder at the primary care level, an activity of the WHO Regional Office for South-East Asia. Member of the WHO expert group on regional technical consultation to reduce harmful use of alcohol. Coordinator of various activities in India on substance use disorder, sponsored by WHO (since 2004). Member of the National Drug Abuse Control Programme, India, and the Technical Guidelines Development Group on Pharmacotherapy of Opioid Dependence, a joint project of UNODC and WHO. Member and Chairperson of the Technical Resource Group on Injecting Drug Use, a project of the National AIDS Control Organization. Member of the project advisory committee on the prevention of transmission of HIV among drug users in South Asian Association for Regional Cooperation (SAARC) member States, a project of the UNODC Regional Office for South Asia. Member of the Subcommittee on Postgraduate Medical Education, Medical Council of India. Chairperson, Working Group on Classification of Substance — Related and Addictive Disorder, International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders (2011); Principal investigator, WHO Project "Web-Based Intervention (Portal) for Alcohol and Health", Geneva (since 2010); principal investigator, NDDTC, Global Fund to Fight AIDS, Tuberculosis and Malaria Round 9 and Nodal Regional Resource and Training Centre; Principal Coordinator, National Policy and Twelfth Five-Year Plan of India, covering the period 2012-2017, areas relating to control of alcohol and drug problems, Ministry of Social Justice and Empowerment, Government of India; Principal Investigator, opioid substitution therapy in India: issues and lessons learned, a joint project of NDDTC, AIIMS, the National AIDS Control Organisation, the government of Punjab and the Department for International Development (UK aid) — Technical Assistance Support Team, targeted intervention (since 2010); member of the Expert Committee on Psychotropic Substances and New Drugs, Drug Controller General of India (2011). Reviewer and contributor, *Indian Journal of Medical Research*, official publication of the Indian Council of Medical Research (since 2010).

Member of the International Narcotics Control Board (since 2010). Member (2010) and Chair (2011) of the Standing Committee on Estimates. Second Vice-President of the Board (2011). Member of the Standing Committee on Estimates (2012).

Ahmed Kamal Eldin Samak

Born in 1950. National of Egypt. Graduated with a Law and Police Licence in 1971. Worked in the field of anti-narcotics for more than 35 years, until becoming the Minister Assistant of Police and Head of the Anti-Narcotics General Administration (ANGA) of Egypt. Independent adviser in the field of anti-narcotics and crime. First-rank badge of honour on the occasion of the police festival (1992). Contributed to several missions, such as to Jordan, for anti-narcotics training (1988); India, for the signing of an agreement between India and Egypt to strengthen anti-narcotics and security cooperation to combat crime and terrorism (1995); France, for cooperation between Egypt and the International Criminal Police Organization (INTERPOL) relating to drugs and money-laundering (1996); Palestine, to participate in a regional anti-narcotics workshop (1999); Saudi Arabia, to participate in a training programme related to drug cases (2001); United Arab Emirates, to represent the Ministry of the Interior at the thirty-sixth session of the committee concerned with illegal trade in drugs (2001); to the Libyan Arab Jamahiriya,[a] to participate in the celebration of the International Day against Drug Abuse and Illicit Trafficking (2002); Kenya, to participate in the twelfth and seventeenth conferences of African national anti-narcotics department leaders (2002 and 2007); Mauritius, for the second ministerial anti-narcotics meeting (2004); Lebanon, to participate in the conference "Drugs are a social epidemic" organized by Lebanese organizations for human rights (2004); Tunisia, to participate in the seventeenth to twenty-first Arab conferences of anti-narcotic department leaders (2003-2007); United States (2004); Austria, to represent the Ministry at the forty-fifth, forty-sixth and forty-eighth to fiftieth sessions of the Commission on Narcotic Drugs (2002-2007); Saudi Arabia, as a member of a scientific organization to prepare an article about arrest and investigation procedures (2007); United Arab Emirates, for the Regional Seminar for Strategic and Cooperative Planning in the Field of Anti-Narcotics (2007). Member of the National General Trust Fund for Anti-Narcotics and Addiction; and the Committee of National Strategy Planning on Anti-Narcotics.

Member of the International Narcotics Control Board (since 2012). Member of the Standing Committee on Estimates (2012).

[a] Since 16 September 2011, "Libya" has replaced "Libyan Arab Jamahiriya" as the short name used in the United Nations.

Werner Sipp

Born in 1943. National of Germany. Lawyer (Universities of Heidelberg, Germany, and Lausanne, Switzerland, University Institute of European Studies, Turin, Italy).

Assistant lecturer in Public Law, University of Regensburg (1971-1977). Senior administrative posts in several federal ministries (1977-2008). Head of the Division for Narcotic Law and International Narcotic Drugs Affairs in the Federal Ministry of Health (2001-2008); Permanent Correspondent of Germany in the Pompidou Group of the Council of Europe (2001-2008); Legal Correspondent of Germany in the European Legal Database on Drugs, Lisbon (2002-2008); Chairman of the Horizontal Working Party on Drugs of the Council of the European Union (2007); Coordinator of the German delegation to the Commission on Narcotic Drugs (2001-2009).

Expert Consultant to the German Federal Ministry of Health and the Drug Commissioner of the Federal Government in international drug matters (2008-2009); Expert Consultant on drug issues to the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) (2008-2011); Expert on several European Union drug projects (such as "Implementing the national strategy to fight drug abuse in Serbia" (INSADA) and the Central Asia Drug Action Programme (CADAP).

Member of the International Narcotics Control Board (since 2012), Member of the Standing Committee on Estimates (2012).

Viroj Sumyai

Born in 1953. National of Thailand. Retired Assistant Secretary-General of the Food and Drug Administration, Ministry of Public Health of Thailand, and clinical pharmacologist specializing in drug epidemiology. Professor, Mahidol University (since 2001).

Bachelor of Science degree in Chemistry (1976), Chiang Mai University. Bachelor's degree in Pharmacy (1979), Manila Central University. Master's degree in Clinical Pharmacology (1983), Chulalongkorn University. He then took apprenticeship in narcotic drugs epidemiology at St. George's University of London in England in 1989. Doctor of Philosophy, Health Policy and Administration (2009), National Institute of Administration. Member of the Pharmaceutical Association of Thailand. Member of the Pharmacological and Therapeutic Society of Thailand. Member of the Thai Society of Toxicology. Author of nine books in the field of drug prevention and control, including

Drugging Drinks: Handbook for Predatory Drugs Prevention and *Déjà vu: A Complete Handbook for Clandestine Chemistry, Pharmacology and Epidemiology of LSD*. Columnist, *Food and Drug Administration Journal*. Recipient of the Prime Minister Award for Drug Education and Prevention (2005).

Member of the International Narcotics Control Board (since 2010). Member of the Standing Committee on Estimates (since 2010). Chair of the Committee on Finance and Administration (2011). Second Vice-President and Chair of the Standing Committee on Estimates (2012).

Francisco E. Thoumi

Born in 1943, national of Colombia and the United States. Bachelor of Arts and Doctor of Philosophy in Economics. Senior member of the Colombian Academy of Economic Sciences and Corresponding member of the Royal Academy of Moral and Political Sciences (Spain).

Has been a Professor at the University of Texas, Rosario University (Bogota) and California State University, Chico. Worked for 15 years in the research departments of the World Bank and the Interamerican Development Bank. Founder and Director, Research and Monitoring Center on Drugs and Crime, Rosario University (August 2004-December 2007); Research Coordinator, Global Programme against Money Laundering, Proceeds of Crime and the Financing of Terrorism; Coordinator for the *World Drug Report*, United Nations Office on Drugs and Crime (UNODC), Vienna (August 1999-September 2000); Researcher, Comparative Study of Illegal Drugs in Six Countries, United Nations Research Institute for Social Development, Geneva (June 1991-December 1992); Fellow, Woodrow Wilson International Center for Scholars (August 1996-July 1997); Research Coordinator, Research Programme on the Economic Impact of Illegal Drugs in the Andean Countries, United Nations Development Programme, Bogota (November 1993-January 1996).

Author of two books and co-author of one on illegal drugs in Colombia and the Andean region. He has also edited three volumes and written over 60 academic journal articles and book chapters on those subjects.

Member of the Friedrich Ebert Foundation Observatory of Organized Crime in Latin America and the Caribbean (since 2008) and the World Economic Forum's Global Agenda Council on Organized Crime (2012-2014).

Member of the International Narcotics Control Board (since 2012). Rapporteur (2012).

Raymond Yans

Born in 1948. National of Belgium. Graduate in Germanic philology and in philosophy (1972).

Belgian Foreign Service: Attaché, Jakarta (1978-1981); Deputy-Mayor of Liège (1982-1989); Consul, Tokyo (1989-1994); Consul, Chargé d'affaires, Luxembourg (1999-2003); Head of the Drug Unit, Ministry of Foreign Affairs (1995-1999 and 2003-2007); Chairman of the Dublin Group (2002-2006); Chairman of the European Union Drug Policy Cooperation Working Group during the Belgian Presidency of the European Union; charged with the national coordination of the ratification and implementation process of the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1995-1998); liaison between the Ministry of Foreign Affairs and the National Police for drug liaison officers in Belgian embassies (2003-2005); participation in the launching by the European Union Joint Action on New Synthetic Drugs of an early warning system to alert Governments to the appearance of new synthetic drugs (1999); active in the creation of the Cooperation Mechanism on Drugs between the European Union, Latin America and the Caribbean (1997-1999). Author of numerous articles and speeches including: "The future of the Dublin Group" (2004) and "Is there anything such as a European Union Common Drug Policy" (2005). Member of the Belgian delegation to the Commission on Narcotic Drugs (1995-2007); all the preparatory sessions (on amphetamine-type stimulants, precursors, judicial cooperation, money-laundering, drug demand reduction and alternative development) for the twentieth special session of the General Assembly; European Union Seminar on Best Practices in Drug Enforcement by Law Enforcement Authorities, Helsinki (1999); Joint European Union/Southern African Development Community Conferences on Drug Control Cooperation, Mmabatho, South Africa (1995) and Gabarone (1998); United Nations Office on Drugs and Crime/Paris Pact round tables, Brussels (2003), Tehran and Istanbul (2005); meetings of the High-level Dialogue on Drugs between the Andean Community and the European Union, Lima (2005) and Vienna (2006).

Member of the International Narcotics Control Board (since 2007). Member of the Standing Committee on Estimates (2007-2010). Member of the Committee on Finance and Administration (2007-2010). Rapporteur (2010). First Vice-President of the Board (2011). President of the Board (2012).

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 the International Criminal Police Organization (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 1961 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 implementation 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.

Since 1992, the first chapter of the annual report has been devoted to a specific drug control issue on which INCB presents its conclusions and recommendations in order to contribute to policy-related discussions and decisions in national, regional and international drug control. The following topics were covered in past annual reports:

1992: Legalization of the non-medical use of drugs

1993: The importance of demand reduction

1994: Evaluation of the effectiveness of the international drug control treaties

1995: Giving more priority to combating money-laundering

1996: Drug abuse and the criminal justice system

1997: Preventing drug abuse in an environment of illicit drug promotion

1998: International control of drugs: past, present and future

1999: Freedom from pain and suffering

2000: Overconsumption of internationally controlled drugs

2001: Globalization and new technologies: challenges to drug law enforcement in the twenty-first century

2002: Illicit drugs and economic development

2003: Drugs, crime and violence: the microlevel impact

2004: Integration of supply and demand reduction strategies: moving beyond a balanced approach

2005: Alternative development and legitimate livelihoods

2006: Internationally controlled drugs and the unregulated market

2007: The principle of proportionality and drug-related offences

2008: The international drug control conventions: history, achievements and challenges

2009: Primary prevention of drug abuse

2010: Drugs and corruption

2011: Social cohesion, social disorganization and illegal drugs

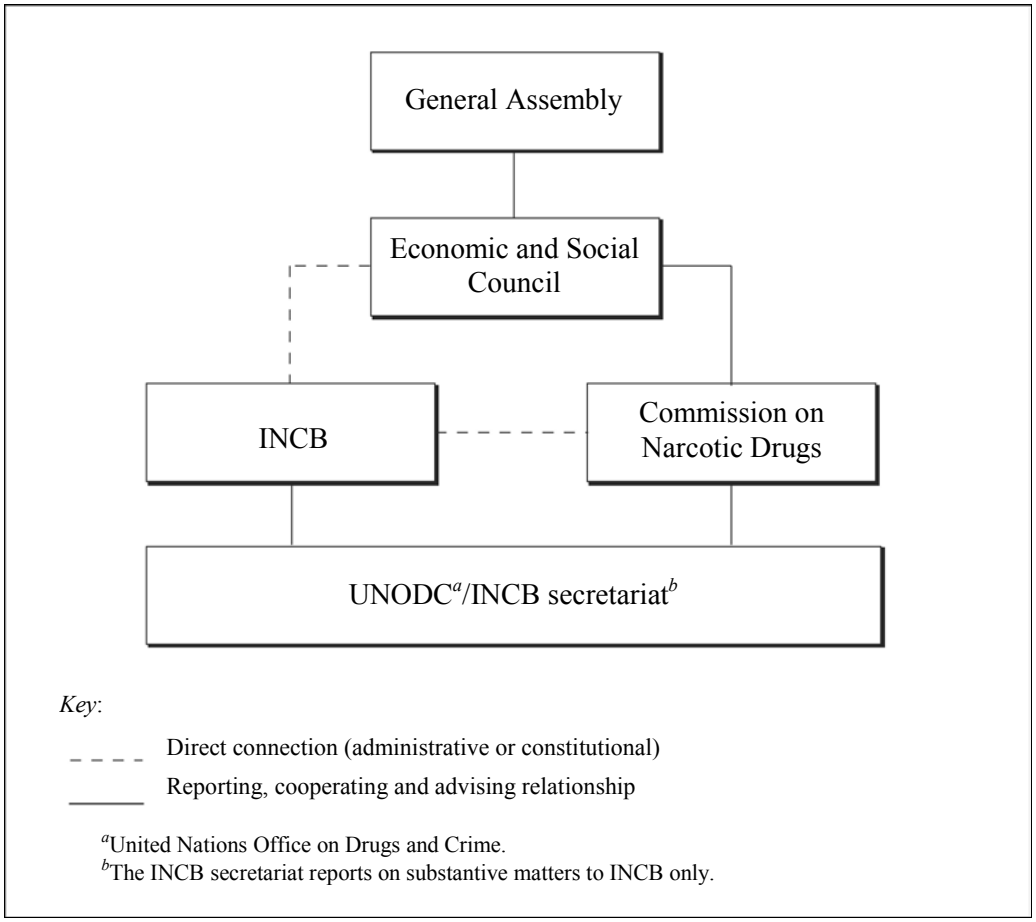
Chapter I of the report of the International Narcotics Control Board for 2012 is entitled "Shared responsibility in international drug control"

Chapter II presents an analysis of the operation of the international drug control system based primarily on information that Governments are required to submit directly to INCB in accordance with the international drug control treaties. Its focus is on the worldwide control of all licit activities related to narcotic drugs and psychotropic substances, as well as chemicals used in the illicit manufacture of such drugs.

Chapter III presents some of the major developments in drug abuse and trafficking and measures by Governments to implement the international drug control treaties by addressing those problems.

Chapter IV presents the main recommendations addressed by INCB to Governments, the United Nations Office on Drugs and Crime, WHO and other relevant international and regional organizations.

United Nations system and drug control organs and their secretariat



[a] United Nations Office on Drugs and Crime.
[b] The INCB secretariat reports on substantive matters to INCB only.

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