INTERNATIONAL NARCOTICS CONTROL BOARD

Report

2013

UNITED NATIONS

EMBARGO

Observe release date:
Not to be published or broadcast before
Tuesday, 4 March 2014, at 1200 hours (CET)

CAUTION

Reports published by the International Narcotics Control Board in 2013

The Report of the *International Narcotics Control Board for 2013* (E/INCB/2013/1) is supplemented by the following reports:

Narcotic Drugs: Estimated World Requirements for 2014—Statistics for 2012 (E/INCB/2013/2)

Psychotropic Substances: Statistics for 2012—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/2013/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2013 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2013/4)

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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Report
of the
International Narcotics Control Board
for 2013

UNITED NATIONS
New York, 2014

E/INCB/2013/1

UNITED NATIONS PUBLICATION
Sales No. E.14.XI.1
ISBN: 978-92-1-148274-4
eISBN: 978-92-1-056478-6
ISSN 0257-3717

Publishing production: English, Publishing and Library Section, United Nations Office at Vienna.

Foreword

The annual report of the International Narcotics Control Board (INCB) for 2013 marks a particular milestone: the 45th annual report of the Board since it was established in 1968 in accordance with the Single Convention on Narcotic Drugs of 1961.[1] Over that period, there have been significant emerging challenges and efforts made in addressing the global drug problem. Notably, the 1961 Convention is adhered to by almost all States, illustrating the commitment of Governments to the principle of shared responsibility in ensuring the availability of narcotic drugs for medical and scientific purposes while preventing their diversion and abuse. To address subsequent drug control challenges such as the abuse of psychotropic substances while ensuring their availability for medical purposes, the use of chemicals in the illicit manufacture of narcotic drugs and psychotropic substances, and drug trafficking, States created and adopted the two other international drug control conventions in force today: the Convention on Psychotropic Substances of 1971[2] and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.[3] Those conventions too enjoy almost universal adherence.

Over the period that began with the Board's establishment, the international community has affirmed and strengthened its commitment to shared responsibility in drug control, for instance at the twentieth special session of the General Assembly and through the adoption in 2009, by the Commission on Narcotic Drugs and the General Assembly, of the Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem. Now, the international community is about to conduct, in March 2014, the high-level review of the Political Declaration and Plan of Action, to which INCB will contribute, on the basis of its work in monitoring and promoting the implementation of the three drug control conventions. In addition, preparations are under way for the special session of the General Assembly on the world drug problem to be held in 2016, which will draw renewed, high-level attention to the issue and guide the way forward.

The INCB annual reports, accompanied by the annual reports on precursor chemicals and the technical publications on narcotic drugs and psychotropic substances, serve as a "stock-taking" of achievements made, challenges faced and additional efforts required. The present annual report for 2013 concludes with a chapter containing recommendations for Governments and international and regional organizations aimed at improving the implementation of the conventions and ultimately aimed at ensuring availability of controlled substances for medical and scientific purposes, while preventing diversion to illicit channels, illicit manufacture, trafficking and abuse.

In view of the upcoming high-level review and preparations for the special session of the General Assembly, INCB has decided to include in this report a thematic chapter on the economic consequences of drug abuse. Considering drug abuse from that perspective provides a useful way of analysing the impacts of drug abuse. Drug abuse is in no way an independent variable and, indeed, is often part of a vicious cycle, as addressed by the Board in the thematic chapter on social cohesion in its annual report for 2011.[4] Nevertheless, in planning, developing and implementing measures to prevent and treat drug abuse, it is valuable to consider the impacts of drug abuse and understand their economic consequences.

Thus, chapter I reviews the economic consequences of drug abuse in the areas of health, public safety, crime, productivity and governance and discusses how investments in prevention, treatment and rehabilitation can lead to significant benefits in terms of the health-care and crime-related costs avoided, not to mention alleviating the immeasurable suffering experienced by drug-dependent

[1] United Nations, *Treaty Series*, vol. 520, No. 7515.

[2] Ibid., vol. 1019, No. 14956.

[3] Ibid., vol. 1582, No. 27627.

[4] E/INCB/2011/1.

individuals, and their families and loved ones. However, estimates suggest that only one in six problem drug users worldwide receives the treatment they need—with significant regional variance. In addition to the drug-related deaths and increased morbidity arising, for instance, from the transmission of infectious disease through injecting drug use, people under the influence of drugs can pose safety risks, for example, through drug-related accidents.

Crimes are often committed by people under the influence of drugs, to support drug addiction, and crime forms part of the violence between organized criminal groups involved in the trafficking of drugs, as seen in Central America, but also on every other continent. The economic consequences of drug-related crime include not only those directly resulting from the criminal act itself but also the associated costs of law enforcement, the judicial system and incarceration. Drug-related corruption can weaken governance, which in turn can be associated with increased illicit drug crop cultivation and illicit drug production, manufacture and trafficking—part of a vicious cycle—as explored in detail in the INCB annual report for 2010.[5]

Drug abuse also has environmental consequences. Illicit cultivation of coca bush and opium poppy results in deforestation and loss of biodiversity, as well as the loss of agricultural land that could otherwise be put to productive use. Environmental contamination can be caused by the precursor chemicals used in the illicit manufacture process and by the substance itself, and the aerial spraying of illicit drug crops can also have negative effects. In addition, productivity losses can occur when people are unable to engage in employment while under the influence of drugs or while in treatment or incarcerated.

Drug abuse causes a disproportionate amount of harm to those most vulnerable: children, whose right to be protected from drug abuse is enshrined in the Convention on the Rights of the Child.[6] Prenatal exposure to drugs can cause emotional, psychological and physical disorders, and even death. In economic terms, this manifests itself in additional costs for care. Children exposed to drugs—whether through actual consumption or by living in an environment of drug abuse—may be exposed to a higher risk of physical and sexual abuse and are more likely to suffer anxiety and depression, have educational and attention problems, commit delinquent acts and become involved in crime and drug abuse. Urgent action must be taken to protect society's most precious resource—its children—from drug abuse and its effects.

Chapter I concludes with a selection of best practices and recommendations to reduce the economic consequences of drug abuse, thereby improving social welfare. That brings us full circle to the underlying principle of the international drug control system and the three conventions upon which it is founded: concern for the health and welfare of humankind.

Drug abuse and the associated illicit cultivation, manufacture and trafficking cause an untold amount of suffering. The three drug control conventions set out the critical requirements for preventing and reducing drug-related suffering and for ensuring access to essential controlled medicines, which have been assessed to be of therapeutic value despite their potential to create dependence. Those measures are founded upon a balanced approach to drug control, which requires due attention to both demand reduction—through prevention, treatment and rehabilitation—and supply reduction—through law enforcement and judicial measures founded upon the principle of proportionality and respect for human rights.

The commitment of States parties to implementing the conventions must be translated into tangible action and measurable results. Governments must ensure the sustainability of their prevention, treatment and rehabilitation programmes and their regulatory control systems. Even in times of financial austerity, such investment must be maintained. The alternative—losing the potential of citizens—could be the worst "investment choice" of all.

[5] E/INCB/2010/1.

[6] United Nations, *Treaty Series*, vol. 1577, No. 27531.

The international drug control system is founded upon the principle of shared responsibility—between countries and at all levels of government within countries. Drug traffickers will choose the path of least resistance; so, it is essential that global efforts to tackle the drug problem are unified. INCB is concerned about some initiatives aimed at the legalization of the non-medical and non-scientific use of cannabis. Such initiatives, if pursued, would pose a grave danger to public health and well-being, the very things the States, in designing the conventions, intended to protect. INCB looks forward to maintaining an ongoing dialogue with all countries, including those where such misguided initiatives are being pursued, with a view to ensuring the full implementation of the conventions and protecting public health.

Raymond Yans
President
International Narcotics Control Board

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Explanatory notes

Data reported later than 1 November 2013 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.

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

The following abbreviations have been used in this report:

BZP	*N*-benzylpiperazine
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
P-2-P	1-phenyl-2-propanone
PEN Online	Pre-Export Notification Online
PICS	Precursors Incident Communication System
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Chapter I.

Economic consequences of drug abuse

1. Drug abuse inflicts immeasurable harm on public health and safety around the world each year, and threatens the peaceful development and smooth functioning of many societies. An understanding of the economic costs of drug abuse is necessary to develop policies that reduce such costs. Attempts to calculate the global monetary burden of drug abuse, however, are mired in data limitations in the many areas that must be taken into account to arrive at even a rough estimate of the total global cost of drug abuse. Analysis of the economic consequences of drug abuse must account for expenditure associated with policy choices and take into consideration any gains and externalities. Although accounting for the full, real dollar costs of drug abuse worldwide is challenging, analysing its consequences and understanding the domains it affects helps us to gain a clearer picture of the ways in which drug abuse affects the world.

2. The present discussion analyses the consequences of drug abuse in five primary domains—health, public safety, crime, productivity and governance—using the available evidence. The effects of drug abuse on those domains depend upon a host of interconnections within and outside these fields, including other factors such as those discussed in chapter I of the annual report of the Board for 2011,[7] e.g., social structures, cultural values and government policies. The present chapter focuses on the drugs that are under international control and does not delve into the consequences of abuse of specific drugs (especially given the prevalence of polydrug abuse). It is also important to keep in mind that costs and consequences vary widely across geographic regions. Costs are discussed in the context of the different regions, although data limitations meant that this was not always possible.

3. A brief discussion of the costs of alternative policies and the disproportionate economic impact of drug abuse on specific populations, including women, children, families and the poor, are presented. The chapter concludes with a number of conclusions, recommendations and best practices, rooted in evidence, to lower the global economic costs of drug abuse and improve the well-being of society.

A. Impact on health

4. A person's health is greatly affected by drug abuse. Economically, this manifests itself in prevention and treatment costs, health-care and hospital costs, increased morbidity and mortality.

Costs of drug prevention and treatment

5. The phenomenon of drug abuse requires societies to dedicate resources to evidence-based prevention, education and interventions, including treatment and rehabilitation. Although such activities can be resource-intensive, studies have shown that for every $1 spent, good prevention programmes can save Governments up to $10 in subsequent costs.

6. Heroin, cannabis and cocaine are the drugs most frequently reported by people entering treatment worldwide. It is estimated that only one in six problem drug users

[7] E/INCB/2011/1.

worldwide, some 4.5 million people, receives the required treatment, at a global cost of about $35 billion annually. There is a wide variation from region to region. For example, in Africa only 1 in 18 problem drug users receives treatment. In Latin America, the Caribbean and Eastern and South-Eastern Europe, approximately 1 in 11 problem drug users receives treatment, while in North America an estimated one in three problem drug users receives treatment interventions. If all dependent drug users had received treatment in 2010, the cost of such treatment would have been an estimated $200 billion-$250 billion, or 0.3-0.4 per cent of the global gross domestic product (GDP). Research findings clearly show that investment in treatment is cost-effective compared with the cost of untreated and continuing abuse. Research conducted in the United States of America reveals that every $1 invested in treatment yields a return of between $4 and $12 in reduced crime and health-care costs.

Health care and hospitals

7. Visits to hospitals in connection with drug abuse are costly to society. Such visits occur as a result of overdoses, adverse reactions, psychotic episodes and symptoms of infectious diseases that can be transmitted through, inter alia, injecting drug use, such as hepatitis B and C, HIV/AIDS, tuberculosis, and other illnesses related to drug use. Additionally, hospitals often need to treat victims of drug-related crimes and accidents.

Morbidity and mortality

8. Globally, it is estimated that drug-related deaths account for between 0.5 and 1.3 per cent of all-cause mortality for people aged 15-64 years. It is estimated that there are 211,000 drug-related deaths annually, with younger people facing a particularly high risk. In Europe, the average age of death from drug use is in the mid-30s. It is important to note that little information regarding drug-related mortality is available for Asia and Africa. In addition to drug-related mortality, estimates indicate that of the 14 million injecting drug users worldwide, 1.6 million are living with HIV, 7.2 million are living with hepatitis C, and 1.2 million are living with hepatitis B. A global scientific study estimated that the burden of disease attributable to drug use was substantial, rising in 2010 relative to 1990. Out of 43 risk factors, drug use was nineteenth in the ranking of the top global killers (alcohol was third and tobacco was second). For people aged 15-49 years, drug use was the sixth most common reason for death.

B. Impact on public safety

9. Beyond health costs, people under the influence of drugs pose major safety risks and costs to people around them and the environment. For example, drug-affected driving accidents have emerged as a major global threat in recent years. Additionally, a greater awareness of the impacts on the environment of illicit drug cultivation, production and manufacture has emerged.

Drug-affected driving

10. The abuse of drugs affects perception, attention, cognition, coordination and reaction time, among other neurological functions, which affect safe driving. Cannabis is the most prevalent illicit drug detected in drivers in Canada and the United States and Europe and Oceania. Research has found that habitual cannabis use is linked to a 9.5-fold greater risk of driving accidents, cocaine and benzodiazepines increase the risk 2-10 times, amphetamines or multiple drug use increase the risk 5-30 times, and alcohol in combination with drugs increases the risk of getting seriously injured or killed while driving by a factor of 20-200. That increased risk also has consequences for passengers and others on the road, who may become victims of drug-affected driving.

Impact on the environment

11. The illicit manufacture and disposal of drugs and pharmaceuticals cause significant environmental contamination, owing to the precursor chemicals required for manufacture, the manufacturing process itself and the active ingredient or substance. Disposal introduces those substances into the environment in sewage, from where they can enter sediment, surface and ground water and the tissues of vegetation and aquatic organisms. As a result, wildlife and humans can be chronically exposed to very low doses of drugs and the chemicals used in their illicit manufacture. That results in costs to individuals and to Governments, as they are responsible for ensuring public health.

12. Illicit cultivation of both coca bush and opium poppy has often resulted in the clearance of forests—in the case of illicit cultivation of coca bush, primarily in Bolivia (Plurinational State of), Colombia and Peru. Some devastating effects of illicit cultivation of cannabis plant, coca bush and opium poppy on biodiversity are the loss, degradation and fragmentation of the forests, and the loss of areas where food could be grown. In addition to the deforestation caused by illicit crop cultivation,

chemicals used for the processing of illicit drugs can be harmful to biodiversity, both in the immediate area and downstream, as a result of chemical run-off. There can also be negative effects associated with the aerial spraying of crops.

13. Finally, the emergence of illicit drug cultivation and manufacture in residential areas brings with it concern about reduced quality of life for residents, neighbourhood decay and property damage resulting from child endangerment, criminal activity and explosions.

C. Relationship with crime

14. A generation of research has defined three major links between drugs and crime. The first drugs/crime nexus relates to the violence that can be associated with the use of drugs themselves: psychopharmacological crime.

15. Crime committed under the influence of drugs is a major problem worldwide. For example, in a study in Dominica, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines, as many as 55 per cent of convicted offenders reported that they were under the influence of drugs at the time of the offence, with 19 per cent of the same set of offenders saying that they would still have committed the crime even if they had not been under the influence of drugs.

16. The second drugs/crime link is economic-compulsive crime. This is the result of drug users engaging in crime to support their drug consumption and addiction. In the United States, for example, 17 per cent of state prisoners and 18 per cent of federal inmates said they had committed the offence for which they were currently serving a sentence to obtain money for drugs. In the United Kingdom of Great Britain and Northern Ireland, it is estimated that economic-compulsive crime costs approximately $20 billion a year, the vast majority of those costs resulting from burglary, fraud and robbery.

17. The third link is systemic crime: the violence that occurs, for example, as a result of disputes over "drug turf" or fighting among users and sellers over deals gone awry. This has been seen, starkly, in Latin America over the past 10 years, especially in countries such as Guatemala and Mexico, but it is also seen in the streets of every continent throughout the world.

18. Studies show that overall, drug-related crime is costly but varies from region to region. A study in Australia indicated costs of $3 billion a year, and in the United States it is estimated that drug-related crime costs $61 billion annually.

19. All those costs are related to burdens placed on law enforcement agencies and the judiciary, in addition to the increased incarceration rates resulting from behaviour related to drug use, which in the past few decades have grown substantially in many countries.

D. Impact on productivity

20. A further cost of drug abuse that is often cited is the loss in productivity that can occur when drug users are under the influence of drugs or are experiencing the consequences of their drug use (e.g., while in treatment, incarceration or hospital). Studies have put the costs of lost productivity borne by employers at tens of billions of dollars.

Costs from labour non-participation

21. Productivity losses are calculated as work that would be reasonably expected to have been done if not for drug use (a loss of potential income and output and therefore GDP) as a result of a reduction in the supply or effectiveness of the workforce. Lost productivity in the United States as a result of labour non-participation is significant: $120 billion (or 0.9 per cent of GDP) in 2011, amounting to 62 per cent of all drug-related costs. Similar studies in Australia and Canada identified losses of 0.3 per cent of GDP and 0.4 per cent of GDP, respectively. In those two countries, the cost of lost productivity was estimated to be 8 and 3 times higher, respectively, than health-related costs due to morbidity, ambulatory care, physician visits and other related consequences.

Costs from treatment participation, hospitalization, incarceration and premature mortality

22. While in treatment or when incarcerated, drug users may be unable to participate in work, education or training, adding to the economic loss, in addition to the cost of treatment or incarceration. It should be noted that these productivity costs will be lower if job opportunities are already scarce as a whole. In Europe in 2010, 56 per cent of patients entering drug treatment

programmes were unemployed, and that percentage has increased over the past five years.

E. Impact on governance

23. As discussed in chapter I of the Board's annual report for 2010,[8] drug traffickers in countries all over the world corrupt officials at all levels of law enforcement and government in order to continue with their criminal activities unimpeded. As a result, citizens in affected areas often live with compromised law enforcement institutions. Today, this is seen in different continents, where illicit cultivation of cannabis plant, coca bush and opium poppy continue unbridled, resulting in less stable government institutions and the corruption of government officials.

24. It is important to note that these connections may not be straightforward, as weak governance (resulting also from issues not related to drugs) can also lead to more illicit drug crop cultivation, illicit drug production, manufacturing and trafficking and more drug abuse. Traffickers establish new transit routes by exploiting weak governing institutions, financing corruption and terrorism with the gains made by engaging in illicit activity.

F. Impact on specific populations

Children

25. Prenatal exposure to drugs can result in an array of emotional, psychological and physical disorders. Children exposed to illicit drugs after birth may suffer significant problems that require additional care, resulting in both personal expenses and costs to society. Children exposed to drugs are at a significantly higher risk of both physical and sexual abuse as well as neglect and often have higher rates of anxiety, depression, delinquency and educational and attention problems.

26. Parents who abuse drugs are more likely to live in homes in which relatives, friends, and strangers also use drugs, exposing children to possible emotional and physical harm. Additionally, children that have to be removed from such environments are more likely to engage in crime, drug use and delinquency.

27. Drug abuse is of particular concern among street children throughout the world. Studies indicate that street children who use drugs were more likely to have been abused by their parents, have a history of arrests and engage in sex work, exposing them to sexually transmitted diseases.

28. Drug abuse also affects children in conflict areas. In some regions, drugs are used as an instrument to engage and retain children and young people as child soldiers in civil wars, armed conflicts and regional conflicts and in terrorist activities. These children and young people can become subject to physical and sexual abuse, psychological problems, addiction and other harmful consequences.

Women

29. Gender differences have been identified as heavy determinants in the onset of addictive behaviours, including drug abuse. Women are acutely affected by particular consequences of drug abuse, such as sexually transmitted diseases and the consequences of domestic violence, in addition to being more likely to be affected by drug-facilitated crime.

Low-income populations

30. Drug abuse and poverty are often linked in multiple ways. Drug abuse may occur to relieve the stress associated with poverty, chronic social strain and other difficult events. In poorer neighbourhoods, there is often less access to support systems, health care and community organizations.

31. Additionally, the relationship between drugs and poverty can also work in the inverse direction: drug abuse can deplete users' income, leading to a lack of care for family and loved ones and other responsibilities.

G. Alternative policies

32. Some have argued that alternatives to the present control system would result in lower costs. They argue that enforcement costs resulting from the current international drug control regime, not drugs themselves, are the source of most costs.

[8] E/INCB/2010/1.

33. It is unclear, however, that costs related to enforcement would necessarily decrease under policies that are not based on the current international drug control treaties. In addition, it has been shown that government revenue from the legal sale of alcohol and tobacco is less than the economic and health costs of their abuse.

34. Additionally, there might be increased law enforcement costs due to higher crime rates occurring under more permissive laws and control regimes. In many countries, alcohol, not drugs under international control, is responsible for far more arrests (for example, in the United States, in 2012 there were over 2 million alcohol-related arrests—more than the 1.6 million arrests related to all illegal drugs combined). One reason for those higher alcohol-related costs is that in many countries alcohol abuse is far more prevalent than the abuse of substances under international control.

35. It is sometimes argued that criminal organizations might be deprived of revenues if drugs were legalized, as alcohol is. However, those criminal organizations obtain their resources not just from illicit drug sales, and such organizations may enter the licit market while remaining in the illicit market.

36. Legalizing drugs would not ensure that underground markets dealing in them would cease. In fact, today there is a thriving black market for cigarettes in many countries, such as Canada and the United States and in Europe and other regions of the world. For example, it has been shown that from 9 to 20 per cent of the United Kingdom's domestic cigarette market now consists of smuggled cigarettes. In Canada, smuggled cigarettes represent about 33 per cent of all domestic cigarette consumption, although that proportion varies from province to province. In the United States, three quarters of the cigarettes observed in a Chicago neighbourhood as part of a research study had no tax stamp, indicating that they came from black or grey market sources.

37. Emerging data from the State of Colorado of the United States suggest that since the introduction of a widely commercialized "medical" cannabis programme (poorly implemented and not in conformity with the 1961 Convention), car accidents involving drivers testing positive for cannabis, adolescent cannabis-related treatment admissions and drug tests revealing cannabis use have all increased.

38. One can also imagine states having to bear regulation costs of such alternative drug regimes. Costs of regulation include, among other things, monitoring and controlling cultivation, production, manufacturing and distribution, as well as monitoring use, and its impact. This has been seen in state-run medical cannabis programmes in the United States, where states have been unable to manage those new bureaucracies, according to independent audits.

39. If currently controlled substances were regulated as alcohol is in many countries, more people would use them and become addicted, resulting in more adverse consequences.

H. Conclusions, recommendations and best practices to reduce the economic consequences of drug abuse

40. Since drug abuse places such a costly burden upon society in so many domains, it is important to discuss ways in which these costs can be reduced. What can society do to reduce the overall cost of drug abuse? A brief overview of some proven measures follows:

(a) Drug prevention is cost-effective. Generalized universal prevention programmes aim at building strong communities and families, mostly seeking to provide young people with the skills to make healthy choices and decisions. Specific and targeted prevention must also be an aim of Governments. Engaging the broader community in prevention has shown to be successful in preventing drug abuse and reducing its adverse consequences. Community-based approaches have been tried in the Americas and other regions, and early studies indicate they are effective;[9]

(b) For those who have initiated drug abuse but have yet to succumb to dependence, screening and brief interventions and referral to treatment mechanisms may be appropriate. Such services include an initial assessment by general primary care physicians or counsellors to identify at-risk persons, brief advice and, if necessary, referral to treatment;

(c) For individuals with addiction, drug treatment, with behavioural and/or medical interventions, has proven to be effective. While there is a need to protect privacy, treatment should be given in the context of rehabilitation and social reintegration (e.g. therapeutic

[9] United Nations Office on Drugs and Crime, "International standards on drug use prevention", available from www.unodc.org.

communities) and complemented by measures aiming at the reduction of the adverse consequences of drug abuse;

(d) Recovery from drug addiction requires support from family and the community. It should also include education and job training, housing, childcare, transportation to and from treatment and work, case management and spiritual support, as well as relapse prevention, family education, peer-to-peer services and coaching, self-help and support group services. **The Board urges wider application of such strategies recently implemented in various regions;**

(e) A more efficient justice system can deter drug abuse and offer alternatives to incarceration. The principle of proportionality, as the Board discussed extensively in its annual report for 2007,[10] should be respected. Drug treatment courts rely on swift and modest sanctions coupled with treatment and drug testing to promote abstinence from drugs, reduce crime and increase social reintegration. This may require a major reorientation of national drug control and justice policies and may also require significant investments. Such measures have had success among repeat criminal offenders with long drug abuse histories in some regions of the world;

(f) A wide variety of social programmes not directly related to drug abuse have the potential to reduce the economic consequences of drug abuse. For example, vocational training programmes can be targeted so as to reach young people particularly at risk of becoming drug sellers, and interventions can target those vulnerable to homelessness, social deprivation, unemployment and exclusion from educational opportunities. Public housing projects should be designed so as to avoid physical niches that protect retail drug trafficking. While such measures and initiatives require significant investment, they are likely to reap benefits in the long term, not just by reducing the economic consequences of drug abuse but by also yielding benefits in many other domains;

(g) Policies and initiatives against drug trafficking must be integrated into development programmes in all countries, keeping in mind the key goal of strengthening institutions and shared responsibility at all levels of government. As recently highlighted in a major recommendation by the Organization of American States Inter-American Drug Abuse Control Commission in its review of its Hemispheric Drug Strategy, strengthening government institutions is a key strategy for reducing the consequences and costs of drug abuse in all countries;

(h) The Single Convention on Narcotic Drugs of 1961,[11] the Convention on Psychotropic Substances of 1971[12] and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,[13] as well as the Political Declaration adopted by the General Assembly at its twentieth special session,[14] held in 1998, and the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem[15] of 2009 provide a well-established framework to implement the policies mentioned above and, in turn, reduce the economic consequences of drug abuse worldwide. States are urged to scale up their implementation of these evidence-based interventions and strategies with the aim of reducing drug abuse and its consequences. **The Board recommends, to that end, that Governments increase their collaboration, as well as partnerships with relevant international organizations, such as the United Nations Children's Fund.**

[10] E/INCB/2007/1.

[11] United Nations, *Treaty Series*, vol. 520, No. 7515.

[12] Ibid., vol. 1019, No. 14956.

[13] Ibid., vol. 1582, No. 27627.

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

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

Chapter II.

Functioning of the international drug control system

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

41. 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

42. As at 1 November 2013, the number of States parties to the Single Convention on Narcotic Drugs of 1961 or that Convention as amended by the 1972 Protocol[16] stood at 186. Of those States, 184 were parties to the 1961 Convention as amended by the 1972 Protocol. A total of 10 States have yet to accede to the 1961 Convention or that Convention as amended by the 1972 Protocol: 2 States in Africa (Equatorial Guinea and South Sudan), 1 in Asia (Timor-Leste) and 7 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu).

43. The number of States parties to the Convention on Psychotropic Substances of 1971 remained 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).

44. The number of States parties to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 stood at 187. A total of nine States have yet to become parties to that Convention: three States in Africa (Equatorial Guinea, Somalia and South Sudan), one in Asia (Timor-Leste) and five in Oceania (Kiribati, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

45. The Board reiterates the importance of universal application of the international drug control treaties and urges those States that have not yet done so, particularly those in Oceania, 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

46. The Board reviews on a regular basis the drug control situation in various countries and Governments' overall compliance 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.

47. The findings of the review, as well as the Board's recommendations for remedial action, are conveyed to

[16] United Nations, *Treaty Series*, vol. 976, No. 14152.

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.

48. In 2013, the Board reviewed the drug control situation in Kyrgyzstan, the Netherlands, Peru and Timor-Leste, 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) Kyrgyzstan

49. Drug trafficking poses a serious threat in Kyrgyzstan because of the country's proximity to Afghanistan. As a major route for drug trafficking (the so-called "northern route") passes through Kyrgyzstan, the country is used as a transit area for transporting illicit consignments of drugs, primarily heroin and opium, from Afghanistan to countries in the Commonwealth of Independent States and Europe. Opiates originating in Afghanistan are increasingly being smuggled into Kyrgyzstan, crossing the country's border with Tajikistan, which leads through 1,000 kilometres of mostly mountainous terrain.

50. Illicit drug production in Kyrgyzstan poses a significant challenge to the Government's efforts to address the drug problem. In Kyrgyzstan, cannabis plants grow wild on a total of about 10,000 hectares (ha). Cannabis and cannabis resin are illicitly produced in Kyrgyzstan for illicit markets in the country or the region. *Ephedra* plants, used for the illicit manufacture of methamphetamine, also grow wild in the country, on an area covering about 55,000 ha. Kyrgyzstan is experiencing a rise in the abuse of drugs, especially opiates and cannabis, as well as an increase in the abuse of drugs by injection and in HIV infection. Kyrgyzstan's drug control efforts are often hampered by poverty, unemployment, labour migration and corruption.

51. Kyrgyzstan, a party to the three international drug control treaties, has gradually strengthened its efforts in drug control since 1991, when it gained its independence. The country has adopted national drug control legislation in line with the international drug control treaties and designated the State Drug Control Service as the competent national authority responsible for the implementation of the treaties. In 2011, Kyrgyzstan established a national committee for drug control coordination. Various measures aimed at the prevention of HIV infection and drug addiction among adolescents and young people are being implemented by the Ministry of Education and Science and the Ministry of Health and by a range of non-governmental organizations.

52. The Board notes, however, that Kyrgyzstan has yet to update its last national drug control strategy, which covered the period 2004-2010. The Board encourages the Government of Kyrgyzstan to adopt a comprehensive and well-balanced national drug control strategy—one that sets clear goals and allocates resources to the prevention of drug abuse and the treatment and rehabilitation of drug-dependent persons, as well as to law enforcement. The Government should continue to cooperate closely with international partners, including the United Nations Office on Drugs and Crime (UNODC) and the donor community, to combat drug trafficking and reduce the illicit demand for drugs on its territory.

53. The Board notes with appreciation that the Government of Kyrgyzstan has been effectively cooperating with the Board and has been complying with its reporting obligations under the international drug control treaties.

(b) Netherlands

54. The Board has long-standing concerns regarding certain drug control policies adopted by the Government of the Netherlands, in particular the policy that allows small amounts of cannabis to be sold and abused in so-called "coffee shops". The Board is also concerned about the operation of so-called "drug consumption rooms", facilities where drug addicts can abuse drugs.

55. Over the years, the Board has maintained an ongoing dialogue with the Government of the Netherlands on those and other issues. At the request of the Government, the President and the Secretary of the Board met with a delegation from the Netherlands in March 2013 to discuss the drug control situation in that country, in particular the latest policy developments regarding "coffee shops". The delegation informed the President that some progress had been made: the Opium Act had been amended over the years, particularly with respect to the provisions prohibiting trade and production. In June 2006, the maximum penalty for some offences established pursuant to the Opium Act had been increased and the elements "intentional contravention" and "large quantities" had been added to sections 10 and 11 of the Act. In November 2008, a large number of hallucinogenic mushrooms had been added to schedule II of the Opium Act and a ban on hallucinogenic mushrooms had entered into force.

56. The Board was also informed that, as at 1 January 2012, the policy for "coffee shops" had become stricter: access to "coffee shops" had been restricted to residents of the Netherlands aged 18 and older. The stricter policy rules, which had originally applied to "coffee shops" only in the southern provinces of Limburg, North Brabant and Zeeland, had been applied to all "coffee shops" in the Netherlands since 1 January 2013. The new system of control required persons purchasing cannabis in "coffee shops" in border areas of the country to present proof of residence in the form of a standard residence certificate issued by the municipality, together with their identification card. The Board notes the measures taken by the Government of the Netherlands to implement stricter policies towards "coffee shops" and calls upon the Government to step up its efforts to ensure the full compliance of the Netherlands with the provisions of the international drug control treaties.

57. The Board notes that drug policy remains an issue of high priority in the Netherlands and that the Government continues to spend considerable resources in drug control, including in drug demand reduction. The control of licit activities involving narcotic drugs, psychotropic substances and precursor chemicals in the Netherlands is strict and effective, and the Government has cooperated closely with the Board on most issues. The Government has continued to strengthen law enforcement efforts to address the problem of illicit manufacture of amphetamine-type stimulants, in particular 3,4-methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy"), and to cooperate with the Board in joint operations to improve precursor control.

58. The Board trusts that the Government of the Netherlands will also review its policy on "drug consumption rooms" and urges the Government to take the measures necessary to ensure full compliance with the international drug control treaties.

59. The Board appreciates the cooperation it has received from the Government and the detailed information provided to the Board regarding the drug control situation in the Netherlands and looks forward to continuing its ongoing dialogue with the Government on issues related to drug control.

(c) Peru

60. The Board notes that, following its continuous dialogue with the Government of Peru over the past few years, the Government has improved its level of cooperation with the Board. The Government is committed to following an integrated approach to ensuring that controlled substances are handled effectively and that their diversion from licit distribution channels is countered by effective control measures. The Government has adopted a comprehensive drug control strategy, which places emphasis on alternative development, and increased its efforts in the eradication of illicit coca bush cultivation. The Board also notes that the Ministry of Health of Peru has drafted a new directive to ensure adequate availability of narcotic drugs and psychotropic substances for medical purposes in the entire country.

61. The Board notes, however, that the traditional habit of chewing coca leaf has not yet been abolished in Peru, as required under the 1961 Convention as amended by the 1972 Protocol. Some of the industrial uses of coca leaf by the national coca enterprise, such as the manufacture of coca tea, coca soap and coca flour, are not in conformity with the provisions of the 1961 Convention as amended by the 1972 Protocol.

62. Furthermore, the Board notes with concern that despite the coca bush eradication efforts of the Government and the fact that it has taken a lead role in promoting alternative development, Peru became the world's largest producer of coca leaf with a total area of coca cultivation reaching 60,400 ha in 2012. The available data show an increasing trend in illicit coca bush cultivation after 2005, which continued until 2012, when some stabilization and a small reduction were recorded.

63. Following its high-level mission to Peru in May 2012, the Board communicated its recommendations to the Government for implementation. The Board trusts that the Government will attach great importance to those recommendations to ensure that progress is made in addressing drug-related problems particularly with regard to the prevention and reduction of illicit cultivation of coca bush and trafficking of cocaine in the country.

(d) Timor-Leste

64. Timor-Leste, a relatively young country, having gained its independence in 2002, is reportedly being used as a transit area for smuggling drugs such as methamphetamine, "ecstasy", cannabis, cocaine and heroin into Australia and Indonesia. Pharmaceutical preparations containing pseudoephedrine and ephedrine are readily available in numerous pharmacies without adequate regulatory control. The weak and inadequate legal and institutional frameworks in Timor-Leste make the country particularly vulnerable to drug trafficking and abuse.

65. Until 2012, the Government of Timor-Leste had not considered drug trafficking and abuse to be matters requiring immediate attention. However, several significant drug-related arrests and the seizure of large amounts of drugs at the country's international airport and at points along its border with Indonesia in 2012 seem to have alerted the Government of Timor-Leste to the need to address drug control issues. Timor-Leste has yet to adopt national drug control legislation and to put in place a national mechanism for drug control coordination. Implementation of the drug control measures required under the international drug control treaties is severely hindered by the lack of human resources and technical tools such as laboratories and forensic equipment.

66. Timor-Leste is one of the few States in the world that have not acceded to any of the three international drug control treaties. The Board is concerned that failure to accede to those treaties may not only weaken the collective efforts of the international community to prevent the diversion of internationally controlled substances into illicit channels but also expose Timor-Leste to the dangers of drug abuse, drug trafficking and related forms of crime.

67. The Board notes that the Government of Timor-Leste has been taking steps towards ratification of the 1988 Convention. While it welcomes this positive development, the Board urges the Government to address the remaining obstacles to ratification and to ensure that Timor-Leste accedes to all three of the international drug control treaties as soon as possible. The Board calls upon the international community to provide the required assistance to the Government to enable Timor-Leste to ratify and implement those treaties.

3. Country missions

68. 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 that it visits, thereby enabling the Board to provide Governments with relevant recommendations and to promote treaty compliance.

69. Since the previous report of the Board, the Board has sent missions to the following countries: Benin, Cambodia, Canada, Haiti, Indonesia, Kenya, Lao People's Democratic Republic, Malaysia, Mozambique and Singapore.

(a) Benin

70. A mission of the Board visited Benin in July 2013. Since the Board's previous mission to the country, in 1995, Benin has ratified the 1988 Convention; it is now a party to each of the three international drug control treaties. The Board notes with appreciation that the Government is fully committed to the objectives of the treaties. National legislation and administrative regulations provide a good basis for the implementation of the provisions of the treaties. The drug control structures of the Government are in place, though their capacity needs to be strengthened.

71. Benin, owing to its location and the importance of the port of Cotonou, continues to be used by traffickers as a transit country for illicit drug consignments. In Benin, there is limited illicit cultivation of cannabis plants in some parts of the country, and the abuse of cannabis is common. The abuse of pharmaceutical preparations containing controlled substances is also a problem, but the most widely abused preparation is tramadol, an opioid analgesic not under international control.

72. The Board notes that good cooperation and joint action involving Beninese law enforcement authorities and their counterparts in neighbouring countries has led to successful operations and drug seizures.

73. During the 2013 mission, members of the Board discussed with Beninese authorities ways to improve the accuracy of their reporting on licit activities involving substances under international control, in particular psychotropic substances licitly manufactured in Benin. The issues discussed included the low availability of opioid analgesics for medical purposes and measures to increase the rational use of those substances and to address the abuse of tramadol.

(b) Cambodia

74. A mission of the Board visited Cambodia in December 2012 to review the compliance of Cambodia with its obligations under the three international drug control treaties, which that State has signed (although it has yet to invoke article 12, paragraph 10 *(a)*, of the 1988 Convention), and to monitor progress made in implementing the recommendations made by the Board during its previous mission to that country, in 2003.

75. Since the 2003 mission of the Board, the Government of Cambodia has focused its drug control efforts and prioritized the use of law enforcement resources in tackling drug abuse. Those issues have also been actively supported at a high political level. A new law on drug control was promulgated on 2 January 2012 with a view to building on the progress achieved since the 2003 mission of the Board, including by addressing the issues of drug abuse and drug-related offences and by more effectively implementing the international drug control treaties.

76. While noting those positive developments, the Board remains concerned by the fact that, since 2003, Cambodia has increasingly been used as a regional hub for the transport of illicit consignments of heroin, cocaine and methamphetamine; moreover, there have been indications of illicit methamphetamine manufacture in the country. The Board is also concerned that the Government has not devoted sufficient resources to tackling drug traffickers at higher levels, as lower-level drug traffickers and drug abusers continue to be the primary targets of drug control efforts in Cambodia and drug abusers are being treated in compulsory treatment centres. The Board urges the Government of Cambodia to continue developing community-based programmes for the treatment of drug abusers throughout the country. The Board also urges the Government to take further action to ensure adequate availability of opioid analgesics for use in the treatment of pain.

(c) Canada

77. In May 2013, a mission of the Board visited Canada. The Board's last mission to Canada had been carried out in 2003. Canada is a party to each of the three international drug control treaties, and the Government has repeatedly expressed its commitment to working with the Board to ensure full implementation of the country's treaty obligations. Canada continues to experience high levels of abuse of prescription drugs among all age groups. In addition, the prevalence of drug abuse in Canada, in particular cannabis abuse among youth, continues to be high. Furthermore, weaknesses in the national control measures applicable to "medical cannabis" have increased the risk of diversion of cannabis into illicit channels.

78. The 2013 mission of the Board discussed Canada's drug control framework with particular emphasis on the above-mentioned issues of concern. The Board notes with appreciation that several measures have been taken by the Canadian authorities to address the problem of the abuse of prescription drugs, including the adoption of the first comprehensive Government strategy to address the problem and the staging of Canada's first national initiative for returning unwanted, unused or expired prescription drugs. The Board also notes the country's comprehensive overhaul of regulations governing its "medical cannabis" scheme, which includes the phasing out of production of cannabis for personal use and the bolstering of measures to prevent the diversion of cannabis into illicit channels. Finally, the Board recognizes the work done by Canadian authorities in working with aboriginal stakeholders to develop culturally appropriate initiatives for the prevention of drug abuse and the treatment and rehabilitation of drug-dependent persons.

79. Despite those positive developments, the Board continues to be concerned about the high prevalence of drug abuse among the general population and especially among youth and encourages the Canadian authorities to bolster efforts to prevent drug abuse, including campaigns to raise public awareness about the adverse health effects of drug abuse. The Board also encourages the Canadian authorities to invest additional resources in the preparation of national studies on the prevalence of drug abuse. Finally, the Board calls upon the Government of Canada to ensure the provision of adequate resources for aboriginal health initiatives.

(d) Haiti

80. A mission of the Board visited Haiti in April 2013. A mission of the Board had previously visited Haiti in 2001, and a technical mission had visited the country in 2007. In addition to having not yet ratified the 1971 Convention, Haiti is faced, among other things, with the challenge of creating a more effective and flexible drug control system to replace the current one, providing more effective monitoring of pharmaceutical preparations containing controlled substances.

81. The Board's 2013 mission discussed with the Government of Haiti its efforts to combat drug trafficking and related criminal activities, in particular money-laundering. That was a key issue for legislators, who were debating the drafting of new legislation on the matter. While noting that great strides had been made in developing the police service of Haiti, the mission urged the Government to ensure that any new legislation to counter money-laundering was compliant with the recommendations of the Financial Action Task Force (FATF) and to continue its active support of reform relating to the judiciary and the legal code.

82. The Board has noted that the Government of Haiti needs to do more to ensure the availability of controlled substances, in particular opioids, for medical purposes. It should also work with the donor community to build new facilities for the treatment of drug-dependent persons, to develop programmes to reduce the illicit drug demand and educate the public about the dangers of drug abuse, to provide effective alternatives to the uncontrolled sale of medicines by street vendors and to ensure the safe disposal of seized, counterfeit and out-of-date pharmaceutical preparations.

(e) Indonesia

83. A mission of the Board to Indonesia in September 2013 reviewed the situation in the country since the Board's last mission, in 2004. The aim of the 2013 mission was to follow up on the progress made in the country since the Board's last mission, specifically, regarding adequate availability of opioid medication for pain and palliative care; to assess changes in the current drug situation in the country; to review the drug treatment system; to inform the Government about available INCB tools to counter trafficking in precursors; and, ultimately, to examine the Government's efforts to comply with obligations under the three international drug control conventions.

84. Access to opioid medication for pain and palliative care, while improving, continues to be limited. Abuse of amphetamine-type stimulants—primarily methamphetamine—continues to increase in the country. The drug treatment system provides a variety of treatment modalities and rehabilitation and aftercare services through a number of Government ministries and non-governmental organizations. While treatment capacity has increased, greater capacity is needed to address the size of the drug-abusing population and the needs of specific populations, such as by providing gender-specific treatment services for females.

85. The Government is encouraged to expand its use of the tools available to counter trafficking in chemicals, such as establishing annual legitimate requirements for the import of ephedrine and pseudoephedrine in the form of pharmaceutical preparations, registering focal points with the INCB Precursors Incident Communication System (PICS), and actively using the Pre-Export Notification Online (PEN Online) system for exports of all precursors, regardless of their physical form.

(f) Kenya

86. A mission of the Board visited Kenya in June 2013. The primary focus of the mission was to discuss with the relevant authorities the compliance of Kenya with its obligations under the three international drug control treaties, the availability of opioids for use in palliative care, issues related to precursor control and utilization of the Board's tools for countering precursor trafficking and illicit drug manufacture.

87. Several developments have taken place in Kenya since the Board's previous mission to the country, in 2002. The Government ensures standards of care and licensing for all centres for the treatment of drug-dependent persons; and the second national household survey on drug abuse was completed in 2012, making Kenya one of only a handful of countries in Africa that have made reliable assessments of the drug abuse situation. However, access to opioids for palliative care was found to be very poor in Kenya, and the Government is encouraged to find ways to ensure the rational use of opioids.

88. There are indications that the abuse of heroin and other drugs by injection is increasing in Kenya, particularly along the coast and in large urban centres. In Kenya, the availability of services for the treatment of persons who abuse drugs by injection is low compared with the estimated number of such persons, and that is of particular concern given the increased likelihood of the spread of blood-borne diseases.

89. While Kenya is a party to each of the three international drug control treaties, its national drug control legislation, adopted in 1994, has not kept pace with changes in drug trafficking and illicit drug manufacture in the country. There is no national drug control authority and the Government has never adopted a national drug control strategy, despite the fact that those problems were identified during the 2002 mission of the Board. Lack of coordination among the various branches of the Government involved in drug control continues to be a cause for concern; and that problem is compounded by the country's resource shortages and the limited capacity of staff in many national agencies and has resulted in the Government's inability to prosecute drug-related cases swiftly and successfully.

(g) Lao People's Democratic Republic

90. A mission of the Board visited the Lao People's Democratic Republic in March 2013, 10 years after the previous mission of the Board to that country. The

Lao People's Democratic Republic has long been associated with illicit opium poppy cultivation and opium trafficking. It is in a vulnerable position because of the increasing abuse of amphetamine-type stimulants, both in the country and in the region, and because it is used as a transit country for drug trafficking in the region. In recent years, the situation has worsened, as the illicit cultivation of opium poppy and the abuse of and trafficking in amphetamine-type stimulants have been increasing.

91. During discussions with Lao officials, the Board's mission expressed concerns about the upsurge in illicit opium poppy cultivation and opium trafficking in the country. It was noted that although the Lao People's Democratic Republic had ratified the international drug control treaties, it had not yet invoked article 12, paragraph 10 *(a)*, of the 1988 Convention. The Government was urged to address that issue, so that it could build on the success of its opium poppy eradication programme. The Government was also strongly encouraged to finalize the national drug control master plan for the period 2014-2019 and to take steps to ensure adequate availability and rational use of pain-relieving medication and increase the number of trained and qualified professionals who could administer opioid analgesics. The issue of treatment of drug addicts was also raised. It was recommended that community-based programmes for the treatment of drug addicts should be expanded, that persons should be admitted to such treatment programmes on a voluntary basis and that decisions on whether a person could enter or be discharged from such treatment programmes should be made by professional health-care staff.

(h) Malaysia

92. A mission of the Board visited Malaysia in September 2013. Malaysia continues to be used as a transit country for illicit drug consignments destined for illicit markets in other countries. However, increased illicit demand for drugs, particularly amphetamine-type stimulants, in Malaysia has resulted in drugs being smuggled into the country by organized criminal groups. The illicit manufacture of synthetic drugs in Malaysia has also increased in recent years. Malaysia has a coastline that is 4,675 km long; that, together with the country's geographical location, poses a significant challenge for law enforcement authorities, particularly in the area of border control.

93. Malaysia is a party to each of the three international drug control treaties. The national drug control legislation is considered to be comprehensive, covering the prevention of drug abuse and the treatment and rehabilitation of drug-dependent persons, a reflection of the seriousness of the Government's efforts to curb drug abuse and trafficking. The Government is implementing the national drug control strategy in an effort to ensure full compliance with the international drug control treaties and has made significant progress in some areas. In 2010, Malaysia took significant steps to move away from regimented treatment and rehabilitation of drug-dependent persons and to move towards a voluntary, open-access and comprehensive approach to such treatment and rehabilitation, within the framework of the Government Transformation Programme, a broad-based initiative aimed at addressing key areas of concern to the public, including drug abuse.

94. The diversion and misuse of psychotropic substances and prescription drugs remain a source of concern to the Government of Malaysia. Efforts continued to be made to address those problems, as evidenced by a series of legislative and administrative measures taken by the Government in recent years. The Government is committed to fulfilling its obligations under the international drug control treaties and has enhanced cooperation among law enforcement agencies aimed at preventing the diversion and misuse of psychotropic substances and prescription drugs.

(i) Mozambique

95. A mission of the Board visited Mozambique in December 2012. Mozambique is a party to all three international drug control treaties. The Board notes that, after its previous mission to Mozambique, in 1997, the Government had made some progress in certain areas of drug control, including the adoption of national drug control legislation, the establishment of a national committee for drug control coordination and the adoption of a strategic plan for preventing drug abuse and combating drug trafficking for the period 2010-2014. While those important steps have demonstrated the Government's commitment to drug control, significant challenges remain.

96. Mozambique continues to be used as a transit country for illicit consignments of drugs such as cannabis resin, cannabis herb, cocaine and heroin, destined for Europe, and methaqualone (Mandrax), destined primarily for South Africa. The Government is aware of the challenge posed by drug trafficking and has taken some steps to address that challenge, such as strengthening land and sea border control, enhancing law enforcement

capacity and carrying out drug abuse prevention activities targeting young persons. However, the Government lacks the capacity and resources to effectively counter the transit traffic.

97. Although the abuse of drugs, particularly cannabis, appears to be significant in Mozambique, 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 inadequate. There is a need for the Government to take the measures necessary to address those problems.

(j) Singapore

98. The Board undertook a mission to Singapore from 30 September to 2 October 2013. The mission established a dialogue with officials regarding the situation and efforts related to countering drug trafficking, reviewed legislative measures and administrative policies for drug and chemical control that had been introduced in the country, and discussed issues related to opiate availability in palliative care and the provision of drug abuse treatment services.

99. Since the Board's last mission to Singapore in 1995, several notable developments have taken place. Singapore signed the 1988 Convention in 1997 and implemented precursor controls, making active use of INCB tools to counter trafficking in precursors. Amphetamine-type stimulants have become increasingly problematic, and, most recently, the abuse of new psychoactive substances has emerged. In response, the Government introduced temporary scheduling measures for generic groups of substances, which included several new psychoactive substances, such as synthetic cannabinoids.

100. Heroin abuse is on the increase, driven in large part by drug offenders who continue to struggle with their addiction after their release from prison. There is no opioid substitution therapy in Singapore. Drug treatment in the country is compulsory, but treatment capacity has been expanded, allowing access to services with little delay. A broad range of treatment modalities targeting individual user's needs and addressing the risk of reoffending are available, and aftercare and reintegration support are comprehensive.

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

101. 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 2013, the Board invited the Governments of the following six countries, to which it had sent missions in 2010, to provide information on progress made in the implementation of its recommendations: Croatia, Gabon, Guatemala, India, Lebanon and Myanmar.

102. The Board wishes to express its appreciation to the Governments of Croatia, Guatemala, India, Lebanon and Myanmar for submitting the information requested. Their cooperation facilitated the Board's assessment of the drug control situation in those countries and the Governments' compliance with the international drug control treaties.

103. In addition, the Board reviewed the implementation of the recommendations it had made following its 2009 mission to Australia, as the Government had not provided the requested information in time for review in 2012.

104. The Board notes that the Government of Gabon has yet to provide information on progress made in the implementation of the Board's recommendations following its 2010 mission to that country. The Board urges the Government to provide the requested information as soon as possible.

(a) Australia

105. The Board notes that the Government of Australia continues to allocate adequate resources for the development and implementation of effective drug control policy and initiatives. Australia has implemented the legislative frameworks necessary for the control of narcotic drugs, psychotropic substances and precursors, as required under the international drug control treaties. Australia has adopted a coordinated and integrated approach to drug control issues that utilizes the National Drug Strategy 2010-2015 (the three pillars of which are demand reduction, supply reduction and harm reduction) and the National Drugs Campaign.

106. The Board welcomes the successful implementation in Australia of the law enforcement initiatives to prevent and combat trafficking in drugs and their

precursors. Extending until 2015 the National Amphetamine-Type Stimulant Strategy 2008-2011 enabled the continuation of efforts aimed at reducing the availability of and illicit demand for amphetamine-type stimulants while preventing their abuse and the associated harm in Australia. During the period 2010-2011, intelligence operations carried out by the law enforcement agencies of Australia in relation to trafficking in amphetamine-type stimulants and cocaine resulted in, among other things, the identification of the organized criminal groups involved and the emerging threats posed by those drugs; in addition, the intelligence operations led to the investigation of related cases involving money-laundering. The Government has worked on improving measures used for the detection, deterrence and disruption of cross-border drug trafficking. In particular, Operation Bergonia, carried out by Australian law enforcement agencies, resulted in the seizure of 464 kg of cocaine in 2010, the third largest single seizure of that drug in Australia.

107. The Government of Australia has continued its efforts to promote rational use and adequate availability of opioids for legitimate purposes, while preventing their diversion into illicit channels. The Government closely monitors and regulates the production of opiate raw material, as well as the use of preparations containing narcotic drugs, in the country. Australia is developing its first national strategy to reduce the misuse of pharmaceutical drugs and the associated harm while enhancing the quality use of such drugs.

108. The Board notes the efforts of the Government of Australia in facilitating bilateral, regional and international cooperation in drug control. In particular, the law enforcement authorities of Australia have been engaging with their counterparts in the region and beyond in building effective partnerships to combat transnational organized crime, including the smuggling of persons, as well as drugs, across borders. Recent achievements include the establishment of a liaison office of the Australian Federal Police within the National Narcotics Board of Indonesia and the interception of illicit shipments of narcotic drugs as a result of collaboration with the Anti-Narcotics Force of Pakistan. The Australian Customs and Border Protection Service has continued to carry out a range of activities designed to strengthen the border management capabilities of Asia-Pacific countries, including through the South-East Asian border security programme. The Board appreciates the efforts of the Government of Australia in promoting regional and international cooperation and providing assistance in building the capacity of countries to prevent and combat illegal cross-border activities, including drug trafficking.

109. The Board notes with concern that a "medically supervised injecting centre" continues to operate in Sydney, Australia. The operation of the centre on a trial basis commenced in May 2001, and legislation adopted at the state level in October 2010 made the centre a permanent fixture. The Board wishes to reiterate its view, which has been communicated to the Government of Australia on several occasions, that facilities in which persons can abuse with impunity illegally acquired drugs contravene the principle of the international drug control treaties that drugs should be used only for medical and scientific purposes.

(b) Croatia

110. The Board notes that progress has been made in drug control by the Government of Croatia following the mission of the Board to that country in 2010. Prior to becoming a member of the European Union, Croatia worked to harmonize its national legislation with European Union legislation in the area of drug control. The Government adopted the national strategy on combating drug abuse for the period 2012-2017. Additional resources were provided to the office for combating drug abuse, and training was provided to its staff, in cooperation with European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and other relevant institutions of the European Union. With the support of EMCDDA, the Ministry of Health of Croatia conducted a survey on the prevalence of use of various drugs among the general population. The Board encourages the Government of Croatia to continue its efforts in that area, particularly with regard to the setting up of a standardized national monitoring system for systematically reporting on the prevalence and nature of drug abuse in the country.

111. In Croatia, the adoption of a new criminal code, which entered into force on 1 January 2013, has made an important change in the legal framework related to combating drug abuse. Provisions relating to drug-related crime have been amended, and provisions relating to the implementation of measures for the treatment of drug addiction have been updated. One of the novelties of the criminal code is that it contains a provision relating to offences committed in an educational institution or its immediate vicinity. Its long coastline and national borders make Croatia attractive to drug traffickers, who use it as a trans-shipment area for smuggling controlled substances. The Board notes the measures implemented by the Government to increase the capacity of law enforcement authorities to combat drug trafficking and organized crime, in cooperation with their counterparts in

other countries and relevant international organizations. The Board encourages the Government to continue its efforts in that direction so that border control activities to counter drug trafficking can be enhanced.

112. The Ministry of Health of Croatia needs to address the problem of funding therapeutic communities and treatment centres for drug addicts and to provide training for health-care professionals working in that area. The Board encourages the Government of Croatia to provide adequate resources for the continued development of services for the treatment and rehabilitation of drug addicts in the country and to ensure that such persons have access to a full range of treatment options. The Government should also implement more effective measures to prevent methadone and buprenorphine from being diverted from substitution treatment programmes into illicit channels.

113. While the level of consumption of narcotic drugs used for the treatment of pain in Croatia has increased steadily over the past decade, it remains relatively low, in particular when compared with the consumption level in many other member States of the European Union. The Board recommends that the Government of Croatia should undertake an assessment of the medical requirements for narcotic drugs in the country and identify whether there are any impediments to the availability of those drugs and, if so, take steps to ensure that those impediments are removed. The Board trusts that the Government will continue strengthening its drug control efforts. The Board stands ready to continue its dialogue with the Government and, if necessary, to provide assistance.

(c) Guatemala

114. The Board notes that, following its mission to Guatemala in 2010, the Government has taken steps to implement the Board's recommendations, particularly in the area of law enforcement. The Government has expanded the drug control functions of the Ministry of the Interior through the Fifth Vice-Ministry of the Interior, established the legal framework for exercising those functions and strengthened the Counter-narcotics Analysis and Information Division, part of the General Directorate of the National Civil Police. The Board trusts that those steps will contribute to strengthening the Government's capacity to address drug trafficking and related corruption and violence.

115. In Guatemala, efforts have also been made in the area of precursor control. Authorities of Guatemala use the PEN Online system on a regular basis. In January 2012, a committee on precursors was established, comprising all relevant institutions in Guatemala, such as the National Security Council, the Ministry of Health, the Ministry of the Interior, the National Institute of Forensic Sciences, the Supreme Court of Justice, the Ministry of Public Finance and the Public Prosecution Service, thus facilitating inter-institutional coordination on issues relating to precursor control. In 2013, the Government established a unit for monitoring precursors and chemical substances, demonstrating its commitment to the aims of the international drug control treaties.

116. Guatemala has participated in the Container Control Programme, implemented jointly by UNODC and the World Customs Organization, and has established a joint unit under the Programme to carry out operations relating to the control of narcotic drugs and psychotropic substances in maritime ports.

117. The Board notes, however, progress is lacking in other areas where it has made recommendations to the Government of Guatemala, such as the introduction of reliable data-processing systems for the control of licit activities involving internationally controlled substances, the issue of availability of opioids for the treatment of pain, as well as the prevention of drug abuse and the treatment and rehabilitation of drug-dependent persons. The Board encourages the Government of Guatemala to take the steps necessary to ensure that progress is also made in those areas.

(d) India

118. The Board notes the efforts made by the Government of India in the implementation of the Board's recommendations following its mission to that country in 2010, demonstrating the continued commitment of the Government to the aims of the international drug control treaties.

119. In particular, increased efforts have been made in India to control licit activities involving narcotic drugs, psychotropic substances and precursors. In 2013, the Government of India issued an order on narcotic drugs and psychotropic substances, replacing the 1993 order. The 2013 order adds new substances to schedules and introduces new provisions, such as measures for the import and export of preparations containing ephedrine or pseudoephedrine, as well as codeine-based pharmaceutical preparations. The Government has decided to amend national legislation with a view to addressing the issue of divergent regulatory provisions in different states,

thereby ensuring India's compliance with the international drug control treaties on its entire territory. The Government is currently looking into the issue of Internet pharmacies and developing a system for the online registration and submission of returns by manufacturers of psychotropic substances; the system is to be fully functional by December 2013. Preparations are being made for a system for narcotic drugs.

120. A series of measures have been taken by the Government of India to strengthen law enforcement capacity. Additional regional offices have been opened and a committee has been established to assess and upgrade the capacity of existing forensic laboratories. Continued efforts have also been made to curb the illicit cultivation of opium poppy. Satellite imagery is being used for the identification of areas under illicit opium poppy cultivation; that is followed by opium poppy eradication efforts undertaken jointly by law enforcement agencies at the national and state levels. State governments have been called upon to identify areas with a tradition of illicit opium poppy cultivation and to make plans for alternative development programmes as required.

121. Furthermore, steps have been taken by the Government of India in the area of demand reduction. A pilot survey on drug abuse is being carried out in a number of states, following a similar pilot survey conducted in 2010, with a view to further defining the efficacy of the sampling design and survey methodology. The results of the more recent pilot survey are expected to be available by June 2014 and will then be used as the basis for a nationwide survey. In addition to the integrated rehabilitation centres for addicts, which provide counselling, treatment and rehabilitation services for drug-dependent persons, 122 centres or units for the treatment of such persons are located in hospitals throughout the country. A project has been initiated to provide training for doctors involved in detoxification and treatment programmes, and financial support is being provided to major hospitals in the country to strengthen their capacity in that area.

122. The Board welcomes the measures taken by the Government of India in various areas of drug control and encourages the Government to continue those efforts. In particular, the Government should take further steps towards full compliance with its reporting obligations as required under the international drug control treaties. Additional efforts should be made to prevent the abuse of drugs and to prevent, in conformity with the provisions of the 1961 Convention, the misuse of, and illicit traffic in, the leaves of the cannabis plant.

(e) Lebanon

123. The Government of Lebanon has acted upon the recommendations made by the Board following its 2010 mission to the country, and progress has been made in some areas. The Government has adopted a law to combat money-laundering. It has also established a special commission of inquiry and an office for combating financial crimes and a public prosecution service to combat such crime. Numerous drug-related awareness-raising and counselling activities involving bodies such as educational institutions and municipalities have been organized.

124. The Government of Lebanon has indicated that controlled opioid analgesics used for medical treatment are available without undue restrictions, and patients can obtain the medicine in pharmacies and hospitals using a prescription issued by a physician. Data available to the Board suggest that some progress has been made by the Government in that area.

125. The Board, while acknowledging the above-mentioned positive developments in drug control in Lebanon, notes with concern that the country still lacks a comprehensive national drug control strategy. In addition, progress has yet to be made in implementing the Board's recommendations with regard to effective inter-ministerial drug control coordination and cooperation as well as measures to counter activities involving counterfeit Captagon tablets. The Board encourages the Government to continue its drug control efforts and, in particular, to take the steps necessary to ensure that a national drug control strategy is adopted as soon as possible and to take additional measures to counter the illicit cultivation of drug crops and trafficking in and abuse of drugs.

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

126. Article 14 of the 1961 Convention (and that Convention as amended by the 1972 Protocol) and article 19 of the 1971 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.

127. 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 have 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 a decision by the Board to terminate action taken under those articles vis-à-vis those States.

128. 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

129. Consultations between the Board and the Government of Afghanistan pursuant to article 14 of the 1961 Convention continued in 2013. On 12 March 2013, the President of INCB met with Zarar Ahmad Muqbel Osmani, Minister of Counter Narcotics of Afghanistan and Head of the Afghan delegation to the fifty-sixth session of the Commission on Narcotic Drugs. The Minister updated the Board on the current drug control situation in Afghanistan, highlighting challenges the Government was facing in addressing the drug problem in the years ahead, particularly in view of the forthcoming conclusion of the International Security Assistance Force (ISAF) mission in Afghanistan in 2014. The President of the Board, while noting difficulties in addressing the drug problem, reiterated Afghanistan's obligations to ensure that progress was made under article 14 of the 1961 Convention.

130. The Secretary of the Board met with the Permanent Mission of Afghanistan in Vienna on a number of occasions during the year to follow up on the Government's implementation of the international drug control treaties. The meetings focused on issues of concern to the Board relating to Afghanistan, particularly with regard to the lack of progress in the prevention and reduction of illicit opium poppy cultivation, the worrying trend of illicit cannabis plant cultivation and the increased drug abuse and illicit trafficking.

131. At the request of the Government of Afghanistan, the secretariat of the Board provided training to the Afghan regulatory and law enforcement agencies in Kabul in December 2012, in cooperation with the UNODC country office in Afghanistan. The training, aimed at improving Afghanistan's capacity with regard to treaty compliance, covered various aspects of drug control, including the functioning of the international drug control treaties and the treaty-based reporting obligations. The training provided a favourable opportunity to discuss with the Afghan authorities the practical implementation of the provisions of the drug control treaties.

Current drug control situation in Afghanistan

132. Recent years have witnessed a deteriorating situation with regard to illicit cultivation of opium poppy in Afghanistan. The total areas under opium poppy cultivation have increased for three consecutive years since 2009/10, when illicit opium poppy cultivation stood at 123,000 ha. The high sale price of opium and the deteriorating security situation have been the main reasons for farmers engaging in that illicit cultivation.

133. In 2013, the total area under illicit opium poppy cultivation reached a record level of 209,000 ha, an increase of 36 per cent compared with 2012 (153,000 ha). The southern and western regions continued to be the centre of illicit opium poppy cultivation, accounting for 89 per cent of the total cultivation in the country. Despite low yields, potential illicit production of opium also increased, by 49 per cent, from 3,700 tons in 2012 to 5,500 tons in 2013, due to the extremely high level of cultivation.

134. The Governor-led eradication of opium poppy continued in 2013, involving 18 provinces in Afghanistan as in the previous year. However, the total area of opium poppy eradicated declined to 7,323 ha, a decrease of 24 per cent as compared with 2012 (9,672 ha). The level of eradication in 2013 accounted for only 3.5 per cent of the total area of opium poppy under cultivation in Afghanistan. The areas eradicated in the three largest poppy-growing provinces, namely Farah, Helmand and Kandahar, were negligible, particularly in view of the high level of opium poppy cultivation in those provinces.

135. Illicit cultivation of cannabis plant and production of cannabis resin remain a significant challenge in drug control in Afghanistan. In 2012, the total area under cannabis plant cultivation was estimated at 10,000 ha, a 17 per cent decrease as compared with 2011. The total production of cannabis resin, however, increased by 8 per cent, reaching 1,400 tons because of the higher yields achieved. Like the opium poppy cultivation, most of the cannabis plant cultivation was concentrated in the southern provinces of Afghanistan, accounting for some 54 per cent, and, to a lesser extent, in the east and north of the country. The lucrative nature of cannabis plant cultivation has led to an increased number of farmers engaging in the illicit cultivation of both opium poppy and cannabis plant.

136. The Board notes that the eradication campaign carried out in Uruzgan province in 2012 resulted in a significant reduction in cannabis plant cultivation in that province, to less than 100 ha from more than 1,000 ha in 2011. The Board, while welcoming this development, remains concerned about the lack of progress in various areas of drug control in the country and urges the Government of Afghanistan to effectively implement the concrete measures that have been adopted in the context of anti-drug trafficking, alternative development and drug demand reduction.

Cooperation with the Board

137. The Government's cooperation with the Board has improved in recent years. On 20 March 2013, the Ministry of Counter Narcotics submitted to the Board its 2012 report reflecting efforts made by the Government to implement the international drug control treaties. The Board notes that the Government has further strengthened the role and functions of the Ministry of Counter Narcotics in national drug control coordination. New initiatives have been taken to address the drug problem, such as identifying owners of large areas under opium poppy cultivation, expanding the "food zone" programme and developing a five-year plan on drug abuse.

138. The Government took several steps in an effort to strengthen the control of licit activities related to narcotic drugs, psychotropic substances and precursor chemicals, including launching monitoring missions, developing a functional system for estimates and assessments and strengthening information-sharing with exporting countries.

139. The Government's treaty-based reporting has also improved, with statistical data on narcotic drugs, psychotropic substances and precursors being regularly submitted to the Board, as required under the international drug control treaties. Afghanistan has increasingly been involved in various programmes and projects aimed at preventing diversion of precursor chemicals from licit sources into illicit channels. In August 2013, Afghanistan became a member of Project Cohesion, an initiative to monitor international trade in the precursor chemicals most commonly used in the illicit manufacture of heroin, cocaine and amphetamine-type stimulants.

Cooperation by the international community

140. The reporting period saw continued activity under the programme for Afghanistan and neighbouring countries, led by the United Nations, with a focus on capacities to collect and analyse data on drugs, cross-border controls and control of precursor chemicals, involving countries participating in the UNODC regional programme and other countries in the region. Under the Triangular Initiative, a series of meetings were held in Kabul in August 2013 with senior officials of Afghanistan, Iran (Islamic Republic of) and Pakistan working to strengthen counter-narcotics cooperation. Joint operations, border liaison offices, communication and exchange of information were discussed. In June 2013, phase IV of the Paris Pact Initiative was launched, demonstrating the continued commitment of the international community to tackle trafficking in opiates originating in Afghanistan.

141. The Board notes that the "food zone" programme, which is aimed at promoting alternative development in opium poppy-growing areas, has expanded to four additional provinces: Badakhshan, Farah, Kandahar and Uruzgan. Combined with other alternative development measures, it is expected that the programme will contribute to tangible progress in preventing and reducing illicit cultivation of opium poppy and cannabis plant in the country in the years to come. The Board will continue to closely monitor the drug control situation in Afghanistan, as well as the measures taken and progress made by the Government of Afghanistan in addressing the drug problem, with the assistance of the international community.

Conclusions

142. The drug control problem in Afghanistan and the neighbouring region remains of grave concern, particularly in view of the deteriorating situation with respect to the illicit cultivation of opium poppy and cannabis plant

in Afghanistan in recent years. This situation seriously endangers the aims of the international drug control treaties. The Board calls upon the Government of Afghanistan, the United Nations and the rest of the international community to continue their cooperation to achieve the goals set out in various important documents adopted by the international community. Bearing in mind the overarching objective of the National Drug Control Strategy of Afghanistan, the Government of Afghanistan, with assistance from the international community, including, in particular, through UNODC, should translate its commitment into specific actions and ensure that substantial, sustainable and measurable progress is achieved in countering drug trafficking, alternative development and drug demand reduction in the country.

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

143. 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.

144. 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

145. 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.

146. As at 1 November 2013, annual statistical reports on narcotic drugs (form C) for 2012 had been furnished by 164 States and territories (representing 77 per cent of the States and territories requested to submit such reports), although more Governments are expected to submit their reports for 2012 in due course. In total, 186 States and territories provided quarterly statistics on their imports and exports of narcotic drugs for 2012, amounting to 87 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.

147. As at 1 November 2013, annual statistical reports on psychotropic substances (form P) for 2012, in conformity with the provisions of article 16 of the 1971 Convention, had been submitted to the Board by 135 States and territories, amounting to 63 per cent of the States and territories required to provide such statistics. In addition, 105 Governments voluntarily submitted all four quarterly statistical reports on imports and exports of substances listed in Schedule II of the Convention, in conformity with Economic and Social Council resolution 1981/7, and a further 61 Governments submitted some quarterly reports. The Board notes that the Governments of only three countries that trade in such substances failed to submit any quarterly report for 2012.

148. While it may be expected that some Governments will furnish form P for 2012 at a later date, it is of concern that the total number of submissions of form P has gradually declined over the past five years. From a regional perspective, that worrisome development can be attributed to non-reporting by countries in Africa, the Caribbean and Oceania. It is of particular concern that the number of African countries that have not furnished form P to the Board has been increasing, reaching, with form P for 2012, a total of 34 countries and territories in Africa—almost 60 per cent—failing to report. Likewise, 13 countries and territories in the Caribbean and 11 in Oceania did not furnish form P for 2012. That 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 may also be an indication that those Governments are not 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. In contrast, form P for 2012 was furnished by all countries but one in Europe and most countries in North and South America. With

respect to Asia, 14 Governments did not furnish form P for 2012.

149. Among the countries 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 Australia, Brazil, Canada, China, France, Germany, India, Japan, the Netherlands, Pakistan and the United States. The Board notes that some of those countries have persistently failed to submit annual statistical reports in a timely manner. Mexico, the Republic of Korea and Singapore, which are significant importers or exporters of psychotropic substances, did not submit form P for 2012. Late submission or failure to submit statistical reports makes it difficult for the Board to monitor licit activities involving controlled substances and delays the analysis by the Board of the worldwide availability of such substances for legitimate purposes. Those shortcomings are often 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. The Board therefore wishes to invite Governments to encourage dialogue with manufacturing and trading companies in the pharmaceutical industry with a view to improving the collection and reporting of statistical data on narcotic drugs and psychotropic substances.

150. The Economic and Social Council, in its resolutions 1985/15 and 1987/30, requested Governments to provide the Board with details of trade (i.e., data broken down by countries of origin and destination) in substances listed in Schedules III and IV of the 1971 Convention in their annual statistical reports on psychotropic substances. For 2012, complete details on such trade were submitted by 129 Governments (95.5 per cent of all submissions of form P). The Board notes that the number of countries failing to submit any details of trade for 2012 is the lowest since 2007.

151. The Board also notes with satisfaction that the number of countries that submit consumption data for psychotropic substances on a voluntary basis in accordance with Commission on Narcotic Drugs resolution 54/6 has continued to increase. Thus, in 2012, a total of 53 countries and territories submitted data on consumption of some or all psychotropic substances, representing a 26 per cent increase over 2011 in the number of countries and territories submitting such data. The Board appreciates the cooperation of the Governments concerned and calls upon all other Governments to furnish information on the consumption of psychotropic substances, as such data are key to an improved evaluation of the availability of psychotropic substances for medical and scientific purposes.

152. Each year, parties to the 1988 Convention provide information, via a special form called "form D", on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, as required under article 12 of the Convention. As at 1 November 2013, a total of 123 States and territories submitted form D for 2012. However, 74 countries did not submit the form on time, therefore failing to meet their obligations.

153. Of the 124 States and territories that provided data, 49 per cent reported seizures of scheduled substances. However, details relating to those seizures were often lacking, such as name, quantity and type of precursor seized, and the modus operandi used by traffickers. By ensuring that they provide that information on form D, Governments would enable the Board to more effectively identify and analyse emerging trends in trafficking in precursors and illicit manufacture of drugs.

154. By accessing data related to trade in precursors, the Board is able to monitor legitimate international trade flows in order to identify patterns of suspected illicit activity, which can help to prevent the diversion of precursor chemicals. That information is provided by parties to the 1988 Convention in accordance with Economic and Social Council resolution 1995/20. As at 1 November 2013, 112 States and territories had provided relevant information on licit trade, and 108 States and territories had informed the Board about the licit uses of and requirements for those substances.

155. Over the past year, the international community has used a variety of innovative tools to reinforce and bolster the precursors control regime. Domestic legislation tools were used by Australia, China, India, Peru and Viet Nam to strengthen controls over the manufacture, import and sale of scheduled substances predominantly used in the manufacture of amphetamine-type stimulants. In terms of regional cooperation mechanisms, the European Commission moved to strengthen legislation for control of acetic anhydride. The Board also notes the constructive use of bilateral agreements between Governments in order to resolve precursor-related issues, such as the agreement between China and Mexico.

156. The online system PICS is a secure tool for enhanced communication and information-sharing between national authorities on precursor incidents

(seizures, stopped shipments, diversions and diversion attempts, illicit laboratories and associated equipment) worldwide and in real time. PICS is now established as a key tool of the international precursor control regime, with an ever-increasing number of users communicating more and more incidents through it. As of 1 November 2013, there were 350 registered users of PICS, from 80 Governments and 8 international and regional agencies, who used the system to communicate more than 850 incidents spanning 84 different countries and territories.

3. Submission of estimates and assessments

157. 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 2013, a total of 164 States and territories had submitted estimates of their requirements for narcotic drugs for 2014, representing 77 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.

158. As at 1 November 2013, the Governments of all countries except South Sudan and all territories 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.

159. Pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of their annual medical and scientific requirements for psychotropic substances in Schedules II, III and IV of the 1971 Convention. 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.

160. Since 1 November 2012, a total of 80 countries and 8 territories have submitted fully revised assessments of their requirements for psychotropic substances, and a further 78 Governments submitted modifications to assessments for one or more substances. Governments of 21 countries and 1 territory have not submitted any revision of their legitimate requirements for psychotropic substances for at least three years.

161. By estimating annual legitimate requirements of precursors commonly used in the manufacture of amphetamine-type stimulants, Governments can monitor trade in those chemicals for suspicious import patterns and possible cases of diversion. In its resolution 49/3, the Commission on Narcotic Drugs requested Member States to provide to the Board annual estimates of their legitimate requirements for four substances frequently used in the manufacture of amphetamine-type stimulants—namely 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P), pseudoephedrine, ephedrine and 1-phenyl-2-propanone (P-2-P)—and preparations containing those substances. As of 1 November 2013, 153 Governments had provided 749 estimates for the above-mentioned substances, an increase from the previous year. First-time submissions were provided by Armenia and Cameroon.

162. 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. The Board 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 for use by competent national authorities, published in February 2012.

163. 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 are also available on the website.

4. Data examination and identified reporting deficiencies

164. The provision of statistical data by Governments allows INCB to monitor the functioning of the international drug control systems which, in turn, assists Governments in their response to possible diversions and illegitimate uses of internationally controlled substances.

165. Countries that provide accurate statistical data to INCB 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 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.

166. 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 make a timely and relevant review and analysis of the data by the Board very difficult. Some Governments, among them major manufacturing countries, experience challenges in reporting accurately and in a timely manner due to organizational changes or shortages in financial and human resources. To better respond to those difficulties, the Board encourages all Governments to take the necessary steps to establish mechanisms that allow competent authorities to maintain institutional memory and knowledge with regard to reporting requirements under the international drug control conventions during times of change. To assist Governments, the Board has developed tools and kits for use by competent national authorities, which are available on its website free of charge. Governments are invited to make increasing use of those tools in the execution of their functions under the international drug control treaties.

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

167. The international drug control regime was established with two equally important aims: first, 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; and second in order to ensure the availability of internationally controlled substances for legitimate use. For narcotic drugs and psychotropic substances, in particular, the conventions are aimed at ensuring their availability for medical and scientific purposes. 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

168. 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.

169. The Board notes that the establishment of "medical cannabis" programmes in some countries is permitted pursuant to the Single Convention on Narcotic Drugs of 1961, but that these are subject to the strict control measures for cannabis cultivation, trade and distribution

set forth in articles 28, 23 and 30. The Board notes that in some countries the control measures mandated by the 1961 Convention have not been fully implemented, giving rise to inconsistencies with the Convention. In addition, the Board notes that in a few countries, there have been legislative proposals intended to regulate the use of cannabis for purposes other than medical and scientific ones. Such proposals, if implemented, would be in contravention of the Convention.

170. The Board notes that some Governments appeared to have difficulties amending their national legislation to reflect changes introduced in the scope of control of the Convention on Psychotropic Substances of 1971. For example, although zolpidem was added to Schedule IV of the 1971 Convention in 2001, a number of Governments have not amended their national lists of controlled substances accordingly. The Board therefore sent a circular letter to Governments in April 2013 to solicit information on control measures applied to zolpidem; by 1 November 2013, replies from 48 Governments were received. The Board is pleased to note that all responding Governments have already placed zolpidem under national control, and that 46 of those Governments have also introduced an import authorization requirement for that substance, in accordance with Economic and Social Council resolutions 1985/15, 1987/30 and 1993/38. According to information available to the Board, a total of 117 countries and territories have placed zolpidem under national control; of those, 107 Governments have also introduced an import authorization requirement for that substance. The Board encourages all Governments that have not yet done so to provide it with the requested information on the control measures for zolpidem that are in place in their countries. The Board also encourages all Governments that have not yet introduced an import authorization requirement for zolpidem in accordance with the above-mentioned Economic and Social Council resolutions to do so as soon as possible.

171. The Commission on Narcotic Drugs, in its decision 56/1 of March 2013, decided to transfer *gamma*-hydroxybutyric acid (GHB) from Schedule IV to Schedule II of the 1971 Convention. The decision was communicated by the Secretary-General to Member States and the Director-General of the World Health Organization (WHO) on 7 June 2013. In accordance with article 2, paragraph 7, of the 1971 Convention, the decision of the Commission became fully effective with respect to each party 180 days after the date of that communication, i.e., on 4 December 2013.

172. The Board requests all Governments that have not yet done so to amend the list of substances controlled at the national level accordingly to adequately reflect the recent change in the control regime now applicable to GHB, and to apply to that substance all control measures foreseen for the substances included in Schedule II of the 1971 Convention, including the introduction of a mandatory import and export control requirement.

173. Controlling precursors used in illicit drug manufacture is a complex task that has to take into account the constantly evolving modi operandi used by drug traffickers. Taking that reality into account, the Board once again calls on countries to review their domestic control systems in order to ensure that, at a minimum, a system of end-user registration and declarations of end use is in existence; that they have knowledge of legitimate requirements in order to set realistic limits to importation, particularly for chemicals with little or no legitimate use; and that notifications of all exports are sent out prior to their departure.

174. By implementing those measures, countries limit their exposure to the risk of being targeted by illicit drug traffickers. It should also be underlined that by effectively monitoring stakeholders involved in domestic manufacturing and distribution of controlled substances, Governments will be in a position to more easily comply with their obligations related to preventing diversion.

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for controlled substances

175. Among the main control measures used to prevent the diversion of controlled substances from international trade are the systems of estimates and assessments of legitimate annual requirements for controlled substances, which enables exporting and importing countries alike to ensure that 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 on manufacture or import. The system of assessments of annual requirements for psychotropic substances was adopted by the Economic and Social Council and the system of estimates of annual requirements for selected precursors was adopted by the Commission on Narcotic Drugs to help Governments to identify unusual transactions that might indicate attempts by traffickers to divert controlled substances into illicit channels.

176. The systems of estimates and 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 previously submitted to the Board or to have decreased substantially below the level of those requirements, importing countries should inform the Board immediately. 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.

177. In accordance with its mandate to identify gaps 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 systems of estimates and assessments. In that connection, the Board provides advice to Governments on the details of the estimates and assessments systems, as necessary.

178. As in previous years, the Board found that in 2013 the system of estimates for narcotic drugs continues to be respected by most countries. In 2012, nine countries were contacted regarding possible excess imports or exports identified with regard to international trade in narcotic drugs effected during 2012. Three cases were clarified as being due to *(a)* errors in reporting of imports or exports and *(b)* re-export trade. However, six countries confirmed that excess exports or excess imports had actually occurred. The Board contacted the Governments concerned and requested them to ensure full compliance with the relevant treaty provisions.

179. With respect to psychotropic substances, pursuant to Economic and Social Council resolutions 1981/7 and 1991/44, Governments are requested to provide to the Board assessments of annual domestic medical and scientific requirements for psychotropic substances in Schedules II, III and IV of the 1971 Convention. The assessments received are communicated to all States and territories to assist the competent authorities of exporting countries when approving exports of psychotropic substances.

180. 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. However, 22 Governments have not submitted a revision of their legitimate requirements for psychotropic substances for at least three years. The assessments valid for those countries and territories may therefore no longer reflect their actual medical and scientific requirements for psychotropic substances.

181. When assessments are lower than the actual legitimate requirements, the importation of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs, they may increase the risk of psychotropic substances being diverted into illicit channels. The Board calls upon all Governments to review and update their assessments on a regular basis and to keep it informed of all modifications, with a view to preventing any unnecessary importation and, at the same time, facilitating the timely importation of psychotropic substances needed for medical purposes.

182. As in previous years, the system of assessments for psychotropic substances continues to function well and is respected by most countries. In 2013, the authorities of 13 countries issued import authorizations for substances for which they had not established any assessments or in quantities that significantly exceeded their assessments, and only two exporting countries exported psychotropic substances in quantities exceeding the respective assessment. In most of those cases, the transactions concerned imports destined for re-export. The low number of excess imports and exports is a positive development attributable to the slight change made in 2013 to the system of assessments for psychotropic substances, aimed at making it more transparent and effective. Since then, Governments are no longer requested to include estimates for exports or re-exports in the annual assessments for psychotropic substances.

183. Pursuant to resolution 49/3 of the Commission on Narcotic Drugs, entitled "Strengthening systems for the control of precursor chemicals used in the manufacture of synthetic drugs", Governments submit estimates of annual licit requirements for the four substances commonly used in the illicit manufacture of amphetamine-type stimulants. Governments of 152 countries currently use that system to check for and identify suspicious imports of the substances by looking at the amounts imported. In order to enhance the quality of the estimates, and consequently the ability to effectively detect suspicious trade, a better understanding of domestic markets is needed, including knowledge of manufacturing companies, their capacities, end-users and legitimate end-use. The need for this is particularly evident in countries in West Asia, Central America and the Caribbean and Oceania.

Requirement of import and export authorizations

184. The requirement for import and export authorizations is another main control measure to prevent the diversion of controlled substances from international trade, since it allows the competent national authorities to check the legitimacy of individual transactions prior to shipment.

185. 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.

186. The Board noted that some countries expressed concern about the new regulations for the import authorization procedure (for test and reference samples) implemented by Brazil. The paper import authorizations previously issued for import were being replaced by electronic import authorizations that did not comply with all the treaty requirements applicable to international movements of controlled substances under the United Nations drug control conventions.

187. Most importantly, the Board found that under the newly adopted procedure new import authorizations are now issued in PDF format and no longer contain an original stamp and signature of the certifying officer, rendering them extremely vulnerable to possible falsification. The Board also found that under the new procedure there was no possibility foreseen for authorities of the exporting countries to effectively verify the authenticity of the electronic "import certificate". While the Board welcomes and supports initiatives of Governments to make use of technological progress to improve domestic control over the licit movement of narcotic drugs and psychotropic substances, it reiterates that such initiatives must be implemented in conformity with the requirements of the international drug control treaties.

188. Import and export authorizations are mandatory for transactions involving substances under control pursuant to the 1961 Convention and any of the substances listed in Schedules I and II of the 1971 Convention. The competent national authorities must issue import authorizations for transactions involving the importation of such substances into their country. The 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 the country.

189. The 1971 Convention does not require import and export authorizations for trade in psychotropic substances listed in Schedules III and IV of the Convention. To address the widespread diversion of those substances from international trade, 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.

190. To date, 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 above-mentioned Economic and Social Council resolutions. To assist Governments and to prevent traffickers from targeting countries in which controls are less strict, the Board has been disseminating to all competent national authorities a table showing the import authorization requirements for substances in Schedules III and IV applied pursuant to the relevant Economic and Social Council resolutions. That table is published in the secure area of the Board's website, which is accessible only to specifically authorized Government officials, so that competent national authorities of exporting countries may be informed as soon as possible of changes in import authorization requirements in importing countries.

191. The Board once again encourages all Governments that do not yet require import and export authorizations for all psychotropic substances to extend such controls to all substances in Schedules III and IV of the 1971 Convention as soon as possible and to inform the Board accordingly, pursuant to the above-mentioned resolutions of the Economic and Social Council.

192. A strong import and export control system involves issuing individual export authorizations for scheduled precursor chemicals. Those Governments that issue only general permits, or do not require any permits at all for the import or export of scheduled precursor chemicals, are leaving themselves open to the risk that drug traffickers will seek to exploit weak controls for their own ends. The Board therefore urges all Governments to ensure that permits are required to import and export controlled precursors and, where possible and necessary, that these permits be individual rather than general in nature.

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

193. 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.

194. For the international import and export authorization system for narcotic drugs and psychotropic substances to function, it is indispensable that the competent authorities of exporting countries verify the authenticity of all import authorizations that they consider to be suspicious. Such action is particularly necessary in all cases where import authorizations have new or unknown formats, bear unknown stamps or signatures or have not been issued by a recognized competent national authority, or when the consignment consists of substances known to be frequently abused in the region of the importing country. The Board notes with appreciation that a number of Governments have adopted the practice of verifying with the competent authorities of importing countries the legitimacy of import authorizations or bringing to the attention of those authorities documents that are not in full compliance with the requirements for import authorizations under the international drug control conventions.

195. The Board continues to receive requests from Governments of exporting countries to assist in verifying the legitimacy of import authorizations, particularly when their own endeavours to receive feedback from the authorities of the importing countries fail. If the Board does not have sufficient information to confirm the legitimacy of those authorizations, it contacts the importing country to ascertain the legitimacy of the transaction.

196. Importing countries have also become increasingly active in implementing the import authorization system. Many Governments of importing countries regularly inform the Board of changes in the format of their import authorizations and provide the Board with samples of revised certificates and authorizations for narcotic drugs, psychotropic substances and precursor chemicals, so that the Board may assist Governments of exporting countries in verifying the authenticity of documents. Some importing countries send a copy of all import authorizations they have issued to the Board to expedite verification of their legitimacy.

197. The Board welcomes the cooperation and support extended to it by Governments, as that information helps the Board to better assist the authorities of exporting countries to verify the legitimacy of import authorizations and thus prevent the diversion of narcotic drugs and psychotropic substances from international trade. In that connection, the Board has noted that the format and the content of the import and export authorizations currently in use in some countries do not meet fully the pertinent requirements of the international drug control treaties. The Board therefore calls upon all Governments to review the format of import and export authorizations currently in use in their countries and, wherever necessary, to bring it into full conformity with the international drug control treaties.

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

198. Over the past few years, the Board, together with the international community, has been promoting the development of an international electronic import and export authorization system for narcotic drugs and psychotropic substances: the International Import and Export System (I2ES). Governments will recall that in the report of the International Narcotics Control Board for 2012, the Board informed Governments of the initiative, and highlighted the progress made in the development work on the system.[17]

199. In its resolution 55/6 of March 2012, the Commission on Narcotic Drugs encouraged 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. The Commission also requested UNODC to undertake the development and technical maintenance of the system, and invited the INCB secretariat to administer the system during the start-up phase in the biennium 2012-2013. Funding of the system was to rely completely on voluntary contributions from Governments.

200. With the generous support of a number of Governments, a prototype of the I2ES system was developed and demonstrated at a side event during the fifty-sixth session of the Commission in March 2013. The I2ES

[17] E/INCB/2012/1, paras. 209-213.

system, which is designed to be web-based and user-friendly, will facilitate and expedite the work of national competent authorities and reduce the risk of diversion of narcotic drugs and psychotropic substances, in accordance with the international drug control conventions concerning international trade in those substances.

201. In March 2013, the Commission on Narcotic Drugs in its resolution 56/7, welcomed the contributions of a number of Member States for the initial phase of I2ES and invited Member States to continue to provide voluntary financial contributions to UNODC for the further development and maintenance of the system. The Commission invited the secretariat of INCB to administer the system, in line with its mandate, and encouraged Member States to provide the fullest possible financial support, including through extrabudgetary resources, for that purpose.

202. With the participation of selected competent national authorities from all regions of the world, on 15 November 2013, a pilot testing phase of I2ES was to be initiated for the period ending 31 January 2014. An assessment of the pilot testing phase will be presented to Member States at the time of the fifty-seventh session of the Commission, to be held in March 2014, and should be rolled out in the course of 2014.

203. The Board invites all Governments to continue supporting the initiative and to provide the necessary resources for the administration of the system, pursuant to Commission resolution 56/7.

Pre-export notifications for precursor chemicals

204. By invoking article 12, paragraph 10 *(a)*, of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, a country makes it mandatory for exporting countries to inform the competent authorities of an importing country that there is a planned export of precursors to their territory, prior to actual shipment. This allows the importing country to be made aware of the trade and to verify its legitimacy. However, currently only 90 States and 3 territories have formally requested pre-export notifications. While this is still an increase of 13 Governments compared with the previous year, there is still a significant number of Governments that may not be aware of the import of controlled precursors into their territory. The Board calls upon all remaining Governments to further strengthen the pre-export notification system by invoking the provisions of article 12, paragraph 10 *(a)*, of the 1988 Convention without further delay.

205. Launched in March 2006, the Board's PEN Online system allows competent national authorities of importing and exporting countries to inform each other about international trade of precursor chemicals in order to confirm the legitimacy of a given trade and help limit diversion. Since 2012, a further 11 countries have registered to use the system (bringing the total number to 146 States and territories): Algeria; British Virgin Islands; Burkina Faso; Cabo Verde; Côte d'Ivoire; Liberia; Libya; Macao, China; Marshall Islands; Solomon Islands; and Tajikistan. The increased use of PEN Online and thus its increased coverage, has led to a rise in the number of pre-export notifications communicated through the system, which now stands, on average, at over 2,000 each month. The Board therefore urges the remaining 51 States that have not registered with the PEN Online system to do so as soon as possible and calls on Governments to actively use the system. It also reminds all Governments exporting scheduled chemicals to countries that have invoked article 12, paragraph 10 *(a)*, of the 1988 Convention 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).

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

206. The control measures described above are effective. Very few cases involving diversion of narcotic drugs or psychotropic substances from international trade into illicit channels have been identified in recent years.

207. Discrepancies in Government reports on international trade in narcotic drugs are regularly investigated with the competent authorities of the relevant countries to ensure that no diversion of narcotic drugs from licit international trade takes place. Since May 2013, investigations regarding trade discrepancies for 2012 have been initiated with 27 countries. The responses from the countries concerned indicated that the discrepancies were caused by clerical and technical errors in preparing the reports, reporting on exports/imports of preparations in Schedule III without indicating that fact on the form, and inadvertent reporting of transit countries as trading partners. There were no identified cases indicating a possible diversion of narcotic drugs into illicit channels.

208. During the last year, only one case of diversion of a psychotropic substance from international trade into

illicit channels was identified. The case in question concerned a diversion of an import of diazepam from China to Nigeria. In the case in question, the importing company claimed to have lost the related import permit and was provided by the Nigerian authorities with a replacement permit. It was later determined that exports corresponding both to the original permit and the replacement permit had taken place, as was corroborated by the Government of China. At present, it is not clear whether the diverted diazepam actually arrived in Nigeria or was diverted to another destination.

209. In addition, attempts to divert psychotropic substances from international trade continue to be detected by vigilant competent national authorities, which often work in close cooperation with the Board.

210. Falsified import authorizations continue to be used by traffickers to attempt diversion of controlled substances. In 2013, a diversion attempt was identified through the vigilance of the competent authorities of the Czech Republic, which stopped a shipment of phentermine (Adipex capsules) that was to be exported to Yemen. The shipment was stopped as the import permit, which claimed the shipment was for a humanitarian emergency, had apparently been falsified and because the consignment was to be delivered to a post office box address in Yemen. Upon inquiry with the authorities of Yemen, it was confirmed that the import permit in question had been falsified.

211. The Board trusts that Governments investigate all attempts to divert controlled substances, such as the attempt mentioned above, in order to identify and prosecute the persons responsible. The Board also urges Governments to remain vigilant and scrutinize import and export orders involving controlled substances to ensure that they are delivered to licit consignees.

212. In accordance with Commission on Narcotic Drugs resolution 50/11, Governments are encouraged to notify the Board of seizures of internationally controlled substances ordered via the Internet and delivered through the mail, in order to assess the extent of and trends pertaining to that issue. In 2013, six countries reported such seizures (Chad, Finland, Norway, the Russian Federation, Singapore and Thailand). Chad reported a seizure in 2012 of 5,436 capsules of diazepam, originating in Cameroon. Finland reported seizures of buprenorphine, methylphenidate, zolpidem and some benzodiazepines in quantities ranging from 299 units to 10,745 units, from unknown sources. Norway reported seizures of 18 different psychotropic substances, including significant quantities of alprazolam and diazepam, entering the country by mail from a number of countries. The Russian Federation reported seizures of 17 different psychotropic substances, most notably of almost 2 kg of amphetamine. Singapore reported seizures of small quantities of clonazepam, diazepam and midazolam sent by mail from China and Pakistan. Thailand reported seizures of alprazolam and diazepam, which was mainly sent by mail from Thailand to the United Kingdom of Great Britain and Northern Ireland.

213. The controls currently in place have been effective to the point that traffickers are now seeking to exploit weaknesses at the domestic level rather than trying to divert controlled substances from international trade. However, it is also clear that some substances used in the illicit manufacture of amphetamine-type stimulants continue to be targeted for diversion from international trade, in particular preparations containing the precursors ephedrine and pseudoephedrine. In addition, the evolving trend with regard to the diversion of non-scheduled chemicals will pose a challenge to existing control measures, for which new approaches may be required to respond effectively.

(d) Prevention of diversion from domestic distribution channels

214. The diversion of narcotic drugs, psychotropic substances and precursors from licit domestic distribution channels has become a main source for supplying the illicit markets. The narcotic drugs and psychotropic substances involved are diverted mainly in the form of pharmaceutical preparations. Some of 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 section E below.

215. Governments have no obligation to bring to the attention of the Board individual cases of diversion from domestic distribution channels. Consequently, for many substances found to have been diverted, there is little record of the point of diversion or of the actual methods used by traffickers or abusers to obtain those substances. Frequently, seizure data provide an indication of problems that continue to be experienced with such diversion. For narcotic drugs and psychotropic substances, data on substance abuse obtained either through drug abuse surveys or from drug treatment and counselling centres also confirm the widespread availability of narcotic drugs and psychotropic substances that were diverted from licit distribution. Abusers that are seeking treatment can direct

the authorities to the sources of the substances in question, including pharmacies that do not implement the prescription requirements, thefts and unethical behaviour by patients, such as "doctor shopping". The Board recommends that Governments inform it regularly of the major cases of diversion of controlled substances from domestic distribution channels in their countries so that the lessons learned from such diversion cases can be shared with other Governments.

216. For narcotic drugs and psychotropic substances, the substances most frequently diverted tend to be those that are most widely consumed for licit purposes. Among the psychotropic substances most frequently diverted are stimulants (amphetamines, methylphenidate and anorectics) and sedatives such as benzodiazepines (especially diazepam, alprazolam, lorazepam, clonazepam, flunitrazepam and midazolam), barbiturates and GHB.

217. The trend towards diversion of substances from domestic trade channels, which are then trafficked out of the country, a trend which has been previously signalled by the Board, continues. In general, countries should develop a better understanding of their domestic markets, including the role of manufacturing companies and end-users of scheduled precursors, in order to limit opportunities for domestic diversion that can be exploited by traffickers.

218. In terms of scheduled precursors, diversion from domestic distribution channels is particularly noticeable for acetic anhydride, a precursor used in heroin manufacture. In order to raise awareness about this issue and develop better understanding of modi operandi used by traffickers of this substance, the Board initiated an international activity that focused on the verification of legitimacy of domestic trade in, and end-use of, acetic anhydride, under the auspices of Project Cohesion, the international initiative to combat trafficking in heroin precursors. The operation involved the participation of 41 countries, and its results will be evaluated by the INCB Precursors Task Force and reported at a later date. The Board encourages Governments to actively participate in such intelligence-gathering activities under Project Prism and Project Cohesion.

219. Weaknesses in the controls over pharmaceutical preparations in countries of South-East and West Asia are of concern to the Board. High annual legitimate requirements for ephedrine and pseudoephedrine in some countries of those regions, in parallel with large numbers of seizures, point to the need to improve controls over distribution and estimates. The Board is also aware of domestic diversions of pharmaceutical preparations in countries of South-East and West Asia, as well as in South Asia, communicated via PICS.

220. The continued success of control measures applied to international trade in potassium permanganate have forced trafficking organizations to both obtain the substance from other sources and find alternatives with which to illicitly manufacture cocaine. For example, authorities in Colombia estimate that between 60 and 80 per cent of the potassium permanganate used in Colombia is obtained through illicit manufacture from manganese dioxide and not diverted from international trade. It is also believed that sodium permanganate is being used as a possible substitute. The net result is that the ability of traffickers to manufacture cocaine in large quantities remains, and the Board is concerned by the growing threat of cocaine manufacture spreading into Central America and other regions outside South America.

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

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

222. INCB 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 of 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 2013 technical report of the Board on narcotic drugs.[18] The following paragraphs provide a summary of that analysis.

223. INCB 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, and at the same time, limit the risk of diversion associated with excessive stocks.

224. While global production of opiate raw materials rich in morphine was lower than global demand estimated by Governments for those raw materials in the period 2006-2008, production exceeded demand from 2009 to 2011. As a result, stocks increased and at the end of 2011 stood at about 493 tons, sufficient to cover the expected global demand for 14 months. In 2012, stocks remained at the same level (483 tons) as a result of production exceeding demand, although the gap between the two was considerably reduced in comparison with 2011 and still sufficient to cover the expected global demand for about 12 months. In 2013, global production of opiate raw materials rich in morphine is expected to exceed global demand again, with the result that global stocks of those raw materials will further increase in 2013. Stocks were expected to reach 596 tons by the end of 2013, which is equivalent to about 15 months of expected global demand at the 2014 level. Producing countries plan to increase production in 2014. Stocks are anticipated to reach about 795 tons at the end of 2014, sufficient to cover several more months of expected global demand. The global supply of opiate raw materials rich in morphine (stocks and production) will remain fully sufficient to cover global demand.

225. In 2012, global production of opiate raw materials rich in thebaine was again higher than demand as reported by Governments, leading to a slight increase in stocks (to 183 tons) at the end of 2012, equivalent to global demand for 8 months. Production is expected to increase in 2013 and to grow further in 2014. By the end of 2013, global stocks of opiate raw materials rich in thebaine will likely reach 244 tons, sufficient to cover global demand for 10 months, and at the end of 2014 reach 353 tons, sufficient to cover several months of expected global demand. The global supply of opiate raw materials rich in thebaine (stocks and production) will be more than sufficient to cover global demand in 2013 and 2014.

226. The stocks of opiate raw materials rich in morphine will be at the recommended level at the end of 2013 but will be above the recommended level (15 months) as at the end of 2014. Stocks of opiate raw materials rich in thebaine are expected to increase in 2013 and 2014 but will be below the recommended level.

227. The Board noted that data show that the amount of opiate raw material available for the manufacturing of narcotic drugs for pain relief is more than sufficient to satisfy current demand level as estimated by Governments and that global stocks are increasing. The Board noted that despite this, the consumption of narcotic drugs for pain relief is concentrated in a limited number of countries. The Board calls on Governments to ensure that substances under international control used for pain relief are available and accessible to people in need and asks Governments to make every effort to facilitate that process.

(b) Consumption of psychotropic substances

228. While the submission by Governments of consumption data on narcotic drugs to the Board is a treaty requirement under the 1961 Convention, such reporting for psychotropic substances is not required under the 1971 Convention. As a consequence, consumption levels for psychotropic substances continue to be calculated by the Board on the basis of data furnished by Governments on manufacture, international trade, quantities used for industrial purposes and stocks. That situation makes it more difficult to come to reliable conclusions than in the case of narcotic drugs.

229. To address that situation, the Commission on Narcotic Drugs, in its resolution 54/6, encouraged all Member States to furnish to the Board data on consumption of psychotropic substances. The number of Governments that are furnishing such data has steadily increased since 2010. The Board is pleased to note that for 2012, a total of 53 Governments have already been in a position to submit data on consumption of psychotropic substances to it in accordance with the Commission resolution 54/6. That development will enable the Board to more accurately analyse the consumption levels of psychotropic substances in the countries and territories concerned and to better monitor consumption trends in countries and regions with a view to identifying unusual or undesirable developments.

[18] E/INCB/2013/2.

230. Consumption levels of psychotropic substances continue to differ widely among countries and regions, reflecting diversity in medical practice and related variations in prescription patterns. However, as the Board has repeatedly pointed out, high or low levels of drug consumption in a country should be a matter of concern to the Government. High levels of consumption of psychotropic substances that are not medically justified may lead to the diversion and abuse of the substances in question, whereas very low levels of consumption of psychotropic substances in some countries may reflect the fact that those substances are almost inaccessible to certain parts of the population. Where substances are not accessible on the licit market for genuine medical purposes, those substances, or counterfeit medicaments allegedly containing those substances, may appear on unregulated markets. The Board reiterates its recommendation to all Governments to compare the consumption levels in their countries with those in other countries and regions, with a view to identifying unusual trends requiring attention, and take remedial action where necessary. At the same time, the Board encourages all Governments to ensure the rational use of internationally controlled substances, in accordance with the pertinent recommendations of WHO.

(c) Activities of intergovernmental and non-governmental organizations

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

232. UNODC continued to develop the global programme to improve the management policies and procedures related to controlled medication, particularly for prescription pain medication. The aim is to increase access to controlled drugs for medical purposes used for treatment of severe pain, thereby reducing existing barriers to rational use and increasing the number of patients receiving appropriate treatment for conditions requiring the use of such medication, while minimizing diversion, misuse and abuse. The global programme has received funding from Australia, and while UNODC is continuing to fundraise, it has decided, together with the Union for International Cancer Control, to start some of the activities foreseen by the programme in a pilot country.

(d) National activities

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

234. In India, an amendment to India's Narcotic Drugs and Psychotropic Substances Act was introduced to strengthen the Act with regard to opioid accessibility. The amendment was drafted through a cooperative effort by the Government of India's Department of Revenue and palliative care non-governmental organizations in an effort to achieve a more balanced policy that ensured nationwide consistency in the licensing and movement of opioids between Indian states, while maintaining adequate controls. The Board welcomes the effort of the Government of India and looks forward to the final approval of the amendment.

235. In August 2012, the Government of Viet Nam adopted the national target programme on drug abuse prevention and control for the period 2012-2015. The new programme updated the country's drug control strategy and focuses on expanding methadone substitution treatment among the country's large population of HIV-vulnerable injecting drug users.

(e) Information on specific requirements for travellers who carry medical preparations containing controlled substances for personal use

236. The Commission on Narcotic Drugs, in its resolutions 45/5, 46/6 and 50/2, encouraged States parties to the 1961 Convention and the 1971 Convention to notify the Board of restrictions currently applicable in their territory to travellers under medical treatment with preparations containing substances under international control, and requested the Board to publish that information in a unified form in order to ensure its wide dissemination and facilitate the task of government agencies.

237. As of 1 November 2013, the Board had received from 86 Governments information on the legal provisions and/or administrative measures currently applicable in their countries to travellers carrying medical preparations containing narcotic drugs or psychotropic substances for personal use. The Board, in cooperation with those Governments, has been putting the information received into a standard format so that travellers may receive comprehensive information on the requirements in their countries of destination. The Board urges Governments that have not yet done so to examine the standardized information on their national requirements and to inform the Board of their approval of that information. Once

approved, the standardized information will be posted on the website of the Board.

238. The Board calls on all Governments that have not yet done so to submit to it their current national regulations and restrictions applicable to international travellers carrying medical preparations containing internationally controlled substances for personal use, pursuant to Commission on Narcotic Drugs resolutions 45/5, 46/6 and 50/2. In addition, Governments should notify the Board of any changes in their national jurisdictions in the scope of control of narcotic drugs and psychotropic substances relevant to travellers under medical treatment with internationally controlled substances, in accordance with Commission resolution 50/2.

E. Special topics

1. Prescription drug disposal initiatives

239. The Board has repeatedly drawn the attention of Governments to the growing public health threat caused by increasing global prevalence rates of prescription drug abuse. The abuse of prescription drugs has increased in all regions, with those prevalence rates, in some countries, outpacing the rates for illegal drugs.

240. While many factors may have contributed to that development, the Board notes that the increased prevalence in prescription drug abuse has, to a large extent, been driven by the widespread availability of those drugs, as well as to erroneous perceptions that prescription drugs are less susceptible to abuse than illicit drugs. The non-prescription use of those drugs for self-medication has further exacerbated the problem.

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

242. In the light of that situation, the international community has recognized that an effective means of addressing the growing threat posed by prescription drug abuse and addiction is to focus efforts on supply reduction and public awareness initiatives. Among the measures being increasingly used are prescription drug disposal initiatives, including prescription drug take-back days.

243. The setting-up of such initiatives in many jurisdictions has yielded significant results at a relatively low cost. In the United States alone, since the staging of the first prescription drug take-back day in 2010, such initiatives have resulted in the removal of 1,733 tons of prescription drugs from circulation and possible abuse. In staging and publicizing these initiatives, public health authorities have helped increase public awareness of the dangers of prescription drug abuse and of the importance of ensuring that unused prescription drugs that are no longer needed are disposed of safely.

244. The importance of these measures has been recognized by the international community, including by the States members of the Commission on Narcotic Drugs. Accordingly, in March 2013, the Commission adopted its resolution 56/8, entitled "Promoting initiatives for the safe, secure and appropriate return for disposal of prescription drugs, in particular those containing narcotic drugs and psychotropic substances under international control".

245. In its resolution 56/8, the Commission called upon States to consider the adoption of a variety of courses of action to address prescription drug abuse in cooperation with various stakeholders such as public health officials, pharmacists, pharmaceutical manufacturers and distributors, physicians, consumer protection associations and law enforcement agencies, in order to promote greater awareness of the risks associated with the non-medical use of prescription drugs, in particular those containing narcotic drugs or psychotropic substances.

246. In adopting that resolution, the Commission has recognized that programmes for the safe disposal of prescription drugs are an integral part of any strategy to address prescription drug abuse and may be an effective means of raising public awareness of the dangers of the harm caused by that abuse.

247. Drawing on the encouraging results achieved in many States in the implementation of successful initiatives for the disposal of prescription drugs, in its resolution 56/8 the Commission encouraged Member States to exchange good practices, to be emulated in States that had not yet implemented such activities or that sought to strengthen or optimize existing measures.

248. The Board fully endorses the courses of action set forth in Commission on Narcotic Drugs resolution 56/8

and calls upon all States that have not already done so to develop comprehensive strategies to address prescription drug abuse, including mechanisms to ensure the safe return and disposal of medications possessing psychoactive properties, particularly those containing narcotic drugs or psychotropic substances. The Board also recommends that States consider expanding these programmes to include all substances having psychoactive properties, whether available with a prescription or without.

249. Although the establishment of safe disposal initiatives is an important tool for addressing prescription drug abuse, that measure alone will not suffice. As such, the Board wishes to reiterate that any comprehensive strategy aimed at tackling the problem of prescription drug abuse must also address the root causes of the excessive supply of prescription drugs, including overprescribing by medical professionals, "doctor shopping" and inadequate controls on the issuing and filling of prescriptions.

2. Illegal Internet pharmacies

250. For several years, the Board has drawn the attention of Governments and other members of the international community to the phenomenon of illegal Internet pharmacies and the need to better protect the public against the illegal distribution of preparations containing internationally controlled substances. Substances frequently sold through such pharmacies include opioid analgesics, central nervous system stimulants and tranquillizers. To assist Governments in addressing the problem, the Board developed, with the support and contribution of national experts and relevant international organizations, Internet service providers, financial services and pharmaceutical associations, *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*.[19] The guidelines, which were launched in 2009, are aimed at assisting Governments in formulating national legislation and policies for regulatory, law enforcement and other authorities with regard to the use of the Internet to dispense, purchase, export or import internationally controlled substances.

251. To assess the implementation of the guidelines and to obtain information on good practices in addressing the unauthorized sale of internationally controlled substances using the Internet, the Board sent a questionnaire to Governments in March 2013; responses were received from 78 countries and territories throughout the world. Most Governments reported that, on their territory, the sale of internationally controlled substances by Internet pharmacies was prohibited, and some expressly stated that not allowing Internet pharmacies to operate on their territory had limited the problem.

252. Where Internet pharmacies are permitted, such pharmacies must generally meet the same legislative requirements that are applicable to storefront pharmacies. Some pharmacies do not use the Internet to sell internationally controlled substance, as they consider the risk of diversion to be too large. In some cases, applications to open Internet pharmacies are examined by law enforcement authorities prior to being approved.

253. Many Governments reported having implemented the guideline calling on Governments to adopt national legislation on the designated routing and inspection of mail and other items handled by international courier companies. Legislation and policies in place normally allow border service agencies to examine pharmaceuticals that are shipped by mail. The extent to which consignments of medication containing internationally controlled substances are inspected varies. In some cases, all consignments containing any medicinal product are examined; in others, inspections are carried out at regular intervals with a view to detecting illegal shipments. In addition, countries may have in place specific requirements for the distribution of medicinal products by mail (or as one Government reported) may not allow narcotic drugs or psychotropic substances to be shipped through the postal system unless they are to be used as test or reference standards.

254. One central concern is the potential danger to the health of customers who have procured over the Internet pharmaceutical products containing internationally controlled substances. National efforts have been made to protect such customers from harm. The National Association of Boards of Pharmacy, for example, which has members in Canada, New Zealand and the United States, has developed the Verified Internet Pharmacy Practice Sites (VIPPS) programme, whereby participating pharmacies must comply with a number of licensing and inspection requirements. Each VIPPS pharmacy site is identified by a hyperlink seal displayed on the website; by clicking on the seal, website visitors are able to access verified information about the pharmacy. Similarly, since 2 January 2013, member States of the European Union are required to apply directive 2011/62/EU of the European Parliament and of the Council of the European Union, which, inter alia, requires each member State to introduce a "common logo" on websites of legally operating online pharmacies. The logo must be clearly displayed on every

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

web page of any online pharmacy offering pharmaceutical products containing internationally controlled substances and should allow the identification of the member State in which the online pharmacy has been established.

255. In several countries, particularly in Europe and North America, as well as in Australia and New Zealand, awareness-raising campaigns are regularly carried out, often on the Internet, to inform the public about the potential dangers of ordering pharmaceutical products over the Internet. Websites established specifically for this purpose may include information and verification tools to assist in identifying whether the pharmacy in question is a genuine enterprise. Some websites also have facilities for reporting suspected fake online pharmacies to the relevant authorities.

256. Action against illegal Internet pharmacies involves multiple actors at the national level, usually the Ministry of Health and law enforcement agencies and, in many cases, other ministries such as the Ministry of Economics, the Ministry of Technology or the Ministry of Justice. An effective response therefore requires the collaboration of those Government agencies, as well as fruitful cooperation within the private sector, particularly among Internet service providers.

257. When asked about good practices in addressing the problem of illegal Internet pharmacies, Governments cited regular monitoring of the Internet and the investigation of suspected illegal pharmacies. Several Governments also reported examples of successful cooperation at the national and international levels that had resulted in the seizure of internationally controlled substances and the dismantling of organizations trafficking in such substances.

258. One example of effective international action is Operation Pangea, an annual operation that is coordinated by the International Criminal Police Organization (INTERPOL), involves the World Customs Organization, the Permanent Forum on International Pharmaceutical Crime, the Heads of Medicines Agencies Working Group of Enforcement Officers, the Pharmaceutical Security Institute and the European Police Office (Europol) and is supported by the Center for Safe Internet Pharmacies, as well as companies in the private sector. Six such operations have been carried out since 2008. The latest, a one-week operation carried out in June 2013, resulted in the shutdown of more than 9,000 websites, in addition to the suspension of the payment facilities of illegal pharmacies and the disruption of a substantial number of spam messages.

259. The results of the Board's 2013 survey on illegal Internet pharmacies also highlighted the digital divide. Most of the respondents were from regions in which a high percentage of the population uses the Internet, such as Europe and North America. Respondents from other regions often expressed a lack of awareness of illegal Internet pharmacies and of action that could be taken against them. According to the International Telecommunication Union, however, between 2009 and 2013, the number of households with Internet access grew fastest in developing countries—average annual growth was 27 per cent in Africa—and 15 per cent in Asia and the Pacific, the Arab States and the Commonwealth of Independent States. Those growth rates underscore the need to increase public awareness in those regions of the dangers of illegal Internet pharmacies and to strengthen activities to build the capacity of authorities involved in responding to crime involving the Internet.

260. Since 2004, the Board has been collecting information from Governments on activities and measures targeting illegal Internet pharmacies. As illegal Internet pharmacies are a global challenge, strengthened international action is required to effectively address the problem. The Board calls on Governments to continue to provide it with information on the subject and to develop and promote good practices in that area so that sustained action can be taken against the problem.

3. Global developments in the non-medical use of tramadol

261. The Board welcomes the adoption of Commission on Narcotic Drugs resolution 56/14, on tramadol, in which the Commission highlighted the concerns of Member States with respect to the expansion of the illicit manufacture and the illicit domestic and international distribution of tramadol in some countries, as well as the risk of illicit use of tramadol and its potential exploitation by trafficking organizations. The Board highlighted in its annual report for 2012 that abuse of tramadol, a synthetic opioid not under international control, had become a serious problem in a number of African countries, notably in North Africa. In 2013, large seizures in Africa were once again reported.

262. In its resolution 56/14, the Commission invited the International Narcotics Control Board (INCB) to consider incorporating in its annual report for 2013 information on global developments in the non-medical use and abuse, illicit manufacture and illicit domestic and international distribution of tramadol.

263. A questionnaire, made available on paper and online, was transmitted to Member States with the request that they provide information on the use and status of tramadol in their country. A total of 81 States responded.

264. The results show that almost all countries (80 of the 81 countries responding) reported that tramadol was used for medical purposes in their territory. In most countries (72 countries or 90 per cent), a prescription was required for all tramadol preparations, and in another 5 countries (5 per cent) a prescription was required for some preparations. However, only 33 countries (40 per cent) of the responding countries reported that tramadol was controlled under national legislation. Only 13 countries (28 per cent) of the 46 countries responding to the specific question were considering placing tramadol under control, and the respondents for those countries commented that such a control measure would limit abuse of the drug but should not have an impact on its availability for medical use.

265. Thirty-three countries, approximately 42 per cent of those responding, reported non-medical use and/or abuse of tramadol, mostly providing anecdotal information. With respect to trends observed, abuse of tramadol (two thirds of which is oral dosage form abuse) was increasing in 12 countries (38 per cent) of the countries reporting such abuse and was stable in a further 13 countries (42 per cent).

266. Thirty-three countries (72 per cent of 46 countries responding to the specific question) were not considering placing tramadol under control, expressing concern that the introduction of control measures would limit accessibility and make doctors more reluctant to prescribe the drug.

267. A limited number of countries (five countries or 15 per cent of the 32 countries responding to the specific question) indicated that abuse of tramadol posed a significant risk to public health, while a larger portion (nine countries or 28 per cent) did not consider the abuse of tramadol to be a significant risk to public health.

268. In 20 countries (25 per cent of the countries responding) there was evidence of illicit distribution of tramadol, and in 17 countries (21 per cent) there was diversion into illicit distribution channels, mostly diversion attributable to retailers or patients. Just 12 countries (15 per cent) had evidence of illicit import of tramadol, and 24 countries (32 per cent) reported seizures. Very few respondents indicated local illicit manufacture or export.

269. In conclusion, the picture emerging from the survey is that tramadol abuse seems to be a problem for a limited but significant number of countries (32 of the 77 countries responding on that issue). Five countries reported that abuse of tramadol was a significant risk, while illicit trafficking was recorded in a limited number of countries. There were no clear data on abuse, only anecdotal evidence. It seems that a number of States do not intend to strengthen control measures for tramadol because they do not want to limit accessibility and because they do not have strong evidence of abuse and illicit trafficking.

270. The Board notes that abuse of tramadol is a significant problem in a limited number of countries and that there are growing indications of non-medical use of tramadol and diversion to illicit channels. The Board notes that tramadol is controlled in most countries where it has been found to be abused and that a number of other countries that have encountered problems with such abuse are considering taking that measure. The Board notes that it is important to ensure that tramadol is available for medical purposes but that it is equally important for countries to ensure that it is not used for non-medical purposes. Therefore, the Board recommends that countries continue to monitor trends and collect data on the use, abuse, illicit domestic and international distribution and manufacture of tramadol and share those data with the Board and the World Health Organization.

Chapter III.

Analysis of the world situation

HIGHLIGHTS

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

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

- Use of cannabis in some states of the United States of America has not yet been adequately addressed by the federal Government in a manner consistent with the provisions of the drug control Conventions.

- Canada has launched its first ever action plan to address prescription drug abuse.

- In South America, illicit coca bush cultivation in 2012 decreased to 133,700 ha, the lowest level since 1999.

- Increasing demand for heroin and amphetamine-type stimulants in East and South-East Asia have led Governments to expand drug treatment services and develop demand reduction strategies, while efforts continue to be focused on tackling drug trafficking and illicit drug manufacture.

- Record-setting illicit opium poppy cultivation and opium production in 2013 threaten an already fragile security situation in Afghanistan at a time when international security forces begin their planned withdrawal.

- Unprecedented numbers and varieties of new psychoactive substances have been reported in Europe, and their abuse continues to grow.

- In Western and Central Europe, abuse of narcotic drugs and psychotropic substances appears to be stabilizing at historically high levels; prescription opioids pose a major challenge in that subregion.

- Methamphetamine manufacture appears to be spreading to new locations in Europe.

- In Oceania, the increasing use and availability of new psychoactive substances poses considerable prevention, treatment, regulatory and law enforcement challenges, while cannabis remains the most prevalent drug of abuse.

A. Africa

1. Major developments

271. There have been alarming trends affecting the illicit drug situation in Africa. There has been a sizeable increase in the manufacture and smuggling of methamphetamine and an increase in the abuse of opioids, cannabis, amphetamine-type stimulants and cocaine in the region. In addition, there have also been sizeable increases in the smuggling of opiates through East Africa and the trafficking of cocaine in North and East Africa.

272. The political situation in West and Central Africa in 2012 and early 2013 was marked by several military coups, post-electoral violence and the rise of religious extremism. In its presidential statement of 10 December 2012, the Security Council expressed grave concern about the consequences of instability in the north of Mali on the Sahel region and beyond. Even after the Government of Mali regained control of the national territory in January 2013, there continued to be serious security risks in the country and the subregion, including drug trafficking. There have been reports that insurgents and extremists in the Sahel have been involved in and profiting from drug trafficking in the areas they control.

273. Stability in Guinea-Bissau suffered a major setback with the coup of 12 April 2012. The Security Council, in its resolution 2048 (2012), expressed deep concern about the possible increase in illicit drug trafficking as a result of the military coup and imposed a travel ban on high-ranking military officials for "seeking to prevent the restoration of the constitutional order", which activities, the Council noted, were supported in part through the proceeds from drug trafficking. There have been reports that cocaine is being trafficked by air, land and sea, without being intercepted by transitional authorities or security forces, and that hundreds of kilograms of cocaine are trafficked in each transaction.

274. The political instability in North Africa, particularly Egypt, creates a breeding ground for criminal activities and drug syndicates operating in the subregion, enabling them to engage in drug trafficking, with the consequent drug abuse and related crime continuing to pose a threat.

275. There has been an overall increase in the trafficking of opiates through Africa. The 10-fold increase in seizures of heroin in East Africa since 2009 makes that subregion possibly the largest hub in Africa for heroin trafficked onward to the European markets. Heroin, departing from South-West Asia, including Iran (Islamic Republic of), Pakistan and Turkey, and destined mainly for the illicit markets of Europe is increasingly transiting West Africa. Increased maritime smuggling of Afghan opiates to Africa continues to be a problem in the region.

276. Cannabis is being cultivated and seized in almost all countries in Africa. Nigeria remains the country with the largest seizures of cannabis in the region, followed by Egypt. There was a 10-fold increase in seizures of cannabis herb in Mozambique from 2010 to 2011, and a two-fold increase in seizures in Burkina Faso from 2009 to 2011. Morocco, along with Afghanistan, remains the biggest source of cannabis resin in the world, although production in Morocco is decreasing. Spain remains the main entry point in Europe for cannabis resin originating in Morocco and the gateway to markets in Western and Central Europe.

277. The smuggling through Africa of cocaine from South America destined for Europe appears to have diminished since 2009, while the use of containerized consignments and maritime shipping of cocaine through West Africa to Europe is on the increase. At the same time, because of Africa's growing population, there is the potential for the demand-driven expansion of the region's cocaine market. In 2012, increase in seizures of cocaine in North and East Africa could be observed.

278. There is an emerging market for amphetamine-type stimulants in Africa, and at the same time those substances are being trafficked from the region to the countries of East and South-East Asia and Oceania.

279. Trafficking in precursors, especially ephedrine, has increased in Africa, with seizures being reported by Benin, Botswana, Côte d'Ivoire, the Democratic Republic of the Congo, Guinea, Namibia, Nigeria and Zimbabwe. The increase in trafficking in ephedrine could indicate the establishment in Africa of new laboratories for the illicit manufacture of amphetamine-type stimulants.

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

2. Regional cooperation

281. In the period under review, regional cooperation focused on upgrading current regional drug control strategies, as well as strengthening law enforcement and judicial cooperation in drug trafficking cases and enhancing drug demand reduction efforts.[20]

282. The African Union Plan of Action on Drug Control for the period 2013-2017 was adopted at the fifth session of the African Union Conference of Ministers for Drug Control, held in Addis Ababa in October 2012. The Plan pays particular attention to capacity-building in research, information collection and the development of monitoring systems with a view to increasing monitoring of changing and emerging trends, the implementation of evidence-based responses and the ability to assess the effectiveness of those responses.

283. The Heads of State and Government of the Economic Community of West African States (ECOWAS) Authority at its forty-second ordinary session, held in February 2013, decided to extend the period of the Regional Action Plan to Address the Growing Problem of Illicit Drug Trafficking, Organized Crime and Drug Abuse in West Africa (2008-2011) until 2015, in order to sustain the fight against drug trafficking, organized crime and drug abuse and to consolidate the base of financial support for its effective implementation.

284. In support of the implementation of the ECOWAS Regional Action Plan, United Nations entities and INTERPOL are implementing the West Africa Coast Initiative, which targets five post-conflict countries: Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia and Sierra Leone. The transnational organized crime units established under that Initiative in Guinea-Bissau, Liberia and Sierra Leone have been active in carrying out coordinated interdiction activities, including in the area of drug trafficking.

285. INCB provided training to representatives of the national competent authorities of 12 West African countries in Addis Ababa from 17 to 21 June 2013. Organized in collaboration with the United Nations Interregional Crime and Justice Research Institute and hosted by the Economic Commission for Africa, the seminar was aimed at strengthening the capacity of the participating national competent authorities to ensure adequate availability of controlled substances for medical purposes and comply with their reporting obligations under the international drug control treaties. The Board reiterates the importance of the continuation of such training in other regions, which contributes to improving the availability and monitoring of medicinal products containing controlled substances in furtherance of the implementation of the drug control treaties.

3. National regulation, policy and action

286. In June 2013, South Africa's Cabinet of Ministers approved the National Drug Master Plan (2013-2017), aimed at preventing and reducing alcohol and substance abuse and the associated social and economic consequences for South African society, and which places emphasis on the four pillars of prevention: early intervention, treatment, aftercare and reintegration. The Plan also calls for the creation of a nationwide database to track drug crimes. A new asset forfeiture unit and an independent police anti-corruption agency became operational in 2012.

287. In November 2012, Cabo Verde adopted its National Integrated Programme in the Fight against Drugs and Crime for the period 2012-2016. The Programme, developed together with UNODC, has four areas: *(a)* prevention and research; *(b)* improvement of the health, treatment and the social and professional reintegration of drug addicts; *(c)* combating illicit trafficking, organized crime and terrorism; and *(d)* justice and integrity. In addition, the Government adopted a new decree-law in 2012 to amend money-laundering legislation, which extended the powers of the financial intelligence unit.

288. The Government of Liberia has finalized draft legislation on controlled substances and on the Liberia Drug Enforcement Agency. Once approved, the two legal instruments will provide a comprehensive set of drug-related offences, while empowering the Agency to enforce those laws.

289. The President of the Sudan issued a directive in June 2012 to form a Supreme Council for Drug Control under his chairmanship as a policymaking and coordinating body for drug control.

290. In April 2013, the Government of Egypt adopted a national action plan against drug abuse to address increasing drug abuse in the country. The action plan addresses four aspects of the illicit drug phenomenon: *(a)* monitoring and analysis of the drug situation in the country,

[20] Lists of selected regional cooperation meetings for all regions are available in English on the INCB website (ww.incb.org), published in conjunction with the annual report.

(b) preliminary prevention and early detection, *(c)* treatment and rehabilitation, and *(d)* supply reduction.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

291. Morocco, together with Afghanistan, continues to be the biggest source of cannabis resin in the world, especially for the illicit markets of Western and Central Europe, but production in Morocco is decreasing (compared with the previous national survey, for the period 2003-2005). North Africa is the subregion with the largest amounts of seizures of cannabis resin in Africa. According to the customs seizure data of the World Customs Organization, approximately 116 tons of cannabis resin (65 per cent of the total amount seized globally by customs authorities) come from Morocco.

292. Spain is the main entry point to Europe for cannabis resin originating in Morocco and the gateway to markets in Western and Central Europe, accounting for 34 per cent of global seizures of cannabis resin in 2011, while seizures by Moroccan authorities accounted for 12 per cent. In 2011, 90 per cent of the detections made by Moroccan customs authorities were of shipments contained in lorries on ferries heading for Spain. A significant seizure was made by Spanish customs authorities at Algeciras port on 15 March 2012, when 8,362 kg of cannabis resin were seized in the port's commercial freight sector, in a load consigned in Morocco and destined for France.

293. There are reports of numerous seizures of speed boats, departing from the western shores of Algeria destined for France and Spain, containing cannabis resin believed to be trafficked to Algeria from Morocco. Major seizures of cannabis resin were carried out by Algerian authorities in March 2013 at the Algerian-Moroccan border (of cannabis resin entering Algeria) or close to the Algerian border with Libya (of cannabis being trafficked out of Algeria). According to Algerian authorities, 42 tons of cannabis resin were seized in the country in the first quarter of 2013, of which 18 tons were seized at the border with Morocco.

294. The Government of Mauritania estimates that one third of cannabis resin produced in Morocco transits the States of the Sahel region. Moroccan cannabis resin is trafficked to Mauritania overland via Algeria or Western Sahara or by ship. It is then either taken along a northern route entering the northernmost area of Mali or is transported along the Nouakchott-Nema road, entering Mali through the country's Timbuktu region. From northern Mali, cannabis resin smuggling routes partly overlap with those serving the cocaine trade, traversing northern Niger or southern Algeria leading to Libya. The drugs are then either trafficked to Europe via the Balkans or transported to Egypt and Israel. Another route runs via Chad and the Sudan to the Arabian peninsula.

295. In 2012, authorities of Egypt, one of the destination countries in the region for Moroccan cannabis resin, seized 12.3 tons of cannabis resin and 77.1 tons of cannabis herb. In early 2013, Egyptian authorities, in collaboration with the Italian navy participating in NATO maritime forces, seized 32 tons of cannabis resin coming from Morocco by sea, destined for the Egyptian illicit market.

296. Cannabis herb continues to be widely cultivated in Africa and to be seized by authorities. Nigeria once again had the largest volume of cannabis herb seizures in the region (139 tons seized between July 2011 and April 2012), followed by Egypt (73 tons seized in 2011). There was a 10-fold increase in seizures of cannabis herb in Mozambique from 2010 (3 tons) to 2011 (32 tons), and the total quantity of cannabis herb seized in Burkina Faso doubled between 2009 (17 tons) and 2011 (33 tons). At the same time, data on seizures made by customs authorities showed that in 2012 North Africa, followed by West Africa, was the African subregion with the largest seizures of cannabis. Total seizures of cannabis by the customs authorities in North Africa in 2012 (24.2 tons) represented a 150 per cent increase over 2011 (9.7 tons), while West Africa saw a 40 per cent decrease in seizures in 2012 (10.9 tons) compared with 2011 (18.1 tons).

297. Cannabis originating in Afghanistan also finds its way to North Africa. Egyptian authorities seized 3 tons of such cannabis on the shores of the Red Sea in a single operation in 2012. That seizure reflects the attempts of traffickers to open new markets for cannabis from Afghanistan in North Africa, especially in Egypt, where demand is high.

298. Cannabis continues to be produced and consumed locally in most countries in Southern Africa, as well as being smuggled to Europe. Southern African criminal groups are increasingly engaged in the online sale of illicit drugs.

299. There was an overall increase in seizures of heroin in Africa in the biennium 2010-2011 compared with the

preceding biennium. That increase was particularly steep in East Africa. Since 2009, there has been a fivefold increase in seizures of heroin in East, West and Central Africa.

300. Maritime smuggling of Afghan opiates to Africa continues to increase, with most seizures being made at the sea borders. Individual seizures made at the sea borders of Africa were of large volumes. For example, 127 kg of heroin were seized off the coast of Benin in January 2013, and 210 kg of heroin were seized in the United Republic of Tanzania in January 2012.

301. Heroin seizures in Egypt, the country of greatest consumption of heroin in North Africa, have continued at the rate of 50-100 kg per year in recent years.

302. Heroin is increasingly transiting West Africa, especially by means of commercial air couriers. In 2012, a total of 220 kg of heroin was seized in the West African subregion. Ghana and Nigeria, in particular, regularly seized medium-sized shipments of heroin. Most of the heroin departs from South-West Asia, including Iran (Islamic Republic of) and Pakistan, and is destined mainly for the European illicit market.

303. Shipping containers have also been used recently to transport large volumes of heroin, particularly from Pakistan, to the countries of the Gulf of Guinea. Those shipments are then redistributed to the major cities of West Africa for their eventual transportation by air to European or East Asian markets.

304. Although trafficking of heroin through East Africa has been taking place since the 1980s, seizures of heroin in East Africa since 2009 increased almost 10-fold, making the subregion an active hub for smuggling onward to further destinations. It is estimated that the local market in East Africa consumes at least 2.5 tons of heroin per year, worth some $160 million in local markets, while the total volume of heroin smuggled into the subregion appears to be much larger: close to 22 tons. Maritime transportation is becoming the preferred method for smuggling heroin, over air transportation and couriers.

305. Seizure data for the period 2010-2012 suggests that heroin originating in Afghanistan is trafficked, using dhows and to a lesser extent container shipments, from Iran (Islamic Republic of) and Pakistan towards the sea borders of Kenya and the United Republic of Tanzania, for further transportation by road to South Africa. Since early 2010, 1,895 kg of heroin, in large consignments, have been seized along the Swahili coast or from dhows in the Indian Ocean. In 2013, more than 1 ton of heroin was seized in international waters off the coast of East Africa.

306. Kenyan authorities reported that the national territory is also being used as a transit point for heroin smuggled to Europe and the United States, indicating India, in addition to Iran (Islamic Republic of) and Pakistan, as the departure point of heroin entering Kenya by sea and air. Nigerian authorities pointed to Ethiopia as one of the main transit countries for heroin arriving on its soil.

307. The rapid increase in seizures in East Africa could be due to the increased enforcement efforts in the subregion that benefit from international assistance, including the Combined Maritime Forces, a 29-nation partnership, and/or to an increase in the actual flows of heroin. The increase in actual flows of heroin might be the more likely cause, given the growth in local demand and the growth in the use of East Africa as a transit area.

308. Although air transportation is not as common as maritime shipments to smuggle heroin into East Africa, flights between Pakistan and East African countries that pass through the international airports of Dubai and Doha, as well as flights of local African airlines, are also being used to smuggle heroin.

309. An increase in heroin seizures had been observed in Southern Africa until 2009, but since then there has been a lack of comprehensive seizure data for the subregion. Most heroin smuggled into Southern Africa enters by means of maritime transport from South-West Asia through East Africa, including Kenya, Mozambique and the United Republic of Tanzania, or is brought in by air passengers on increasingly indirect routes. Heroin is then either consumed in a local market or transported onward to Europe and elsewhere. In November 2012, an exceptionally large seizure of heroin (451 kg) was made by the Netherlands customs authorities from a shipment departed from South Africa, transiting via the Netherlands and bound for Canada. Development of new harbours such as the Port of Ngqura on the east coast (Indian Ocean) of South Africa and expansion of existing harbours such as the Port of Durban in South Africa, continue to be tested by traffickers as possible entry points for smuggling drugs into Southern Africa.

310. Africa's importance as a transit area for cocaine originating in South America destined for Europe appears to have declined between 2009 and 2011, while countries in the Caribbean region, especially the Dominican Republic,

are becoming more important for the trans-shipment of cocaine to Europe. At the same time, in Africa, given its increasing population, there is the potential for the demand-driven expansion of the local illicit cocaine market. In 2012, cocaine seizures increased in most countries of North Africa, indicating the demand-driven growth of the market. The Egyptian Anti-Narcotics General Administration reported total seizures of 41 kg of cocaine in 2012, compared with 1.5 kg in 2011.

311. There is an increase in seizures of cocaine in East Africa, where cocaine consumption has so far been limited. The United Republic of Tanzania reported seizures of 65 kg in 2010, a significant increase from previous years. Partial data show that that country's total seizures in the period January-April 2011 were 85 kg, mostly of cocaine coming from Brazil. Mozambique intercepted 12 shipments of cocaine totalling 65 kg at Maputo international airport in 2011; the shipments were being sent on drug trafficking routes going from India to Ethiopia, then Mozambique. Kenya carried out five interceptions of a total quantity of 21 kg of cocaine in 2011. Although East Africa is not part of a major route from South America, the individual seizures in 2011 suggest that shipping containers being used to smuggle cocaine pass through the subregion on their way to their destination of illicit markets in Europe. There has also been some detection of minor cocaine courier traffic, some destined for the Far East, through the airports of Dubai and Addis Ababa.

312. Containerized consignments and maritime shipping are being used more frequently to transport cocaine from South America to Europe via West Africa, in addition to the traditional means of air courier and postal shipments. Between 2005 and 2011, approximately 5.7 tons of cocaine were seized from shipping containers sent from Latin America to Europe through West Africa, including 2.1 tons seized in 2011. More recently, in February 2013, 282 kg of cocaine were seized in the Port of Tema (Accra), Ghana, from a container originating in the Plurinational State of Bolivia. In a joint operation by the authorities of Spain, Portugal and the United Kingdom of Great Britain and Northern Ireland, 2 tons of cocaine were seized in the Atlantic ocean, about 700 miles southwest of Cabo Verde, destined for northern Portugal and Spain, at the end of March 2013.

313. The number of couriers travelling from West Africa to Europe has decreased. Fewer than one fifth of the cocaine couriers arriving in Europe are coming from West Africa, since more trafficking is taking place by means of direct air travel from Latin America and the Caribbean. In addition, many West African traffickers prefer to sell the drug locally as they do not have the necessary links and networks and are afraid of the risks associated with smuggling drugs into Europe. Moreover, there is a substantial local market for cocaine, as the number of local abusers of cocaine in West Africa is growing.

(b) Psychotropic substances

314. There is an emerging market for amphetamine-type stimulants in Africa, which is evidenced by the increase in diversions of precursors, seizures and methamphetamine manufacture.

315. Methamphetamine is being increasingly trafficked from West Africa, namely Benin, Côte d'Ivoire, the Gambia, Ghana, Guinea, Mali, Nigeria, Senegal and Togo, to East and South-East Asia, as well as Oceania. It is estimated that the volume of methamphetamine trafficked from West Africa to Asia was about 1.5 tons in 2012. Benin and Nigeria have been the most prominent countries of origin for the trafficked methamphetamine, while it is suspected that the substance is being illicitly manufactured on a large scale in Côte d'Ivoire, the Gambia, Ghana and Mali. In 2012, the most significant seizures made by European customs authorities of amphetamine, departing from West Africa and bound for Asian countries were made in Germany (72 seizures totalling 247 kg), France (23 seizures totalling 51 kg) and Sweden (4 seizures totalling 22 kg). From January to June 2013, about 14 kg of methamphetamine were seized at the Lomé international airport and 2 kg at the Cotonou international airport. Eight arrests of transiting drug couriers coming from Banjul, the Gambia, and en route to East Asia were made in London and Paris airports. In June 2013, Belgian authorities reported the seizures of more than 34 kg of methamphetamine smuggled in a cargo shipment, which had been sent from Cotonou to Kuala Lumpur via Brussels and Doha.

316. Nigeria is the only country in West Africa to officially report illicit methamphetamine manufacture, as the country's National Drug Law Enforcement Agency seized two methamphetamine laboratories in the period 2011-2012 and three in the first half of 2013.

317. There have been reports of illicit methamphetamine manufacture and trafficking in East Africa, as well as reports of the arrest in Kenya, South Africa and the United Republic of Tanzania of suspects believed to be members of organized criminal networks involved in its manufacture. Mozambique reported seizures of methamphetamine on the India/Ethiopia/Mozambique route. Amphetamine-type stimulants and methaqualone (Mandrax) continue to

be illicitly produced in Mozambique for smuggling to South Africa and beyond.

318. While South Africa has been successful in dismantling laboratories manufacturing methcathinone and methamphetamine, amphetamine-type stimulants continue to be illicitly manufactured in the country and exported. Reports from the South African police indicate trafficking of amphetamine-type stimulants by couriers through airports in the Gulf region to Asia and possibly Australia. Southern African criminal groups are increasingly selling illicit drugs online, and the distributors of Mandrax were particularly active in 2012.

319. According to the World Customs Organization, customs services of countries in all African subregions except North Africa reported seizures of psychotropic substances. In Central and West Africa, there was an increase in cases between 2011 and 2012, both in terms of the number of seizures and the quantities intercepted. The number of seizures in East and Southern Africa decreased, but the total amounts seized remained unchanged.

320. The main reason for the lack of data on amphetamine-type stimulants in the African region is the general lack of awareness among authorities in the continent, where law enforcement efforts are geared mainly towards interdicting cannabis and cocaine.

(c) Precursors

321. Trafficking in precursors continued throughout the region. Ephedrine seizures have been reported by several African countries, including Benin, Botswana, Côte d'Ivoire, the Democratic Republic of the Congo, Guinea, Namibia, Nigeria and Zimbabwe. The substance was seized in bulk quantities and in the form of pharmaceutical preparations. The increase in trafficking in ephedrine could indicate the establishment of new clandestine laboratories in Africa. As noted above, Nigeria dismantled three illicit methamphetamine laboratories in the first half of 2013. In June 2013, Kenyan authorities reported a case of dismantling a clandestine laboratory for illicit manufacture of amphetamine-type stimulants. In the first half of 2013, 226 kg of ephedrine were intercepted by the authorities of Benin, a country in which no quantities of that substance had been seized in the previous nine years.

322. The tools available to monitor the international flow of chemical precursors are used by few Governments in Africa. Therefore, the picture of the overall situation of precursor diversion in Africa remains incomplete. Governments are being requested by the Board to improve their existing control and reporting mechanisms for substances under international control in order to reduce attempts to divert chemical substances for the illicit manufacture of drugs.

(d) Substances not under international control

323. Khat (*Catha edulis*), a plant containing the controlled substances cathinone and cathine, is cultivated and consumed for its stimulant effects mainly in East Africa, in particular in Djibouti, Ethiopia, Kenya and Somalia, as well as in some parts of the Middle East. Khat is legal in Djibouti, Ethiopia, Kenya and Somalia, but controlled in Eritrea, Rwanda, the Sudan and the United Republic of Tanzania. The abuse of khat has been increasing in certain parts of Africa. There is no comprehensive study of the extent of khat abuse in the region, but the individual reports from Djibouti, Ethiopia and Kenya indicate substantial increases in abuse of this plant-based substance over the past few years. For example, in Djibouti, annual prevalence of abuse of khat among women increased from 3 per cent in 1996 to 7 per cent in 2006, and doubled again to almost 14 per cent by 2011.

324. Somalia is the main consumer country of khat in Africa, while exports to overseas markets are often destined for the Ethiopian, Kenyan, Somalian and Yemeni expatriate communities. The substance was being exported to the United Kingdom until July 2013, when the United Kingdom Government decided to control khat as a class C drug under the Misuse of Drugs Act of 1971. Western European countries and the United States together accounted for 99 per cent of the total khat seizures made by customs authorities in 2012. Khat seized was destined mainly for the illicit markets in Canada, Denmark, Norway, Sweden and the United States.

325. Abuse of and trafficking in tramadol, a synthetic opioid not under international control, continues to be a serious concern in a number of countries of North and West Africa.[21] The Egyptian authorities reported that they seized a total amount of 620 million tablets of tramadol in 2012, most of which were illicit shipments in containers coming from India through the ports of Dubai and Yemen. Benin, Ghana, the Niger, Senegal and Togo continue to serve as transit hubs for the smuggling of tramadol. From November 2012 until September 2013, about 84 tons of tramadol were seized from containers by joint

[21] For a more detailed and global analysis of abuse of tramadol, see chapter II.E.3. (Global developments in the non-medical use of tramadol).

port control units of Benin and Togo under the Container Control Programme of UNODC and the World Customs Organization. Of the 15 seizures made during that period by the joint port control units in Benin and Togo, in 14 cases, the containers from which the tramadol was seized had been sent from India and in one case, from China, and all but one of those containers were destined for the Niger. In most cases, the drug appeared to be a genuine pharmaceutical product, but the amount of tramadol contained in the medicine was greater than the regulated amounts. In certain other cases, seizures were carried out because the importer did not have the appropriate licence.

326. In 2012, most seizures of new psychoactive substances in Africa were of synthetic cannabinoids. Africa was the only world region where there were no reports of the emergence or seizure of synthetic cathinones and phenethylamines.

5. Abuse and treatment

327. Although there is a lack of reliable and comparable information on drug abuse in Africa, it is estimated that there continues to be a high annual prevalence of cannabis abuse (7.5 per cent of the population aged 15-64) in the region, nearly double the global average. The abuse of amphetamine-type stimulants (0.9 per cent), cocaine (0.4 per cent) and opiates (0.3 per cent) remain comparable with global averages.

328. West and Central Africa, in particular, continue to have a relatively high annual prevalence of abuse of cannabis (12.4 per cent of the population aged 15-64) and opioids (0.4 per cent). The same subregions still have a significantly higher prevalence of abuse of cocaine (0.7 per cent, or an estimated 1.6 million people) than the global average (0.4 per cent), with potential to increase due to the expanding cocaine market in the subregions.

329. A survey on the prevalence of psychoactive substance abuse in Cabo Verde conducted in 2012 and published in April 2013 showed that 7.6 per cent of the Cabo Verdean population had used or tried an illicit drug at least once in their lifetime, 2.7 per cent had used an illicit drug in past 12 months, and 1.6 per cent had used an illicit drug in the past 30 days. Cannabis was the drug of abuse of choice (7.2 per cent lifetime prevalence rate; 2.4 per cent reporting use in the past 12 months, and 1.5 per cent reporting use in the past month), followed by cocaine (0.9 per cent, 0.2 per cent and 0.1 per cent, respectively) and "cocktail" (a mixture of "crack" cocaine and cannabis) (0.3 per cent lifetime prevalence, and 0.1 per cent reporting use in the past 12 months). Amphetamine consumption is also becoming a matter of concern, with a lifetime prevalence rate of 0.1 per cent being reported. To respond to the drug abuse problem, drug abuse prevention initiatives are being implemented by the Government and civil society organizations and non-governmental organizations throughout the country, targeting local communities, families and young people.

330. The abuse of opioids, cannabis and cocaine is increasing in Africa. Cocaine trafficking in West Africa and heroin trafficking in East Africa have caused the supply-driven increase of abuse of those substances in the respective subregions.

331. Recent studies conducted in Kenya and Seychelles have revealed that heroin was the primary drug of abuse of those who inject drugs. Cannabis remains the most commonly abused substance in Nigeria, while the abuse of opioids in the country is also increasing.

332. Polydrug abuse, including use of cannabis combined with either flunitrazepam, methaqualone or methamphetamine, is also becoming a common practice in Africa. Authorities in Kenya and South Africa specifically reported this matter as a public health concern.

333. South Africa reports an increase in the abuse of heroin, methamphetamine and methcathinone.

334. Within North Africa, the situation with drug abuse is varied. The number of drug abusers in Algeria is currently estimated at more than 300,000. According to the Algerian National Federation of the Fight against Drugs and Drug Addiction (FNLDT), the annual prevalence of drug abuse was 1.15 per cent in 2012. Most drug abusers are aged 20-39 years. The country reported an increase in the abuse of cannabis, tranquillizers and sedatives. Morocco also reported an increase in the abuse of cocaine and opiates.

335. The prevalence of HIV among injecting drug abusers remains a cause of concern in Africa. In Ghana, about 4 per cent of new HIV infections are attributed to injecting drug abuse, while HIV prevalence among injecting drug abusers in Senegal is 9.2 per cent. In Nigeria, an analysis in 2010 of the modes of HIV transmission showed that injecting drug abuse accounted for 9 per cent of new infections, while the prevalence of HIV among injecting drug abusers was estimated at 4.2 per cent. In Kenya, injecting drug use is responsible for nearly 4 per cent of new HIV infections, and the prevalence of HIV among injecting drug users is about 6.2 per cent.

336. Availability of evidence-based treatment and rehabilitation facilities in Africa is substantially below the world average. Approximately one in six problem drug users globally receives treatment for drug abuse disorders or dependence each year. However, in Africa only one in 18 problem drug users has access to treatment services, predominantly for treatment related to cannabis abuse. Of particular concern in North Africa is the lack of community-based and gender-sensitive drug treatment programmes with adequate access to treatment facilities for women.

B. Americas

Central America and the Caribbean

1. Major developments

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

338. As cocaine trafficking remains the most lucrative source of income for organized criminal groups in Central America, the intensified competition in cocaine trafficking has increased the level of violence in the region. The most recent wave of violence is in particular affecting the northern part of Central America: Belize, El Salvador, Guatemala and Honduras. The national murder rate in Honduras continues to be one of the highest on record. The areas of highest concern with regard to violence lie along the Honduran coast, on both sides of the Guatemalan/Honduran border, and in Guatemala along the borders with Belize and Mexico.

339. Drug trafficking through these countries has been a contributory factor to high levels of violence and drug-related corruption, as well as a further burden on already overloaded criminal justice systems. It is estimated that there are more than 900 gangs, called "maras", with over 70,000 members, currently active in Central America. In El Salvador, Guatemala and Honduras, 15 per cent of homicides are gang-related.

340. The Board continues to follow closely the drug policy discussion in the region, which includes proposals to establish regulatory regimes for substances under international control that are not fully in line with the international drug control treaties. Proponents assert that such policy changes would contribute to reducing crime, violence and corruption in the region. The Board wishes to draw attention to the fact that some of those proposals, if enacted, would contravene the text, objective and spirit of the treaties (namely, to preserve the health and well-being of mankind), to which all States of the region are parties. Those proposals would have a serious impact on the health of their populations, particularly young people, at a time when there is increasing scientific evidence of the harm caused by drug use and abuse, and could further contribute to illegal markets, crime, trafficking, corruption and violence, as well as transmit ambiguous messages regarding the health dangers of drug use and abuse.

341. Notwithstanding action taken by Governments in the region to tackle the diversion of precursor chemicals, the region continues to be used for the trafficking of these materials, perhaps as an alternative route in the face of strengthened controls in Mexico.

2. Regional cooperation

342. Central America and the Caribbean remains a hub for drug trafficking, thus making it an important area for regional cooperation. UNODC works with Governments of the region. During the past year, regional cooperation focused on law enforcement cooperation, tackling drug trafficking, preventing the diversion of precursors and reducing drug demand.

343. Operation Lionfish, led by INTERPOL and aimed at maritime trafficking of drugs and illicit firearms by organized criminal groups across Central America and the Caribbean, was carried out from 27 May to 10 June 2013. During the operation, nearly 30 tons of cocaine, heroin and cannabis, with an estimated value of $822 million, were seized. The operation involved 34 countries and territories in the region and also resulted in 142 arrests, as well as the seizure of 15 vessels, eight tons of chemical precursors, 42 guns and approximately $170,000 in cash.

344. Another operation, under the code name "Icebreaker", led by INTERPOL and supported by the Board and the World Customs Organization, took place during October 2012. The operation focused on combating methamphetamine manufacture and smuggling across

the Americas, and resulted in the seizure of more than 360 tons of chemicals, 200 kg of methamphetamine, cocaine and lysergic acid diethylamide (LSD), and $2 million in cash. Four illicit methamphetamine laboratories were also dismantled. Eleven countries in the region participated in the operation, which led to the launching of 35 investigations across the region.

345. On 1 November 2012, UNODC and the Government of Panama launched the Regional Anti-Corruption Academy, with a view to enhancing capacities and increasing cooperation to fight corruption (including drug-related corruption) in the region.

3. National legislation, policy and action

346. In Belize, the Domestic Banks and Financial Institutions Act was approved and enacted on 1 January 2013. The Act *(a)* enhances the regulatory and supervisory framework of domestic banks and financial institutions so that they can comply with international standards and best practices set by the Basel Committee on Banking Supervision; and *(b)* improves compliance and efficiency by setting administrative penalties for non-compliance with the requirements of the Act. Furthermore, Belize continues to implement its national anti-drug strategy for the period 2011-2014, which was updated in 2011.

347. El Salvador continues to implement a national anti-drug strategy, covering the period 2011 to 2015, which tackles demand reduction and control of drugs and drug-related offences. The principal aim of the strategy is to reduce the abuse of drugs and to combat illicit drug trafficking and drug-related crime.

348. In June 2013, the Inter-institutional Commission for the Revision of National Legislation on Drug Trafficking of Honduras presented to the President of the country a proposal for a new law on national security protection in the fight against drug trafficking and related crimes. The proposal provides, inter alia, for the classification of drug-related offences, including stricter penalties for serious drug trafficking offences, defines the substances to be controlled, including those under international control, and provides, inter alia, for the extradition of Honduran nationals for drug trafficking activities.

349. In August 2013, the Government of Panama signed into law amendments to Law 23 on drug-related crimes. The amendments provide for the custody and management of seized drug-related assets and property during the conduct of the judicial proceedings and, once a judgement for their confiscation has been made, for their transfer to the National Commission for the Study and Prevention of Drug-related Crimes (CONAPRED), which would adjudicate them to the institutions that are members of the Commission or proceed to their disposal through public auction.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

350. Jamaica and Saint Vincent and the Grenadines continued to be major sources of cannabis. The quantities of cannabis produced in those two countries not only meet the demand in the region but also are trafficked to international markets. Jamaica reportedly continues to be the largest Caribbean supplier of cannabis to the United States; however, some amounts of the drug are also smuggled to Belgium, Germany, the Netherlands and the United Kingdom of Great Britain and Northern Ireland. Based on an analysis of individual cannabis seizure data covering the period from 2001 to 2012, Jamaica was listed among the 10 countries most frequently mentioned as countries of provenance. Another important source of cannabis in the region is Costa Rica, where authorities seized 1,214,056 cannabis plants in the first half of 2013.

351. Shipments of cocaine to Costa Rica have increased in recent years. While an average of five tons were seized annually between 2000 and 2005, those amounts increased to an average of 20 tons per year between 2006 and 2010. That trend has been further confirmed, with total seizures of almost 15 tons during 2012. It is estimated that nearly 80 per cent of cocaine reaches Costa Rica by air. In addition, it has been identified as a major transit country of cocaine for further smuggling to Europe by couriers on commercial flights. This route seems to have been used to a lesser extent in more recent times. This development is perhaps related to the increasing role of the Dominican Republic as a transit country for cocaine smuggled on commercial air flights to Europe. Maritime vessels in transit through the Caribbean are another important means of transport for cocaine destined for Europe.

352. According to Salvadorian authorities, only small quantities of cocaine transit their country, mostly because the country has no Atlantic coast.

353. Increased air trafficking from the border area between Colombia and the Bolivarian Republic of Venezuela to airstrips in central Honduras has been reported, in parallel with a decrease in activity along more established routes via Haiti and the Dominican Republic. In terms of maritime trafficking, remote coastal areas of Honduras and parts of northern Nicaragua are also used. In Nicaragua, most cocaine is seized in remote areas along the Atlantic coast. In 2012, the Nicaraguan authorities seized 9.3 tons of cocaine. In addition, 986 kg of cannabis, 4 kg of crack cocaine and 13 kg of heroin were seized, and 43,252 cannabis plants were destroyed.

354. There has nevertheless been some disruption in the chain of supply of cocaine, as a result of law enforcement interventions and inter-cartel violence in Central America, with seizures moving closer to the source in South America.

355. Guatemala continues to grow opium poppy destined for the domestic market but also for other countries in the region. While there is a lack of precise data concerning the areas where opium poppy is cultivated, the eradicated areas of opium poppy plant tripled from less than 500 ha in 2007 to over 1,500 ha in 2011.

356. Seizures of heroin in the Caribbean remained stable between 2010 and 2011. In terms of seizure weight, the Dominican Republic has accounted for over 75 per cent of reported heroin seizures in the Caribbean since 2006. Forty-two kg were seized in the country during 2011, compared with 30 kg in 2010. A similar amount of heroin (39 kg) was seized in the Dominican Republic in 2012.

(b) Psychotropic substances

357. The manufacture of amphetamine-type stimulants in the region, which was unknown several years ago, has become an issue of serious concern. Belize, Guatemala and Nicaragua have reported such manufacture since 2009. In particular, large-scale manufacture of methamphetamine has been reported by Guatemala, which dismantled 13 laboratories manufacturing the substance between January and September 2012. Photographic evidence from those laboratories confirms the very significant size of the illicit operations. This trend was confirmed by the seizure of 15 large-scale methamphetamine laboratories in Guatemala during 2013.

(c) Precursors

358. Despite the strengthened controls over precursors of amphetamine-type stimulants in the region, Central America continues to be affected by trafficking in precursors, particularly of non-controlled chemical substances, such as pre-precursors and made-to-order chemicals, which are not controlled under the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. This poses new challenges to regulatory and law enforcement authorities, which have to identify which chemicals are being used in the production processes. For example, in 2012 Mexican authorities seized 195 tons of methylamine, a substance not under international control which is used in the illicit manufacture of methamphetamine, bound for Guatemala and Nicaragua.

359. In 2012, Guatemala seized large amounts of chemicals. The country remains an important transit point for pseudoephedrine shipments originating in Bangladesh in the form of pharmaceutical preparations and in India in bulk form. Honduras also reported the seizure and destruction of over 22 tons of pseudoephedrine of unknown origin.

360. In 2013, Guatemala reported, via PICS, a seizure of 240 litres of methyl ethyl ketone and 26,000 litres of one non-controlled substance, both of which are used as solvents for illicit drug manufacture, and 16,000 kg of ethyl phenylacetate destined for the illicit manufacture of methamphetamine.

361. Large quantities of precursor chemicals used in the production of methamphetamine are believed to transit Belize on the way to Mexico. In 2012, over 156 tons of such chemicals were seized and destroyed by Belizean authorities.

362. Another related challenge that authorities, particularly in Guatemala, are facing is the disposal of seized chemicals, as there is a lack of facilities to properly store these chemicals and the infrastructure to dispose such materials is insufficient. In that country, large amounts of precursor chemicals are awaiting disposal, which poses a high risk to the environment. In 2013, 15 clandestine laboratories were dismantled. The Board once again encourages the international community and interested Governments to support the countries of the region in effectively dealing with and resolving that serious issue. In addition, UNODC published the *Guidelines for Safe Handling and Disposal of Chemicals Used in the Illicit Manufacture of Drugs*, which provides information on methods for the safe handling and disposal of chemicals used in the illicit manufacture of different drugs.

(d) Substances not under international control

363. Costa Rica and Panama are among the 70 countries that reported the appearance of new psychoactive substances, a growing trend which poses challenges to the regulatory and enforcement authorities and carries serious health consequences, as the effects of such substances on the human body are not fully understood or known. In 2012, Costa Rica reported *N*-benzylpiperazine (BZP) and 1-(3-trifluoromethylphenyl)piperazine (TFMPP).

5. Abuse and treatment

364. In recent years, trends and patterns related to cannabis abuse in the Central America and the Caribbean region have remained relatively stable. The annual average prevalence rate of cannabis has been estimated at 2.6 per cent in Central America and 2.8 per cent in the Caribbean. In 12 Caribbean countries (Antigua and Barbuda, Barbados, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname and Trinidad and Tobago), the average age at which students reported using cannabis for the first time was around 13 years of age.

365. As regards the use of opioids and "ecstasy" in Central America, UNODC has estimated the annual prevalence rate at 0.2 per cent and 0.1 per cent, respectively, which is well below the global average.

366. The estimated average prevalence rate for the abuse of cocaine in Central America and the Caribbean, at 0.6 per cent and 0.7 per cent, respectively, remains higher than the global average.

367. In 2012 in Costa Rica, a national survey of drug use among secondary students was carried out to determine levels of drug abuse among students attending public and private high schools. In total, 5,508 students from seven provinces were interviewed. According to the survey, the average age of initiation of cannabis use was 14.3 years. The results of the survey indicate a significant increase in cannabis use, from 6.8 per cent in 2009 to 9.7 per cent in 2012.

368. In comparison with the global average, the region continues to experience high levels of abuse of amphetamine-type stimulants, with an estimated annual prevalence rate of 1.3 per cent. In particular, the abuse of pharmaceutical preparations containing stimulants is widespread. At the same time, significant abuse of sedatives in the form of prescription medicines has been reported by Costa Rica and El Salvador. For example, according to UNODC, El Salvador ranks ninth in the world, with an annual prevalence rate for non-medical use of tranquillizers and sedatives among the general population of 7.8 per cent.

North America

1. Major developments

369. Although prevalence rates for abuse of most illicit drugs in North America have remained relatively stable, they continue to significantly exceed global averages. The region's higher rates of drug abuse have had significant public health implications. According to information provided by Governments in the region, there were almost 48,000 drug-related deaths in North America in 2011, representing a mortality rate of 155.8 per million inhabitants aged 15-64, the highest rate in the world.

370. In August 2013, the United States Justice Department issued a memorandum addressed to United States attorneys clarifying its position with respect to the adoption of laws in a number of the country's states to allow the use of cannabis for "medical" or recreational purposes. The Attorney General had pledged to clarify his Department's position with respect to that issue, in particular in the aftermath of ballot initiatives approved by voters in the states of Colorado and Washington in November 2012, legalizing cannabis use for recreational purposes. The Controlled Substances Act, however, continues to prohibit cannabis production, trafficking and possession, listing cannabis in its Schedule I, which contains substances having a high potential for abuse and no scientifically proven medical value and for which there is a lack of acceptance that the drug can be safely used under medical supervision.

371. In the Federal District of Mexico, draft bills providing for the legalization of cannabis are currently being prepared for consideration by the Legislative Assembly. Pursuant to the forum on drug policy held by the Legislative Assembly of the Federal District in early September 2013, the President of the Assembly stated that the Assembly would work on a new legislation focusing on treatment, prevention, reduction of risk and human rights with respect to use and abuse of licit and illicit substances. The forum also clearly identified the legal limits (international conventions and federal law) which any possible new law must observe.

372. In March 2013, the Government of Canada released its first national strategy to address the widespread problem of prescription drug abuse. The strategy was developed by the Canadian Centre on Substance Abuse in conjunction with various stakeholders at the federal and provincial levels, as well as with aboriginal groups.

2. Regional cooperation

373. Regional cooperation among the countries in the region is extensive and generally considered to be effective, including cooperation in the form of intelligence-sharing, joint law enforcement activities and border control initiatives. A list of regional cooperation meetings for North America is available in English in electronic form on the INCB website (www.incb.org), published in conjunction with the annual report.

3. National legislation, policy and action

374. In the United States, 21 states and the District of Columbia have now enacted legislation allowing for the establishment of medical cannabis programmes, with the state Governors of Illinois, Maryland and New Hampshire having signed implementing legislation into law in 2013. In May 2013, the Governor of the State of Maryland signed a bill allowing the use of medical cannabis. The legislation creates a 12-member independent panel to administer a so-called "compassionate use" programme for seriously ill patients for whom traditional treatment options are deemed insufficient. Only state-regulated research programmes tied to university medical centres are eligible. The appointed panel will set criteria for patient participation in the programme and will assume responsibility for licensing cultivators. Patients will not be entitled to grow cannabis themselves or to purchase it directly from private dispensaries licensed by the State. In June 2013, the Governor of New Hampshire signed a bill into law establishing a process to set up "alternative treatment centers", which will dispense cannabis for qualified patients with "chronic or terminal diseases" or "debilitating medical conditions". Under the process, the cultivation of cannabis for personal use will remain illegal. In August 2013, the Governor of Illinois approved a bill to create a four-year, state-regulated pilot programme through which cannabis will be distributed to eligible patients through a network of 60 licensed dispensaries, which must comply with strict rules established by the state government. The law specifies 35 eligible medical conditions, such as muscular dystrophy, cancer, multiple sclerosis and HIV/AIDS. Cultivation by patients or caregivers will remain forbidden. The Board reminds all governments in jurisdictions having established "medical cannabis" programmes, or considering doing so, that the Single Convention on Narcotic Drugs of 1961 sets out specific requirements for the establishment, administration and monitoring of such programmes and notes that many existing programmes are not in line with the provisions of the treaty.

375. In response to the recent referendums in the states of Washington and Colorado, the Deputy United States Attorney General issued a memorandum to United States attorneys with respect to federal law enforcement activities, including civil enforcement and criminal investigations and prosecutions, concerning cannabis in all states. The memorandum reaffirms the determination made by Congress that cannabis is a dangerous drug and that the illegal distribution and sale of that substance is a serious crime and reaffirms the commitment of the Department of Justice to enforcing federal law accordingly. The memorandum sets forth "enforcement priorities", which aim to prevent the distribution of cannabis to minors, the use of cannabis sales revenues by organized crime groups and cartels, the diversion of cannabis from states where it is legal to states where it is not, violence and the use of firearms in the cultivation and distribution of cannabis, drugged driving, the growing of cannabis on public land and the possession or consumption of cannabis on federal property. The memorandum urges states having authorized the use of cannabis in any form, to ensure the establishment of an effective regulatory and enforcement framework that addresses threats to public safety, public health and law enforcement associated with this use and ensures that federal enforcement priorities are not undermined. The Board wishes to reiterate that the 1961 Convention limits the use of cannabis to medical and scientific purposes within the strict conditions set forth in the Convention.

376. In June 2013, the Government of Canada introduced Bill C-65, entitled the Respect for Communities Act. The bill aims to create a legal framework that would be applicable to requests for exemptions under the Controlled Drugs and Substances Act involving activities with controlled substances, including the establishment and operation of supervised drug injection sites. Under current legislation, the Minister of Health has the authority to grant an exemption to undertake activities using controlled substances for medical or scientific purposes, or in the public interest. Bill C-56 would require applications for activities involving controlled substances at a supervised drug consumption site in Canada to be accompanied by evidence of extensive consultations, including stakeholder views, before such applications

could be considered by the Minister. In July 2013, the Toronto Board of Health adopted a decision to prepare a submission to the federal Government expressing its opposition to Bill C-65 and recommending the development of a simplified application process for the establishment of supervised injection sites. The Board of Health also decided to solicit the financial support of the provincial government of Ontario for the integration of supervised injection services, on a pilot basis, into existing provincially-funded clinical health services for people in Toronto who use drugs. INCB wishes to reiterate its position that the establishment and operation of drug consumption facilities is inconsistent with the provisions of the drug control conventions.[22]

377. In April 2013, the United States Government released its 2013 National Drug Control Strategy, which aims to reduce drug abuse and its consequences by balancing public health and public safety considerations. The Strategy contains a broad set of measures to address drug abuse, grouped in the following categories: prevention, early intervention in health care; the integration of substance abuse treatment into the health-care system; addressing the link between drug abuse, crime, delinquency and incarceration; the disruption of domestic drug trafficking and production; the strengthening of international partnerships; and the improvement of information systems for analysis, assessment and local management. The Strategy also sets two national goals to be attained by 2015, namely, the curtailing of illicit drug consumption and the improvement of public health and public safety by reducing the consequences of drug abuse. The Office of National Drug Control Policy also released its 2013 National Southwest Border Counternarcotics Strategy, which measures progress made in strengthening law enforcement efforts along the south-west border and fostering increased cooperation with Mexican authorities. The Strategy sets strategic goals and objectives related to information-sharing, control measures at ports of entry, investigations and prosecutions, money-laundering and smuggling of weapons and establishes indicators for measuring progress.

378. Through the release in March 2013 of its first national strategy on the topic, entitled *First Do No Harm: Responding to Canada's Prescription Drug Crisis*, the Government of Canada hopes to address the widespread abuse of prescription drugs in the country. The strategy is the result of widespread consultations and cooperation between various stakeholders led by the Canadian Centre on Substance Abuse. The document lays out a comprehensive 10-year strategy centred on five streams of action: prevention, education, treatment, monitoring and surveillance, and enforcement. The strategy addresses prescription drugs that have legal status and therapeutic uses, together with a high potential for harm, including opioid pain relievers, stimulants, sedative-hypnotics and medications used to treat addiction. In order to stem abuse of those substances, the strategy addresses the diversion of licit substances from the authorized supply chain; inappropriate prescription and dispensing behaviour; and addiction, mental health, co-morbidities, concurrent disorders and pain. In addition, special emphasis is placed on environmental and social conditions that increase risk among women, youth, seniors, aboriginal populations and newborns. Provision is also made for the adoption of measures to address prescription drug abuse in geographically remote, rural and isolated communities.

379. In August 2013, the United States Attorney General announced plans to reform the criminal justice system with the stated objective of ensuring a more equitable and more efficient enforcement of federal laws. The five goals identified by the Department of Justice in the implementation of the reform were the following: to ensure that finite resources are devoted to the most important law enforcement priorities; to promote fair enforcement of the laws; to ensure proportionate punishment for low-level non-violent offences; to bolster prevention and social reinsertion efforts and reduce recidivism and; to strengthen protection for vulnerable populations. Under the proposed reform, individuals having committed "low-level, non-violent drug offences" will no longer be charged under criminal provisions that impose minimum mandatory sentences so long as their conduct was not violent and did not involve the use of a weapon or sales to minors and the individual is not the leader of a criminal organization, has no ties to criminal gangs or drug cartels and has "no significant criminal history".

380. The Government of Canada has continued to implement the transition from its existing medical cannabis programme, the Marihuana Medical Access Program, to the Marihuana for Medical Purposes Regulations, a new medical cannabis scheme aimed at reducing the risk of diversion into illicit channels, increasing public security and improving access by programme participants to medical cannabis. The new measures governing the production and distribution of medical cannabis include the phasing-out of cultivation for personal consumption and the strengthening of regulatory requirements applicable to licensed medical cannabis producers. The two programmes will operate concurrently until March 2014, when the Marihuana Medical Access

[22] See the *Report of the International Narcotics Control Board for 2006* (E/INCB/2006/1), paras. 175-179.

Program will end. The Board wishes to acknowledge the positive changes that have been made to the medical cannabis access scheme in Canada, in particular the phasing-out of personal cultivation, and the adoption of other measures aimed at preventing diversion.

381. Legislative and administrative measures to address the public health threat posed by the abuse of synthetic cannabinoids and cathinones in the United States have gained momentum at the state and federal levels. In June 2013, a bill banning the sale and possession of all synthetic cannabinoids in the State of Maine was adopted by the state legislature. The sale and possession of cathinones has been illegal in the State since 2011. Also in June, the New York State Senate passed a bill criminalizing the sale and possession of synthetic cannabinoids and cathinones (sold as "bath salts"). While the sale of cathinones has been illegal in the State of New York since 2011, possession had remained legal. The penalties set out in the bill for possession of synthetic cannabinoids and cathinones would be similar to those for possession of cannabis and methamphetamines, respectively. The legislation also establishes the Statewide Synthetic Cannabinoid and Substituted Cathinone Surrender Program, which would allow individuals to turn in any products containing those substances at designated disposal points for a 90-day period following the law's entry into force. A database of trade names, physical descriptions, brand names and images of products known to contain those substances would be created to inform retailers, members of the general public and law enforcement officials.

382. In response to the continued threat posed by new psychoactive substances, the United States Drug Enforcement Administration has made further use of its temporary and emergency scheduling procedures to impose strict control measures on new substances of abuse. In April 2013, the Administration published a final rule to permanently schedule 3,4-methylenedioxy-*N*-methylcathinone (methylone) under schedule I of the Controlled Substances Act. In May 2013, the Administration issued a final order to temporarily schedule the three synthetic cannabinoids UR-144, XLR-11, and AKB-48 under schedule I of the Controlled Substances Act for a two-year period. The final order was based on the finding that the placement of those substances and their salts, isomers and the salts of isomers was necessary to avoid an imminent threat to public safety. As a result of the order, the criminal, civil and administrative penalties provided under the Controlled Substances Act, as well as the regulatory controls for schedule I substances, will be applicable to the manufacture, distribution, possession, importation and exportation of those three substances.

383. In the United States, the Drug Enforcement Administration has continued to take action against retail pharmacy chains for violations of the provisions of the Controlled Substances Act, which imposes civil monetary penalties for violations of the Act's record-keeping and dispensing requirements. Following civil claims brought against them under the Act, two of the country's biggest pharmacy chains agreed to multi-million dollar out-of-court settlements, one of which being the largest such settlement in the history of the Drug Enforcement Administration.

384. In early 2013, Public Safety Canada released a report entitled "Building a safe and resilient Canada: prescription drug return initiatives in Canada", which examines existing prescription drug return programmes already in operation in Canada at the provincial and local levels with a view to providing a reference document for best practices for the establishment of similar programmes.

385. In Canada and the United States, prescription drug "take-back" initiatives were held in order to reduce the supply of unused prescription drugs in households, which has been acknowledged to constitute the main source of these drugs in cases of diversion, trafficking and abuse. In the United States, the Drug Enforcement Administration organized two national prescription drug "take-back" days in April 2013 and in October 2013, which resulted in the collection of 371 tons of unused prescription drugs. In total, the Drug Enforcement Administration has collected more than 1,409 tons of prescription drugs in six such "take-back" days. In Canada, the first ever National Prescription Drug Drop-off Day was held in May 2013, building upon the success of previous prescription drug return initiatives at the municipal and regional levels. According to figures provided by the Government, a total of 2 tons of unused prescription drugs were collected. The Board encourages Governments in the region to continue to implement initiatives aimed at reducing the availability of prescription drugs that are no longer needed and liable to abuse and to raise awareness among their populations of the health risks associated with prescription drug abuse. In that regard, the Board would like to draw the attention of Governments to the special topic on prescription drug disposal initiatives contained in chapter II of the present report.

386. In January 2013, the United States Food and Drug Administration issued a document entitled "Guidance for industry: abuse-deterrent opioids—evaluation and labelling", to advise the pharmaceutical industry on scientific methodologies to be used to test and evaluate new opioid drug formulations having

abuse-deterrent properties, and advise on the formulation of appropriate labelling claims based on the specific tamper-resistant properties of each formulation. In April 2013, the United States Food and Drug Administration approved "abuse-deterrent labelling" for OxyContin, which indicates the tamper-proof physical and chemical properties of the reformulated substance, making it more difficult to crush, break or dissolve, rendering intravenous and intranasal abuse more difficult. The Food and Drug Administration also indicated that, given the known abuse associated with the original formulation of OxyContin, it would not approve any new generic drugs based on the original formulation. In Canada, the Minister of Health refused a request by provincial health authorities to withhold approval of OxyContin generics due to their potential for abuse, because the law did not permit approval to be withheld on the basis of misuse if the drug was otherwise considered safe and effective for its recommended use. In the light of the difference in approach being taken in the two countries and the possible risk of diversion it created, the Federal Minister of Health of Canada emphasized the need for Canada and the United States to work together to develop joint evidence-based guidance on abuse deterrence that could be used on both sides of the border.

387. Through its participation in Operation Pangea VI, the largest Internet-based action of its kind, the United States Food and Drug Administration targeted websites selling unapproved and potentially dangerous prescription medicines that could pose significant threats to public health. As a result, the Administration's Office of Criminal Investigations seized and shut down 1,677 illegal pharmacy websites. As part of its work against illegal Internet pharmacies, the Food and Drug Administration has added a feature to its website allowing members of the public to report suspicious Internet pharmacies and has issued guidelines on how to identify legitimate online pharmacies.

388. In June 2013, the Canadian Community Epidemiology Network on Drug Use issued a "drug alert" regarding illicit fentanyl analogues being produced in clandestine laboratories in Canada and the United States. The alert warns that illicit fentanyl analogues have been appearing in several cities in both countries, in pill and powder form, and are being sold as oxycodone, heroin and other substances, leading to increased potential for overdose. The substances were first reported by police in the province of Quebec in May 2013 but they have since spread to other parts of the country.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

389. North America accounts for roughly half of all cannabis seized globally, primarily due to large quantities seized in the United States and Mexico. According to seizure information submitted by Governments in the region to the Board, however, cannabis seizures in North America have continued to decline. In the United States, the amount of cannabis reported seized in 2012 was over 1,756 tons, compared with 1,834 tons reported for 2011. In Canada and Mexico, the decrease was more significant. Cannabis herb seizures in Mexico fell from nearly 1,796 tons in 2011 to under 1,300 tons in 2012, while in Canada, seizures decreased by more than 50 tons, from 111.4 tons in 2011 to 61.1 tons in 2012.

390. Owing to differences in consumption preferences, cannabis is consumed mainly in the form of cannabis herb in the Americas. In 2011, total seizures of cannabis herb in the region were more than 800 times greater than seizures of cannabis resin. The Americas accounted for only 0.5 per cent of global seizures of cannabis resin in 2011, with Canada accounting for the majority of those seizures. In the United States, over 443 kilograms (kg) of cannabis resin were seized in 2012, representing an increase of 268 per cent compared with the 165.3 kg reported seized in 2011. In Canada, the amount of cannabis resin seized declined from 4.75 tons in 2011 to 3.2 tons in 2012.

391. Cocaine manufactured in South America continues to be smuggled into North America via transit points in Central America and the Caribbean. Cocaine seizures for the region in 2012 present a mixed picture, with the United States and Canada reporting significant increases in seizures and Mexico showing a steep drop. The amount of cocaine seized in the United States increased from 58.23 tons in 2011 to 67.79 tons in 2012, while in Canada, cocaine seizures rose sharply, from 4.6 kg in 2011 to just under 1.7 tons in 2012. In Mexico, however, cocaine seizures fell from 9.46 tons in 2011 to just over 3.39 tons in 2012.

392. Mexico also reported a significant drop in heroin seizures, from 685.5 kg in 2011 to 214.9 kg in 2012. In the United States, heroin seizures increased from 2.9 tons in 2011 to just over 3.3 tons in 2012. Over the same period, heroin seizures in Canada also increased from 39.4 kg to 195.6 kg. Canada remains the only country in the Americas in which heroin is sourced primarily from Asia (mostly

Afghanistan) rather than from other countries on the continent, while heroin abused in the United States is produced mostly in Colombia and Mexico. In fact, the Heroin Domestic Monitor Program of the United States Drug Enforcement Administration revealed that 50 per cent of the heroin samples analysed by the Administration in 2011 originated in South America, 46 per cent in Mexico and only 4 per cent in South-West Asia.

393. While seizures of opium in 2012 remained relatively stable in Mexico, increasing slightly from nearly 1,452 kg to just over 1,471 kg, opium seizures in the United States plummeted from 48.5 kg in 2011 to only 0.07 kg in 2012, while Canada registered a strong increase in seizures, up from 87.7 kg reported seized in 2011 to 388.3 kg in 2012.

(b) Psychotropic substances

394. Although States are not required to submit information relative to seizures of psychotropic substances to the Board, information is available from other sources. According to figures for 2012 released by the World Customs Organization, the number of incidents of seizures of psychotropic substances in North America, as reported by customs agencies, has remained relatively stable, dropping slightly from 2,986 in 2011 to 2,947 in 2012. During that period, however, the quantity of psychotropic substances seized by customs authorities more than tripled, from 10.5 tons in 2011 to over 34.6 tons in 2012.

395. Although North America has accounted for just 1 per cent of global amphetamine seized in recent years (2005-2011), the seizures by North American customs authorities were equivalent to 50 per cent of all amphetamine seizures reported by customs agencies worldwide in 2012, owing in great part to the large seizures in the United States. According to the World Customs Organization, the source country of most of the amphetamine seized in the United States was Mexico, and most amphetamine was smuggled into the country by vehicle.

396. Methamphetamine seizures in Mexico continued to increase, reaching 33.1 tons in 2012, after more than doubling from 13 tons in 2010 to 31 tons in 2011. By 2011, Mexico was reporting the world's largest total methamphetamine seizures, ahead of the United States and China. Mexico has been identified also by United States customs officials as the primary country of origin of methamphetamine seized, with roughly 80 per cent of the substance seized by United States customs being manufactured in Mexico.

397. Customs officials in the United States reported seizures of 1.18 tons of MDMA in 2012, primarily manufactured in Mexico and Canada, also there are indications that domestic manufacturing still accounts for a significant proportion of the MDMA abused in the United States. Seizures of certain chemicals in Mexico frequently used in the manufacture of MDMA suggest that the drug may be being manufactured in Mexico to a greater extent than previously believed.

398. In addition to the abuse of psychotropic substances, the Canadian Centre on Substance Abuse has drawn attention to the fact that methylphenidate preparations used to treat Attention Deficit Hyperactivity Disorder are increasingly being abused by students in North America to boost concentration and improve academic performance.

(c) Precursors

399. The use of non-scheduled esters of phenylacetic acid remain the predominate starting material in large-scale illicit manufacture of methamphetamine in Mexico, where the substances have been under national control since November 2009. While ephedrines continue to be seized in the region, seizures totalled just 270 kg in 2012, far lower than the annual multi-ton seizures reported in earlier years. The reliance upon those precursor chemicals in the illicit manufacture of methamphetamine is now limited to the numerous small-scale laboratories in the United States and larger-scale laboratories in Canada, where loopholes in domestic legislation allow for continued diversion.

400. A detailed overview of the situation in North America with respect to the control of precursor chemicals can be found in the 2013 report of the Board on the implementation of article 12 of the 1988 Convention.[23]

(d) Substances not under international control

401. The United States identified 158 new psychoactive substances in 2012, making it the country having identified the largest number of these new substances of abuse. The substances identified were mostly synthetic cannabinoids and synthetic cathinones. In Canada, authorities identified 59 new psychoactive substances over the first two quarters of 2012, a rate similar to that in the United States. As in the United States, the substances identified

[23] E/INCB/2013/4.

were mostly synthetic cannabinoids and synthetic cathinones but also included phenethylamines. The abuse of new psychoactive substances in North America also includes plant-based substances such as *Salvia divinorum* and khat. The Board encourages Governments in the region to continue their efforts to deal with the public health menace posed by new psychoactive substances by sharing information on new substances of abuse, by identifying and implementing best practices aimed at addressing them and by subjecting these substances to national control measures.

402. The abuse of *Salvia divinorum*, a herb native to Mexico, in Canada and the United States has continued, making the substance one of the most abused new psychoactive substances in the region. Although legislative measures aimed at curbing access to the herb have multiplied in recent years, particularly at the state level in the United States where more than 20 states have now banned it, *Salvia divinorum* remains widely available throughout the region. In Canada, the sale and distribution of products containing *Salvia divinorum* are regulated by the country's Food and Drugs Act, with no authorizations having been granted for the sale of products containing the substance since early 2011. Despite a process initiated by the Government of Canada in 2011 to control *Salvia divinorum* under the Controlled Drugs and Substances Act, the measure has not yet been adopted.

403. According to data provided by the Canada Border Services Agency, there has been a significant increase in attempts to smuggle khat into the country, where it is illegal. In the Greater Toronto Area alone, more than 13 tons of khat have been seized by the Agency in approximately 13,000 seizures effected between 1 January 2012 and 31 May 2013. In 2012, the total amount seized in the Greater Toronto Area was over 10 tons.

5. Abuse and treatment

404. North Americans with substance addiction problems have greater access to treatment than people in other regions, with an estimated one in three problem drug users in the region receiving some sort of treatment intervention per year, compared to one in six problem users globally.

405. According to figures released by UNODC, the illicit cocaine market in North America has decreased significantly over the period 2006-2012, both in absolute and relative terms. In 2011, roughly 4.6 million people in North America reported using cocaine in the past year, a decrease of approximately 2 million over the amount in the period 2004-2005. Over the same period, the proportion of cocaine users in North America decreased from 49 per cent of the world total to 27 per cent, although the reasons for that decline also include increases in other regions.

406. According to the 2012 Canadian Alcohol and Drug Use Monitoring Survey released by Health Canada, the prevalence of past-year cannabis abuse among Canadians aged 15 years and older increased slightly in 2012, from the 9.1 per cent reported in 2011 to 10.2 per cent. Despite that increase, prevalence of past-year cannabis abuse in 2012 was still significantly lower than the 14.1 per cent registered in 2004. In terms of differences among various age groups, the survey reveals a past-year prevalence among youth (defined as 15 to 24 years of age) of 20.3 per cent against 8.4 per cent for adults (defined as 25 years of age or older). The survey also found a slight increase in the age of initiation to cannabis, rising from 15.6 years in 2011 to 16.1 years in 2012. Past-year prevalence for the abuse of other illicit drugs identified by the Survey was as follows: "ecstasy", 0.6 per cent; hallucinogens (including *Salvia divinorum*), 1.1 per cent; cocaine or "crack" cocaine, 1.1 per cent. The Survey also examined the use and abuse of opioid pain relievers, tranquillizers and sedatives. Among respondents over the age of 15 having used any of those substances in the previous year, 6.3 per cent reported to have abused the drug in order to get high.

407. In the United States, recent studies have revealed drugged driving to be more common than initially thought, with 9.4 million people (i.e., 3.4 per cent of the population aged 12 or older) reported to have driven under the influence of illegal drugs in 2011. Of those having tested positive for drugged driving, 66 per cent also tested positive for alcohol.

408. According to statistics released in July 2013 by the Centers for Disease Control and Prevention, prescription drug abuse, in particular of opioid analgesics, has continued to constitute a serious threat to public health in the United States, with women increasingly and disproportionately affected. Although the number of annual deaths related to overdose of prescription opioids continues to be higher among men than among women, the Centre's figures reveal that the number of deaths among women between 1999 and 2011 has increased disproportionally, by 400 per cent, compared with an increase of 265 per cent among men. For the years in question, almost 48,000 women died of prescription opioid abuse, averaging about 18 deaths per day in 2010. The Centre estimates that for every woman who dies of prescription opioid abuse, another 30 women are admitted to hospital emergency

rooms across the United States for painkiller misuse or abuse—roughly one every three minutes.

409. In Mexico, the National Institute of Women (INMUJERES) has called for a review of public policies relative to the prevention and treatment of drug abuse in order to include gender perspectives that take into account the particularities of the effects of drug abuse on women. The Institute points out that drug abuse among women in Mexico has doubled in the past decade and that the health consequences of drug abuse among women manifest themselves more quickly and are more severe than among men using similar quantities of the same drug for similar amounts of time. Women are also more at risk of being victims of drug-related domestic violence, crime and sexual assault. INMUJERES also highlights that women in Mexico are less likely than men to seek out treatment due to social stigma and fear of rejection by their partners or families. The Board encourages Governments in the region, in the preparation of their national drug abuse prevention and treatment strategies, to take gender perspectives into account and to involve groups representing women in the elaboration of these strategies.

410. In February 2013, the United States National Institute on Drug Abuse released the results of its Monitoring the Future survey for 2012 on drug use among adolescents. The survey was based on a sample group of 45,400 eighth, tenth and twelfth grade students at 395 secondary schools across the United States. According to the study, increases in cannabis use among secondary school students, which had been noted for the past four years, ceased. Nonetheless, current cannabis use in 2012, based on past-month prevalence data, was 20 per cent higher than in 2007. The rise in use seems to have been mainly linked to falling risk perceptions. The study found that the perceived risk associated with cannabis use has been in decline among adolescents for the past six years and that disapproval of cannabis use has declined for the past three to four years in line with ongoing discussions on the legalization of cannabis in various states of the United States. The study also examined the perceived availability of cannabis as an alternative explanation for the rise in cannabis use. Availability of cannabis, however, was not found to have changed. Increase in cannabis use over the past few years did not affect only youth. The National Survey on Drug Use and Health, published in September 2013, revealed an increase of 20 per cent in the annual prevalence of cannabis use among the general population aged 12 and older over the 2007-2012 period, from 10.1 per cent in 2007 to 11.5 per cent in 2011 and 12.1 per cent in 2012, the highest such rate found over the past decade.

411. Past-year use of synthetic cannabinoids (known as "Spice" or "K2") for 2012 among twelfth grade students remained relatively unchanged, at 11.3 per cent (compared with 11.4 per cent for 2011), and remained the second most widely used group of substances after cannabis. The 2012 survey, the first in which eighth grade and tenth grade students were asked about past-year use of synthetic cannabinoids, reported prevalence rates of 4.4 per cent and 8.8 per cent respectively. Annual prevalence rates for cathinones ("bath salts") for 2012 were 0.8 per cent, 0.6 per cent and 1.3 per cent for grades 8, 10 and 12 respectively. Lower rates of abuse were noted for heroin, "ecstasy" and sedatives.

412. In June 2013, the Federal District of Mexico released the results of a survey on the use of drugs among students in Mexico City. Based on a sample of over 26,500 high school and higher education students, the survey reveals an increase in illegal drug abuse led by cannabis, cocaine, "crack" cocaine and hallucinogenics. The most significant increase was noted for cannabis: past-year usage rose by four percentage points, from 8.2 per cent in 2009 to 12.2 per cent in 2012. In contrast to declining prevalence rates for cocaine abuse in North America as a whole, the figures for past-year cocaine abuse among those students also rose, from 1.7 per cent in 2009 to 2.5 per cent in 2012.

413. In February 2013, the Centers for Disease Control and Prevention warned of multiple cases of acute kidney injury associated with synthetic cannabinoid use reported by the health authorities in several states of the United States. Figures released by the American Association of Poison Control Centers in April 2013 indicated that there were over 5,200 calls to poison centres across the United States for exposure to synthetic cannabinoids in 2012.

414. According to the 2012 Arrestee Drug Abuse Monitoring Program released in May 2013 in the United States, 60 per cent of adult males arrested in the five regions covered by the survey had at least one illicit drug in their system at the time of their arrest, the drugs most commonly detected being cannabis, cocaine and methamphetamine. While the detection of cannabis in the urine samples of male arrestees increased by 17 per cent over the period 2007-2012, the detection of cocaine fell by 37 per cent over the same period, possibly due to declines in cocaine manufacture in Colombia and stronger law enforcement actions by the Mexican authorities against the Mexican drug cartels trafficking cocaine. The proportion of urine samples from male arrestees testing positive for methamphetamine increased slightly between 2007 and 2012. Among the arrestees having tested

positive for illicit drug consumption, 70 per cent had never received any kind of drug treatment.

415. Over the past decade, intravenous drug abuse in North America has declined significantly. In the United States alone, the number of people injecting drugs dropped by more than 400,000 between 2008 and 2011. Notwithstanding that decline, figures for 2011, published in the *World Drug Report 2013*, show that an estimated 0.63-0.68 per cent of North Americans aged 15 to 64 years of age continue to inject drugs. Approximately 13.5 per cent of intravenous drug users in the region are estimated to be infected with HIV. In Canada, drug injection remains relatively high at 1.3 per cent of the general population, approximately double the North American average.

South America

1. Major developments

416. The availability of South American cocaine in illicit global markets appears to have stabilized or even declined since the period 2005-2007. Large seizures of cannabis reported by countries in South America suggest a possible increase in cannabis production in the region in recent years. Illicit cultivation of opium poppy continues to occur to some extent in South America; however, its magnitude is rather limited.

417. In 2012, the total area of coca bush cultivation decreased by a quarter in Colombia, to 48,000 ha. It also decreased slightly in Bolivia (Plurinational State of), to 25,300 ha, and Peru, to 60,400 ha. The total area under coca bush cultivation in South America in 2012 was estimated at 133,700 ha, indicating a sizeable decrease from the 153,700 ha reported in 2011.

418. In 2013, the Plurinational State of Bolivia reacceded to the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, with a reservation on coca leaf. Since February 2013, the chewing of coca leaf and the consumption and use of the coca leaf in its natural state for "cultural and medicinal purposes" are permitted on the territory of the Plurinational State of Bolivia by the virtue of the reservation.

419. The past two years have seen intensive discussion on drug policies in the Americas, including South America (for a discussion of this issue in the context of Central America and the Caribbean, see para. 340, above). The Board notes that in November 2012, the member countries of the Organization of American States approved a new procedure for the Multilateral Evaluation Mechanism for assessing drug policies in the Americas. The new procedure takes into account new standards set by the Hemispheric Drug Strategy and its plan of action.

2. Regional cooperation

420. There is a high level of cooperation and coordination among the countries in South America, and the Americas as a whole, in terms of the number of dedicated forums and activities to confront the underlying problems related to illicit cultivation and to the illicit production, manufacture, trafficking and abuse of drugs in the region. The Board acknowledges the number of regional cooperation activities organized by the Governments of the countries in the region in cooperation with the Inter-American Drug Abuse Control Commission and UNODC.

421. The issue of drug control became an integral part of the cooperation programmes of various communities of countries in South America, including the Common Market of the South, the Andean Community, the Union of South American Nations and the Community of Latin American and Caribbean States. The Board also takes note of the efforts of the American Police Community, which aims to promote police cooperation and judicial assistance among police forces in the western hemisphere.

422. In 2012 and 2013, in addition to high-level meetings on national and regional drug control policies, health and law enforcement experts from Latin America at diverse technical forums shared their views and experiences on drug-related issues, such as the abuse of smokeable forms of cocaine, the achievements of drug treatment courts or the forecasting of trafficking in drugs in the western hemisphere by 2020.

3. National legislation, policy and action

423. In January 2013, the Secretariat for Planning the Prevention of Drug Abuse and the Fight against Drug Trafficking of Argentina launched an online system that records all national transactions in chemical precursors. The system will assist the competent national authorities in reducing the risk of diversion of precursor chemicals for the illicit manufacture of drugs.

424. In 2013, the Colombian drug observatory launched an early warning system that is aimed at identifying and issuing alerts about domestic consumption of new psychoactive substances, analysing their potential effects on health and reporting findings to the interested communities, including the health sector and other entities responsible for drug control in the country.

425. In November 2012, Ecuador joined the Hemispheric Information Exchange Network for Mutual Assistance in Criminal Matters and Extradition, established in 2000 to increase and improve the exchange of information between States members of the Organization of American States in the area of mutual assistance in criminal matters.

426. The Board notes that, in response to a higher rate of misuse and abuse of narcotic drugs and psychotropic substances among the student population in Peru, in November 2012 the Peruvian National Commission for Development and Life without Drugs (DEVIDA) initiated a pilot programme for drug prevention at universities, which is aimed at creating awareness among students about the harmful effects of drug abuse and the need to develop healthy lifestyles.

427. In March 2013, DEVIDA and UNODC agreed to establish in Peru a centre of excellence for Latin America and the Caribbean for the prevention and control of supplies and precursor chemicals.

428. With a view to promoting shared responsibility among local communities in preventing drug trafficking and drug abuse, at the beginning of 2013 the Government of the Bolivarian Republic of Venezuela, in cooperation with State institutions, initiated public consultations on the National Drug Plan 2013-2019.

429. The Board notes with concern that in July 2013, the lower house of Uruguay approved new legislation that would allow the State to assume control over and regulate activities related to the importation, production or acquisition of any title, storage, sale or distribution of cannabis or its derivatives, under terms and conditions to be determined by a regulation, for the purpose of non-medical use. The law has yet to be approved by the Senate. The Board wishes to point out that such legislation, if approved, would be contrary to the provisions of the international drug control conventions.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

430. The data on cannabis cultivation in South America are scarce. Increased seizures of cannabis have been reported by several countries in the region in recent years. For example, Colombia and Paraguay reported increases of over 100 per cent in seizures of cannabis herb when comparing the period 2002-2006 with the period 2007-2011. Those increased seizures may warrant closer examination to determine whether they are primarily the result of strengthened law enforcement activities or whether they may indicate increased illicit cultivation of cannabis plant in the region.

431. The Board noted the high volumes of cannabis plant and cannabis herb seized in the Plurinational State of Bolivia in recent years. From 2008 to 2011, the Bolivian authorities seized 3,500 tons of cannabis. In 2012, they seized a further 407 tons of the drug of local origin (403 tons of cannabis plant and 4 tons of cannabis herb), 25 tons more than in 2011.

432. Illicit cannabis cultivation in Brazil is destined primarily for local abuse. In 2012, seizures of cannabis herb decreased significantly, from 174 tons in 2011 to only 11.2 tons. In that year, the Brazilian authorities eradicated a total of 21.7 ha of area under illicit cannabis cultivation in their country and assisted in joint operations, to eradicate illicit cannabis cultivation in Paraguay.

433. Cannabis that has been illicitly cultivated in Paraguay continues to be smuggled to Southern Cone countries. According to the Paraguayan National Anti-Drug Secretariat, the eradication of illicit cannabis plant grown in the country has decreased gradually, from 1,776 ha eradicated in 2008 to 721 ha in 2011. In 2012, seizures of cannabis herb in the country amounted to 175.7 tons, a decrease of 43 per cent from the level of the previous year. The Board wishes to encourage the Government of Paraguay to increase its efforts to address decisively the illicit cultivation of cannabis plant on its territory.

434. In Peru, a total of 722.7 tons of cannabis plant was seized in the period from 2000 to 2011. In 2012, the Peruvian authorities seized 979 tons of cannabis plant. Large seizures of cannabis plant continued in 2013, with the authorities seizing some 700 tons in the first half of the year.

435. In Uruguay, seizures of cannabis herb in 2012 amounted to only 2 tons, the same as in 2011. Venezuelan authorities seized 17.9 tons of cannabis herb in 2012, including cannabis herb containing high levels of tetrahydrocannabinol.

436. Most indicators, including cultivation of coca bush, manufacture of cocaine, seizures of the substance and prevalence estimates in the major consumer countries, suggest that in recent years the cocaine market, on the whole, has been declining.

437. In 2011, UNODC estimated that the total global potential manufacture of cocaine ranged from 776 to 1,051 tons. As the research to determine the ratios for the conversion of coca leaf to cocaine in South America is ongoing, UNODC did not provide any estimate of the global potential manufacture of cocaine in 2012.

438. The total area under coca bush cultivation in South America in 2012 decreased to 133,700 ha, 13 per cent less than the total area in 2011. Peru accounted for 45 per cent of that total, followed by Colombia and Bolivia (Plurinational State of), which accounted for 36 per cent and 19 per cent, respectively.

439. In 2012, the total area under illicit coca bush cultivation in the Plurinational State of Bolivia decreased to 25,300 ha, 7 per cent less than in 2011. In 2012, a total of 11,044 ha of coca bush were manually eradicated in the country. That total area of annual eradication was the second largest reported since 2000.

440. In 2012, about 30,486 ha of illicitly cultivated coca bush were eradicated manually in Colombia and a further 100,549 ha were sprayed by aircraft. Those eradication efforts resulted in a 25 per cent decrease in the area under illicit coca bush cultivation over the year. The final estimated total area under illicit coca bush cultivation amounted to 48,000 ha, the smallest in the country since 1995. The potential cocaine manufacture in Colombia decreased accordingly in 2012 to 309 tons, 39 tons less than in 2011.

441. Despite annual eradication of illicit coca bush ranging from 6,400 ha to 12,000 ha from 2001 to 2011, there was still a gradual increase in the total area under illicit cultivation in Peru, from 46,200 ha to 62,500 ha, over that period. The area under illicit coca bush cultivation in the country was, however, still about half the area of two decades before.

442. The Peruvian National Drug Control Strategy 2012-2016 provides for a gradual stepping up of eradication efforts aimed at reducing the potential production of coca leaf in the country by 30 per cent by 2016, from the level in 2011. In 2012, the Peruvian authorities eradicated 14,170 ha of illicit coca bush, 170 ha more than the target set for that year. By June 2013, the authorities reported eradicating 10,400 of the 22,000 ha of coca bush planned to be eradicated by the end of the year.

443. At the end of 2012, the total area under illicit coca bush cultivation in Peru decreased to 60,400 ha, 3 per cent less than in 2011.

444. Cocaine produced in South America, in addition to its local consumption, is trafficked from the region, mainly to North America and Europe. While rates of cocaine abuse have been falling in the United States in the past few years, large quantities of cocaine continue to be trafficked to that country and to Canada, notably from Colombia, through Ecuador, Mexico and countries in Central America.

445. The use of speedboats and submersible and semi-submersible vessels for trafficking of cocaine from South America continued to be reported by countries in the subregion. A breakdown of cocaine seizures in Colombia suggests that the Atlantic route is gaining importance, in comparison with the Pacific route, for the smuggling of cocaine.

446. Brazil, with its extensive land borders with all three major cocaine manufacturing countries and a long coastline, in addition to being a destination country for large amounts of cocaine, also affords easy access to the Atlantic Ocean for onward trafficking to West and Central Africa and from there to Europe and farther afield. In 2012, the cocaine seized in Brazil had originated in Bolivia (Plurinational State of), Peru and Colombia, in descending order of quantities seized.

447. The Government of the Bolivarian Republic of Venezuela reports that the decrease in the trafficking of illicit drugs through its territory is partly due to the continued implementation of systems for the detection of and severe penalties for drug trafficking.

448. In 2012, several countries in South America, including Colombia, Chile, Peru, Paraguay and Uruguay, reported that greater quantities of cocaine hydrochloride had been seized than in 2011. In 2012, Colombian authorities seized 188 tons of cocaine hydrochloride (an increase of 29 per cent), constituting a large proportion of potential cocaine production in the country. The Chilean authorities, in addition to 9.7 tons of coca paste, also seized 3.2 tons of cocaine hydrochloride, 1.3 tons

more than in 2011. In Peru seizures of cocaine hydrochloride of domestic origin increased in 2012 by 1.9 tons, to 12.7 tons seized. In the first half of 2013, 4 more tons of the substance were seized in Peru. In Paraguay, seizures of cocaine hydrochloride doubled from 2011 to 2012, when they amounted to 3.1 tons. It was the fourth consecutive increase since 2008, when 0.3 tons of the substance was seized. In Uruguay such seizures increased from 266 kg in 2011 to 685 kg in 2012. In 2012, seizures of cocaine hydrochloride decreased in Bolivia (Plurinational State of) to 4.2 tons, 1.4 tons less than in 2011, while those of cocaine base increased by 3.8 tons, to 32.1 tons. In Brazil, seizures of cocaine hydrochloride totalled 19.9 tons, 19 per cent less than in the previous year. In the Bolivarian Republic of Venezuela, seizures of cocaine hydrochloride remained stable in 2012, totalling 27.4 tons.

449. In South America, most of the laboratories manufacturing cocaine hydrochloride are found in the three coca-growing countries: Bolivia (Plurinational State of), Colombia and Peru. Cocaine hydrochloride laboratories have also been destroyed in a number of other countries, including Argentina, Chile, Ecuador, Venezuela (Bolivarian Republic of), and the United States.

450. The number of illicit cocaine laboratories dismantled in the Plurinational State of Bolivia decreased by 24 per cent in the past three years, from 5,956 laboratories in 2010 to 4,508 laboratories in 2012.

451. In Colombia, the number of both coca base and cocaine hydrochloride processing laboratories dismantled has gradually decreased by one third from 2008 to 2011, following a decreasing trend in illicit cultivation of coca bush. In 2012, 2,110 laboratories processing coca base and 246 manufacturing cocaine hydrochloride were destroyed.

452. In Peru in 2012, 26 cocaine hydrochloride processing laboratories and 1,145 coca base processing laboratories were dismantled, respectively the highest and lowest numbers in the past five years.

453. Illicit cocaine laboratories discovered in Ecuador were primarily purification laboratories or laboratories processing coca base into cocaine hydrochloride. In 2012, four cocaine laboratories were dismantled in Ecuador. The Chilean authorities reported the destruction of eight laboratories processing coca base in their country in 2012.

454. There is no illicit cultivation of coca bush in the Bolivarian Republic of Venezuela. However, since 2007, the Venezuelan authorities have dismantled on average 18 illicit cocaine hydrochloride processing laboratories per year. In 2012, those authorities destroyed 24 such laboratories.

455. Although there is some illicit cultivation of opium poppy in South America, its magnitude is negligible. In 2012, illicit opium poppy in Colombia was cultivated on an estimated area of 313 ha, equivalent to only about 0.1 per cent of global area under illicit opium poppy cultivation. During the first four months of 2013, the Colombian authorities eradicated 324 ha of illicit opium poppy cultivation. The potential manufacture of heroin in Colombia has been stable for several years at about 1 ton. In 2012, 18 ha of opium poppy were reported eradicated in Peru.

456. In 2012, the following seizures of heroin were reported in South America: 10 kg in Brazil, 814 kg in Chile, 464 kg in Colombia and 2 kg in Peru. In addition, Peru reported a seizure of 71 kg of opium of local origin and Chile reported seizures of 120 kg of morphine.

(b) Psychotropic substances

457. The problem of the manufacture, trafficking and abuse of psychotropic substances in South America encompasses all main groups of those substances, including amphetamine-type stimulants, sedatives and tranquillizers and hallucinogens, as well as psychoactive substances that are not under international control. The characteristics and magnitude of the problem differ from country to country.

458. According to the Government of Brazil, the illicit manufacture of synthetic drugs does not occur in the country. Synthetic drugs are trafficked to Brazil from Europe, on some occasions in exchange for cocaine. In 2011, Brazil reported its highest figure for seizures of MDMA ("ecstasy") in the past two decades, 70 kg; over the past 10 years the amounts of the annual seizures of the substance in the country have usually been smaller than 1 kg. In 2012, Brazil seized 339,000 tablets of "ecstasy" and 10,000 units of amphetamine.

459. The Government of Colombia reported on increased seizures of synthetic drugs, which may indicate increased abuse of those substances in the country. In 2012, the Colombian authorities seized almost 39,700 tablets of "ecstasy".

460. In 2010, Peru reported the seizure of 250,000 units of "ecstasy", the largest amount in the past decade. In 2011 seizures of "ecstasy" amounted to 229 units, and in 2012 the country did not report any such seizures. The

Uruguayan authorities reported the seizure of 60,000 units of "ecstasy" in 2011; in 2012 the country did not report any seizures of the substance.

461. From 2011 to 2012, seizures of amphetamine and/or methamphetamine were reported by Argentina, Brazil, Chile, Colombia and Venezuela (Bolivarian Republic of).

462. In 2011, a number of countries in South America, including Argentina, Brazil, Chile, Colombia and Uruguay, reported the largest amounts of hallucinogens seized since 2007. In 2012, seizures of hallucinogens, in particular LSD, were reported by Brazil (65,000 units), Chile (4,200 units), Colombia (100 units) and Uruguay (2,000 units). According to the Chilean authorities, most of the LSD seized in the country had originated in Argentina.

(c) Precursors

463. In all countries that are major sites for coca bush cultivation, the efficiency of illicit cocaine manufacture has been improving. Potassium permanganate remains the key oxidizing agent used in the manufacture of cocaine hydrochloride in the region, although the extent of its illicit use and the methods used for its diversion have changed in South America in the past few years. In 2012, countries in South America accounted for two thirds of global seizures of potassium permanganate (92.7 tons). In that year, Colombia seized 55.7 tons, Peru 3.1 tons, Venezuela (Bolivarian Republic of) 2.4 tons and Bolivia (Plurinational State of) 960 kg of the substance.

464. In Colombia, in addition to the recycling and reuse of solvents, traffickers have begun to manufacture some precursor chemicals, including potassium permanganate, ammonia and hydrochloric acid. In 2012 the Colombian authorities dismantled eight illicit laboratories manufacturing potassium permanganate.

(d) Substances not under international control

465. The problem of new psychoactive substances has also emerged in countries of Latin America. Reported substances of abuse include ketamine and plant-based substances, notably *Salvia divinorum*, followed by piperazines, synthetic cathinones, phenethylamines and, to a lesser extent, synthetic cannabinoids. Brazil also reported the emergence of mephedrone and DMMA (a phenethylamine); Chile reported the emergence of *Salvia divinorum* and tryptamine.

5. Abuse and treatment

466. In January 2013, the Andean Community presented the results of the second Andean epidemiological study on drug use among university students. The study found that the prevalence of drug abuse among university students in the Andean countries was quite heterogeneous: the last-year prevalence of abuse of any illicit drug, including inhalants, was 4.6 per cent in Bolivia (Plurinational State of), 16.7 per cent in Colombia, 10.1 per cent in Ecuador and 5.6 per cent in Peru.

467. Cannabis continues to be the most abused drug in South America, where about 14.9 million persons aged 15 to 64 were estimated to have taken the substance in the past year, 4.5 times the number of persons who abused cocaine. According to UNODC data, the prevalence of cannabis abuse has significantly increased in the region in recent years, particularly in Brazil.

468. The Board notes with concern the low perception of risk regarding cannabis abuse by the young population in some South American countries: according to the fifth national survey on the abuse of drugs among the secondary school population, published in October 2012, up to 60 per cent of students in Uruguay aged 13 to 17, consider recreational use of cannabis to pose little or no risk.

469. The past-year prevalence of cocaine abuse among the general population in South America (1.3 per cent) is the third highest in the world, after North America and Oceania (1.5 per cent each), and it is about triple the global average prevalence (0.4 per cent). According to UNODC, the past-year prevalence of cocaine abuse increased in particular in Brazil, from 0.7 per cent (population aged 12-65) in 2005 to 1.75 per cent (population aged 16-64) in 2011.

470. The high prevalence of cocaine use in South America is also reflected in the demand for treatment for cocaine abuse. According to UNODC, treatment for cocaine abuse accounted for 46 to 83 per cent of all drug-related treatment in, in ascending order, Peru, Ecuador, Venezuela (Bolivarian Republic of), Argentina and Chile from 2010 to 2011. Demand for treatment for cannabis abuse was also significant in Ecuador, and in Peru, where nearly 40 per cent of treatment demand was for cannabis abuse.

471. A study of cocaine base paste over four decades, published in April 2013 by DEVIDA, indicates that abuse of cocaine base paste in South America commenced in the 1970s, particularly in Bolivia (Plurinational State of), Colombia and Peru, and that over the past 10 years it has

spread to other countries in the region, including Argentina, Chile and Uruguay. The study calls attention to the quick onset of dependence to cocaine base paste and the challenges of its clinical treatment. According to the study, in Peru, 59.6 per cent of persons who had abused cocaine base paste in the past 12 months showed signs of drug dependence, compared with 47.8 per cent of those who had abused cocaine.

472. The annual prevalence of opioid abuse (mainly non-medical use of prescription opioids) in South America is estimated to be 0.3 per cent of the adult population, corresponding to 790,000 to 860,000 people aged 15 to 64.

473. Past-year prevalence of abuse of amphetamine-type stimulants (excluding MDMA ("ecstasy")) among the general population in South America (0.4-0.6 per cent) is lower than in Central America or North America (1.3 per cent). Past-year prevalence of "ecstasy" abuse among the general population is even lower, at 0.1-0.2 per cent.

474. The second Andean epidemiological study also pointed to the increasing abuse of hallucinogenic substances in the Andean countries. According to the study, the past-year prevalence of LSD abuse had increased four-fold among the university population in the region, from 0.23 per cent in 2009 to 0.95 per cent in 2012. In Colombia, the past-year prevalence of abuse of LSD was 3.16 per cent and that of hallucinogenic mushrooms 1.02 per cent. Abuse of hallucinogenic mushrooms had also increased recently in the Plurinational State of Bolivia, in particular among university students, and became the second most abused drug in the country, after cannabis, among that population.

C. Asia

East and South-East Asia

1. Major developments

475. The manufacture of and demand for heroin in East and South-East Asia continues to be of major concern to the Board. In the mid 2000s the Governments of the Lao People's Democratic Republic, Myanmar and Thailand undertook successful opium poppy eradication programmes. In recent years, there has been an upsurge in cultivation, threatening the positive gains made over the past decade. From the low of 24,157 ha reported to have been cultivated in 2006, the total area of illicit cultivation of opium poppy in the Lao People's Democratic Republic and Myanmar increased substantially, amounting to 58,000 ha in 2012. In the Lao People's Democratic Republic, the area of cultivation in 2012 amounted to about 25 per cent of the area of cultivation in 1998, when illicit cultivation reached its peak. Myanmar, which also reported an increase in cultivation, had the largest total area of opium poppy cultivation in the region, at 51,000 ha. However, the increase in demand for heroin in East and South-East Asia is so great that even with the reported increase in illicit cultivation in the three above-mentioned countries, Afghan opium is reportedly now being smuggled into East and South-East Asia in order to satisfy demand—in an area where approximately one quarter of the world's opiate abusers live.

476. The region's long-established demand for amphetamine-type stimulants showed no signs of weakening. Demand for amphetamine-type stimulants both increased and diversified, with a growing demand for crystalline methamphetamine among the new trends in the region. Illicit manufacture of amphetamine-type stimulants continued to be prevalent, and in 2011 hundreds of illicit synthetic drug manufacturing facilities were reported to have been dismantled by the Governments of Cambodia, China, Indonesia, Malaysia, Myanmar, the Philippines and Thailand. In addition, the abuse of non-controlled substances has become more prevalent, with the abuse of synthetic cannabinoids and synthetic cathinones being reported. Ketamine remained the most widely reported abused substance among those substances not under international control.

477. As part of the regional response aimed at reducing high levels of drug abuse, in particular of amphetamine-type stimulants, there was a noticeable move by Governments towards enhancing community-based treatment programmes.

2. Regional cooperation

478. Countries in the region continued to look at ways to enhance cooperation at the ministerial level and between law enforcement agencies in order to focus on combating the supply of illicit drugs. The increasing number of regional meetings on drug control issues highlights the existing political will to use multilateral mechanisms to exchange information and enhance cooperation in order to more effectively combat illicit manufacture and use of drugs.

479. A list of selected regional cooperation meetings in East and South-East Asia is available in English in electronic form on the INCB website (www.incb.org), published in conjunction with the annual report.

3. National legislation, policy and action

480. In June 2012, Brunei Darussalam introduced the Criminal Asset Recovery Order, which consolidates procedures and powers in asset recovery and removes the complexities of previous legislation containing measures to counter money-laundering.

481. The newly formed China Food and Drug Administration, which started operations in March 2013, merged the functions of a number of separate departments in an effort to improve supervision and regulation. In 2011, China also carried out a nationwide campaign to stop the use of the Internet for drug-related crime. The campaign resulted in the arrest of over 800 persons and the dismantlement of 144 groups suspected of using the Internet to commit drug-related offences, the destruction of 22 sites used for illicit drug manufacture and the seizure of 308 kg of illicit drugs.

482. Cambodia's Law on Drug Control, promulgated on 2 January 2012, extends the scope of activities related to drug control in the country and contains provisions on, among other things, money-laundering and access to treatment for drugs users. The Law is aimed at reducing drug abuse and drug-related offences in the country.

483. In early 2013, Indonesia increased controls on the import and export of pharmaceutical preparations containing precursors with medical applications, such as ephedrine, pseudoephedrine, ergotamine, ergometrine and calcium permanganate. It also introduced controls over raw materials, and bulk, intermediate and end products containing those substances.

484. In April 2013, the Government of Thailand enhanced measures to prevent the diversion of pseudophedrine and preparations containing that substance by issuing a ministerial notification prohibiting the transport of those preparations through the country.

485. In August 2012, the Government of Viet Nam adopted the national target programme on drug abuse prevention and control for the period 2012-2015. The new programme updated the country's drug control strategy and focuses on expanding methadone substitution treatment among the country's large population of HIV-vulnerable injecting drug users.

486. In January 2013, the Government of the Lao People's Democratic Republic amended article 146 of the penal code so that a person who consumes, purchases or possesses less than two grams of heroin, morphine, cocaine, amphetamines or other psychotropic substances shall be considered a victim and be sent for treatment.

4. Cultivation, production, manufacture and illicit trafficking

(a) Narcotic drugs

487. The worrying trends of increased illicit cultivation of opium poppy and increased demand for heroin have continued. The rebound in illicit opium poppy cultivation in the Lao People's Democratic Republic since the country's low in cultivation in 2005 has attracted international attention. Taken together with the already high and rising cultivation levels in Myanmar, this indicates increasing demand for heroin in the region. The area of cultivation in the Lao People's Democratic Republic continued its upward climb, reaching 6,800 ha by the end of 2012. Similarly, cultivation in Myanmar has risen from its record low of 21,600 ha in 2006 to 51,000 ha in 2012.

488. China reported having nearly 1.3 million registered opioid abusers in 2012. That represented nearly 60 per cent of all drug abusers in China and an increase from the 1.2 million registered abusers in 2011. This increase in demand in China may be driving the increased demand for heroin produced elsewhere in the region.

489. Although significantly high, cultivation levels are below the peaks recorded in 1998. Thailand continued to report almost zero cultivation and the era of large-scale cultivation which once gave rise to the area's designation as the Golden Triangle, has not returned. Nevertheless, the gains made in eradication are at risk of being rolled back. The Board therefore urges the Governments of the Lao People's Democratic Republic and Myanmar to continue their efforts to eliminate opium poppy cultivation.

490. There are indications that Afghan heroin is being smuggled into the region to cater to the rising demand. This suggests that the traditional sources supplying the drug, i.e., the Golden Triangle, are not satisfying regional demand and that demand may increase pressure to expand opium poppy cultivation. Seizures of heroin also suggest that the region is increasingly being targeted by

traffickers attempting to smuggle heroin manufactured outside the subregion. For example, authorities in Malaysia seized nearly 750 kg of heroin in 2011, compared with just over 300 kg in 2010; Thailand seized nearly 550 kg of heroin in 2011 compared with about 150 kg in 2010; and China seized just over 7.2 tons of heroin. Other countries, such as Viet Nam and Indonesia, have not reported declines in the amounts seized over the same period. The Lao People's Democratic Republic seized 45 kg of heroin in 2012, compared with about 43.4 kg in 2011.

491. The cultivation of cannabis plant in East and South-East Asia continues to be centred in Indonesia and the Philippines, although cultivation is also reported in the Lao People's Democratic Republic. With respect to eradication efforts, in 2011 the Philippines destroyed over 1.1 million cannabis plants; Indonesia seized over 22 tons of cannabis herb, China seized 4.2 tons of cannabis herb and the Governments of Cambodia, Japan, the Lao People's Democratic Republic, Myanmar, the Republic of Korea and Thailand all reported seizures. The Lao People's Democratic Republic seized 2,836 kg of cannabis in 2012 compared with about 1,617 kg in 2011.

492. The great potential for more widespread abuse of cocaine in the region is also a source of serious concern for the Board. From the period 2008-2009 to the period 2010-2011, seizures of cocaine increased by almost 70 per cent throughout the region, with Hong Kong, China, seizing 650 kg in one seizure alone in 2012. Philippines also reported large quantities of seizures.

(b) Psychotropic substances

493. The high levels of abuse of amphetamine-type stimulants in the region have shown no sign of abating. A total of 227 million tablets were seized in the region in 2012, and abuse of amphetamine-type stimulants expanded, with 11 countries reporting increased abuse of methamphetamine. China reported seizing 16 tons of methamphetamine in 2012, an increase of nearly 2 tons over the preceding year. In 2011, large seizures of amphetamine-type stimulants in Indonesia, Malaysia and Thailand highlighted the fact that the problem remained significant. Japan reported that quantities of methamphetamine seized were the largest in the past decade. Japan customs officials seized 482 kg of methamphetamine in 2012, with a marked increase in the abuse of international mail service and commercial cargo, used to smuggle amphetamine-type stimulants into the country. While high levels of methamphetamine abuse are not new, of note were the 8.8 tons of crystalline methamphetamine seized, indicating that the regional market of amphetamine-type stimulants had become more diversified. Record seizures of that substance were made in Cambodia, China, Indonesia, Malaysia and Thailand in 2011. The Lao People's Democratic Republic seized 10.7 million tablets of amphetamine-type stimulants in 2012 compared with about 4.6 million tablets in 2011.

494. Amphetamine-type stimulants abused in the region appear to be mostly supplied by clandestine laboratories located within the region, with 401 illicit synthetic drug manufacturing laboratories dismantled in 2011. China remained the country with the highest number of illicit laboratories dismantled: 357 laboratories were dismantled in 2011 and 326 in 2012. However, in terms of amount manufactured, Myanmar was the main source of methamphetamine and crystal methamphetamine, a situation that has not changed from when the Board highlighted that fact in its annual report for 2012. However, clandestine laboratories have also been dismantled by authorities in Cambodia, Indonesia, Malaysia and the Philippines, highlighting in stark terms that illicit manufacture of methamphetamine is a problem shared by many countries in the region.

495. In 2011, the majority of MDMA ("ecstasy") seizures were made in China and Indonesia. Although large increases in seizures were reported in 2011 by Cambodia, Japan, Malaysia, the Philippines and Thailand, the overall trend across East and South-East Asia is one of declining seizures of MDMA. This may indicate reduced availability of MDMA as use of amphetamine-type stimulants has become more diversified in recent years, with increased abuse of crystalline methamphetamine in particular. Arrests in the region for possession, manufacture or trafficking of "ecstasy" fell by 34 per cent from 2010 to 2011, and overall seizures were down by 13 per cent. The fact that ketamine was being sold as "ecstasy" suggests there may be difficulty in manufacturing MDMA, which may be linked to China's decision to increase control over 3,4-MDP-2-P, a key precursor used in illicit MDMA manufacture.

(c) Precursors

496. The region continued to be a major centre for trafficking in precursors used in the illicit manufacture of amphetamine-type stimulants. The Board has raised this issue in the past, and countries in the region, including China, the Republic of Korea and Thailand, have responded positively by broadening their legislation in order to reduce the diversion of pharmaceutical preparations containing ephedrine and pseudoephedrine. In

particular, the region continues to experience cases of diversion of large amounts of pseudoephedrine preparations. Given that situation, it is clear that regulating in the region access to pharmaceutical preparations containing pseudoephedrine, for example through the systematic use of a prescription system, could have a strong positive impact on the availability of the main precursor used to make amphetamine-type stimulants in the region.

(d) Substances not under international control

497. East and South-East Asia did not escape the world trend of growing abuse of new psychoactive substances. Brunei Darussalam, China, including Hong Kong, Indonesia, Japan, the Philippines, Singapore, Thailand and Viet Nam all reported evidence of their abuse. This worrying trend manifested itself in the indications of increased availability of synthetic cannabinoids, with seizures and abuse reported in Hong Kong, China, the Republic of Korea and Singapore. Mephedrone, a synthetic cathinone, has been identified in China and Thailand. In the face of increasing abuse of new psychoactive substances, Thailand decided to include BZP, TFMPP, mephedrone, methylone and methylenedioxypyrovalerone (MDPV) on its national list of controlled substances.

498. Ketamine and kratom (*Mitragyna speciosa*) were identified as the two main substances of abuse not under international control. High levels of ketamine abuse continued in the past year, with it being widely reported as one of the top five drugs of abuse in Asian countries. The fact that 86 per cent of global seizures of ketamine took place in Asia confirms that trend. Furthermore, the drug is often sold as a substitute for or misrepresented as "ecstasy". The abuse of kratom, a plant with stimulant effects and hallucinogenic properties, is increasing, and seizures and related arrests have soared dramatically in countries such as Thailand (23 tons were seized in 2012, up from 1.7 tons in 2005), Malaysia and Myanmar.

5. Abuse and treatment

499. Rates of methamphetamine abuse in the region remained high. Indications are that abuse of amphetamine-type stimulants has diversified, with seizures of crystalline methamphetamine increasing by 23 per cent, indicating a large increase in supply of and demand for the substance. Methamphetamine is the most common drug of abuse in the Lao People's Democratic Republic and Thailand, and is the secondary illicit drug of abuse in Cambodia, China and Viet Nam. However, China represents the region's largest consumer market in absolute terms, with half of the region's seizures occurring in that country.

500. The level of cannabis abuse in the region remained high. While a decrease in abuse was noted in Indonesia, cannabis continued to be the most abused drug in the country, with a 7.1 per cent lifetime prevalence rate among the general population. The Philippines reported a lifetime prevalence rate of about 10.5 per cent.

501. Life-time prevalence rates for cocaine abuse in the region remain relatively low, at about 0.03 per cent of the population aged 15-64. However, the rising per capita wealth suggests that cocaine traffickers might consider the region to be a market with considerable prospects for expansion.

502. East and South-East Asia reported high levels of injecting drug abuse, accounting for 27 per cent of all injecting drug users worldwide injecting heroin, amphetamine-type stimulants, tranquillizers and sedatives. The public health risks include a higher prevalence of HIV/AIDS among drug injecting users. Statistics from Indonesia indicate a 42 per cent prevalence rate of HIV among injecting drug users. In Myanmar, there has also been a reported shift from smoking opium to injecting heroin and amphetamine-type stimulants, which has contributed to the high HIV infection rates among drug abusers in the country. Heroin is the most widely abused illicit drug in Viet Nam. The HIV prevalence rate among drug abusers injecting heroin is 20 per cent and up to 50 per cent in some provinces, with the result that Viet Nam has one of the highest rates of HIV transmission through injecting drug use. In 2012, the HIV prevalence rate among the estimated 1,900 injecting drug users in Cambodia was 24.8 per cent, an increase from the previous year.

503. Across East and South-East Asia, community-based treatment initiatives have been expanded as an alternative to compulsory drug treatment, with the active support of the international community and support from Governments in the region. Community-based treatment promotes local access to treatment and drug prevention services for all drug users. Community-based drug treatment programmes supported by the United Nations Office on Drugs and Crime were expanded in Cambodia, the leading country in the region in terms of support for that approach to drug treatment. The approach has also been introduced recently in the Lao People's Democratic Republic. In Timor-Leste, availability of drug treatment facilities is extremely limited. The extent of drug abuse in the country is not well known, and, as such, prevention,

treatment and rehabilitation facilities for drug abusers remain underdeveloped. The Board encourages Governments in the region to continue to expand treatment services provision, including the introduction and development of voluntary treatment alternatives, such as community-based treatment, and to facilitate access to treatment and drug prevention services for all drug users.

504. China reported that there were 2.1 million drug-dependent persons in 2012. Of those 60 per cent reported abuse of heroin, with abuse of amphetamine-type stimulants at less than 29 per cent, (602,481 individuals). China referred 136,000 people to community-based drug treatment programmes, and a further 202,000 individuals were placed in 678 compulsory drug treatment centres. In 2012, there were 756 methadone maintenance treatment clinics providing services to 384,000 patients. Abuse of "ecstasy" was prevalent in Timor-Leste, according to a recent study, and is now more abused than methamphetamine.

505. The Board has noted that data on the nature and extent of drug abuse in many countries in the region are out of date and unreliable. The Board once again urges Governments in the region to conduct new national assessments to determine the true extent and nature of the drug abuse problem in the region and so aid in planning and implementing prevention, treatment and rehabilitation efforts.

South Asia

1. Major developments

506. South Asia is facing a serious and growing drug abuse problem, including the abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances. For example, abuse of codeine preparations and "yaba" tablets containing methamphetamine has reached a high level and is growing rapidly in Bangladesh; drug abuse among youth is growing in Bhutan; prescription drug abuse is growing in India; in Maldives, where the first national drug use survey revealed a serious drug abuse problem, and in Nepal, the recorded number of users of drugs is increasing rapidly. Governments of countries in the region continue to implement measures to prevent and tackle drug abuse and drug trafficking. Drugs enter South Asia's illicit drug markets through a number of different channels, including diversion from India's pharmaceutical industry, illicit cultivation and/or manufacture within the region, and smuggling from other countries, including Afghanistan (through Pakistan) and Myanmar.

2. Regional cooperation

507. Governments in South Asia continue to respond strongly to the threat of drug trafficking and abuse in the region, including through an array of cooperation arrangements, both within and extending beyond the region. That cooperation takes the form of information-sharing among law enforcement agencies, training and technical assistance, cooperation on drug abuse prevention and treatment activities and training for treatment practitioners, as well as other activities in the area of reducing drug demand.

508. Bangladesh has close partnerships on drug abuse prevention and control with the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific and 19 countries including China, Myanmar and the South Asian Association for Regional Cooperation member States. Those partnerships involve the exchange of information and technical assistance.

509. Bangladesh and India have close cooperation mechanisms for law enforcement and drug control, including regular meetings at the political and technical levels. The two countries have also agreed to share information on drug trafficking on a real-time basis and to assist one another in the investigation of drug cases. The Board welcomes those measures taken by Bangladesh and India. Given the continuing high levels of drug smuggling across the India-Bangladesh border, ensuring that border's security is paramount.

510. India currently has mutual legal assistance treaties with 36 countries and territories, including Bangladesh and Sri Lanka, providing a legal framework for legal assistance in criminal matters. India has bilateral agreements or memorandums of understanding on drug-related matters with Bangladesh, Bhutan and a further 27 countries. India also has an ongoing agenda of cooperation with the Association of Southeast Asian Nations on combating drug trafficking.

511. Bhutan and India have a joint group on border management to take joint action against threats to the security of their common border. India and Nepal maintain mechanisms to prevent cross-border drug trafficking and other cross-border threats.

512. At a meeting in New Delhi in January 2013, the Ministers for External Affairs of India and Sri Lanka

signed an agreement on combating international terrorism and illicit drug trafficking.

513. The Colombo Plan for Economic and Social Development in Asia and the Pacific's Asian Centre for Certification and Education of Addiction Professionals has published new curricula, including a curriculum on psychoeducation for clients and families in drug treatment and rehabilitation.

514. The Colombo Plan also carries out a number of other initiatives targeting the drug problem, including treatment, rehabilitation and aftercare services and facilities, in partnership with Governments, non-governmental organizations and communities; preventive drug education and early intervention, in partnership with civil society, including youth leaders; and training of law enforcement officers in chemical testing and control. The Colombo Plan has also launched the *International Journal of Prevention and Treatment of Substance Use Disorders* in order to advance scientific literature in this area.

3. National legislation, policy and action

515. The authorities of Bangladesh have continued their efforts to raise awareness of and provide education on the dangers of drug abuse among prison inmates. Prison authorities in Bangladesh have partnered with UNODC and non-governmental organizations to deliver, over the period 2007-2013, training sessions in prisons on drug abuse and associated health risks.

516. FATF has developed action plans with the Governments of Bangladesh and Nepal to address weaknesses in their frameworks against money-laundering and terrorist financing. Both countries have made progress in implementing the respective action plans, but as of June 2013 some measures had not yet been implemented. The Board reminds Governments that anti-money-laundering measures are a key element of tackling drug trafficking.

517. The Governments of India and Sri Lanka have been strengthening their frameworks against money-laundering and terrorist financing. In June 2013, FATF recognized that both countries had made significant progress in this area, and as a result removed them from FATF regular follow-up process.

518. In the context of the five-year plan for the period 2008-2013, the Bhutan Narcotic Control Agency is to carry out a survey on drug abuse in the country and produce annual drug status reports and drug prevention education materials.

519. In March 2013, the Ministry of Finance of India issued an order under the country's legislation on narcotic drugs and psychotropic substances that, among other measures, specifies that the Government can schedule any substance under the schedules in India's national legislation. Accordingly, ketamine was placed under national control.

520. In addition to its existing plans to improve border security, as referred to in the Board's annual report for 2012, the Government of India has decided to build approximately 1,400 kilometres of strategic roads along its border with Nepal. India has also deployed 13 battalions of troops and established 131 border outposts along its border with Bhutan. Along its border with Myanmar, India has deployed 15 battalions of border guards, who are responsible for action against cross-border drug smuggling, among other duties.

521. In response to problems with the abuse of and trafficking in phensedyl (a codeine-based cough syrup), the Indian State of Bihar, which is close to India's border with Bangladesh, has placed restrictions on the sale of phensedyl within its territory. Pharmacists have been instructed not to stock more than 1,000 bottles of phensedyl at any one time.

522. The Ministry of Social Justice and Empowerment of India collaborates with Nehru Yuva Kendra Sangathan (an autonomous body under the Ministry of Youth Affairs and Sports) and the National Bal Bhavan (an autonomous body under the Ministry of Human Resource Development) on a public-awareness campaign on drug abuse. Nehru Yuva Kendra Sangathan has reached young people in 3,750 villages in two provinces in India. The Narcotics Control Bureau of India is also undertaking a campaign in cooperation with the authorities of Delhi to raise awareness of the consequences of drug trafficking and abuse in Delhi.

523. The National Drug Agency of Maldives has partnered with UNODC to support non-governmental organizations in Maldives in raising awareness of drug abuse and improving access to aftercare and support services for former drug abusers and their families. The Board welcomes the current initiative of the Government of Sri Lanka of undertaking a national drug abuse survey. The Cosmetics, Devices and Drugs Technical Advisory Committee of Sri Lanka decided on 18 April 2013 that all tablets and syrups containing ephedrine or pseudoephedrine should be removed from the country's market.

The Committee also decided not to accept the registration of cough and cold products that contain, inter alia, analgesics or caffeine in combination with ephedrine and/or pseudoephedrine.

524. The National Dangerous Drugs Control Board of Sri Lanka has launched a project to develop a drug-free model village in an area within a high prevalence of drug abuse, for which it will provide services in the village. The National Dangerous Drugs Control Board has also launched an outreach and awareness-raising campaign targeting underserved settlements in Colombo, which has been identified as an area with a high prevalence of drug abuse.

525. Access to internationally controlled substances for medical purposes (particularly opiates for pain relief) is limited in the region. Some of the main opioids used for pain management are codeine, dextropropoxyphene, dihydrocodeine, fentanyl, hydromorphone, ketobemidone, morphine, oxycodone, pethidine, tilidine and trimeperidine. Average consumption of those opioids in Bhutan in the period 2010-2012 was 635 defined daily doses for statistical purposes (S-DDD) per million inhabitants[24] (i.e., for every 1 million inhabitants in Bhutan, 635 daily doses of opioids were consumed). In Maldives, 71 S-DDD per million inhabitants were consumed, and 24 S-DDD per million inhabitants in Sri Lanka. In countries with a larger population, the number of daily doses consumed per million inhabitants was considerably lower: India, 10 S-DDD; Bangladesh, 8 S-DDD; and Nepal, 8 S-DDD. The Board has identified levels of consumption that it considers to be inadequate (consumption of opioid analgesics in quantities between 100 and 200 S-DDD per million inhabitants per day) or very inadequate (consumption of opioid analgesics in quantities equal to or less than 100 S-DDD).

4. Cultivation, production, manufacturing and trafficking

(a) Narcotic drugs

526. Pharmaceutical preparations containing narcotic drugs and psychotropic substances continue to be diverted from India's pharmaceutical industry and are trafficked domestically or at the international level, including through illegal Internet pharmacies. Despite the efforts made by the Government of India to tackle the problem, diversion from licit channels in the country remains a major source of pharmaceutical preparations trafficked in the region. For example, one of the most commonly trafficked pharmaceutical preparations is phensedyl; seizures of phensedyl in neighbouring Bangladesh continued to rise significantly in 2012. The Board recognizes the steps taken by the Government of India to prevent diversion from its pharmaceutical industry, including through implementation of previous recommendations of the Board, and calls on the Government of India to maintain and, where appropriate, strengthen its efforts to prevent the diversion of pharmaceutical preparations and their trafficking within and out of the country's territory.

527. In addition to phensedyl, the narcotic drugs that are most commonly smuggled into or trafficked within Bangladesh include heroin and other drugs that are abused by injection. In Bangladesh in 2012, about 1.3 million bottles of codeine preparations were seized, compared with some 900,000 bottles in 2011, and about 2,500 loose litres of codeine-based solutions were seized, an amount that has decreased over the past two years, as about 4,000 litres were seized in 2010. Seizures of heroin in Bangladesh increased from about 107 kg in 2011 to about 125 kg in 2012. Heroin smuggled into Bangladesh is mostly sourced from India. There is also some trafficking of heroin originating in the countries of the Golden Triangle that is intended to be smuggled onward by sea to Europe and the Americas. While trends in the quantities of seized drugs can be observed, it is not always possible to infer that the actual volume of trafficking of those drugs follow the same trend.

528. Drugs that tend to be abused by injection are being smuggled into Bangladesh in rapidly increasing amounts, as reflected by seizure data: about 70,000 ampoules of drugs for abuse by injection (pethidine and morphine) were seized in 2010, and about 160,000 ampoules of drugs for abuse by injection were seized in 2012. Seizures of opium in Bangladesh have fallen progressively, from about 12 kg in 2010 to about 5 kg in 2012.

529. Seizures of cannabis in Bangladesh have fluctuated in recent years but fell from 2011, when about 54 tons were seized, to 2012, when seizures totalled about 39 tons. Cannabis is smuggled into Bangladesh mostly from India and Nepal. Illicit cultivation of cannabis plant also takes place in remote areas of Bangladesh, and cannabis plant grows wild in Bangladesh. The level of illicit cultivation of cannabis plant has declined dramatically in recent years in Bangladesh. Quantities seized have also declined dramatically: in 2007, about 25,000 cannabis plants were

[24] The term "defined daily doses for statistical purposes" are technical units of measurement defined by the Board for the purpose of statistical analysis and not recommended prescription doses. More details are available in part four of the technical publication on narcotic drugs for 2013 (E/INCB/2013/2), in the notes on table XIV.

seized, while in 2012 fewer than 500 such plants were seized. There is illicit cultivation of opium poppy plant in Bangladesh, close to the border with Myanmar. Bhutan did not record seizures of pharmaceutical preparations in 2012.

530. In India, data on seizures give a mixed picture of developments in trafficking in that country. However, the overall number of convictions for drug trafficking fell from about 8,600 in 2011 to about 6,200 in 2012. In evaluating those statistics, it should be kept in mind that the prosecution of individual cases may take years to complete. Seizures of cannabis herb have been steadily decreasing, down from 209 tons in 2009 to 69 tons in 2012. Seizures of cannabis resin also fell, from 4.3 tons in 2010 to 2.2 tons in 2012. The area of illicit cannabis cultivation eradicated by the authorities has also been falling, from about 3,000 acres in 2011 to none in 2012. Large quantities of the illicit cannabis of India are exported: India remained one of the five main source countries for illicit cannabis resin mentioned by Governments worldwide in seizure reports in 2011. In addition, India was identified as the source country for over 10 tons of cannabis herb recorded in the World Customs Organization's Customs Enforcement Network database in 2012. Seizures of heroin in India have fluctuated since 2009 and increased from 528 kg in 2011 to 853 kg in 2012. In addition, heroin is smuggled from India to countries including Bangladesh and Kenya. The quantity of opium seized in India has been increasing since 2009, when about 1.7 tons were seized, to more than 3 tons in 2012. However, the area of opium poppy cultivation destroyed by authorities decreased significantly, from about 14,000 ha in 2011 to about 2,900 ha in 2012. Seizures of morphine in India have risen since 2010, when 25 kg were seized, to 131 kg in 2012.

531. In Maldives, the amount of heroin seized by the authorities decreased to 2.6 kg in 2012; in 2011, 3.2 kg had been seized by the Maldives customs service. The authorities of Maldives seized about 2.4 tons of cannabis resin in 2012. Maldives did not report seizures of pharmaceutical preparations in 2012.

532. In Nepal, locally sourced cannabis and foreign-sourced opium are the drugs most commonly trafficked. Authorities in Nepal seized 47 tons of cannabis in 2012, which is a 30 per cent increase from 2011. State authorities in Bihar, India, indicate that phensedyl is also being smuggled from India into Nepal. Some of the drugs that transit through Nepal are destined for the United States.

533. In Sri Lanka, 2,547 people (some 0.01 per cent of the population) were arrested for drug-related offences in the first half of 2012, which was about 70 per cent less than in the first half of 2011. The number of arrests related to heroin declined by around 70 per cent and the number of arrests related to cannabis declined by about 50 per cent. Seizures of heroin in Sri Lanka decreased from 142 kg in 2010 to 39 kg in 2011 and to 33 kg in 2012. The amount of cannabis seized in Sri Lanka fell from about 200 tons in 2011 to about 74 tons in 2012. Over 60 per cent of those arrested had between 5 and 10 years of school education. Sri Lanka did not report seizures of pharmaceutical preparations in 2012.

534. Although cocaine trafficking has historically been very limited in South Asia, it appears to be rising significantly. Forty-two kg of cocaine were seized in India in 2012, up from 14 kg in 2011. In Sri Lanka, 7.5 kg of cocaine were seized in 2012, down from the approximately 10 kg seized in 2011, but significantly higher than in the period 1999-2009, when annual seizures of cocaine in Sri Lanka were less than 1 kg.

(b) Psychotropic substances

535. Amphetamine-type stimulants are both smuggled into South Asia and illicitly manufactured in the region. In South Asia, Bangladesh, India, Nepal and Sri Lanka have reported seizures of methamphetamine. Crystalline methamphetamine manufactured in South Asia is smuggled to Oceania and South-East Asia.

536. Seizures of amphetamine declined significantly from a peak of about 470 kg in 2011 to 30 kg in 2012. However, India continued to be a main source of illicit amphetamine-type stimulants manufactured and trafficked in South Asia. Amphetamine and methamphetamine in powder form are illicitly manufactured in India. Tablets containing amphetamine-type stimulants trafficked in India are mostly smuggled into the country from Myanmar. In 2012, 30 kg of amphetamine were seized in India. Amphetamine is smuggled from India to Bangladesh, often by people travelling on foot.

537. Seizures of methaqualone in India have increased steadily from 5 kg in 2009 to 178 kg in 2012, although that amount is still much lower than the approximately 2.4 tons seized in 2008. However, from 2010 to 2012 (the latest year for which data are available), no illicit methaqualone manufacturing facilities were detected in India. Buprenorphine is smuggled into Bangladesh from India through Bangladesh's south-west border.

538. "Yaba" (methamphetamine) is smuggled into Bangladesh from Myanmar. The quantities being

smuggled into the country are rapidly increasing. In 2012, authorities seized almost 2 million tablets containing amphetamine-type stimulants—often "yaba"—which was a sizeable increase from the some 1.4 million tablets seized in 2011. Overall seizures of methamphetamine exceeded 550 kg. Most of the "yaba" smuggled into Bangladesh is illicitly manufactured in the region of Myanmar that borders China (in Shan State and Kachin State) and is smuggled through Yangon and then by sea to Bangladesh, or smuggled to Maungdaw and then overland to Bangladesh.

539. Drug traffickers are attempting to smuggle amphetamine-type stimulants from India to Australia. India and China (including Hong Kong, China) were the origin of over 62 per cent of illicit shipments of amphetamine-type stimulants (excluding MDMA) detected entering Australia in 2010 and 2011.

(c) Precursors

540. India is frequently cited as a source country for ephedrine and pseudoephedrine smuggled into Myanmar. Ephedrine is often smuggled from India to Myanmar, where the substance is used in the illicit manufacture of "yaba". In India, 4.4 tons of ephedrine were seized in 2012, down from 7.2 tons in 2011. Seizures of acetic anhydride increased from none in 2011 to about 360 kg in 2012.

541. Drug traffickers in South Asia extract ephedrine and pseudoephedrine from pharmaceutical preparations and manufacture ephedrine from 1-phenyl-1-propanone (P-1-P). Asia continues to be targeted by organized criminal groups as a source of precursors for the illicit manufacture of amphetamine-type stimulants, in particular ephedrine and pseudoephedrine.

(d) Substances not under international control

542. India remains one of the two countries in Asia (China is the other) most commonly mentioned as the source of new psychoactive substances. Nepal has also reported that new psychoactive substances are being sold in its territory.

543. Ketamine is smuggled from India to destinations in East and South-East Asia. A large proportion of the seizures of ketamine effected in India have been made in southern India. Ketamine is seized at airports, from courier parcels and sea cargo and during the drug's transportation within the country. Ketamine is now controlled under national law.

544. Khat is smuggled to India mainly from Ethiopia, the Kenyan highlands and Yemen. Khat is illegal in India.

5. Abuse and treatment

545. Most countries in South Asia do not have national drug surveys; information on abuse and prevalence in the region must therefore be obtained from other sources.

546. According to UNODC, the prevalence of drug abuse by injection among the population aged 15-64 years in South Asia in 2011 was 0.03 per cent, which is the lowest prevalence of any region. The prevalence of drug abuse by injection is also 0.03 per cent in India, according to UNODC.

547. In Bangladesh, cannabis continues to be the most commonly abused drug; while there is no official survey on cannabis abuse, some estimates indicate that 1.2 million people in the country abuse cannabis. An estimated 300,000 people receive outpatient counselling services for drug addiction in Bangladesh, while an estimated 100,000 receive inpatient drug treatment. About 43 per cent of those admitted for treatment in 2011 were treated for heroin addiction, about 28 per cent were admitted for buprenorphine addiction, 17 per cent were admitted for cannabis addiction, and 1.4 per cent were admitted for sedative, hypnotic and/or tranquillizer addiction. Two per cent of drug abusers admitted for treatment in Bangladesh in 2011 indicated that they abused codeine cough syrup. Women make up a very low proportion of those receiving drug treatment in Bangladesh.

548. In Bangladesh, there have been many cases of women working for drug traffickers—transporting, peddling, packing or storing drugs—who are forced to become addicted to drugs, as can be women who are married to male drug addicts. The most commonly cited cause of drug abuse among those who are admitted for drug treatment in Bangladesh is peer pressure (in 55 per cent of cases). Codeine-based cough syrups are often abused in Bangladesh, in part owing to the taste of those products and to their easy availability. Drug abusers belonging to the educated upper class tend to abuse codeine-based cough syrups instead of heroin due to previous public awareness campaigns highlighting the health dangers of heroin abuse. According to the Department of Narcotics Control of Bangladesh, drug abuse can be construed as a symbol of sophistication in affluent urban Bangladeshi society.

549. The abuse of volatile solvents is common in Bangladesh, mainly among street children, but such abuse has been spreading to other segments of the population. About 1 per cent of people admitted for drug treatment in Bangladesh in 2011 were admitted for sniffing adhesives. Adhesives abused in Bangladesh often contain toluene, a precursor that is under international control and under national control in Bangladesh. Drug abuse by injection, while currently at a very low level, is also growing rapidly, mainly due to buprenorphine abuse.

550. Abuse of prescription drugs is increasing in India. India's National AIDS Control Organisation supports more than 50 opioid substitution treatment centres providing treatment for about 4,800 people who abuse drugs by injection. Opioid substitution treatment centres run by non-governmental organizations are contracted by state AIDS control societies to implement opioid substitution treatment after the centres have undergone an independent accreditation by the National Accreditation Board for Hospitals and Health-care Providers. A national plan currently being implemented seeks to establish 300 opioid substitution treatment centres, which would serve 20 per cent of the estimated number of people in India who abuse drugs by injection. By December 2012, India's National AIDS Control Organisation had provided free opioid substitution treatment to approximately 11,500 people who abused drugs by injection. The Organisation has also established a programme for mentoring and building the capacity of staff working in opioid substitution treatment centres, delivered by experts in the field. Opioids are the drugs most commonly abused by injection in India.

551. The Government of India has also started to implement a scheme under which non-governmental organizations working with people who abuse drugs by injection partner with state hospitals to improve the effectiveness of opioid substitution treatment. The non-governmental organizations encourage people who abuse drugs by injection to visit a state-run hospital for opioid substitution treatment and follow up with the hospital if they drop out of the treatment.

552. In February 2013, Maldives published a report on the results of its first national drug use survey (covering people aged 15-64 years for the period 2011-2012). The estimated annual prevalence of illicit drug use was 6.64 per cent in Malé and 2.02 per cent in the atolls. Since different methodologies were used to estimate illicit drug use prevalence in different localities, a national prevalence cannot be accurately calculated. The drugs most commonly abused, in addition to alcohol, were cannabis and opioids. The survey provides a picture of the drug abuse problem in the country, which seems to affect mostly men who have been in conflict with the law, are sexually active and engage in buying sex. In Malé, more than one third of opioid and cannabinoid users were likely to be dependent, while in the atolls 65 per cent of opioid users were likely to be dependent. Among drug abusers in Malé, 5 per cent are injecting drug users, and in the atolls, 10 per cent are injecting drug users. The Board commends the Government of Maldives for undertaking the survey and looks forward to being informed of action taken on the basis of the results of the survey. The Board also looks forward to hearing the results of similar initiatives by other countries in the region.

553. In Nepal, about 0.34 per cent of the population currently abuse cannabis resin, hallucinogens, inhalants, opiates, stimulants, tranquillizers or other drugs, as measured in the Government's 2013 survey. The survey did not include those who abuse only cannabis herb. The number of those reported to abuse the above-mentioned drugs doubled from 2012 to 2013, and the vast majority were male. About 94 per cent reported abuse of opiates, and about 57 per cent indicated drug abuse by injection.

554. The first ever "Low-cost community-based care and support camp" in Nepal for drug abusers took place in November 2012, organized by UNODC in collaboration with non-governmental organizations. The camp used the sublingual administration of buprenorphine for the medical management of opioid withdrawal. A further five such camps are planned to be held in Nepal.

555. In Sri Lanka, from January to June 2012, a total of 2,547 persons were arrested for drug-related offences. Of that group, about 2,000 people were drug abusers. The Sri Lankan Drug Abuse Monitoring System collects information on drug-related arrests and the number of drug abusers seeking treatment. The System recorded 217 people as having sought treatment for drug abuse in 2012, which was 40 per cent less than in 2011. No women were reported to have received drug abuse treatment in Sri Lanka in 2012.

West Asia

1. Major developments

556. West Asia remains central to the global illicit opium economy. Illicit opium poppy cultivation in Afghanistan set new records in 2013, reaching 209,000 ha, 36 per cent more than the previous year. More than half of Afghanistan's 34 provinces now cultivate illicit opium poppy, with production of opium in 2013 jumping by

49 per cent over the previous year, to 5,500 tons, even as poor weather conditions persisted.

557. In 2013, illicit cultivation of opium poppy and cannabis plant continued to take place throughout Afghanistan, involving nearly 200,000 farmers. The majority of the farmers surveyed in 2012 cited the high income derived from the sale of opium poppy as the predominant reason for cultivation, and increased cultivation was reported in nearly every opium-producing province in 2013. Illicit crops continue to be attractive for Afghan farmers as their sale value far exceeds the value of licit crops such as wheat. However, new initiatives have been undertaken by the Government to try and address that situation, such as expanding the "food zone" programme and other programmes (see chapter II.B.2, above).

558. Owing to its geographical location and the continuing instability in the Middle-East, particularly in Egypt and the Syrian Arab Republic, West Asia is vulnerable to criminal activities and drugs syndicates operating in the region. Drug trafficking in the region has brought an increase in drug abuse and related crimes, which continue to represent a threat for countries neighbouring Egypt and the Syrian Arab Republic, in particular Lebanon. The growing number of displaced persons and refugees may create additional tension within the region. Firearms, cash and communication equipment are often found together with illicit drugs in seizure.

559. Abuse of stimulants, including amphetamine, methamphetamine and, to a lesser degree, cocaine, is increasing in parts of West Asia, where seizures and prevalence levels have increased. Saudi Arabia reported having seized a total of 48.6 million tablets containing amphetamine sold as Captagon in 2012, the largest amount of total seizures in the region. Methamphetamine abuse has been identified for the first time in Pakistan, where an estimated 22,000 adults abused the substance in the past 12 months. Methamphetamine seizures and abuse have also been reported to be on the rise in Iran (Islamic Republic of) and Israel—in the latter country primarily in the form of "yaba" tablets from South-East Asia. Cocaine trafficking in the Middle East has been growing, with consignments from South America arriving via air courier and by sea.

560. Trafficking in and abuse of amphetamine-type stimulants continue to be the principal concern in the region. Seizures of illicitly manufactured amphetamine sold as Captagon, which is the most frequently seized substance in the region, continues unabated as indicated by the detection of an illicit Captagon laboratory and seizures of significant amounts of such tablets in Lebanon. The region has also witnessed an increase in seizures of methamphetamine, smuggled and trafficked mainly by means of express couriers.

561. There are indications that illicit drug shipments may be increasingly smuggled through the Middle East, in particular through Iraq. Iraq has become an important hub in the drug trafficking route leading from the "Golden Crescent" (Afghanistan, Iran (Islamic Republic of) and Pakistan) to the Gulf States as well as to Lebanon and the Syrian Arab Republic. There has been an increase in the smuggling of drugs across Iraq's eastern border with the Islamic Republic of Iran to the Gulf countries, Lebanon and Israel and smuggling from Central Asia through northern Iraq to Eastern Europe.

562. Trafficking in and abuse of prescription medicines, in particular benzodiazepines such as alprazolam, diazepam and clonazepam, has spread throughout the region and has been reported by almost all countries in the Middle East. In some countries, the prevalence of abuse of such substances among women has increased noticeably. Further, trafficking in and abuse of substances not yet under international control, in particular the synthetic opioid analgesic tramadol, have continued to increase, as shown by the numerous seizures reported by authorities in various countries in the region and have been associated with drug-related deaths in some countries.

563. Another matter of great concern to the Board is the rapidly developing synthetic drug market and the emergence of new psychoactive substances in the Middle East, including synthetic cannabinoids (e.g. Spice). Attempted smuggling and seizures of such substances were reported by Bahrain, Israel, Jordan, Oman, Saudi Arabia and the United Arab Emirates.

564. The costs of corruption have an increasingly significant impact on the people and institutions of West Asia. For example, the estimated cost of corruption in Afghanistan has increased by 40 per cent over the past three years, costing the people of the country an estimated $3.9 billion in 2012, costs associated in part with the region's significant illicit drug economy. It was estimated that in that same year half of the citizens of Afghanistan paid a bribe to receive a public service, and almost 30 per cent of the population paid a bribe when requesting a non-government service. Corruption is increasing and becoming more pervasive and an acceptable part of day-to-day life in the country; in 2009, less than half (42 per cent) of those surveyed found it acceptable for government employees to augment their income by accepting bribes for service, and the number finding it acceptable grew to 68 per cent by 2012. In addition,

the frequency of bribery increased, from an average of 4.7 bribes to 5.6 bribes per bribe-payer, with the average bribe amount paid increasing 29 per cent to $214 per bribe and a total of $1,198 a year. Twelve per cent of Iraqi citizens also paid bribes to speed up or receive better public service in 2012, with bribe-payers paying an average of just under four bribes annually. More than half (54 per cent) of Iraqis now indicate corruption to be more widespread than in the previous two years.

2. Regional cooperation

565. West Asia is an important hub for global trafficking in drugs and precursors, making the region an important area for regional cooperation. UNODC operates programmes in most countries throughout the region. In 2013, regional cooperation focused on the international community's shared responsibility of development and drug control support after the planned conclusion of the ISAF mission in Afghanistan in 2014.

566. The Cooperation Council for the Arab States of the Gulf (GCC) is the main regional forum for cooperation among its six member countries and with other regional entities. The enhanced cooperation made possible by the joint action programme of GCC and the European Union promotes the fight against money-laundering and terrorist financing.

567. The Board notes the inauguration of the GCC Criminal Information Centre to Combat Drugs in February 2013 in Doha. The Centre aims to promote and facilitate the collection of information, investigation and surveillance operations in coordination with competent entities in the region and the suppression of drug trafficking. It also gathers information on all illicit trade in drugs and chemicals.

568. The Centre and UNODC undertook several activities related to technical cooperation and signed memorandums of understanding and letters of intent, or were preparing to do so, notably for training Dubai police. The Centre also concluded agreements with INTERPOL, the World Customs Organization Regional Intelligence Liaison Office for the Middle East and the Police Training Institute of the Ministry of Interior of Qatar.

3. National legislation, policy and action

569. The Government of Kazakhstan approved its programme of measures against drug abuse and the drug trade for the period 2012-2016, aimed at further developing the system of effective countermeasures by introducing a range of legislative initiatives including the establishment of compulsory treatment programmes, instead of incarceration, for drug addicts committing minor criminal offences.

570. In recent years Kyrgyzstan has adopted several resolutions and amendments to strengthen its drug control legislation. Resolution No. 54 (2011) established requirements for recording, storage and use of narcotic drugs, psychotropic substances and precursors for all pharmaceutical, health-care and educational organizations. Resolution No. 132 (2011) strengthened the State Drug Control Service apparatus. Resolution No. 654 (2012) established the composition and regulation of the State coordination committee for drug control.

571. Turkey's Council of Ministers amended national legislation in 2011, adding synthetic cannabinoids to the table of controlled substances. The change was a response following the first seizures of synthetic cannabinoids to occur in the country, in 2010—substances found to have originated in China, the United States of America and various European countries.

572. Bahrain and Saudi Arabia have introduced emergency scheduling to temporarily ban new psychoactive substances. Furthermore, the United Arab Emirates has recently placed synthetic cannabinoids, such as Spice and K2, together with other synthetic cannabinoids, in table I of banned narcotics drugs and psychotropic substances of its Federal Law No. 14 of 1995. It is the first Arab country to take legal measures to include synthetic cannabinoids within its drug law. It is expected that the measure will reinforce the law enforcement response to the increasing smuggling of synthetic cannabinoids into the country.

573. Furthermore, in their efforts to control new synthetic drugs, the Government of Israel included analogues of amphetamine, methamphetamine, cathinone and methcathinone in its Dangerous Drug Ordinance. Since 2012, the country has added several synthetic cannabinoids to the Dangerous Drugs Ordinance, and in May 2013 the Government adopted a comprehensive amendment to the Ordinance, which included synthetic cannabinoid families and their derivatives. The legislation is similar to that adopted in areas of the United Kingdom of Great Britain and Northern Ireland, Ireland and in some states of the United States.

574. The Board welcomes the steps taken by the Government of Saudi Arabia against money-laundering, notably the adoption of a law that sets stiff penalties for

money-laundering offenders. The Government of Israel has taken legislative measures to combat criminal activities linked to drug trafficking, including by providing for stricter penalties in anti-money-laundering cases involving trafficking in narcotic drugs and psychotropic substances.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

575. According to a 2013 joint survey by the Ministry of Counter-Narcotics of Afghanistan and UNODC, illicit opium poppy cultivation in Afghanistan was estimated at a record 209,000 ha, an increase of 36 per cent over 2012. The number of opium poppy-free provinces in Afghanistan, which increased notably from 2004 to 2011, has since fallen with opium poppy cultivation in excess of 100 ha now occurring in more than half of the country's 34 provinces. Opium poppy cultivation remained concentrated in the south, notably Helmand province, but increased cultivation was reported in nearly every opium poppy-producing province in 2013.

576. An estimated 191,500 households in Afghanistan depend on illicit drug crops such as opium poppy and cannabis for income, for which prices remain high. The 2012 farm-gate price for fresh opium was $163 per kilogram, triple the value just five years ago, but dropped in 2013 to $143 as production soared. Three quarters of Afghan village leaders surveyed in 2013 said the high sale price of illicit opium poppy was their primary reason for growing opium poppy, as it offered farmers far greater profitability than licit agricultural products (see table below).

577. Eradication of fields of illicit opium poppy is but one component of reducing the amount of opium available for heroin production. The greatest eradication efforts in West Asia are those of Afghanistan, where in 2013, 7,348 ha of opium poppy cultivation were verifiably eradicated in 18 provinces (see figure I). That represents roughly a third of the amount eradicated at the peak of eradication efforts in 2007, when 19,000 ha were eradicated.

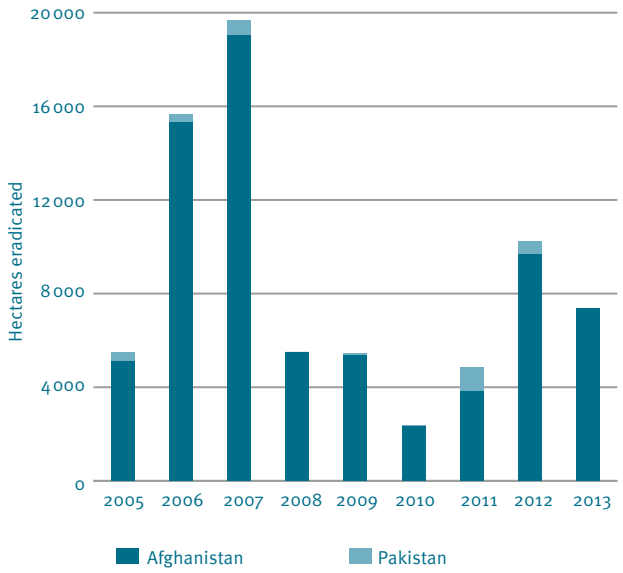
Table 1. Changes in Afghanistan farm-gate prices of select licit and illicit crops, 2009-2013

	Price (United States dollars per kilogram)				
Agricultural product	2009	2010	2011	2012	2013
Fresh opium	48	128	180	163	143
Dry opium	64	169	241	196	172
Cannabis (first garda/resin)	35	86	95	68	. .
Cannabis (second garda/resin)	24	66	63	41	. .
Cannabis (third garda/resin)	12	39	39	26	. .
Rice	1.1	1.0	1.0	1.2	. .
Wheat	0.6	0.3	0.4	0.5	. .
Maize	0.4	0.3	0.3	0.3	. .

Sources: UNODC and Afghanistan, Ministry of Counter-Narcotics, *Afghanistan: Opium Survey 2013* (November 2013) and previous years, and the opium surveys of previous years; UNODC and Afghanistan, Ministry of Counter-Narcotics, *Survey of Commercial Cannabis Cultivation and Production 2012* (Vienna 2013) and the surveys of previous years; UNODC, *Afghanistan Cannabis Survey 2010* (June 2011).

Note: Garda is powdered cannabis resin, with the highest level of quality being "first garda". Two dots (. .) indicate that data are not available.

Figure I. Opium poppy eradication efforts in selected West Asian countries, 2005-2013



Sources: UNODC and Afghanistan, Ministry of Counter-Narcotics, *Afghanistan: Opium Survey 2013* (November 2013); UNODC and Afghanistan, Ministry of Counter-Narcotics, "Afghanistan: opium risk assessment 2013", and risk assessments of previous years; *World Drug Report 2013* (United Nations publication, Sales No. E.13.XI.6).

Note: Data for Pakistan for 2013 were not available at the time of publication.

578. According to UNODC, Afghanistan, Lebanon and Pakistan are among the five countries worldwide most commonly identified as the source of seized cannabis resin. A 2011 survey on illicit cannabis plant cultivation in Afghanistan identified 12,000 ha of cultivation—among the world's largest known cultivation amounts—most of which was destined for the production of cannabis resin. The area of cultivation declined to 10,000 ha in 2012. However, production of cannabis resin increased by 8 per cent from 2011, to 1,400 tons. In Kyrgyzstan, about 10,000 ha of cannabis grows wild, with cannabis herb and resin produced illicitly in the country (see paras. 49-53, above). Cannabis plant eradication efforts in 2012 were reported in other countries of Central Asia (including the South Caucasus), such as Tajikistan (2.2 million plants eradicated) and Azerbaijan (7,538 plants eradicated).

579. Illicit cultivation of cannabis plants continued in some areas throughout the Middle East, in particular in the Bekaa valley in Lebanon, where eradication efforts are rendered difficult by the instable security that prevails in the region. Cannabis plants and seeds are frequently seized in Bahrain. It also appears that indoor cannabis plant cultivation is getting more sophisticated in that country, as seen by the indoor cultivation site seized in May 2013.

580. Cannabis seizures in Kuwait amounted to 944 kg in 2012, more than double the quantity seized in 2011. There has been a considerable number of cannabis seizures in Israel, near the border with Egypt, from where the drug is smuggled to other destinations in Israel. In the first half of 2013, more than 300 kg of cannabis were seized in Israel.

581. UNODC estimates suggest that most Afghan heroin (44 per cent) is trafficked via Pakistan, with 32 per cent being smuggled via the Islamic Republic of Iran and the remaining quarter of it transiting a variety of Central Asian countries. Total heroin seizures by Central Asian authorities have steadily declined since 2003 primarily due to the decreases reported in Tajikistan, suggesting the expansion of other trafficking routes. Increasingly, maritime routes are being utilized for Afghan heroin via ports in Iran (Islamic Republic of) and Pakistan, with countries in East Africa a frequent destination.

582. Turkey is a significant crossing point from West Asia into Europe, and accordingly, significant amounts of Afghan opiates are seized there annually, primarily in the form of heroin. In 2012, authorities of the Anti-Smuggling and Organized Crime Department of Turkey seized 11 tons of heroin destined primarily for Albania, Germany and the Netherlands (a 72-per-cent increase over seizures in 2011). For the third consecutive year, no morphine seizures were reported in Turkey. Cannabis is the most widely trafficked and abused illicit drug in Turkey, and seizures have increased 262 per cent over the past five years, with 74.6 tons seized in 2012. Most cannabis seized by Turkish authorities originated in the country. However, the total of 4 tons of cannabis resin seized originated primarily in Iran (Islamic Republic of), Iraq and the Syrian Arab Republic.

583. New heroin smuggling routes through the region are reportedly emerging. Heroin is smuggled out of Afghanistan through Iran (Islamic Republic of) or Pakistan, and is then smuggled through Iraq and other countries in the Middle East. According to national data provided, seizures of heroin in Lebanon increased from less than 3 kg in 2008 to more than 20 kg in 2012, and seizures of heroin in Oman totalled nearly 100 kg in 2012, compared with less than 9 kg in 2008.

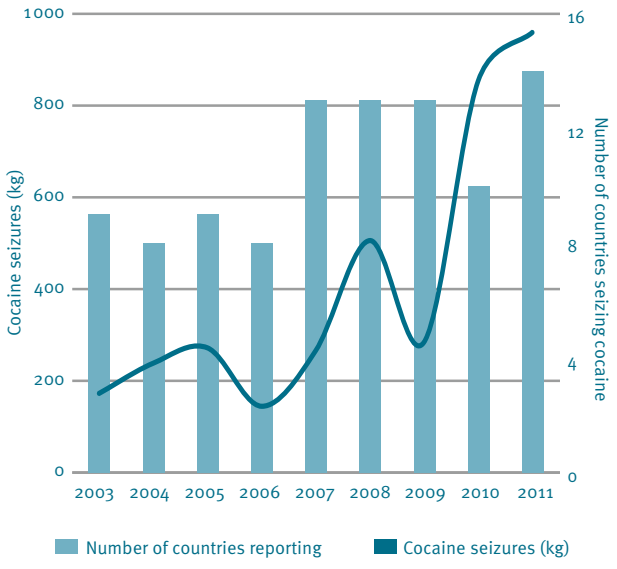
584. There has been an increase in seizures of heroin in Bahrain; in most cases, the heroin is ingested by so-called "mule smugglers", arriving from Pakistan. In addition, numerous controlled deliveries led to seizures of parcels containing heroin sent by express courier. The parcels originated in Afghanistan and Iraq and were destined for the United Kingdom and Greece. One exceptional seizure

of heroin took place at the Bahrain international airport in August 2012, when more than 4.5 kg of heroin impregnated in clothing was seized.

585. Cocaine seizures reported by countries in West Asia have increased—both in number and amount—with total seizures in the region rising to nearly 1 ton in 2011 (see figure II). Turkey's Anti-Smuggling and Organized Crime Department seized 402 kg of cocaine in 2012—nearly double the amount reported in 2010—and reported that the number of cocaine seizures was increasing steadily, as was the average amount per seizure. Heroin trafficking networks have increasingly shifted to trafficking in cocaine, while West African crime syndicates appear to be taking a more significant role in the supply of cocaine to Turkey. Bartering heroin for cocaine is an emerging phenomenon in Pakistan, where cocaine enters the country via Africa, as well as through East Asia and Europe.

586. Illicit trafficking and abuse of cocaine has also increased in the Middle East, as consignments from South America are reaching the region via air courier and by sea. Cocaine originating in the Americas is transported to the Middle East mostly using express mail companies or concealed in shipping containers sent by sea. In Yemen, 115 kg of cocaine were seized from a container sent from Brazil. In Lebanon, 13 kg of cocaine were seized in an aircraft arriving from Brazil via Qatar. In Saudi Arabia, a parcel from the Americas containing 153 g of cocaine was seized.

Figure II. Cocaine seizures in West Asia, 2003-2011



Sources: World Drug Report 2013 (United Nations Publication, Sales No. E.13.XI.6) and previous years; *World Customs Organization, Drugs Report 2010* (Brussels, 2011).

(b) Psychotropic substances

587. Global seizures of amphetamine-type stimulants grew by 66 per cent in 2011 to a record total of 123 tons, driven by increases in methamphetamine and amphetamine seizures. The largest total seizures of amphetamine continue to be those of countries in West Asia, where seizures in 2011 totalled 20 tons, a 55-per-cent increase over the previous year. The largest amount of amphetamine seizures was that reported by Saudi Arabia (11 tons), where tablets containing amphetamine sold as Captagon continue to be in high demand. The Syrian Arab Republic and Jordan each reported having seized 4 tons of amphetamine. Large seizures of amphetamine tablets sold as Captagon in West Asia confirm that the demand for that drug, in particular in the countries of the Middle East, remains high. Most tablets seized were en route to the countries of the Arabian peninsula.

588. According to the World Customs Organization, the main destination of the 3,881 kg of Captagon tablets that were seized in the Middle East in 2012, was, as in the past, Saudi Arabia. Almost 83 per cent of all seizures in the region were effected in Saudi Arabia, followed by Jordan and the United Arab Emirates. Jordan and the Syrian Arab Republic were the main countries of consignment of the seized drugs reported by Saudi Arabia.

589. There are indications that local clandestine manufacture of Captagon is expanding. Laboratory equipments and chemicals used for the manufacture of drugs including amphetamine sold as Captagon were seized by the Lebanese customs services. The material seized had arrived from China. In March 2013, Lebanese law enforcement authorities dismantled an illicit laboratory for the manufacture of amphetamine sold as Captagon and more than 1 million amphetamine tablets sold as Captagon pills were also seized. The Board is concerned about the observed growing capacity of illicit manufacture of that drug in the region, which will increase the drug's availability and demand for it. The Board therefore urges countries in the region, in particular Lebanon, to increase their vigilance and strengthen cooperation and joint operations to fight criminal networks involved in illicit drug manufacture.

590. In Turkey, methamphetamine seizures increased between 2009 and 2012, with 403 kg of methamphetamine seized by authorities of the Anti-Smuggling and Organized Crime Department in 2012. The Islamic Republic of Iran, which has one of the highest rates of seizure of the substance in the world, was identified as the source of almost all methamphetamine seized in Turkey primarily destined to markets in East Asia.

591. In several controlled deliveries, parcels sent by express courier from the Philippines to Saudi Arabia were intercepted in Bahrain. The parcels were found to contain methamphetamine, a drug being seized in increasing quantities. One parcel seized in November 2012 contained 1.16 kg of the drug.

592. The growing abuse of pharmaceuticals containing psychotropic substances, in particular benzodiazepines, continues to be a serious concern in the region. Some 65 kg of clonazepam were seized in a single incident at the Istanbul airport; the substance was being smuggled by a passenger arriving from Pakistan via Dubai.

(c) Precursors

593. Most acetic anhydride destined for use in Afghanistan continues to be smuggled into the country after diversion from other countries' domestic distribution channels. Although seizures of the chemical occur throughout the region, backtracking investigations, subsequent communications remain inconsistent. For example, Afghanistan did not provide the Board with an annual report of information on seizures of chemicals used in the illicit manufacture of drugs for 2012 (form D). However, the continuing decline in the black market price of acetic anhydride in Afghanistan suggests that the precursor's availability has increased relative to the illicit demand. The Board urges more use of backtracking investigations of seizures of acetic anhydride and other chemicals to determine their source of diversion and to communicate seizures of those substances through PICS without delay.

594. The Board noted in its annual report for 2012 that few countries in the region had exercised their right to be informed of chemical shipments prior to their departure from the exporting country under article 12, paragraph 10 *(a)*, of the 1988 Convention, putting those shipments at heightened risk of diversion. The Board notes with satisfaction that in 2013, Armenia, Iraq, Kyrgyzstan, Qatar and the Syrian Arab Republic invoked their rights to require pre-export notification for all substances included in Tables I and II of the Convention. The Board calls on the eight Governments of the region yet to do so, namely Bahrain, Georgia, Iran (Islamic Republic of), Israel, Kuwait, Turkmenistan, Uzbekistan and Yemen, to exercise their rights under article 12, paragraph 10 *(a)* of the 1988 Convention.

(d) Substances not under international control

595. The misuse of tramadol, a synthetic opioid analgesic, in the Gulf countries is becoming a matter of genuine concern, with some countries even reporting tramadol-related fatalities. The trafficking and abuse of tramadol, which is not under international control, is being reported by many countries in the Middle East. Significant seizures of tramadol are regularly made by enforcement authorities in the region. In Jordan, tramadol is diverted from domestic distribution channels, at the retail level, and through sales without the requisite medical prescription.

596. According to information collected by the Board, tramadol has been placed under national control in almost all the countries in the region. The substance is already controlled under national legislation for psychotropic substances and/or narcotic drugs in Bahrain, Jordan, Qatar and Saudi Arabia. In Lebanon, where more than 5 per cent of individuals in treatment for polydrug abuse are found to abuse tramadol, the authorities are considering placing the substance under national control.

597. According to the information available, Egypt is the country of origin of the tramadol seized in Qatar, and Saudi Arabia has reported increasing smuggling of that drug from Egypt into its territory. Likewise, most of the tramadol seized in Lebanon arrives from Egypt, where its abuse is widespread. The Board calls on the countries in the region to remain vigilant vis-à-vis the apparently growing non-medical use and/or abuse of tramadol and urges countries where diversion and illicit trafficking already occur to consider the adoption of more stringent control measures over the trade in and distribution and dispensing of tramadol to ensure that preparations containing tramadol are dispensed for legitimate medical use and to limit their diversion into illicit distribution channels.

598. New psychotropic substances were reported by some countries in the Middle East such as Bahrain, Israel, Jordan, Oman, Saudi Arabia and the United Arab Emirates. In addition to ketamine, the emergence of synthetic cannabinoids (Spice) and mephedrone (4-methylmethcathinone) was also reported. In Israel, synthetic drugs such as synthetic cannabis products have been sold as "incense" for several years, with most of the consumers being teenagers between the ages of 14 and 17. According to the customs authorities of the United Arab Emirates, 126 smuggling attempts involving a total of 23.5 kg of synthetic cannabinoids were intercepted in the

first eight months of 2012. All consignments had arrived in parcels. It is believed that the drug was destined for both local market and other destinations.

599. Khat (*Catha edulis*) remains the main substance of abuse in Yemen, where the plant is cultivated, in addition to being imported from East Africa. A large proportion of the Yemeni adult population of both genders chews fresh khat leaves on a regular basis. The authorities of Bahrain and Oman reported the seizure of 1.7 kg and 748 kg of khat, respectively, in 2012.

5. Abuse and treatment

600. The annual prevalence of opiate abuse (heroin and opium, excluding prescription opioids) remains high in many countries of West Asia. UNODC estimates the highest rates of past-year opiate abuse among adults aged 15-64 years to be those of Afghanistan (2.3-3 per cent), Azerbaijan (1.3-1.7 per cent), Iran (Islamic Republic of) (2.3 per cent) and Pakistan (0.6-1.2 per cent). However, the true extent of abuse is unclear as most prevalence estimates in West Asia are either unrepresentative of the country's total population or are outdated. For example, the estimated prevalence rates for past-year opiate abuse among the general population (aged 15-64) for countries in the region are, on average, more than six years old (i.e., many are based on data from around 2007 or even earlier). But since 2007, annual Afghan opium poppy cultivation, global heroin seizures and heroin treatment admissions in West Asia have all been reported to have increased notably. Additionally, there are many countries in West Asia, particularly countries in the Middle East such as Bahrain, Iraq, Jordan, Kuwait, Oman, Qatar and Yemen, for which there are no reliable estimates of opiate use. The Board calls on UNODC to assist Governments in West Asia so that reliable, accurate and timely estimates of prevalence of drug abuse can be carried out.

601. A new joint report of the Government of Pakistan and UNODC on drug abuse in Pakistan estimates that 5.8 per cent of adults aged 15-64 years in Pakistan (6.4 million individuals) used drugs in 2012, of which nearly two thirds (4.1 million individuals) are thought to be drug dependent. Cannabis was found to be the most commonly abused drug in Pakistan, with an adult annual prevalence of 3.6 per cent, followed by opioids, at 2.4 per cent. Compared with other national estimates, opiate use is very high in Pakistan, with 1 per cent of the population using heroin or opium and 1.5 per cent abusing opioid-based prescription painkillers for non-medical purposes over the last year. There are about 420,000 people who inject drugs in Pakistan, which is 0.4 per cent of the adult population. Addiction treatment capacity is low compared with demand and is able to serve less than 30,000 drug abusers per year. However, new drug treatment protocols aimed at enhancing the capacity of drug treatment professionals were launched in November 2012, in collaboration with the World Health Organization.

602. Methamphetamine abuse is spreading among some countries of West Asia. Abuse in the Islamic Republic of Iran is increasingly widespread, with research now documenting cases across a variety of community settings, including in emergency departments of hospitals, among students and patients in opioid substitution treatment and among people who inject drugs. Although smoking is the most common route of methamphetamine administration, a new trend of methamphetamine injection has been reported, bringing increased risks of blood-borne infections, such as hepatitis and HIV/AIDS. In Pakistan, the first study to generate data on the use of amphetamine-type stimulants in the country has revealed a new pattern of drug consumption; an estimated 22,000 adults abuse amphetamine-type stimulants—often methamphetamine.

603. The Board notes that a number of countries in the Middle East are devoting special attention and efforts to the treatment and rehabilitation of drug abusers. Saudi Arabia has developed a triple-faceted strategy addressing prevention and suppression and drug abuse rehabilitation. In response to the increasing number of drug addicts, Oman plans to set up drug rehabilitation centres in each governorate of the country.

604. The Government of Qatar has made increasing efforts in awareness-raising and drug abuse prevention by organizing seminars and lectures at schools, colleges, sports and cultural clubs, places where young people gather and military institutes. Similarly, the Board notes the commitment of the Government of Kuwait in the area of drug prevention and its dedication to implementing security and awareness plans and projects to combat the abuse of drugs. In that context, the personnel of the national anti-drug abuse media project "Ghiras" has signed cooperation agreements with, among other organizations, UNODC, the World Health Organization, the Gulf Cooperation Council Health Bureau and the Mentor Foundation for drug prevention.

605. There have been no recent epidemiological studies providing an assessment of the extent of drug abuse in Lebanon in recent years. However, the number of people who inject drugs is estimated at between 2,000 and 4,000 individuals, and about 5.7 per cent of people with HIV in Lebanon are injecting drug users.

606. Drug trafficking in prisons raises the risk of the spreading of HIV among prisoners, in particular those who inject drugs. More than 70 per cent of the people who inject drugs had injected drugs on the day they entered prison, and 7 per cent shared needles while in the prison.

607. The Government of Lebanon launched an opioid substitution treatment programme at the beginning of 2012. The programme is now fully operational, and since its launch about 700 patients have joined the programme.

608. Treatment admissions data reported by the countries of the Central Asian and Transcaucasian subregion in 2011 showed that the proportion of those entering treatment primarily for opioid abuse ranged widely: in Tajikistan, 99 per cent of those admitted for treatment had primarily abused opioids; in Georgia, 96 per cent; in Uzbekistan, 89 per cent; in Kyrgyzstan, 84 per cent; and in Kazakhstan, 64 per cent. However, treatment capacity throughout this subregion remains limited.

D. Europe

1. Major developments

609. Rates of abuse of narcotic drugs and psychotropic substances in Western and Central Europe appear to be continuing to stabilize or decline, although at historically high levels. The use of amphetamine-type stimulants remains stable in Eastern and South-Eastern Europe, with a small increase reported in few countries. Cannabis remains the most widely abused drug in Europe. Heroin is the most abused opiate, followed by opium and morphine in Eastern and South-Eastern Europe. The emerging abuse of prescription opioids is of concern in Western and Central Europe, with seizures reaching record levels in a few countries of the subregion and with treatment demand for abuse of opioids other than heroin increasing. Opioid-related deaths have decreased overall in Western and Central Europe, but the proportion of deaths attributable to fentanyl and methadone has increased in some countries.

610. The abuse of new psychoactive substances poses a major challenge, especially in view of the unprecedented number and variety of substances identified in 2012, often sold as "bath salts", "legal highs" or "plant food". New psychoactive substances are an emerging drug phenomenon in Eastern and South-Eastern Europe, where they have recently begun to have an impact. While those substances are primarily transported in bulk from Asia, for processing, packaging and distribution in Europe, there are indications of limited manufacture in Europe. The supply of new psychoactive substances poses increasing challenges, as some are legally commercialized.

611. Illicit indoor cannabis cultivation continues to increase in the subregion of Western and Central Europe, although with a tendency towards the use of multiple, smaller sites. Cannabis resin seizures have decreased in the subregion, while seizures of cannabis herb have increased. Cannabis herb is grown throughout Eastern and South-Eastern Europe, with large-scale cultivation detected in many countries, particularly Albania.

612. While the Balkan route remains the most commonly used route for drug trafficking in the subregion of Eastern and South-Eastern Europe, the amount of heroin trafficked declined in the past year. Consequently, declines in heroin seizures have been reported by countries in the subregion.

613. Cocaine trafficking routes are increasingly diversified, for instance with some trafficking of cocaine through the Baltic countries or along the Balkan route traditionally used for the trafficking of heroin from Afghanistan to Europe. An increase in cocaine trafficking has been reported in particular through ports of the Black Sea, together with the increasing influence of foreign criminal organizations in the region.

614. Illicit methamphetamine manufacture appears to be spreading to new locations in Europe. New laboratories for its manufacture have been uncovered in Bulgaria, Romania, the Russian Federation and Ukraine. Seizures of MDMA (commonly known as "ecstasy") have increased in Western and Central Europe, indicating a possible resurgence of the substance; at the same time, illicit manufacture of the substance has shifted away from Europe.

2. Regional cooperation

615. The regional Operation Channel Transport took place in the framework of the regional anti-drug initiative, Operation Channel, under the auspices of the Collective Security Treaty Organization, in December 2012. The main objective of Operation Channel Transport was to detect and prevent drug trafficking and to suppress channels of trafficking of synthetic drugs from Western and Central Europe to States members of the Collective Security Treaty Organization, as well as trafficking of heroin and cannabis from Afghanistan to the

countries of the Customs Union of Belarus, Kazakhstan and the Russian Federation.

616. In December 2012, the Council of the European Union adopted the European Union drugs strategy for the period 2013-2020. The strategy comprises cross-cutting themes of coordination; international cooperation; and research, information, monitoring and evaluation. The strategy's first action plan, for the period 2013-2016, adopted in June 2013, includes actions to tackle the misuse of prescription and over-the-counter opioids, improve drug-abuse related health-care measures in prisons and after release, tackle new psychoactive substances and polydrug abuse (including licit/illicit combinations) and promote alternatives to coercive sanctions for drug-using offenders.

617. Various events were held in the past year with a view to further enhancing regional and international cooperation in drug control.

3. National legislation, policy and action

618. In Austria, in October 2012, the Psychotropic Substances Decree was amended with regard to, inter alia, the prescription of benzodiazepines in order to reduce the combined use of opioids and benzodiazepines. In the Russian Federation, Government Decision No. 1178 of 19 November 2012 introduced amendments to the list of narcotic drugs, psychotropic substances and precursor chemicals subject to control in the Russian Federation. In late 2012, the Ukrainian authorities developed a national integrated anti-drug strategy, expected to be approved by the Government by the end of 2013. In Estonia, as part of the national health plan for the period 2009-2020, an action plan for the period 2013-2016 was adopted; the action plan includes drug supply and drug demand reduction as part of an integrated public health approach.

619. In Croatia, the new criminal code came into force on 1 January 2013. The manufacture and abuse of narcotic drugs is now controlled under three of the code's articles: unauthorized manufacture and trade in drugs (article 190), enabling the use of drugs (article 191) and unauthorized manufacture and trade in substances prohibited in sport (article 191a). Production of drugs without intention to sell is defined as a distinct offence punishable by six months to five years imprisonment. The possession of small quantities for personal use is treated as a misdemeanour under the Law on Combating Drug Addiction, punishable by a fine between 650 and 2,600 euros (about $820-$3,250). Assessment of what comprises a "small" quantity is left to the state prosecutor or court. The new Code urges the court to use alternative punishments to imprisonment for cases with sentences of up to six months prison terms.

620. In March 2013, the Government of the Russian Federation launched a comprehensive new state programme of the Russian Federation on countering illicit drug trafficking (2013-2020). The document includes a number of key measures intended to strengthen cooperation and coordination among law enforcement agencies, promote legal reforms, increase operational and research activities, inquiries, investigations, enhance coordination of anti-drug activities at the federal level, as well as international cooperation against illicit drug trafficking.

621. In Ukraine, on 13 May 2013 the Government approved resolution 333, which establishes procedures for acquisition, transportation, storage, dispensing, use and disposal of narcotic drugs, psychotropic substances and precursors in all health-care institutions in the country. In 2013, the Government of Montenegro prepared a draft national drug strategy for the period 2013-2020 and its action plan for the period 2013-2016, in cooperation with UNODC; adoption of those documents is expected by the end of 2013.

622. In October 2012, the Austrian Narcotic Drugs Decree was amended to allow the prescription of pharmaceutical products containing cannabis extract that are authorized in Europe. In April 2013, amendments to the act on dependency-producing substances of the Czech Republic came into force, allowing the cultivation, production and use of cannabis for medical purposes. In the United Kingdom, statutory instruments that came into force in April 2013 placed the cannabis-based medicine Sativex under part 1 of Schedule 4 of the Misuse of Drugs Regulations so that the product is governed by the regulatory framework for medicines that are also controlled drugs.

623. In January 2013, in the Netherlands, a rule limiting access to so-called "coffee shops" to residents of the country came into effect nationwide, after having been introduced in three southern provinces (Limburg, Noord-Brabant and Zeeland) on 1 May 2012. However, municipalities were permitted to implement the new rule gradually and in accordance with local "coffee-shop" and security policies. The Government announced that, as of June 2013, 70 per cent of the 103 municipalities of the country were already implementing or were planning to implement the residency criterion. Planned restrictions that were to enter into force in January 2013 to limit access to such venues to a maximum of

2,000 "members" per year were revoked by the Government in November 2012. The Government also announced in November 2012 that the planned increase in the minimum distance between such venues and secondary and vocational schools to 350 metres would not be imposed by national rules. While noting those developments, the Board reiterates its position that such "coffee shops" are in contravention of the provisions of the international drug control conventions.

624. In Switzerland, amendments to the Narcotics Act were to come into force in October 2013, enabling the punishment by fine of possession by adults of less than 10 grams of cannabis.

625. Countries in the region have continued to take legislative measures to address the challenge of new psychoactive substances, at both the national and regional levels. In March 2013, the Council of the European Union decided to subject to control measures 4-methylamphetamine (known as "4-MA"), a synthetic derivative of amphetamine that has been associated with fatalities in Europe. In October 2013, the Council decided to ban 5-(2-aminopropyl)indole (known as "5-IT"), a synthetic stimulant with stimulant and hallucinogenic effects that has been associated with deaths in a number of countries.

626. In September 2013, the European Commission proposed legislation that would develop further the procedures for risk assessment and control of new psychoactive substances, which would provide for the introduction of temporary measures restricting the sale of new psychoactive substances to consumers across the European Union, in cases of immediate risk, and permanent measures within 10 months. In case of substances assessed to pose a severe risk, even industrial use could be restricted. The measures would be directly applicable to European Union member States and would not need to be transposed into national law.

627. Many countries have placed numerous new psychoactive substances under control. For example, in 2012, 28 new synthetic substances were placed under control in Germany, and 46 new "research chemicals" were placed under control in Switzerland. In April 2013, 15 substances were placed under national control in Belgium. In 2012, tapentadol was placed under control in Austria, Finland and the Netherlands, and mephedrone was placed under control in Finland and the Netherlands.

628. In April 2013, legislation was introduced in Portugal that provides for the closure of retail outlets, also known as "smart shops" or "head shops", selling new psychoactive substances. Under the legislation, new psychoactive substances can be subject to temporary bans in cases where there is no authorized legitimate use and removed from the market until the substance is confirmed to pose no health risk.

629. In Latvia, in February 2013, a generic system was introduced in the list of controlled substances, and 17 generic chemical substance groups comprising more than 200 new psychoactive substances were placed under control. Lithuania placed five groups of substances under control in 2012. Also in 2012, methoxetamine became the first drug to be controlled under a temporary drug order in the United Kingdom, and in February 2013, methoxetamine, together with related substances, *O*-desmethyltramadol, additional categories of synthetic cannabinoids and compounds related to ketamine and phencyclidine were brought under the control of the Misuse of Drugs Act. In 2013, decisions were taken to control benzofuran substances (also known as "benzofury"), such as 5-APB and 6-APB, in Belgium and as a temporary measure in the United Kingdom. In Luxembourg in 2012, the plants *Salvia divinorum* and Kratom (*Mitragyna speciosa*) were placed under national control. Khat was placed under control in the Netherlands in January 2013, and in July 2013 a decision was taken to control the plant in the United Kingdom.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

630. The illicit cultivation of cannabis plant, both in private homes and in larger plantations, in many countries in Europe has continued to increase, reportedly facilitated in some countries by the sale of seeds and equipment through the Internet. The involvement of organized criminal groups in the large-scale illicit production of cannabis has been noted, but there is also increasing evidence of a move towards multiple small-scale sites, such as seen in the United Kingdom, where large numbers of illicit commercial-scale operations have been discovered and where there is evidence of a stabilization in the number of detections of cannabis farms. The number of properties (residential and commercial) in which cannabis has been illicitly cultivated on a large scale has increased in some countries. For example, in the Czech Republic a record 199 seizures of cannabis "grow houses" were made in 2012, a third of which contained over 500 plants each, compared with 165 such seizures in 2011. In 2012, 48 cannabis cultivation sites were uncovered in Romania,

and a total of 3,125 cannabis plants were seized. Of those, 12 cannabis outdoor cultivation sites were detected, and 36 sites were indoors. Ukraine reported a total of 98,000 eradicated outdoor sites. In Bulgaria, in 2012 a total of 42 indoor facilities and greenhouses growing cannabis were detected compared with 35 in 2011.

631. In 2011, 5,435 indoor cultivation sites were dismantled in the Netherlands, which was not a significant change from previous years, although illicit cannabis production has been estimated to be increasing since 2008, with the main destinations reported to be Germany, Italy, the United Kingdom and the Scandinavian countries. A record 1,070 plantations were seized in Belgium in 2011, representing an increase of almost 10 per cent compared with the previous year, following the increasing trend that began in 2007, with an increase in the number of plantations containing 6-49 plants, which represented about one third of sites seized, whereas the proportion of large and industrial scale plantations remained stable. Seizures of cannabis plantations in Germany increased from 717 in 2011 to 809 in 2012, but there was a decline in the number of seized indoor large plantations and increases in indoor and outdoor small plantations. There is still widespread outdoor cultivation of cannabis in southern Italy.

632. During the past year there was a significant increase in the seizures of cannabis in South and South-Eastern Europe, mainly cannabis herb and, to a much lesser extent, cannabis resin. Important seizures of cannabis were made along the route traversing Albania, Montenegro and Croatia before arriving in Western European countries. In 2012, the Bulgarian Customs Agency seized 4.2 tons of cannabis resin. In Romania, cannabis herb seizures represent 42 per cent of the total amount of drugs seized, followed by seizures of cannabis plants (37 per cent), and cannabis herb seizures increased by 33 per cent compared with 2011. Cannabis resin seizures in Romania in 2012 increased by more than 50 per cent compared with 2011. In Montenegro, cannabis seizures rose by 90 per cent in the first four months of 2013 compared with the same period in 2012, pointing to the growing importance of Montenegro as a transit country for Albanian cannabis herb. The primary illicit markets for Albanian cannabis herb continue to be Greece and Italy.

633. In recent years, the number of seizures of cannabis herb in Western and Central Europe has continued to increase, while seizures of cannabis resin have decreased. However, the total quantity of cannabis resin seized remains much higher than that of cannabis herb. The quantity of cannabis resin seized in Western and Central Europe continued to decrease, from 526 tons in 2010 to 483 tons in 2011, which is much less than the 900 tons seized in 2008. Europe as a whole now accounts for almost half of global cannabis resin seizures, compared with about three quarters over a decade ago. While Spain accounts for about one third of global cannabis resin seizures and about three quarters of seizures in Western and Central Europe, cannabis resin seizures in the country fell by about one half between 2008 (683 tons) and 2012 (326 tons). The quantity seized annually in France has remained relatively stable at around 50-56 tons in the period 2009-2012, but decreased from 55.6 tons in 2011 to 51.1 tons in 2012. In the United Kingdom, cannabis resin seizures in England and Wales increased by 4 per cent from 18.7 tons in 2010/11 to 19.5 tons in 2011/12, compared with 12.6 tons in 2009/10, which is nonetheless much less than the 64 tons seized in 2004. While annual seizures of cannabis resin in Italy had remained at around 20 tons in 2010 and 2011, an increase to 22 tons was seen in 2012. Cannabis resin seizures in Portugal decreased significantly, from 34.7 tons in 2010 to 14.6 tons in 2011.

634. Most cannabis resin seized in Europe still appears to have been produced in Morocco. Cannabis resin from Morocco is primarily trafficked to Europe by sea to the Iberian peninsula, typically Spain, for consumption in that country and transit to other countries in Western and Central Europe, with over 90 per cent of seizures by Spain reported to be seizures from commercial vessels. Belgium and the Netherlands have been identified as trafficking hubs for cannabis resin and herb.

635. While the number of cannabis herb seizures in Western and Central Europe has increased around sixfold over the past decade, the quantity seized has remained relatively stable, at 55-65 tons annually between 2004 and 2010, then increasing to 92 tons in 2011, which is still much less than the 124 tons seized in 2002. In the United Kingdom, seizures in England and Wales of cannabis herb increased by 6 per cent from the 20.7 tons seized in 2010/11 to 22 tons in 2011/12, yet seizures of cannabis herb have decreased by a third since 2008. The amount of cannabis herb seized by Spain increased dramatically from 2.7 tons in 2010 to 17.5 tons in 2011, then decreased in 2012 to 10.5 tons. Seizures in Greece increased from 7.7 tons in 2010 to 13.4 tons in 2011, continuing the increasing trend of recent years. Around two thirds of the total quantity of seized cannabis in Greece in recent years was reported to have originated in Albania, trafficked mainly overland. In Italy, seizures of cannabis herb doubled from 5.5 tons in 2010 to 10.9 tons in 2011, then doubled again to 21.5 tons in 2012. At the same time, the number of cannabis plants seized in Italy increased from 72,000 plants in 2010 to 1 million in 2011 and over

4 million in 2012. In Belgium, total annual seizures of cannabis herb remained between 5.1 and 5.2 tons in the period 2010-2011, while in the Netherlands, there was a 10 per cent increase in annual seizures, from 4.5 to 5 tons over the same period; in France, after having increased by 20 per cent from 2010 to 2011, reaching 5.5 tons, total cannabis herb seizures decreased to 3.2 tons in 2012. Organized criminal groups continue to be involved in the illicit trafficking of cannabis.

636. With no sizeable local market in South-Eastern Europe, cocaine is trafficked onward to Western European countries either by boat from Greece or by land through Bulgaria, Romania and Hungary. Cocaine continues to be trafficked in small amounts through ports in Bulgaria, Greece and Romania. The total amount of cocaine seized in Romania in 2012 was 54.7 kg, approximately one third of the quantity seized in 2011 (161 kg). A single significant seizure (48.5 kg) made at the Romanian border with Hungary constituted most of the total quantity seized in 2012.

637. The amount of cocaine seized in Western and Central Europe has remained stable at about 60 tons since 2008, after a peak level of 120 tons in 2006. The total amount of cocaine seized in Spain and Portugal combined decreased from a peak of 84 tons in 2006 to 20 tons in 2011, a level similar to that of Belgium and the Netherlands combined (18 tons in 2011). The quantity seized in the Netherlands has remained stable at about 10 tons per year, while seizures in Belgium have steadily increased from 2.5 tons in 2007 to 8 tons in 2011. Spain accounted for one quarter of cocaine seized in Europe in 2011 (16.7 tons, the lowest level since 2000), and the amount seized increased by almost 25 per cent to 20.7 tons in 2012. The amount of cocaine seized in Portugal has remained below 5 tons since 2008. In 2011, there were record seizures of cocaine in France (10.8 tons) and Italy (6.3 tons), which were increases of 163 and 65 per cent over 2010 respectively. However, the amount of cocaine seized in France in 2012 almost halved, falling to 5.6 tons and also decreased in Italy (falling by 16 per cent to 5.3 tons). In the United Kingdom, in England and Wales, the amount of cocaine seized increased from 2.4 tons in 2010/11 to 3.5 tons in 2011/12, a level similar to that of 2007/08.

638. Seizures of cocaine by customs authorities in Western Europe remained relatively similar in 2011 (34.2 tons) and 2012 (35.9 tons), representing almost half of the total amount of cocaine seized globally by customs authorities. Of seizures of cocaine of 1 ton or more by customs authorities in Western Europe, the identified countries of consignment were Ecuador (14.4 tons), the Dominican Republic (3.2 tons), Brazil (2.3 tons), Colombia (2.3 tons), Peru (2.2 tons), Argentina (1.5 tons) and Chile (1.5 tons).

639. The diversification of cocaine trafficking routes to Western and Central Europe continued. Authorities have noted the possible emergence of routes that partially overlap the Balkan route for trafficking of more limited quantities of cocaine to Central and Eastern Europe. Some countries have noted the increased trafficking of cocaine in smaller quantities, as well as trafficking by airmail or courier. Europol has reported that, since 2007, the amount of cocaine seized in containers has increased, in particular in Belgium, Germany, Spain and the United Kingdom, while the amount seized on vessels but not in containers has decreased. Increased trafficking via container shipments may have contributed to an increase in the use by traffickers of the ports of Belgium and the Netherlands and other western European countries. A sharp increase in the amount of cocaine seized in the Baltic countries in 2010, which was not repeated in subsequent years, was seen as an indication of increased trafficking by sea into those countries, possibly for trafficking onward to other parts of Europe. West Africa continues to be used to traffic cocaine to Europe but land routes could be becoming more significant, with a shift away from flights to European airports and northbound maritime routes along the African coast.

640. In 2012, heroin from Afghanistan continued to be moved along the so-called Balkan route from Turkey into South-Eastern Europe and then onward to destination markets in Western Europe. Total heroin seizures in South-Eastern Europe remained low and continued their declining tendency with the notable exception of Albania and the former Yugoslav Republic of Macedonia, which reported increases. Seizures in 2012 suggest a predominance of trafficking of heroin by land through Turkey to Bulgaria, Romania and Hungary and onward to Western Europe. The quantity of heroin seized in Romania increased almost 3.7 times, from 12.2 kg in 2011 to 45.2 kg in 2012. In 2012, the Romanian authorities made their largest ever single opium seizure, of 9.8 kg. Heroin seizures in the Russian Federation in 2012 totalled 2,176 kg.

641. The diversification of trafficking routes of opiates from Afghanistan to Western and Central Europe continued. In addition to the traditional land routes, heroin trafficked from Iran (Islamic Republic of) and Pakistan entered Western Europe by air or sea, either directly or via East and West African countries, such as Kenya. In November 2012, customs authorities in the Netherlands made a seizure of 450 kg of heroin at Amsterdam airport in a shipment identified as having been consigned in South Africa and bound for Canada.

642. The amount of heroin and morphine seized in Western and Central Europe in 2011 (6 tons) was similar to the amount seized in 2010. However, the amount of opiates seized by customs authorities in Western Europe more than doubled, from 1.4 tons in 2011 to 3.3 tons in 2012. The amount of heroin seized in England and Wales in the United Kingdom, increased by 153 per cent to 1.8 tons in 2011/12 from 0.7 tons in 2010/11, after having halved from 2009/10 (1.5 tons). In France, the amount of heroin seized decreased by more than 40 per cent between 2010 and 2012, to 0.6 tons, the lowest level since 2004. In Germany, heroin seizures declined only slightly from 2011 (498 kg) to 2012 (489 kg), while opium seizures decreased from 112 kg in 2011 to 81 kg in 2012. In Spain, the amount of heroin seized fell by 45 per cent from 2011 to 2012 (229 kg). Seizures in Belgium and Greece declined in 2011 to 140 kg and 312 kg respectively. Seizures in Austria more than tripled, from 65 kg in 2011 to 222 kg in 2012.

643. In Estonia, seizures of fentanyl, a synthetic opioid analgesic, increased from 0.9 kg in 2011 to 1.7 kg in 2012, and seizures of methadone doubled from 1.1 kg to 2 kg. Carfentanyl, a highly potent analogue of the synthetic opioid fentanyl, normally used in veterinary medicine and not suitable for humans, and which is not under international control, suddenly appeared on the illicit drug market in Latvia in late 2012 and early 2013, where it is reported to have caused a number of fatal overdoses.

644. In the Russian Federation, in 2012, law enforcement agencies detected 1,770 drug trafficking cases. The volume of drugs seized increased 1.8 times and totalled 86.9 tons. In Romania, in 2012 there was an increase of about 60 per cent in the total quantity of drugs seized compared with the previous year. In the former Yugoslav Republic of Macedonia, the quantity of drugs seized in 2012 remained low, continuing a downward trend, and cannabis cultivation, mainly for local consumption, has also been reported.

(b) Psychotropic substances

645. Seizures of amphetamine by customs authorities in Western Europe increased from 1.8 tons in 2011 to 2.5 tons in 2012, continuing the trend seen since 2010, but was still less than the amount seized in 2009. After having reached peak levels of between 7 tons and 8 tons of annual total seizures in the period 2007-2009, the total amount of amphetamine seized in Western and Central Europe decreased to 5.2 tons in 2010 and 5.6 tons in 2011. Germany accounted for approximately one quarter of the amount seized in 2011, with the Netherlands and the United Kingdom each accounting for almost one fifth of the total. Seizures in Germany reached peaks of 1.4 tons in 2009 and 2011, then decreased to 1.1 tons in 2012, a level similar to that of 2010. Seizures in the Netherlands had decreased from 2.4 tons in 2009 to 0.6 tons in 2010, then increased to 1.1 ton in 2011. In the United Kingdom, seizures increased from 0.7 tons in 2010/11 to 1 ton in 2011/12, still less than the peak of 2.9 tons in 2008/09. In the former Yugoslav Republic of Macedonia, in 2012, police forces raided, for the first time, a laboratory manufacturing synthetic drugs, near Skopje, and seized 4 litres of liquid amphetamines and some 3,000 tablets. With regard to amphetamine-type stimulants, a sharp decrease has been reported in the number of tablets seized in Romania, falling from 7,315 tablets in 2011 to only 34 tablets seized in 2012, and methamphetamine seizures dropped from 24.3 kg in 2011 to 3.3 kg in 2012.

646. The expansion of the illicit manufacture of and trafficking in methamphetamine in Europe has continued. The number of laboratories illicitly manufacturing methamphetamine detected during the year further increased to 350 in 2011, the majority of which were in the Czech Republic, where the number of seizures of such laboratories decreased from a peak of 434 in 2008 to 235 in 2012, and where methamphetamine seizures peaked in 2012 at 31.9 kg, compared with 3.6 kg in 2009. Four methamphetamine laboratories were seized in the Russian Federation, and seizures of amphetamines increased from 142 kg in 2010 to more than 2 tons in 2011. Increased activity was also reported in Belarus, where nine laboratories were seized in 2011. Large-scale methamphetamine laboratories have been detected in Bulgaria, Germany, the Netherlands and the United Kingdom, with illicit laboratories also detected in Austria, Belgium, Hungary, Ireland, Lithuania, Poland and Slovakia. Seizures of methamphetamine by Western European customs authorities increased from 74 kg in 2011 to 361 kg in 2012. Total amounts of annual methamphetamine seizures in Western and Central Europe increased from about 300 kg in 2008 and 500 kg in 2009 and 2010, to 636 kg in 2011; in 2011, the largest proportion of methamphetamine in the subregion was seized in Norway, followed by Lithuania and Sweden. In Norway, methamphetamine accounts for 60 per cent of amphetamines seized, with a decrease in 2011 seizures of methamphetamine (163 kg) compared with the 2009 peak of 234 kg. In Lithuania, seizures have fluctuated from 18 kg in 2010 to 134 kg in 2011, decreasing in 2012 to 54 kg; in Sweden, total annual seizures decreased over the period 2009-2012 from 164 kg to 47 kg. In Germany, seizures of methamphetamine peaked at 75 kg in 2012, compared with 40 kg in 2011.

647. Customs seizures of "ecstasy" have remained relatively constant in Western Europe over 2011 and 2012 (481 and 438 kg). Overall, in Western and Central Europe, which accounts for around 13 per cent of global "ecstasy" seizures, the number of tablets seized has increased from 2 million in 2009 to 4.3 million in 2011, which nonetheless is much less than the peak of 23 million tablets seized in 2002, with France, Germany, the Netherlands and the United Kingdom together accounting for 87 per cent of the amount seized. The increase has been taken as an indication of a possible "recovery" of the illicit market for the substance, especially in France and the Netherlands. The number of illicit laboratories manufacturing "ecstasy" that were dismantled in Western and Central Europe declined from a peak of 50 in 2000, to 3 in 2010 and 5 in 2011, with the Netherlands and Belgium having reported the largest number of such laboratories over the past decade. In August and October 2013, two large-scale laboratories used for the illicit manufacture of "ecstasy" were seized in Belgium. At the same time, the illicit manufacture of "ecstasy" has shifted away from Europe towards other regions.

648. A number of countries have noted the continued availability on the illicit drug market of Subutex, a preparation containing buprenorphine, an opioid controlled under the Convention on Psychotropic Substances of 1971. In Finland, heroin has to a large extent been replaced by Subutex, seizures of which reached their highest level in five years in 2012 (48,700 tablets seized compared with 31,700 tablets in 2011). At the same time, the amounts of other preparations seized (mainly benzodiazepines and some opiates) doubled in recent years. While seizures of Subutex trafficked between Estonia and Finland decreased, it is trafficked on a large scale from France, with increased trafficking through and from Norway and Sweden, and with emerging trafficking from the United Kingdom.

(c) Precursors

649. The use of pre-precursors or non-controlled precursors in the illicit manufacture of drugs in Europe continues. *alpha*-Phenylacetoacetonitrile (APAAN), which is converted into P-2-P for the illicit manufacture of amphetamine and methamphetamine, is becoming more prominent in the region. Since 2009, APAAN had been seized in Belgium, the Netherlands and Poland, with the Netherlands reporting the seizure of a number of laboratories where the substance was being converted to P-2-P. In Belgium in 2012, there was a sharp increase in airport seizures of APAAN, purchased mainly in China. In 2012, authorities identified several cases of APAAN being sent to private companies in Latvia from companies in China, possibly for onward transit to other countries of Western and Central Europe. In 2012, Hungary reported, as a new phenomenon, the trafficking of APAAN from China to European ports for onward transport in smaller quantities to illicit laboratories in Western Europe. That trend was also seen in Poland in 2012. Since their emergence as pre-precursors, as of 2012, PMK-glycidate and BMK-bisulfite can be traded and used in the Netherlands only with a licence.

(d) Substances not under international control

650. New psychoactive substances continue to pose a significant challenge in Europe, with a record number of 73 new such substances identified through the European Union early warning system in 2012, compared with 49 substances in 2011 and 41 substances in 2010. Of those, 30 were synthetic cannabinoids, 19 were from "less known or more obscure chemical groups" and 14 were substituted phenethylamines. New psychoactive substances are an emerging drug phenomenon in Eastern and South-Eastern Europe. Bulgarian authorities report that about 30 new such substances appeared on the market every month in the past year. In Romania, the use of new psychoactive substances (synthetic cathinones and synthetic cannabinoids) has been reported to be decreasing due to the new control legislative measures adopted in November 2011. Since 2009, Romania has consistently reported seizures of new psychoactive substances.

651. The substances seized in Western and Central Europe are reported to come mainly, and often in bulk quantities, from China and, to a lesser extent, India. Facilities for the processing and packaging of those substances have been seized within the region. There is some illicit manufacture of new psychoactive substances in Europe for direct sale on the illicit market, including in Belgium (mainly manufacture of synthetic cannabinoids) and Ireland, the Netherlands and Poland; some new psychoactive substances, such as *meta*-chlorophenylpiperazine (*m*CPP), are sourced primarily from within Europe. Products containing synthetic cannabinoid receptor agonists have been detected in virtually all Western and Central European countries; they are usually imported from Asia, with processing and packaging in Europe. The role of the Internet in the marketing and sale of new psychoactive substances continues.

652. In the United Kingdom, there have been increased seizures of ketamine, possibly diverted from India and trafficked to the United Kingdom by mail and courier

services, and recently larger quantities have been seized from sea containers. Seizures of ketamine in France have also become more prominent in recent years. However, seizures of the substance have decreased in Hungary.

653. Seizures of khat by customs authorities in Western Europe in 2012 increased from 54.1 tons in 2011 to 60.6 tons in 2012, representing more than half of the global customs seizures of the substance. Customs seizures of khat increased in Germany, which accounted for almost half of the amount seized in the subregion of Western Europe, from 23.8 tons to 27.5 tons, but total seizures of khat by law enforcement authorities decreased slightly, from around 46 tons in 2011 to 45 tons in 2012. Of the total of 118 tons of khat seized by customs authorities globally in 2012, 40 per cent was bound for Scandinavian countries (28 tons for Denmark, 10 tons for Sweden and 9 tons for Norway). Seizures of khat by customs authorities increased in Denmark, from 6.6 tons in 2011 to 7.6 tons in 2012 but decreased in Sweden (from 12.8 to 9.5 tons in the same period) and Norway (8.3 to 6.4 tons). Seizures of khat by police and customs authorities in Finland continued to increase, reaching a peak of 5.8 tons in 2011 before decreasing to 1.9 tons in 2012.

5. Abuse and treatment

654. In Western and Central Europe, cannabis continues to be the most abused drug, with an average annual prevalence among adults of 7.6 per cent. A study by EMCDDA found that on average 1 per cent of the adult population in 22 countries in the region abused cannabis on a daily or almost daily basis, and the rate was almost double (1.9 per cent) among those aged 15-34 years. On average, annual prevalence of cannabis abuse was 11.7 per cent among individuals aged 15-34 years and 14.9 per cent among young people aged 15-24 years. Levels of cannabis abuse in many but not all countries of the region are considered to be stable or declining, although they remain at historically high levels. Among school students, the trend is towards increased levels of abuse in countries with lower prevalence rates and decreases in countries with higher prevalence rates.

655. In Italy, while there was a decrease in annual prevalence of cannabis abuse among adults from 5.3 per cent in 2010 to 4.0 per cent in 2012, annual prevalence among school students aged 15-19 increased from 17.9 per cent in 2011 to 19.1 per cent in 2012. In Spain, annual prevalence of cannabis abuse among adults decreased from 10.6 per cent in 2009 to 9.6 per cent in 2011. Annual prevalence levels among adults in England and Wales in the United Kingdom decreased from 6.9 per cent in 2011/12 to 6.4 per cent in 2012/13, the lowest level since reporting commenced in 1996 (9.5 per cent). Among people aged 16-24 years, annual prevalence fell from 15.7 per cent in 2011/12 to 13.5 per cent in 2012/13, also the lowest level since 1996 (26 per cent). Despite the overall stability or declining trend in levels of cannabis abuse, the number of people in the European Union entering treatment for the first time for cannabis-related problems has risen by one third from around 45,000 in 2006 to 60,000 in 2011. Between 2005 and 2010, cannabis was the primary drug of abuse for at least half of new admissions to treatment in France, Germany and Hungary and, by 2010, also in Cyprus, Denmark and the Netherlands.

656. While the level of abuse of cocaine in Western and Central Europe remains nearly three times the global average, it appears to be stabilizing or decreasing, with annual prevalence among adults declining from 1.3 per cent in 2010 to 1.2 per cent in 2011. Among persons aged 15-34 years in the European Union, annual prevalence is estimated at 1.9 per cent, with higher than average levels ranging from 2.5 per cent to 4.2 per cent in the United Kingdom, Spain, Ireland and Denmark, in descending order. Levels of abuse are decreasing in those countries with higher levels of prevalence, but increasing in some other countries, such as France and Poland. For example, in the United Kingdom, in England and Wales, annual prevalence continued to decrease, from 2.2 per cent in 2011/12 to 1.9 per cent in 2012/13 among adults, and from 4.2 per cent in 2011/12 to 3.0 per cent in 2012/13 among those aged 16-24 years. In Spain, annual prevalence among adults decreased from 2.6 per cent in 2009 to 2.2 per cent in 2011. In Italy, annual prevalence decreased from 0.9 per cent in 2010 to 0.6 per cent in 2012 among adults, and from 2 per cent in 2011 to 1.86 per cent in 2012 among school students aged 15-19. While annual prevalence in Ireland remained relatively stable in 2010/11 at 1.5 per cent among adults and 2.8 per cent among young adults, lifetime prevalence increased from 5.3 per cent in 2006/07 to 6.8 per cent in 2010/11 among adults and from 8.2 per cent to 9.4 per cent among young adults.

657. The abuse of heroin is a major problem in many European countries but levels of abuse of heroin appear to be stabilizing or decreasing in Western and Central Europe, where annual prevalence of abuse of opioids is 0.4 per cent and 0.3 per cent for opiates. A high prevalence of opiate abuse has been reported in Eastern and South-Eastern Europe: 1.2 per cent of population aged 15-64. Regarding heroin use, indicators suggest a trend towards low use and availability. In Eastern and South-Eastern Europe, drug dependence treatment is mainly targeted at the population of heroin users. Recent survey

data in Italy showed a decrease in annual prevalence of heroin abuse among adults from 0.24 per cent in 2010 to 0.12 per cent in 2012 and from 0.41 per cent in 2011 to 0.32 per cent in 2012 among school students aged 15-19 years.

658. The emerging non-medical use of prescription opioids is evident in a number of countries, and the number of new treatment cases attributed to abuse of opioids other than heroin has increased. In Estonia, fentanyl was the primary drug of abuse in 76 per cent of treatment cases, and its use was reported to be widespread among those who abuse drugs by injection. Annual prevalence of abuse of fentanyl in Estonia was estimated at 0.1 per cent among adults but 1.1 per cent among those aged 15-24. Notable increases in abuse of fentanyl by injection had also been reported in Bulgaria and Slovakia. Abuse of fentanyl in Finland, Germany, Greece, Italy, Sweden and the United Kingdom had also been reported, even if at a localized level in some countries. In Finland, buprenorphine accounts for most first-time opioid-related treatment cases, and in Denmark and Sweden opioids other than heroin account for more than half of first-time opioid-related treatment clients.

659. Amphetamine-type stimulants remain the most commonly used synthetic stimulants in Europe, and recent data suggest increasing availability of methamphetamine. In Western and Central Europe, the annual prevalence of abuse of amphetamine-type stimulants and "ecstasy" has remained stable (at 0.7 per cent and 0.8 per cent among adults, respectively). Among adults aged 15-34 in European Union countries, average annual prevalence of abuse of amphetamines is 1.3 per cent, with stable or decreasing trends in most countries with recent surveys. Methamphetamine, the abuse of which was relatively low in Europe compared with other regions and limited to the Czech Republic and Slovakia, continues to replace amphetamine as a substance of abuse in some countries, in particular in the north of Europe (Finland, Latvia, Norway and Sweden). Indications of problem use of methamphetamine have been reported for Cyprus, Germany and Greece. Most countries in Western and Central Europe report stable or declining trends in abuse of "ecstasy", with annual prevalence among young adults ranging from 0.1 per cent to 3.1 per cent, but there are indications of a resurgence in the popularity of the substance. In Spain, annual prevalence among adults decreased from 1.2 per cent in 2007 to 0.7 per cent in 2011, while in Ireland the prevalence of "ecstasy" abuse decreased among adults, from 1.2 per cent to 0.5 per cent and among young adults from 2.4 per cent to 0.9 per cent. In the United Kingdom, the annual prevalence of abuse among those aged 16-24 years in England and Wales fell in 2012/13 to 2.9 per cent, the lowest level on record, and adult prevalence fell from 1.4 per cent to 1.3 per cent in the past year.

660. The abuse of new psychoactive substances continues to pose a major health threat in Europe, particularly with the record number of new substances of abuse identified in 2012 and reports of health problems linked to these substances. While the number of people using new psychoactive substances is reported to still be relatively low in general in most European countries although more prevalent among particular populations, national surveys present a varied picture of the situation. In Ireland, which according to earlier surveys had the highest lifetime prevalence of abuse of new psychoactive substances (16.3 per cent among those aged 15-24 in 2011) in Europe, there are indications that levels of abuse may have stabilized or declined following legislative changes, prevention activities and a reduction in the number of retail outlets selling such substances. A decline in admissions to accident and emergency services related to abuse of new psychoactive substances was reported in 2011, the first such decline in a number of years. Ireland's 2010/11 drug prevalence survey indicated that annual prevalence of abuse of new psychoactive substances was 3.5 per cent among adults and 9.7 per cent among those aged 15-24 years, second only to the prevalence of cannabis abuse. In England and Wales, in the United Kingdom, levels of abuse of new psychoactive substances started to decline in 2011/12 following increases in the years prior; and annual prevalence levels of abuse of mephedrone among adults fell from 1.1 per cent in 2011/12 to 0.5 per cent in 2012/13, and fell from 3.3 per cent to 1.6 per cent among young adults aged 16-24 years. Over the same period, annual prevalence of ketamine abuse among adults in England and Wales fell from 0.6 per cent to 0.4 per cent, and the rate among 16-24 year olds fell from 1.8 per cent to 0.8 per cent. Survey results indicated that 0.3 per cent of adults and 1.1 per cent of young people aged 16-24 in England and Wales had used *Salvia divinorum* in the past year.

661. Record levels of treatment, mainly in outpatient settings, have been reported by EMCDDA, with opioids accounting for the largest proportion of treatment cases, followed by cannabis and cocaine. It is estimated that approximately half of problem opioid users received opioid substitution treatment, the rate varying by country from 3 to 70 per cent, increasing to over 700,000 individuals in 2011, compared with 650,000 individuals in 2008. The number of new treatment cases associated with abuse of heroin in the European Union continues to decline, from a peak of 59,000 in 2007 to 41,000 in 2011. However, abuse of opioids continues to account

for the greatest proportion of treatment cases: almost half of new treatment cases in the subregion in 2011, and around 30 per cent of first-time treatment entrants, with heroin reported in 88 per cent of opioid-related cases. Authorities in some countries have noted increases in cases related to opioid abuse. In Portugal, the number of first-time treatment entrants is reported to have increased from 2002 to 2012, accompanied by an increase in readmissions to treatment, in particular readmissions associated with heroin abuse. The number of new cocaine-related treatment cases in Western and Central Europe has fallen, including in Italy, Spain and the United Kingdom, for the first time, but acute and chronic problems related to cocaine abuse continue to be reported.

662. In Belarus, by the beginning of 2013, a total of 14,467 people were registered as suffering drug addiction. In 2012, the number of opiate users increased 13.2 per cent, mainly due to an increase in the number of persons using homemade extracted opium. The majority of registered drug injectors (96.9 per cent) used homemade opium. The number of registered heroin users decreased by 35.4 per cent, and the users of illegal methadone decreased by 8.5 per cent.

663. The number of drug users in the Russian Federation is estimated to be between approximately 2 million and 2.5 million, which is about 5-6 per cent of the population aged 15-30. According to figures from the Russian Ministry of Health, as of 1 January 2012, 35,203 adolescents aged 15-17 were diagnosed as suffering from a "substance dependence disorder".

664. Cannabis is now the most frequently mentioned drug of abuse among those admitted for first-time treatment in Western and Central Europe, with the proportion of cannabis use among all treatment entrants as high as 69 per cent in Hungary. In France, for example, cannabis abuse was reported by almost half of new treatment entrants, three quarters of whom reported daily use; the increase in levels of admission to treatment for cannabis abuse has been partially attributed to court referrals to treatment centres. In Denmark, 73 per cent of first-time treatment entrants cite cannabis as the primary drug of abuse; in 2011 cannabis was the primary drug of abuse among 80 per cent of treatment patients aged 18-24, compared with 46 per cent in 2003. In the United Kingdom, the number of new cases for treatment of cannabis abuse doubled from 2004 to 2011, by which time they accounted for one fifth of all new treatment cases and one third of first-time cases, with almost 80 per cent of treatment entrants admitted for cannabis abuse being under the age of 25 years.

665. A stable trend has been noted in first-time admissions to treatment for abuse of amphetamines, which accounted for 6 per cent of new treatment cases in the European Union area in 2011. Amphetamine accounted for a considerable proportion of first-time treatment entrants in Latvia, Poland and Sweden, whereas the large proportion of first-time treatment cases for methamphetamine further increased in the Czech Republic and Slovakia; in the Czech Republic, individuals abusing methamphetamine accounted for 69.1 per cent of all new treatment clients.

666. Overdose deaths, mainly related to abuse of opioids, declined in recent years, from around 7,000 in 2010 to 6,500 in 2011 in European Union countries. Overall, the number of opioid-related deaths has decreased, although increases have been seen in some countries, including Estonia (primarily due to fentanyl), France, Ireland, Lithuania and Sweden. In the United Kingdom, the proportion of deaths related to heroin and morphine declined from 41 per cent in 2010 to 32 per cent in 2011, while the proportion of deaths involving methadone increased by 4 per cent and those involving other opiates or opioid analgesics increased 6 per cent. In Scotland, the number of deaths related to methadone exceeded those related to heroin for the first time since 1997. Abuse of alcohol and benzodiazepines has been implicated in many of those deaths in the United Kingdom. Deaths in Europe due to cocaine abuse appear to have declined slightly, in particular in Ireland, Spain and the United Kingdom, while an increase was reported in Germany.

667. A high prevalence of injecting drug use is reported in Eastern and South-Eastern European countries: 1.3 per cent of the population aged 15-64, of whom 14.9 per cent have been diagnosed with HIV/AIDS. About 30 per cent of the global population of injecting drug users infected with HIV/AIDS live in Eastern and South-Eastern Europe. At about 22 per cent, Ukraine has the largest HIV/AIDS-infected population among injecting drug users. In Western and Central Europe, there has been an overall decrease in recent years in the prevalence of injecting drug use among those entering treatment for heroin abuse for the first time. Newly reported HIV infections among injecting drug users declined from 2004 to 2010, yet increased slightly in 2011, to a prevalence of 6.7 per cent. As a result of the HIV infection outbreaks among those who abuse drugs by injection in Greece and Romania, the proportion of such diagnoses in these two countries of the total for the European Union and Norway increased from 2 per cent in 2010 to 23 per cent in 2011. The proportion of acute cases of hepatitis C infection attributable to injecting drug use in Western and Central Europe has fallen from 40.6 per cent in 2006 to 33.3 per cent in 2011.

E. Oceania

1. Major developments

668. Oceania is the only region in which seizures of all the main types of drugs (amphetamine-type stimulants, cannabis, opiates and cocaine) have recently increased. Largely driven by significant increases in Australia, those increases are partly attributable to improvements in law enforcement and perhaps to greater efforts by organized criminal groups to access the illicit drug market in Australia.

669. The proximity of the Pacific islands to major illicit markets for amphetamine-type stimulants and routes used for trafficking in other types of drugs makes that subregion particularly susceptible to drug abuse and trafficking. While cannabis, the most prevalent drug in Oceania, continues to be smuggled into and within the region, large quantities of cocaine have been seized in Australia over the past few years. Lured by the huge profits to be made in those illicit markets, methamphetamine and its precursor chemicals are also smuggled through the region.

670. Drug monitoring systems are relatively underdeveloped in all countries in Oceania except Australia and New Zealand. In addition, the collection of data on amphetamine-type stimulants is hindered by a lack of drug testing equipment and forensic facilities.

671. There continues to be a lack of reliable and up-to-date drug-related data for most countries in Oceania, especially the Pacific island States, which makes a comprehensive assessment and understanding of the regional situation difficult. The Board notes that even some of those States that have adhered to international drug control conventions, such as Fiji, Micronesia (Federated States of) and Papua New Guinea, fail to comply with their reporting obligations under the treaties. In a region where increasing seizures and trafficking have been reported over the recent years, the collection and compilation of drug-related data is of particular importance. There is a need for all Governments, including the authorities of non-metropolitan territories in that region, to improve the collection of drug-related data and to comply with their reporting obligations under the international drug control treaties.

672. Over the past few years, an illicit market for new psychoactive substances has rapidly developed, presenting serious challenges to law enforcement authorities in Oceania, which are being addressed by authorities of Australia and New Zealand. Such substances have a short production cycle and can be quickly distributed through the Internet. The ability of the authorities to curb the illicit trade in such substances and control the spread of their abuse has been weakened further by complications involved in testing such substances for analogues. The illicit market for new psychoactive substances continues to grow, as traffickers make use of loopholes in existing legal systems and market such substances as "legal" substitutes for controlled substances. Closer monitoring, proactive initiatives by the relevant authorities and better collaboration among law enforcement agencies within the region, as well as international action, are required to reverse the growing trend.

2. Regional cooperation

673. A "declaration of partnership" was signed by the Board of Management of the Pacific Transnational Crime Network in February 2013. The declaration commits the members of the Network to sharing with other members information on their efforts to reduce transnational organized crime. Both Australia and New Zealand continue to provide technical support to other countries in Oceania. During a drug identification course conducted by New Zealand authorities at the headquarters of the Tonga Defence Services, in Nuku'alofa, in March 2013, the topics discussed included drug trafficking in the Pacific, methods of concealment, presumptive field test kits, the changing situation in the Pacific and the impact of methamphetamine. To facilitate the exchange of information and better cooperation within Oceania, annual meetings of drug control authorities and other competent national authorities were held in different countries.

3. National legislation, policy and action

674. In response to challenges presented by new psychoactive substances in New Zealand, a psychoactive substance act, which prohibits the sale of all psychoactive substances unless approved by a regulator, was adopted in July 2013. According to the act, manufacturers or importers of such substances must prove that the products in question do not pose undue harm. As a result, the onus of proof lies with the manufacturers and retailers and not with the authorities. Those who violate the new legislation shall be subject to prosecution and substantial penalties—up to 10,000 New Zealand dollars for an individual and $NZ 50,000 for a body corporate.

675. Since May 2012, when the Government of Australia included synthetic cannabinoids in the standard for the

uniform scheduling of medicines and poisons, various states in the country (New South Wales, Northern Territory, Victoria, Queensland and Western Australia) have followed suit. Other recent initiatives launched by the Government have focused on raising the awareness of youth regarding the harm associated with illicit drug use and on promoting services for the treatment of drug and alcohol abuse among vulnerable populations.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

676. The illicit cannabis markets in countries in Oceania continue to be supplied by domestic production—there is little evidence of large-scale smuggling of cannabis between countries in the region. While cannabis continues to be illicitly cultivated both indoors and outdoors in Oceania, because of the favourable climate the majority of cannabis plants eradicated in the region had been illicitly cultivated on outdoor sites. In 2011, illicitly cultivated cannabis plants were eradicated on 2,131 outdoor sites in New Zealand, the third largest number in the world.

677. Recent data suggest that there has been a moderate increase in cannabis seizures in both Australia and New Zealand. In Australia, the amount of cannabis seized rose by 34.8 per cent, to 5,452 kg, in the financial year 2011/12,[25] reaching the third highest level reported in the preceding 10-year period. In New Zealand, the amount of cannabis seized increased to 693 kg in 2012. Given the relatively well-established illicit markets for cannabis in both countries, the situation is unlikely to change significantly.

678. Oceania is one of the regions in which cocaine trafficking has only recently become significant. The total amount of cocaine seized in Oceania rose from 290 kg in 2009 to 1.8 tons in 2011. That sharp increase is largely attributable to the increase in cocaine seizures in Australia. The routes used for cocaine trafficking in Australia are becoming more diverse. In addition to the main countries used as transit countries by cocaine traffickers, Canada has been identified as a transit country used for smuggling significant quantities of cocaine into Australia.

679. In New Zealand, despite occasional spikes registered in cocaine seizures, the total amount of cocaine seized each year is usually relatively small (less than 5 kg per year in the period 1980-2010). In 2012, however, about 16 kg of cocaine was seized in the country, much more than in the previous year (0.615 kg). With the cocaine market in Australia expanding, it is possible that the illicit supply of cocaine in that country could also be used to supply the illicit market in New Zealand.

680. Australia continues to be an attractive country of destination for heroin consignments. The estimated street price of heroin in the country is between 228 and 300 Australian dollars per gram. In the financial year 2011/12, 388 kg of heroin was seized in Australia, slightly more than the amount seized in the previous year (376 kg). The majority of the heroin seized in Australia originated in Afghanistan and Myanmar. In recent years, heroin has entered Australia from about 20 different countries, the most prominent being Malaysia, followed by Pakistan, Viet Nam, Cambodia and Singapore. Several heroin seizures have been reported in Fiji, Papua New Guinea and Vanuatu. As there is limited illicit demand for heroin in the Pacific island countries, vigilance is needed to ensure that those countries do not become a trans-shipment area.

(b) Psychotropic substances

681. The illicit markets for amphetamine-type stimulants (excluding MDMA) in Australia and New Zealand are mainly supplied by domestic manufacture, although some imports of such stimulants have been recorded. The large amounts of precursors seized in Australia over the past few years suggest a considerable amount of amphetamine-type stimulants is being illicitly manufactured in the country. Some illicit manufacture of such stimulants has also been detected in the Pacific island countries since 2004.

682. In Australia, seizures of amphetamine-type stimulants (excluding MDMA) increased significantly in the financial year 2011/12, reaching a total of 347 kg, compared with 105 kg in the financial year 2010/11. In terms of the number of consignments of amphetamine-type stimulants (excluding MDMA) detected at the Australian border, the most prominent points of embarkation of the detected consignments were in India, followed by Hong Kong, China; and China's mainland. In terms of the total weight of the detected consignments, the most prominent point of embarkation was in Mexico.

683. The price, purity level and availability of methamphetamine on the illicit market in New Zealand seem to have remained stable, despite the Government's increased

[25] In Australia, the financial year begins on 1 July and ends the following year on 30 June.

efforts to counter methamphetamine trafficking over the past few years. In 2012, the total amount of amphetamine seized in New Zealand rose to 133.4 kg (up from 2.7 kg in 2011), but the total amount of methamphetamine seized declined to 6.9 kg (from 33.8 kg in 2011). The range of groups involved in transnational organized crime in New Zealand has increased.

684. In the financial year 2011/12, 12 kg of MDMA was detected at the Australian border. The most prominent points of embarkation of the detected consignments were in the Netherlands, followed by Canada and New Zealand; consignments from those countries accounted for 89 per cent of the total weight of MDMA detected at the Australian border. MDMA remains in short supply in Australia, but global manufacture of the substance is expected to rise as alternative precursor chemicals become more available.

685. Although the total number of MDMA ("ecstasy") tablets seized in New Zealand in 2011 nearly tripled (128,897 tablets), the number of such tablets seized at that country's border showed a significant drop. Thus, the increase in the number of MDMA ("ecstasy") tablets seized in New Zealand in 2011 was mainly attributable to an increase in the illicit production of such tablets within that country. In 2012, the total number of MDMA ("ecstasy") tablets seized in New Zealand increased to 173,715, largely as a result of the dismantlement in August 2012 of a criminal ring that had been responsible for most of the illicit manufacture and distribution of MDMA tablets in the country.

(c) Precursors

686. With the smuggling of ephedrine and pseudoephedrine in bulk and in preparation forms, considerable amounts of methamphetamine continues to be illicitly manufactured in Oceania. The importation of pseudoephedrine in the form of a pharmaceutical preparation from China continues to pose significant challenges to competent national authorities in the region, particularly in Australia and New Zealand.

687. In Australia, a very large number of clandestine drug manufacturing laboratories (809) were detected in the financial year 2011/12, the majority of which had been illicitly manufacturing methamphetamine; they were mainly small laboratories located in residential areas. A total of 109 clandestine methamphetamine manufacturing laboratories were dismantled by the New Zealand authorities in 2011, three of those laboratories had also been illicitly manufacturing MDMA ("ecstasy") and *gamma*-butyrolactone (GBL). Although the amount of ephedrine and pseudoephedrine seized in New Zealand has continued to drop, there has been no indication that the availability of ephedrine and pseudoephedrine has changed.

(d) Substances not under international control

688. Countries in Oceania, which have some of the highest prevalence rates in the world, seem to have been hit particularly hard by the emergence of new psychoactive substances. In the first half of 2012, 44 new psychoactive substances were identified in the region, accounting for more than 25 per cent of all new psychoactive substances identified worldwide in that period. The emergence of new psychoactive substances, together with other non-controlled substances more commonly used in the western Pacific (such as kava which is often used in combination with alcohol), presents new challenges to existing legal systems and law enforcement and health authorities in the region.

689. Fast growth in the manufacture and use of new psychoactive substances has been observed in both Australia and New Zealand for the past few years. In New Zealand, which had been dominated by the spread of piperazines prior to the period 2007-2008, the demand for synthetic cannabinoids has replaced the demand for piperazines. Similarly, in Australia, synthetic cannabinoids and cathinones, in particular mephedrone (4-methylmethcathinone), have attracted significant public attention. During the first six months of 2012, Australian authorities identified 33 new psychoactive substances, the majority of which were synthetic cathinones and phenethylamines. A recent survey suggested that the widespread use of synthetic cannabinoids stemmed from the misconception that they were legal to buy, regardless of the changes in national legislation.

5. Abuse and treatment

690. Cannabis continues to be the most prevalent drug in Oceania. In 2011, the annual prevalence of cannabis use in the region was estimated at 10.9 per cent of the population aged 15-64 which is much higher than the global average (3.9 per cent). The prevalence of cannabis use has been estimated to be 10.6 per cent in Australia and 14.6 per cent in New Zealand. Although relevant quantitative data are lacking for most of the other countries in the region, national experts have indicated that cannabis use is also widespread in some Pacific island countries.

691. The prevalence of the abuse of opioids in 2011 was estimated to be 3.0 per cent in Oceania—3.4 per cent in Australia and 1.1 per cent in New Zealand. In Australia, drug abuse surveys have indicated that the proportion of recent heroin abusers have remained relatively stable. While similar stability has also been registered for New Zealand, methadone and morphine are the opioids most commonly abused by persons who abuse drugs by injection.

692. There has been a global decline in the abuse of MDMA ("ecstasy"). In 2011, Oceania remained the region with the highest prevalence of abuse of MDMA ("ecstasy") (2.9 per cent). Decreases in the abuse of MDMA ("ecstasy") among police detainees were recorded in Australia: only 5 per cent of police detainees reported having abused the substance in 2010 and 2011, half the percentage reported in 2009. In New Zealand, MDMA-type drugs are now one of the most widely abused drugs—second only to cannabis; since a number of other illicit drugs, such as *N*-benzylpiperazine (BZP), mephedrone and 4-methyl-*N*-ethylcathinone, are commonly used as a substitute for MDMA and marketed as "ecstasy", the "ecstasy" in New Zealand is likely to contain not MDMA but illicit drugs with effects similar to those of MDMA.

693. The abuse of amphetamine-type stimulants (excluding MDMA), in particular crystalline methamphetamine and methamphetamine, has long been a matter of concern in the region. The prevalence of abuse of amphetamine-type stimulants was reported to be 2.1 per cent in Australia (in 2010) and New Zealand (in 2008). Both of those countries have devoted significant resources to tackling the problem. In New Zealand, Tackling Methamphetamine: an Action Plan has been in place since 2009. For many of the Pacific island countries, however, lack of resources and quantitative data has made it difficult to curb such abuse.

694. Increases in the abuse of cocaine have been noted in Oceania. In 2011, the annual prevalence of cocaine abuse in the region was estimated to be 1.5 per cent. In Australia, the prevalence of cocaine abuse was 2.1 per cent in 2010—twice the rate in that country in 2004 (1.0 per cent) and five times the global average (0.4 per cent). High prices for cocaine have made the illicit market for cocaine in Australia attractive to organized criminal groups, but those high prices have also helped to keep the actual consumption of cocaine low—despite the high prevalence of cocaine abuse in the country. That is reflected in, inter alia, the low demand for treatment related to cocaine abuse in Australia, as well as in the fact that the levels of cocaine and benzoylecgonine, the main cocaine metabolite, detected in wastewater analysis in Australia were low compared to the levels detected in North America or Europe. In New Zealand, the illicit market for cocaine is even smaller than in Australia; cocaine abuse is limited to a small segment of the population of New Zealand, as shown in the relatively low prevalence of cocaine abuse (0.6 per cent in 2008).

695. The lack of statistics on illicit drug use, production and trafficking in the Pacific island countries does not permit an assessment of the overall situation with regard to drug control in Oceania. While the use of cannabis and kava (*Piper methysticum*) has long been considered to be widespread, the misuse of prescription opioids, including tramadol, is also increasingly being reported in the Pacific islands.

696. A number of treatment options are available to drug-dependent persons in the region. According to the latest figures, in Australia the number of episodes reported in 659 facilities for the treatment of alcohol and drug dependence increased to 153,668 (an increase of 2 per cent) in the financial year 2011/12. In all states and territories in Australia except South Australia, where amphetamines are more common, alcohol and cannabis are the most two common drugs of concern, and different types of treatment such as counselling, withdrawal management and support and case management) are used. (In New Zealand, opioid substitution treatment is also available.) In a comprehensive review of the recent spending by the Government of Australia on drug control, however, concern was expressed over the drop in spending on demand reduction during a period of increased spending on policing.

Chapter IV.

Recommendations to Governments, the United Nations and other relevant international and regional organizations

697. The present chapter highlights, by subject, some of the key recommendations contained in chapters II and III of this report. For detailed recommendations regarding the economic consequences of drug abuse, please refer to the relevant paragraphs of chapter I, above. Specific recommendations related to controls over chemical precursors are contained in the 2013 report of the Board on the implementation of article 12 of the 1988 Convention (the report on precursors).

698. The Board would appreciate being informed of any action taken by Governments and international organizations to implement the recommendations below. In particular, feedback on experiences and difficulties in fulfilling treaty obligations or following the recommendations of the Board would be appreciated.

Prevention, treatment and rehabilitation

699. Prevention, treatment and rehabilitation programmes are essential to reducing demand for drugs and ensuring social welfare, as part of a balanced approach to drug control.

Recommendation 1: The Board encourages Governments to ensure that an adequate and sustained level of investment is made in prevention, treatment and rehabilitation programmes, even in times of financial austerity, noting the potential savings that can be made in terms of health and social costs that would otherwise result from drug abuse and addiction and drug-related crime and violence.

Cannabis

700. The Board is concerned that a number of States that are parties to the 1961 Convention are considering legislative proposals intended to regulate the use of cannabis for purposes other than medical and scientific ones. The Board stresses once again the importance of the universal implementation of the drug control treaties by all States parties and urges all parties to take the necessary measures to ensure full compliance with the international drug control treaties in the entirety of their respective territories.

Recommendation 2: The Board therefore urges all Governments and the international community to carefully consider the negative impact of such developments. In the Board's opinion, the likely increase in the abuse of cannabis will lead to an increase in related public health costs.

701. Medical cannabis programmes should be subject to the control measures for cannabis cultivation, trade and distribution set forth in articles 23, 28 and 30 of the 1961 Convention. However, the Board notes that in a number of countries, or jurisdictions within countries, that have established such programmes, the control measures mandated by that treaty are not being fully implemented, giving rise to non-compliance with treaty obligations.

Recommendation 3: The Board reiterates its urgent call to all those Governments of countries where medical cannabis schemes are in place or the establishment of such programmes is being considered to ensure the full

implementation, within the entirety of their territory, of the provisions of the 1961 Convention to which they are a party. Moreover, the Board invites WHO, in view of its mandate under the 1961 Convention, to evaluate the potential medical utility of cannabis and the extent to which cannabis poses dangers to human health.

Internet pharmacies

702. This year's annual report of the Board pays special attention to the issue of illegal Internet pharmacies (see chapter II.E. (Special topics), above, for details).

Recommendation 4: The Board calls on Governments to continue to take action against illegal Internet pharmacies by, inter alia, empowering the appropriate authorities to investigate and take appropriate legal action against such establishments and to further develop and promote good professional practices for the provision of pharmaceutical services via the Internet. In these efforts, the Board encourages Governments to use the INCB *Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet*.

Availability of opiates for pain relief

703. The latest data available indicate that the amount of opiate raw material available for the manufacturing of narcotic drugs for pain relief is more than sufficient to satisfy current demand levels as reported by Governments and that global stocks are increasing. The Board has continuously drawn attention to the fact that consumption of narcotic drugs for pain relief is concentrated within a limited number of countries.

Recommendation 5: The Board recommends that all Governments ensure that internationally controlled substances used for pain relief are accessible to people who need them and asks Governments to make every effort to facilitate this process, including through the education of health professionals. In that connection, the Board once again draws attention to the *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*,[26] a supplement to its report for 2010, and invites Governments to make use, as appropriate, of its *Guide on Estimating Requirements for Substances under International Control*,[27] jointly developed with WHO.

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

[27] Available from www.incb.org.

Cooperation with industry

704. The Board notes that cooperation by the pharmaceutical industry with the competent national authorities is key to effective collection and reporting of mandatory statistical data on narcotic drugs and psychotropic substances.

Recommendation 6: The Board calls upon Governments to encourage dialogue with manufacturing and trading companies in the pharmaceutical industry with a view to improving the collection and reporting of statistical data on narcotic drugs and psychotropic substances.

705. Cooperation with the chemical industry is also a key element of efforts to prevent the diversion of precursors for the illicit manufacture of drugs.

Recommendation 7: The Board urges Governments to develop partnerships with industry to prevent the illicit use of precursors by establishing mechanisms, to include legislation, codes of practice, memorandums of understanding and guidelines, with a view to enhancing cooperation between the authorities and relevant industries and increasing their vigilance with regard to suspicious trade in precursors. In that connection, the Board encourages Governments to make increased use of its *Guidelines for a Voluntary Code of Practice for the Chemical Industry*.[28]

Prescription drugs

706. The Board draws the attention of States to the growing public health consequences of prescription drug abuse. The Board notes that in many countries, prevalence rates for the abuse of prescription drugs are comparable to, if not higher than, those for other internationally controlled drugs. Factors contributing to this phenomenon include the lack of training of medical professionals in prescribing practices, the lack of prescription monitoring schemes to prevent "doctor shopping" and diversion into illicit channels, insufficient public awareness initiatives to inform the public of the health dangers associated with prescription drug abuse, and the large amounts of unused and unneeded prescription drugs in circulation.

Recommendation 8: The Board urges all Governments that have not yet done so to consider developing comprehensive strategies to address prescription drug abuse, including the provision of adequate training for medical professionals and effective mechanisms for prescription

[28] United Nations publication, Sales No. E.09.XI.17.

monitoring, as well as for ensuring the safe return and disposal of medications possessing psychoactive properties, particularly those containing narcotic drugs or psychoactive substances.

Import and export of controlled substances

707. The Board has noted that the format and the content of the import and export authorizations for narcotic drugs and psychotropic substances currently in use in some countries do not fully meet the relevant requirements of the international drug control treaties. For example, some import and export authorizations do not contain all the mandatory elements of information listed in article 31 of the 1961 Convention and article 12 of the 1971 Convention. Furthermore, in some cases, Governments of importing countries have attempted to introduce an electronically generated "import authorization" that does not contain all the necessary information and does not allow the authorities of the exporting country to verify with certainty the authenticity of the related import authorization.

Recommendation 9: The Board calls upon Governments to review the format of their import and export authorizations currently in use and, wherever necessary, to bring them into full conformity with the international drug control treaties.

Precursors

708. The Board has raised the issue of the need to address the serious problems related to the domestic diversion of precursors, in particular acetic anhydride and pharmaceutical preparations containing ephedrine and pseudoephedrine, used to illicitly manufacture heroin and amphetamine-type stimulants, respectively. In accordance with article 12, paragraph 8, of the 1988 Convention, Governments should take adequate measures to control the domestic manufacture and distribution of scheduled chemicals. Such measures may include, for example, systems for end-user registration and declarations, adequate estimates of legitimate requirements for chemicals, including those with little or no legitimate use.

Recommendation 10: The Board recommends that Governments enhance their cooperation at all levels and exchange pertinent and timely information with all relevant national, regional and international counterparts to support domestic and international investigations targeting organized criminal networks for trafficking chemicals and drugs and to enhance operational and information-sharing activities to that end.

Recommendation 11: The Board invites all Governments and relevant international bodies to use the existing tools provided by INCB to enhance precursor control, in particular PEN Online and PICS, the mechanisms and operations under Projects Prism and Cohesion and the INCB Precursors Task Force, for the exchange of information and common investigations.

Non-scheduled substances

709. The Board is concerned about the growing threat posed by non-scheduled precursor chemicals and new psychoactive substances. The emergence of new psychoactive substances poses a particular challenge to the health and drug control systems of many countries. Given the current absence of an established international framework to deal with new psychoactive substances, the early and systematic sharing of all available operational information at the global level is essential to prevent their trafficking and diversion, to conduct investigations and prosecutions and, importantly, to alert authorities elsewhere of modus operandi and new trends.

Recommendation 12: Noting similarities in current issues related to precursors and to new psychoactive substances, the Board calls for urgent practical measures to effectively prevent and counter this new and dangerous trend and recommends that Governments support the development of adequate multilateral mechanisms to communicate to INCB incidents involving new psychoactive substances and products containing them, with a view to establishing or confirming emerging trends and contributing to devising early countermeasures.

710. The lack of pharmacological and toxicological data poses serious challenges to the assessment of the health and social risks associated with the use of new psychoactive substances. For example, in Europe, there is an unprecedented number and variety of substances, often sold as "bath salts", "legal highs" or "plant food", that have been identified over the past two years.

Recommendation 13: The Board is aware of isolated studies being conducted to generate the necessary data and therefore recommends that WHO play an active role in the coordination of relevant research and in the generation, collection and dissemination of the results of the assessments of the health risks of new psychoactive substances conducted by WHO and national and regional bodies.

Capacity-building in regulatory drug control and training of national drug control authorities

711. The Board reiterates the importance of training national competent authorities in order to help them comply with their obligations under the international drug control treaties. This need is particularly acute in several regions of the world.

Recommendation 14: The Board reiterates its recommendation that UNODC develop and implement a programme for building national capacities for the regulatory control of internationally controlled substances. It is essential that the training of national drug control administrators remain a major component of such a programme.

Promoting the consistent application of the international drug control treaties

712. The Board has noted with concern a draft law under consideration in Uruguay that, if adopted, would permit the production, sale and consumption of cannabis herb for non-medical use. The Board underlines that such legislation would not be in conformity with the international drug control treaties, particularly the 1961 Convention.

Recommendation 15: The Board urges the authorities of Uruguay to ensure that the country remains fully compliant with international law, which limits the use of narcotic drugs, including cannabis, exclusively to medical and scientific purposes. The Board further urges the Government of Uruguay to carefully consider all possible consequences on the health and welfare of its population, in particular its youth, before embarking on a course of action that would permit the sale of cannabis herb for non-medical purposes.

713. The Board is concerned about the implementation of the ballot initiatives that legalized cannabis for non-medical purposes in two states of the United States in 2012. The Board underlines that such legislation is not in conformity with the international drug control treaties.

Recommendation 16: The Board urges the Government of the United States to continue to ensure the full implementation of the international drug control treaties on its entire territory.

714. Afghanistan remains the centre of illicit cultivation of opium poppy and illicit manufacture of heroin. Its importance as a source of cannabis resin for the world markets has also been growing. The Board, while noting the commitment expressed by the Government of Afghanistan, is concerned about the deterioration of the drug control situation in the country.

Recommendation 17: The Board urges the Government of Afghanistan to translate its national drug control strategy, as well as the drug policies it adopted in 2012, into concrete actions and ensure progress in the fields of alternative development, anti-drug trafficking and drug demand reduction.

715. The political situation in West Africa in 2012 and 2013 was marked by serious security risks, including drug smuggling. The territories of several countries of the region are being exploited by transnational criminal networks for trafficking of drugs, especially cocaine, due to the weak law enforcement and security responses in those countries.

Recommendation 18: The Board calls upon all Governments and relevant international and regional organizations, including UNODC, ECOWAS and INTERPOL, to step up their efforts to address the threat posed by drug trafficking and organized crime in the region.

(*Signed*)
Raymond Yans
President

(*Signed*)
Werner Sipp
Rapporteur

(*Signed*)
Andrés Finguerut
Secretary

Vienna, 15 November 2013

Annex I.

Regional and subregional groupings used in the report of the International Narcotics Control Board for 2013

The regional and subregional groupings used in the report of the International Narcotics Control Board for 2013, together with the States in each of those groupings, are listed below.

Africa

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cabo Verde[a]
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

[a]Since 25 October 2013, "Cabo Verde" has replaced "Cape Verde" as the short name used in the United Nations.

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

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). Vice-Chair of the Standing Committee on Estimates (2013) and Member of the Committee on Finance and Administration (2013).

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 and 2013).

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, 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). First Vice-President of the Board (2013).

Alejandro Mohar Betancourt

Born in 1956. National of Mexico. Director General of the National Cancer Research Institute of Mexico (2003-2013) and member of the National System of Researchers of Mexico, the National Academy of Medicine, the Mexican Academy of Sciences and the American Society of Clinical Oncology.

Doctor of Medicine, National Autonomous University of Mexico (UNAM) (1980); Postgraduate studies in anatomical pathology, National Institute of Nutrition (1985), Master of Sciences (1986) and Doctor of Sciences in Epidemiology (1990), Harvard School of Public Health.

Recipient of academic and research support from the National Council on Science and Technology (CONACYT) and the Mexican Foundation of Health. Head of the Department of Epidemiology (1988-1989), Deputy Director of Clinical Research (1993-1999) and Director of Research (1999-2003), National Cancer Research Institute of Mexico. Lecturer and Research Associate, Harvard School of Public Health (1988-1990). Lecturer and Director of master and doctoral dissertations at the Faculty of Medicine, UNAM (since 1991). Coordinator of the Unit for Biomedical Research on Cancer, Biomedical Research Institute, UNAM (1998). Author of more than 110 scientific and popular works, 70 of which appear in indexed journals, including "Intratypic changes of the E1 gene and the long control region affect ori function of human papillomavirus type 18 variants", "Screening breast cancer: a commitment to Mexico (preliminary report)", "Impact of diabetes and hyperglycemia on survival in advanced breast cancer patients", "Ovarian cancer: the new challenge in gynaecologic oncology?" and "Validation of the Mexican-Spanish version of the EORTC QLQ-C15-PAL questionnaire for the evaluation of health-related quality of life in patients on palliative care".

Awarded various recognitions including the following: Miguel Otero Award for clinical research, General Health Council (2012); third place for best pharmacoeconomic work, Mexican College for Pharmacoeconomics and International Society for Pharmacoeconomics and Outcomes Research, Mexico chapter (2010); member of the Group of the 300 Most Influential Leaders of Mexico; recognition for participation in the meeting of the Global Health Strategic Operations Advisory Group of the American Cancer Society (2009); member of the Board of Governors of the National Autonomous University of Mexico (2008); Distinction of Edward Larocque Tinker Visiting Professor, Stanford University (2000); member of the External Advisory Group for the Mexico Report on Social Determinants of Health (2010); member of the jury for the Aaron Sáenz Annual Prize for Paediatric Research, Féderico Gómez Children's Hospital of Mexico and the "General y Lic. Aarón Sáenz Garza, A.C" Association (2010); member of the Global Health Strategic Operations Advisory Group of the American Cancer Society (2010); Certificate of Achievement for dedication and commitment to establishing a national cancer plan for Mexico, American Cancer Society (2006); member of the Scientific Committee of the Mexican Association of Pathologists (1993-1995).

Member of the International Narcotics Control Board (since 2013).[a]

[a] Elected by the Economic and Social Council on 7 November 2013.

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). Member of the Standing Committee on Estimates (2013).

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 "Opiate treatment 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).

Chief Executive Officer and Executive Director of Healing Hills Specialist Psychiatric Hospital, South Africa. Designer of Roots Online programme for prevention and aftercare of substance abuse disorders. Director of Access to Addiction Care (ATAC), a non-profit organization for advocacy and delivery of care to addicts in South Africa.

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 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). Member of the Standing Committee on Estimates (2013).

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 which is considered the first organization of anti-narcotics in the world founded in 1929. 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 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,[b] 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).

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).

[b]Since 16 September 2011, "Libya" has replaced "Libyan Arab Jamaa hiriya" as the short name used in the United Nations.

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 and 2013). Rapporteur (2013).

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). Chair of the Committee on Finance and Administration (2013) and Member of the Standing Committee on Estimates (2013).

Sri Suryawati

Born in 1955. National of Indonesia. Professor and Head, Division of Medicine Policy and Management, Director of Centre for Clinical Pharmacology and Medicine Policy Studies, Gadjah Mada University, Yogyakarta. Educational background includes pharmacy (1979). specialist in pharmacology (1985); doctoral degree in clinical pharmacokinetics (1994), certificate in medicine policy (1997). Lecturer in Pharmacology/Clinical Pharmacology (since 1980); supervisor for more than 130 masters' and doctoral theses in the areas of medicine policy, essential medicines, clinical pharmacology, pharmacoeconomics, and pharmaceutical management.

Member of the WHO Expert Advisory Panel for Medicine Policy and Management. Member of the Executive Board of the International Network for the Rational Use of Drugs (INRUD). Member of the WHO Expert Committee on the Selection and Use of Essential Medicines (2002, 2003, 2005 and 2007). Member of the WHO Expert Committee on Drug Dependence (2002 and 2006). Member of the United Nations Millennium Project Task Force on HIV/AIDS, Malaria and Tuberculosis and Access to Essential Medicines (Task Force 5) (2001-2005). Consultant in essential medicine programmes and promoting rational use of medicines in Bangladesh (2006-2007), Cambodia (2001-2008), China (2006-2008), Fiji (2009), the Lao People's Democratic Republic (2001-2003), Mongolia (2006-2008) and the Philippines (2006-2007). Consultant in medicine policy and drug evaluation in Cambodia (2003, 2005 and 2007), China (2003), Indonesia (2005-2006) and Viet Nam (2003). Facilitator in various international training courses in medicine policy and promoting the rational use of medicines, including WHO and INRUD courses on promoting the rational use of medicines (1994-2007), training courses on hospital drugs and therapeutics committees (2001-2007) and international courses on medicine policy (2002-2003).

Member of the International Narcotics Control Board (since 2007). Member (2008, 2011 and 2013), Vice-Chair (2009) and Chair (2010) of the Standing Committee on Estimates. Second Vice-President of the Board (2010). Rapporteur (2011). Second Vice-President of the Board and Chair of the Standing Committee on Estimates (2013).

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). Member of the Standing Committee on Estimates (2013).

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 and 2013).

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

2012: Shared responsibility in international drug control

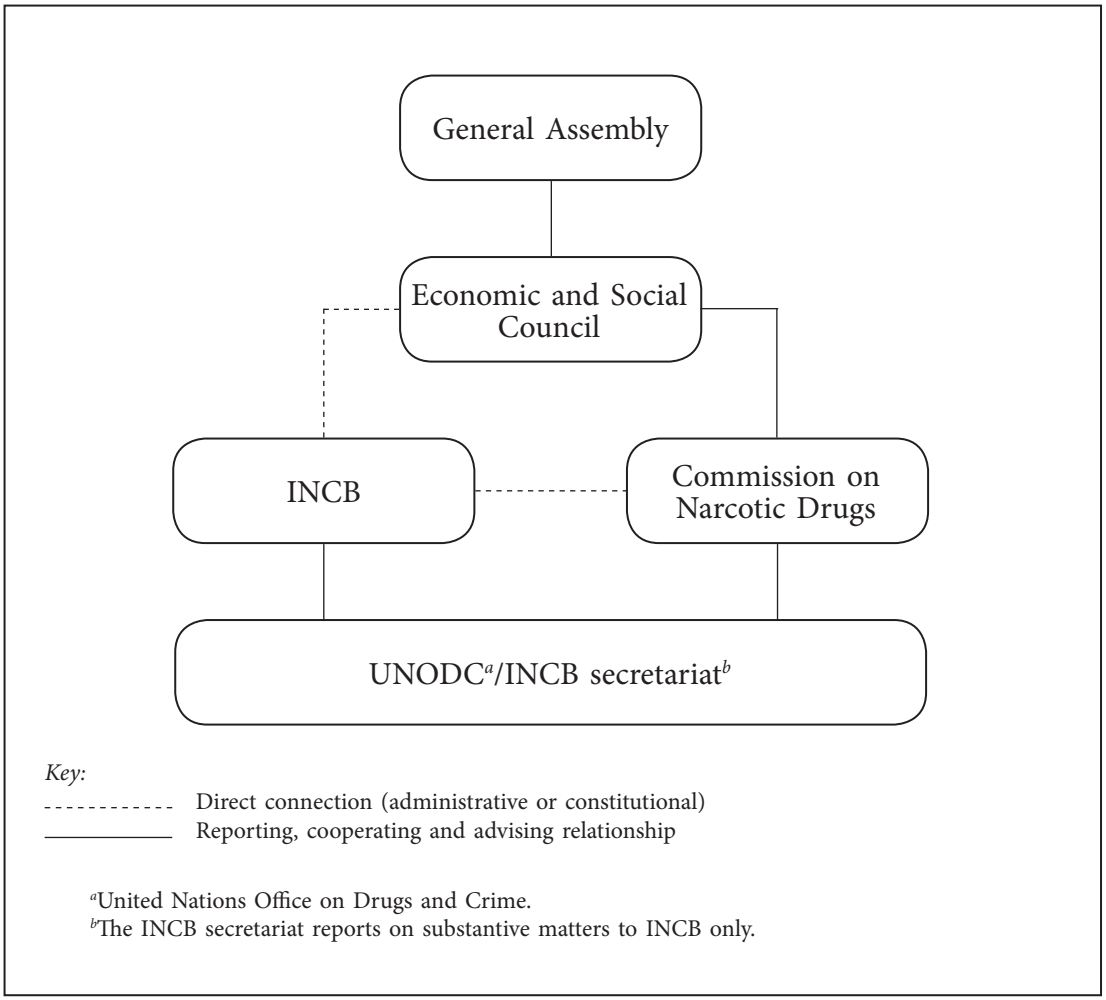
Chapter I of the report of the International Narcotics Control Board for 2013 is entitled "Economic consequences of drug abuse."

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.

INTERNATIONAL NARCOTICS CONTROL BOARD

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

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

United Nations publication
Printed in Austria

Sales No. E.14.XI.1
ISSN 0257-3717
E/INCB/2013/1

V.13-88068—January 2014—2,250

USD 40
ISBN 978-92-1-148274-4