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Narcotic Drugs: Estimated World Requirements for 2015—Statistics for 2013 (E/INCB/2014/2)

Psychotropic Substances: Statistics for 2013—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/2014/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 2014 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/2014/4)

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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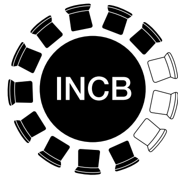

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Report
of the
International Narcotics Control Board
for 2014

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Foreword

In facing the world drug problem, all countries find their destinies intertwined. For over a century, the international community has recognized that this problem is one that cannot be addressed effectively if it is not addressed collectively. The United Nations drug control conventions were elaborated by the community of nations acting in concert. They are the product of discussion and compromise and reflect a widespread consensus among States which today is evidenced by the fact that nearly every country on Earth is party to them.

The international drug control conventions are often portrayed by their detractors as instruments of prohibition and punishment. Even the most cursory reading of these important documents reveals such an interpretation to be misguided. As reflected in the preamble to the Single Convention on Narcotic Drugs of 1961,[1] the goal of the United Nations legal framework on drugs is the safeguarding of the health and welfare of humankind. In the pursuit of this important objective, the conventions regulate the licit trade in narcotic drugs and psychotropic substances and are designed to ensure that these substances are available for use in medical treatment to those who need them, regardless of where they live. In the conventions, States are enjoined to take measures to foster the prevention of drug abuse, treatment and social reintegration, including as alternatives to punitive sanctions. The conventions also provide a framework for extradition, mutual legal assistance and cooperation among States to counter drug trafficking and the violence and suffering with which this scourge is associated.

Like all international conventions, the United Nations drug control treaties lay out a set of binding legal norms and entrust States with the adoption of legal, administrative and policy measures to implement their treaty obligations. While the choice of these measures is the prerogative of States, such measures must respect the limits that the international community has set for itself in the international legal order. One of the most fundamental principles underpinning the international drug control framework, enshrined in both the 1961 Convention and in the Convention on Psychotropic Substances of 1971,[2] is the limitation of use of narcotic drugs and psychotropic substances to medical and scientific purposes. This legal obligation is absolute and leaves no room for interpretation.

Also, as the Board has often reiterated, drug control measures do not exist in a vacuum; in their implementation of these measures, States must comply with their international human rights obligations. While the Board is heartened by the progress made by members of the international community in adopting drug control measures that are consistent with internationally recognized human rights standards, much remains to be done. That includes, for instance, steps to be taken in relation to the full implementation of the Convention on the Rights of the Child,[3] in which States parties agreed to take all appropriate measures to protect children from the illicit use of narcotic drugs and psychotropic substances and to prevent the use of children in the illicit production and trafficking of such substances. While the determination of specific sanctions applicable to drug-related offences remains the prerogative of States, the Board again encourages those States which retain and continue to impose the death penalty for drug-related offences to consider abolishing the death penalty for such offences.

Over the years, the Board has continually stressed the need to adopt a comprehensive, integrated and balanced approach to implementing the provisions of the international drug control treaties in order to respond to the world drug problem together. With the upcoming special session of the

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

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

[3] Ibid., vol. 1577, No. 27531.

General Assembly on the world drug problem to be held in 2016, this principle is worth revisiting; it is the subject of chapter I of the present report.

One important element in taking balanced and proportionate action is to ensure that drugs are available for medical and scientific purposes. Acting under its mandate to assess the licit use of internationally controlled drugs, the Board was among the first bodies at the international level to draw attention to major discrepancies among various regions in terms of the availability of such drugs. For the past two decades, the Board has paid particular attention to that concern and called Governments to action. Despite the progress made in some regions, the fact remains that approximately three quarters of the world's population live in countries with inadequate or non-existent access to medicines containing narcotic drugs and psychotropic substances, which leads to unnecessary pain and suffering.

In addressing this problem, the Board cannot act alone. The Board is particularly appreciative of the tireless efforts of civil society organizations, which have contributed to bringing about improved access for patients to these drugs for medical purposes in some countries. Governments must strive to achieve a well-functioning national and international system for managing the availability of narcotic drugs and psychotropic substances that provides relief from pain and suffering by ensuring the safe delivery of affordable drugs to those patients who need them while preventing over-prescription and the diversion of drugs for the purpose of abuse.

A balanced approach also presupposes that drug demand reduction interventions are mainstreamed into the strategies and action plans of Governments. Depleting the supply of drugs and reducing the demand for them have a mutually reinforcing effect. A comprehensive array of demand reduction measures, including primary, secondary and tertiary prevention strategies, should be among the foremost priorities of Governments. Without demand reduction, supply reduction cannot be effective in the long run.

In some countries, socioeconomic factors may contribute to the illicit drug phenomenon. These factors need to be taken into consideration as relevant elements of a comprehensive, integrated and balanced approach. Illicit cultivation of drug crops tends to be intertwined with socioeconomic factors such as lack of alternative livelihoods, lack of access to health care and education, disenfranchisement and weak governance. Thus, the reduction and elimination of illicit crop cultivation also needs to be addressed in the broader context of sustainable development.

The past year has seen its share of humanitarian crises in the form of natural disasters and armed conflict, which have led to a sudden and acute need for medicines containing internationally controlled substances. The Board again draws attention to this plight and to the obligation that parties to armed conflicts have under international humanitarian law not to impede the provision of medical care to civilian populations located in territories under their effective control or to impede their access to necessary medicines, and reminds Governments of the simplified procedures developed with the World Health Organization for this purpose.

In the run-up to the special session of the General Assembly on the world drug problem to be held in 2016, the international community should commit to carrying out a constructive international dialogue which is frank, inclusive, comprehensive and forward-looking. This dialogue must also be balanced, recognizing the significant achievements made and identifying areas that are in need of improvement. Through its monitoring of the international drug control treaties, the Board will contribute to this endeavour.

In tackling the world drug problem, all countries face shared challenges and have a common purpose in promoting the health and welfare of their peoples and, together, of humankind. To this

end, the international community will continue to count on the drug control treaties, international instruments that have withstood the test of time and remain relevant to addressing future challenges. All that is required is the continued commitment of all States to act in concert in the effective implementation of those instruments.

Lochan Naidoo
President
International Narcotics Control Board

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Explanatory notes

Data reported later than 1 November 2014 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:

3,4-MDP-2-P	3,4-methylenedioxyphenyl-2-propanone
5-MeO-DALT	*N,N*-diallyl-5-methoxytryptamine
ADHD	attention deficit and hyperactivity disorder
AIRCOP	Airport Communication Project
AMT	*alpha*-methyltryptamine
APAAN	*alpha*-phenylacetoacetonitrile
ASEAN	Association of Southeast Asian Nations
ATS	amphetamine-type stimulants
BZP	*N*-benzylpiperazine
CARICOM	Caribbean Community
CICAD	Inter-American Drug Abuse Control Commission
ECOWAS	Economic Community of West African States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Europol	European Police Office
GCC	Cooperation Council for the Arab States of the Gulf
GHB	*gamma*-hydroxybutyric acid
ha	hectare
I2ES	International Import and Export Authorization System
INCB	International Narcotics Control Board
INTERPOL	International Criminal Police Organization
ISAF	International Security Assistance Force
LSD	lysergic acid diethylamide
MDMA	methylenedioxymethamphetamine
MDPV	methylenedioxypyrovalerone
OAS	Organization of American States
P-2-P	1-phenyl-2-propanone
PEN Online	Pre-Export Notification Online
PICS	Precursors Incident Communication System
SADC	Southern African Development Community
S-DDD	defined daily doses for statistical purposes
TFMPP	1-(3-trifluoromethylphenyl)piperazine
THC	tetrahydrocannabinol
UNODC	United Nations Office on Drugs and Crime
WCO	World Customs Organization
WHO	World Health Organization

Chapter I.

Implementation of a comprehensive, integrated and balanced approach to addressing the world drug problem

1. Given its multifaceted and dynamic nature, the world drug problem is one of the most complex challenges facing the contemporary world. It directly or indirectly affects everyone and poses a serious threat to health, both as a result of the illicit cultivation, production, manufacture, sale, demand, trafficking and distribution of narcotic drugs and psychotropic substances, and as a consequence of the abuse of prescription drugs. The world drug problem affects the dignity, safety and well-being of all humanity, in particular children and youth, families and communities. The drug phenomenon has a detrimental impact on social cohesion, health care, the environment, national security, regional and international stability, international peace and the sovereignty of States. It undermines respect for human rights and the rule of law, socioeconomic and political stability, democratic institutions and sustainable development. At the same time, the world drug problem is itself the result of weak rule of law, unstable socioeconomic and political conditions, poverty, marginalization and corrupt political, juridical and economic institutions. The fact that the world drug problem can be both a reason for and a result of difficult economic, social and political conditions is what makes addressing it so challenging. The fast proliferation and the extent of use of new psychoactive substances illustrates the dynamic nature of the drug problem.

2. Since the 1990s, all political declarations, action plans and resolutions adopted under the auspices of the United Nations to address the world drug problem in general have indicated the following prerequisites for successful action in tackling the drug phenomenon: full compliance with, and universal application of, the provisions of the three international drug control conventions; and the implementation of two fundamental principles, namely a common and shared responsibility for tackling the world drug problem, and a comprehensive, integrated and balanced approach to addressing the problem. None of these elements represents an incitement to an undefined "war on drugs", nor do any of them impose a purely prohibitionist regime or condone the repression of human rights. The international drug control conventions, the ultimate goal of which is to ensure the health and welfare of humankind, constitute the agreed response of the international community to the world drug problem, and form the primary legal framework for drug control. The principle of common and shared responsibility provides a framework for cooperation among States parties based on a shared understanding of the drug problem, a common goal and the necessity of common and coordinated action. The principle of a comprehensive, integrated and balanced approach provides the strategic direction and vision for attaining the commonly agreed goal by taking into consideration and placing appropriate emphasis on all mutually interdependent aspects of the world drug problem.

3. The preparations for the special session of the General Assembly on the world drug problem to be held in 2016 provide the international community with an opportunity to assess the progress made in the implementation of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,[4] to analyse the achievements, gaps and challenges in countering the world drug problem and to establish priorities for further action. This process is based on the outcomes of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States

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

of the 2009 Political Declaration and Plan of Action. The preparatory process and the special session of the General Assembly to be held in 2016 represent good opportunities to discuss best practices and exchange views on models and methods to analyse various aspects of the world drug problem.

4. The International Narcotics Control Board has identified, and continues to identify, in its annual reports and communications various gaps and challenges in implementing the international drug conventions. The Board has also emphasized the centrality of the two fundamental principles outlined in paragraph 2 above. In its annual report for 2012, the Board discussed the principle of shared responsibility in international drug control. The need to adopt a comprehensive, integrated and balanced approach to the world drug problem has been an issue that the Board has stressed continually in its activities, communications and annual reports, either in relation to various aspects of the drug problem that constitute the elements of such an approach (for example the issue of social cohesion, social disintegration and illicit drugs and the need for a multidisciplinary approach to addressing these matters)[5] or as the main topic of its annual report, as in 2004. In the light of the upcoming special session of the General Assembly on the world drug problem, the Board considers that revisiting the principle of a balanced, integrated and comprehensive approach is highly relevant in the current context, in which the different dimensions of the world drug problem affect countries in diverse ways, to the extent that not only is the problem perceived differently, but it can also have a different impact in each country.

A. Principle and aims

5. The principle of a comprehensive, integrated and balanced approach to the world drug problem is strategic in nature. It requires Member States to ensure that controlled substances are available for medical and scientific purposes. Member States should place equal emphasis on supply and demand reduction strategies, as well as on issues related to formulating a joint response to the world drug problem through international cooperation in an integrated and mutually reinforcing manner, while taking into consideration and addressing all of its aspects in a comprehensive manner. Observing and fully implementing this principle will enhance the ability of Member States to respond in a consistent and efficient manner to present and emerging challenges, and to formulate policies and programmes that address the phenomenon in all its forms and manifestations.

6. The implementation of a comprehensive, integrated and balanced approach to addressing the world drug problem is not an end in itself but rather a means to an end. The ultimate goal of such an approach must be to achieve the overall aim of the drug control conventions, namely to ensure the mental and physical health and welfare of humankind. A key element in that regard, which has been politically agreed and translated into international law, is to limit the availability of controlled substances exclusively to medical and scientific purposes, while preventing and significantly and measurably reducing, or eliminating, the illicit production of, trafficking in and use of such substances.

7. The implementation of a comprehensive, integrated and balanced approach requires the full commitment of Member States to implementing the provisions of the three international drug control conventions in good faith, and the willingness and ability of Governments to take practical measures at all levels and to allocate appropriate funding for all of the elements involved, including in a situation of economic and financial constraints.

B. Origins and development

8. The principle of a comprehensive, integrated and balanced approach to addressing the world drug problem evolved over time. The early drug control conventions preceding the Single Convention on Narcotic Drugs of 1961[6] focused mainly on the supply side of the drug problem. The amended version of article 38 contained in the 1972 Protocol amending the Single Convention on Narcotic Drugs of 1961[7] reflected the need to adopt a multidisciplinary approach to the problem of narcotic drugs. Article 38 stipulates the legal obligation of States to take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, aftercare, rehabilitation and social integration of the persons involved. The same provision underlines the importance of promoting both personnel training and awareness campaigns. The *Commentary on the Protocol Amending the Single Convention on Narcotic Drugs, 1961*, explains that article 38 reflects the general acceptance of the view that a system of administrative controls and penal sanctions for the purpose of keeping narcotic drugs from actual or potential victims is not sufficient and

[5] *Report of the International Narcotics Control Board for 2011*, chap. I.

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

[7] Ibid., vol. 976, No. 14152.

should not form the sole subject of international cooperation. Article 38 deems drug addiction a complex problem and indicates that treatment, aftercare, rehabilitation and social reintegration represent the four stages of remedial measures that are widely held to be necessary to restore the well-being and social usefulness of persons affected by drug addiction.[8] Article 20 of the 1971 Convention on Psychotropic Substances[9] reflects the same approach in relation to psychotropic substances.[10]

9. The explicit formulation and development of such an approach can be found in the Political Declaration adopted by the General Assembly at its twentieth special session,[11] in 1998, as well as the Declaration on the Guiding Principles of Drug Demand Reduction[12] and other documents adopted at that session, and in the 2009 Political Declaration and Plan of Action, various resolutions of the General Assembly, Economic and Social Council and Commission on Narcotic Drugs, and ministerial statements adopted at the midterm review sessions. The 1998 Political Declaration elevated the issue of implementing a comprehensive, integrated and balanced approach to the status of a fundamental principle in addressing the world drug problem. That principle remained at the core of the strategy adopted in the 2009 Political Declaration and Plan of Action. The centrality of that principle was reiterated in the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action.[13]

C. Elements of a comprehensive, integrated and balanced approach

Availability of internationally controlled substances for medical and scientific purposes

10. The outcome of a comprehensive, integrated and balanced approach to addressing the world drug problem must be not only to prevent (or at least significantly reduce) illicit production of, trafficking in and use of narcotic drugs and psychotropic substances, but also to facilitate the availability of controlled substances for medical and scientific purposes. Properly implemented, such an approach must lead to an optimal balance between restrictive and facilitating measures so as to ensure the health and welfare of humankind and reduce human suffering.

11. Ensuring the availability of controlled substances for medical and scientific purposes is a fundamental objective of the drug control system and an obligation of States parties under the international drug control conventions. The 1961 Convention, as amended by the 1972 Protocol, and the 1971 Convention stress that medical use of narcotic drugs and psychotropic substances is indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of internationally controlled substances for medical and scientific purposes. Article 9 of the 1961 Convention, as amended by the 1972 Protocol, expressly stipulates that States parties are responsible for ensuring the availability of narcotic drugs for licit purposes, and gives the Board the mandate to monitor the availability of controlled substances for legitimate purposes.

12. Acting under its mandate to assess licit consumption of controlled substances in Member States, the Board was among the first to signal that major discrepancies existed among various regions in terms of the availability of narcotic drugs, and that inadequate access to controlled substances affected a great number of countries. For the past two decades, the Board has paid particular attention to this concern in its relations with Governments and other relevant stakeholders, and has recommended measures to address the situation.[14] Data on the availability of opioid analgesics indicate that, despite progress made in some regions, i.e. Latin America and West, East and South-East Asia, approximately 5.5 billion people, or three quarters of the world's population, live in countries with low levels of, or non-existent, access to medicines containing narcotic drugs and have inadequate access to treatment for moderate to severe pain, while 92 per cent of the world's morphine is consumed by 17 per cent of the world's population, primarily in North America, Oceania and Western Europe. The Board also indicated on several occasions that comparable discrepancies existed in relation to access to appropriate amounts of psychotropic substances for licit purposes.[15]

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[8] *Commentary on the Protocol Amending the Single Convention on Narcotic Drugs*, 1961 (E/CN.7/588), commentary on article 38.

[9] United Nations, *Treaty Series*, vol. 1019, No. 14956.

[10] The amended version of article 38 took over, with minor drafting changes and mutatis mutandis, the text of article 20 of the 1971 Convention on Psychotropic Substances.

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

[12] General Assembly resolution S-20/3, annex. In that Declaration, the Assembly stressed that "the most effective approach to the drug problem consists of a comprehensive, balanced and coordinated approach, by which supply control and demand reduction reinforce each other, together with the appropriate application of the principle of shared responsibility".

[13] See *Official Records of the Economic and Social Council, 2014, Supplement No. 8* (E/2014/28), chap. I, sect. C.

[14] See *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes* (E/INCB/2010/1/Supp.1).

[15] See, for example, E/INCB/2010/1/Supp.1, para. 6.

13. The analysis of the data provided by Member States shows that the amount of opiate raw material available for the production of opioid analgesics for pain relief is more than sufficient to satisfy the requirements and consumption reported by Governments, and that global stocks are increasing. The low demand for opioid analgesics for pain relief in many countries is obviously not the result of a shortage of licitly produced raw materials. As the Board has repeatedly stressed, the situation could be substantially improved through corrective action by States parties to address the regulatory, attitudinal, knowledge-related, economic and procurement-related problems identified as the main causes of inadequate availability of opioids. The Board encourages States to cooperate with the World Health Organization (WHO) and other relevant stakeholders on this matter, and reiterates its openness and readiness to continue assisting countries in achieving better results in this area. To that end and as a contribution to the special session of the General Assembly on the world drug problem to be held in 2016, the Board will issue an updated version of its 2010 special report entitled *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*, which will provide updated data on and analysis of the consumption and availability of internationally controlled drugs for medical and scientific use.

14. A proper application of the international drug control conventions and the implementation of a comprehensive, integrated and balanced approach to addressing the world drug problem would promote access to appropriate amounts of controlled substances for medical and scientific purposes and prevent the non-legitimate and excessive use of such substances.[16]

Demand reduction and related measures

15. The origin and development of the principle of a comprehensive, integrated and balanced approach to the world drug problem are strongly linked to the need to place a greater emphasis on and to mainstream demand reduction.

16. The Board has repeatedly stressed the importance of drug demand reduction as an indispensable element of such an approach, and has also stressed that depleting illicit supply and reducing demand have a mutually reinforcing effect. The Board has continually encouraged Member States to implement a comprehensive package of demand reduction measures as one of the first priorities of their drug control policies. The Board has also clarified that different approaches are required in relation to the two objectives. The legal framework for measures to counter illicit drug manufacture, production, transport, trafficking and diversion must be established at the international level. Preventing illicit drug use and abuse involves communications strategies that should take into consideration the social, cultural and economic backgrounds of the target population groups. In addition, the provision of treatment and rehabilitation for drug abusers can take place only within the existing sociocultural context of each country. Demand reduction policies and programmes, including the relevant legal frameworks, should be designed and implemented primarily at the national and local levels in order to be effective and efficient in achieving the goals established in the international drug control conventions and related instruments.[17]

17. The international drug control conventions stipulate clear obligations and provide guidelines for the policies to be adopted by States parties in the field of demand reduction. Article 38 of the 1961 Convention, as amended by the 1972 Protocol, and article 20 of the 1971 Convention stipulate that States parties shall take all practicable measures for the prevention of abuse of narcotic drugs and psychotropic substances and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved. Those two articles also encourage the training of personnel involved in all stages of demand reduction activities and call for the promotion of public awareness campaigns. Article 14, paragraph 4, of the United Nations Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988[18] requires States parties to adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering and eliminating financial incentives for illicit traffic.

18. The assessment of progress made in the area of demand reduction since the twentieth special session of the General Assembly, contained in the Plan of Action on International Cooperation towards an Integrated

[16]The Board has addressed, in most of its annual reports, the issue of availability of internationally controlled substances for medical and scientific purposes, and issued recommendations in that regard. It has also repeatedly drawn attention in many of its publications to the abuse of prescription drugs, for example, by highlighting the issue under special topics in its reports for 2009, 2012 and 2013. In 2000, the Board devoted its thematic chapter to a review of the overconsumption of internationally controlled substances; in 2013, prescription drug disposal initiatives were discussed under special topics.

[17]*Report of the International Narcotics Control Board for 2007*, para. 278.

[18]United Nations, *Treaty Series*, vol. 1582, No. 27627.

and Balanced Strategy to Counter the World Drug Problem, indicated that only limited results had been attained, owing largely to the lack of implementation of a comprehensive, integrated and balanced approach. The Plan of Action stressed that Member States should "pursue a balanced and mutually reinforcing approach to supply and demand reduction, devoting more effort to the realization of demand reduction with a view to achieving proportionality of effort, resources and international cooperation in addressing drug abuse as a health and social issue, while upholding the law and its enforcement".[19]

19. Demand reduction as a policy objective requires understanding drug addiction as a multifactorial health disorder that requires an evidence-based approach and involves a wide variety of complex measures that provide a continuum of education, prevention and care in health and social services, from primary prevention through early intervention to treatment, rehabilitation and social reintegration, as well as in related support services, taking into consideration the specificities of various target groups. Access to these programmes must be provided in a non-discriminatory manner. These programmes and interventions should be based on appropriate evaluation and assessment of the drug situation, and should make full use of available scientific evidence. The evidence-based approach is equally relevant for all aspects of demand reduction. Consideration should also be given to social factors, threats to social cohesion and factors leading to social disorganization. A comprehensive approach to the demand aspect of the drug problem implies the involvement and cooperation of various actors, including educational and religious institutions; health-care, social-care, justice, enforcement and employment agencies; non-governmental organizations; and relevant civil society entities. It also implies the coordination of all of these actors, and should take full advantage of the expertise and activities of non-governmental and civil society organizations. Such an approach would further need to reflect the willingness of States parties to reorganize their priorities relating to drug control policy and allocate resources to demand reduction efforts.

Supply reduction

20. Supply reduction is another essential element of a comprehensive, integrated and balanced approach. Supply reduction strategies and measures are aimed at eliminating or significantly reducing the quantity of narcotic drugs and psychotropic substances available for illicit use while ensuring their availability for medical and scientific purposes. Supply reduction measures utilizing law enforcement, judicial cooperation and sustainable alternative development programmes are designed with the purpose of combating illicit crop cultivation and dismantling organized criminal groups involved in the illicit production and trafficking of controlled substances. The long history of supply reduction efforts and the experience gained have led to the conclusion that success in reducing the availability of controlled substances for illicit use cannot be achieved without placing equal emphasis on demand reduction, making equal efforts in that regard and overcoming other root causes of the world drug problem.

21. Progress in the area of supply reduction is dependent on several factors. Of essential importance is the formulation and effective implementation of drug supply reduction policies based on appropriate national legislation that is in full compliance with the three international drug control treaties, and provision of the proper legislative framework for international cooperation and technical assistance. The 2009 Plan of Action also identified other factors that needed to be addressed in order to achieve better results in the area of supply reduction, for example "inadequate information-sharing and monitoring and control mechanisms and the lack of coordinated law enforcement operations, as well as the insufficient and unstable allocation of resources".[20]

22. The proper implementation of a comprehensive, integrated and balanced approach with regard to the efforts of Member States to combat the illicit cultivation of crops and illicit drug production, manufacture, distribution and trafficking, as well as other drug-related crimes, should also facilitate efforts to respond effectively to such new challenges as the rapid proliferation of new psychoactive substances, emerging threats from shifting drug trafficking routes, new drug trafficking trends and the use of new communication technologies in drug-related organized crime. Specific efforts should be focused on comprehensive measures aimed at depriving the illicit drug economy of its commercial attractiveness, as well as at dismantling its socioeconomic basis. In this context, a comprehensive set of measures should be formulated and implemented to disrupt illicit financial flows connected to drug trafficking, undermine links between illicit drugs and other forms of criminal activity, prevent people from being recruited by drug traffickers by addressing the socioeconomic conditions that contribute to their involvement in the illicit drug economy, and strengthen ties with relevant industries to ensure the use of precursor chemicals only for licit purposes.

[19]See E/2009/28, chap. I, sect. C, Plan of Action, para. 2 *(a)*.

[20]Ibid., para. 21.

23. Money-laundering is a global phenomenon that has a debilitating effect on social, political and economic stability and development. It fuels organized crime and corruption. The links between the illicit drug economy and money-laundering are well known. The first international legal instrument to include provisions dealing with and criminalizing the laundering of money derived from illicit drug trafficking is the 1988 Convention, in its article 3, paragraph (1), and article 5. The ability to prevent and detect money-laundering represents an effective means of identifying criminals and disrupting their activities. In their efforts to combat this phenomenon, States parties should establish or update their national legislation, enhance their cooperation and implement the relevant international instruments, such as the 1988 Convention, the United Nations Convention against Transnational Organized Crime,[21] the United Nations Convention against Corruption[22] and the International Convention for the Suppression of the Financing of Terrorism,[23] as well as the recommendations of the Financial Action Task Force on Money-Laundering. The implementation of these norms has led to improvements in the lifting of financial secrecy in certain cases, but concerns remain, in particular in relation to offshore banking centres, or so-called financial havens, that make criminal investigations more difficult, along with the use of the Internet and the new money-laundering techniques that avert detection.

24. The growing emergence in recent years of non-controlled new psychoactive substances has become a major public health threat and a truly global phenomenon. These substances are often presented as "legal" or "natural" alternatives to controlled substances, leading to the misconception that the fact that they are not controlled under the international drug control conventions makes them safe. Although it is impossible to estimate precisely the number of new psychoactive substances on the market, the United Nations Office on Drugs and Crime (UNODC) has reported that the number of such substances in use more than doubled during the 2009-2013 period, surpassing the number of drugs that are under international control.[24] A particular challenge to the efforts of Governments in responding to the emergence of new psychoactive substances is the difficulty of identifying those substances in a timely manner, given the rapid arrival of new substances on the market, the various ways these substances enter the market, their inconsistent chemical composition, the lack of technical and pharmacological data and reference material, and insufficient forensic and toxicological capacity on the part of some States. The legal framework established by the international drug control treaties provides for the possibility of States adopting national control measures beyond those mandated at the international level. The monitoring and analysis of trends will also serve as a repository of information and provide a basis for effective evidence-based policy responses. Closer cooperation among Governments at the national and international levels, as well as collaboration with UNODC and other relevant international organizations in sharing information, exchanging best practices and developing common strategies, will be crucial in addressing the global substance abuse challenge.

[21] United Nations, *Treaty Series*, vol. 2225, No. 39574.

[22] Ibid., vol. 2349, No. 42146.

[23] Ibid., vol. 2178, No. 38349.

[24] There are 234 internationally controlled substances: 119 controlled under the 1961 Convention; and 115 under the 1971 Convention. The United Nations Office on Drugs and Crime (UNODC) indicates that 348 new psychoactive substances had been reported by December 2013 (UNODC, *World Drug Report 2014*, chap. 1, sect. H).

Socioeconomic aspects

25. Poverty, food insecurity, economic inequality, social exclusion, deprivation owing to migration and displacement, a shortage of comprehensive educational and recreational facilities and employment prospects, poor parental engagement and guidance during early childhood, and exposure to violence and abuse are some of the socioeconomic factors that have an impact on both the supply and demand sides of the drug problem, and that affect the interaction between the two sides. There is no direct causality between these factors and illicit drug use and abuse or involvement in the supply side, in the sense that not all people affected by these factors are necessarily involved in one form or another in the drug problem. However, these are important drivers of the illicit drug phenomenon and they need to be deemed as relevant elements to be taken into consideration within a comprehensive, integrated and balanced approach to the world drug problem.

26. In relation to drug control, socioeconomic aspects have been discussed mainly in the context of alternative development and treated as a matter related to supply reduction. The 2009 Plan of Action noted that there was a lack of reliable and up-to-date data on illicit crop cultivation, and no increase in and ineffective utilization of data on human development and socioeconomic aspects.[25] The report of the Board for 2005 indicated that there was no country that had thus far implemented a preventive alternative development programme, and that reactive programmes had been implemented under the most difficult conditions. The lesson learned is that these programmes need to entail a combination of incentives and

[25] See E/2009/28, chap. I, sect. C, Plan of Action, para. 42.

disincentives—law enforcement, eradication and legitimate alternative livelihoods—and target not just communities growing illicit crops but all communities affected by the illicit drug economy. It was noted that distinctions between consumer and producer countries were no longer relevant, and that it would be counterproductive to pursue alternative development to reduce illicit drug supply without introducing prevention and treatment programmes for drug abusers. Since then, the need for Member States to ensure the sustainability of crop control strategies, including preventive alternative development, in coordination with other development measures in order to contribute to poverty eradication and to the sustainability of social and economic development has been stated in most of the General Assembly and Commission on Narcotic Drugs resolutions on alternative development. In implementing programmes for sustainable alternative development, States parties should take into consideration the Lima Declaration on Alternative Development and the International Guiding Principles on Alternative Development, adopted at the high-level International Conference on Alternative Development in November 2012,[26] which, inter alia, stress that "an integrated and complementary approach to alternative development programmes and strategies is crucial and should be implemented in concert with broader drug control policies, including demand reduction, law enforcement, illicit crop elimination and awareness-raising, taking into account demographic, cultural, social and geographic considerations, as appropriate, and in line with the three drug conventions".[27]

27. International cooperation and commitment among Governments, development organizations and international financial institutions must be enhanced in order to ensure the sustainability of development programmes and the incorporation of drug control into the broader development agenda. Emphasis has to be placed on the affected populations and on the provision of medical, educational and social services, the strengthening of the rule of law and the development of physical infrastructure aimed at addressing the isolation of certain areas. Those development measures should be applied in a non-discriminatory manner. In order to achieve optimal results and to reflect the needs of targeted populations, the development programmes must ensure the full participation of affected communities, as well as national, regional and local authorities, civil society organizations and all other relevant stakeholders, at every stage, from planning to implementation to monitoring to evaluation. The main goal of such programmes and strategies must be to create an environment in which it is possible to lead a life in which involvement in the illicit drug supply chain or illicit drug consumption is not perceived as unavoidable and is not normalized.

Sociocultural aspects

28. Cultural attitudes have a significant impact on the world drug problem. Certain symbolic meaning is associated with the use or non-use of narcotic drugs and psychotropic substances. Such attitudes and meanings also influence the likelihood of a person becoming involved in illegal activities.

29. Influencing or changing people's perceptions in relation to illicit drugs is seen as mainly a prevention matter, but it is also affected to a certain extent by the overall structure of drug control policy and the image it projects. Imbalanced approaches to different aspects of the drug problem could have a negative effect on drug control policies and diminish public support for them.

30. As is the case with other phenomena, for example, the fight against corruption, the main element of sustainable success with regard to confronting the world drug problem is not reactive approaches alone but rather the fostering of a preventive culture. The Board has earlier addressed, in its report for 1997, the issue of preventing drug abuse in an environment of illicit drug promotion. In that report, the Board highlighted the need for a balanced debate and for finding the right balance between influencing attitudes and restricting the availability of illicit drugs. The problems identified at that time, such as the promotion of drug use in popular culture and the relevance of education, remain relevant today. In fact, those aspects have become far more problematic and therefore should be considered elements to be addressed as an integral part of a balanced, integrated and comprehensive approach.

Security and stability

31. Security and stability are basic requirements for solving national and international problems that are of an economic, social, cultural or humanitarian nature and in promoting and encouraging respect for human rights.

32. Violence and corruption undermine the stability and legitimacy of States, including the rule of law, and in extreme cases may lead to conflict. Violence is not an inherent feature of illegal drug markets, but it can occasionally occur if certain conditions are met. Most of the violence associated with the illicit drug economy is found in regions or countries where the presence of the State

[26] General Assembly resolution 68/196, annex.

[27] Ibid., appendix, para. 8.

or its control over territory is weak, the national institutions lack the capacity to ensure the protection of the State's citizens and to enforce the law, and respect for legal norms is low because laws appear to benefit only specific groups and because the institutions mandated to apply those laws are mistrusted owing to their corruption, impunity and partiality. As is the case with the existence of organized criminal groups, the conditions that facilitate violence and corruption often precede the eruption of the drug problem. In its 2010 report, the Board addressed the relationship between the illicit drug phenomenon and corruption, and stressed the highly debilitating effect corruption has on international and national efforts to tackle the drug problem and curtail other forms of transnational organized crime. The complex relationship among many social negatives and drugs adds to the web of challenges facing all drug policy efforts.

33. Concerns related to the major challenges posed by the increasing links between drug trafficking, corruption and other forms of transnational organized crime, including trafficking in human beings, trafficking in firearms, cybercrime and, in some cases, terrorism and money-laundering, including money-laundering in connection with the financing of terrorism, have been formulated in the two Political Declarations and reiterated by the General Assembly in its annual resolutions on international cooperation against the world drug problem. This nexus has also been a matter of concern for the Security Council for a number of years. The Council has stressed the importance, as a matter relating to the maintenance of international peace and stability, of countering the illicit production of, demand for and trafficking in drugs, and of identifying emerging trends in drug trafficking.

34. Reducing or eliminating the violence and corruption associated with the illicit drug economy must be achieved through the proper and full implementation of the international drug control conventions within the strategic framework of a comprehensive, integrated and balanced approach and the institutional strengthening required to make countries less vulnerable to external shocks, such as an increase in demand for foreign illicit drugs. The international drug control conventions have an important role to play in relation to security and stability aspects and, together with other relevant international conventions, such as the Organized Crime Convention and the Protocols thereto,[28] the Convention against Corruption and the relevant international conventions and protocols related to terrorism, they form a comprehensive legal framework for strengthening international peace, stability and security.

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

D. Respect for human rights norms as an integral element of a comprehensive, integrated and balanced approach

35. One of the common elements in all declarations, action plans and resolutions that underline the principle of a comprehensive, integrated and balanced approach to addressing the world drug problem is the commitment to ensuring compliance with human rights norms. Human rights has been highlighted as a crosscutting issue for international drug policy, notably with regard to supply reduction, demand reduction and international cooperation. Even without such references, it is clear that the human rights conventions form an important cluster of binding international legislation that needs to be taken into consideration while implementing any international treaty, be it related to drugs, corruption or the environment, among other things.

36. It is notable, since 2004, how many actors critical of the existing drug control regime based at least part of their arguments on the premise that the drug control conventions would stand in contradiction to human rights norms. This human rights discourse needs to be analysed and validated through the prism of existing human rights legal norms and their authoritative interpretation by concerned human rights treaty bodies.

37. The usage of the term human rights has to make specific reference to legal rights as stipulated in existing international legal instruments, notably the nine core human rights conventions.[29] Moreover, the human rights treaties employ the same language and rationale as used in the preambles to the drug control treaties. This

[29]Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (United Nations, *Treaty Series*, vol. 1465, No. 24841); Convention on the Elimination of All Forms of Discrimination against Women (United Nations, *Treaty Series*, vol. 1249, No. 20378); Convention on the Rights of Persons with Disabilities (United Nations, *Treaty Series*, vol. 2515, No. 44910); Convention on the Rights of the Child (United Nations, *Treaty Series*, vol. 1577, No. 27531); International Convention for the Protection of All Persons from Enforced Disappearance (General Assembly resolution 61/177, annex); International Convention on the Elimination of All Forms of Racial Discrimination (United Nations, *Treaty Series*, vol. 660, No. 9464); International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (United Nations, *Treaty Series*, vol. 2220, No. 39481); International Covenant on Civil and Political Rights (General Assembly resolution 2200 A (XXI), annex); and International Covenant on Economic, Social and Cultural Rights (General Assembly resolution 2200 A (XXI), annex).

suggests a convergence rather than a divergence of human rights norms and the international drug control conventions.

38. The international drug control system was established out of concern for the health and welfare of humankind, and with the aim of meeting the medical and scientific needs for narcotic drugs and psychotropic substances while preventing the illicit use of controlled substances. This core objective is fully supportive of the key elements—children, young people, health and well-being—referred to in the Political Declaration adopted by the General Assembly at its twentieth special session and in the Political Declaration on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. It also has a direct link to human rights treaties.[30] Member States should give due consideration to the human rights norms relevant in the context of each element of a comprehensive, integrated and balanced approach, according to their legal obligations. They should also, if necessary, seek out the advice of human rights treaty bodies for the implementation of such norms.

E. Recommendations

39. The special session of the General Assembly on the world drug problem to be held in 2016 is critically important for readdressing the centrality of the principle of a balanced and comprehensive approach to addressing the world drug problem. It also provides a good opportunity for examining practical measures that Member States must take in order to ensure that such an approach goes beyond rhetoric and becomes the guiding principle of their drug control strategies, policies and programmes. This should constitute one of the main criteria in judging the successes and failures of national and international drug policy and in establishing the way forward.

40. In order to assist Member States with the implementation of the principle of a balanced and comprehensive approach within the legal framework of the international drug control conventions, the International Narcotics Control Board makes the following recommendations:

[30]See, for example, article 33 of the Convention on the Rights of the Child, which stipulates the legal obligation to protect children from illicit drug use and prevent the use of children in the illicit production and trafficking of such substances; article 24 of that Convention, on the right of the child to health; and article 12 of the International Covenant on Economic, Social and Cultural Rights, on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

(a) Given that a comprehensive, integrated and balanced approach is not an end in itself but rather a strategic principle applicable within the legal framework of the international drug control conventions, the Board invites Governments to give due consideration to the universally recognized principles of international law in respecting their obligations assumed by ratification of the drug control conventions and in interpreting the provisions of those conventions;

(b) All of the elements of such an approach need to be dealt with in a balanced, multidisciplinary and comprehensive manner, involving cooperative efforts from various stakeholders at the national, regional and international levels, and could benefit from the experience and activities of religious institutions, religious leaders and relevant non-governmental and civil society organizations. To that end, the Board invites Governments to ensure and encourage the participation and cooperation of all relevant stakeholders in the strategic planning, implementation and monitoring of their drug control policies;

(c) The Board invites Governments to give due consideration to their obligation to ensure the availability of controlled substances for medical and scientific purposes. It is recommended that Member States continue and enhance their cooperation with the Board, WHO and other relevant stakeholders in this area, and make full use of the Board's 2010 special report entitled *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*, and the 2012 *Guide on Estimating Requirements for Substances under International Control*, developed by the Board and WHO, which is aimed at assisting competent national authorities in calculating the quantities of controlled substances required for medical and scientific purposes and in preparing the estimates and assessments of annual requirements for controlled substances;

(d) The Board encourages Governments to ensure that demand reduction is one of the first priorities of their drug control policies and that all aspects of the drug problem are addressed in a balanced and comprehensive manner, taking into consideration the national and local specificities of the drug problem, and to make full use of available scientific evidence. The Board recommends that Member States put a greater emphasis on, and provide political support and appropriate resources to, efforts relating to prevention, treatment and rehabilitation in order to achieve a balance of such efforts;

(e) Efforts to reduce the demand for and the supply of illicit drugs could be futile if the relevant socio-economic factors that function as drivers of the drug

problem are not addressed in an effective and sustainable manner. The Board recommends that Governments address those factors as part of a comprehensive, integrated and balanced approach and that they incorporate drug control into the broader socioeconomic development agenda;

(f) The Board encourages Governments to respect all relevant human rights norms in designing drug-related strategies and policies, to make full use of the complex international legal framework in order to protect children from the illicit use of narcotic drugs and psychotropic substances, to prevent the use of children in the illicit production and trafficking of such substances, and to ensure that national and international drug control strategies and policies take into consideration the principle of the best interests of the child;

(g) The most effective approach to the world drug problem is a comprehensive, integrated and balanced one which places equal emphasis on supply and demand reduction strategies in an integrated and mutually reinforcing manner, taking into consideration other elements such as the socioeconomic, sociocultural, security and stability factors that promote the illicit demand for and supply of drugs. Such an approach requires a wide variety of complex measures. Given that some of those measures do not fall under the immediate authority and mandate of the various organizations and institutions concerned with drug control, the Board invites other United Nations organizations and bodies to become involved, in accordance with their mandates, and to use their expertise in this effort and to support Governments in the implementation of such an approach. The Board also invites those entities to use their capacities to promote the dual aim of the drug control system, namely to ensure the availability of controlled substances for medical and scientific purposes while preventing, significantly reducing or eliminating the illicit production of, trafficking in and abuse of such substances;

(h) The Board invites Governments to use the opportunity provided by the upcoming 2016 special session of the General Assembly on the world drug problem to make a critical assessment of their drug control policies and of the extent to which the principle of a balanced, integrated and comprehensive approach is reflected in practice in their national policies and in the allocation of resources.

Chapter II.

Functioning of the international drug control system

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

41. In pursuance of the mandate conferred upon it by the international community, the Board engages with Governments in an ongoing dialogue with the aim of assisting them in the implementation of their treaty obligations as set forth in the international drug control conventions.

42. Cooperation between the Board and Governments takes many forms, including regular consultations, extensive correspondence, responses to enquiries received from national competent authorities on technical matters, training activities and country missions.

43. This sustained dialogue has been instrumental in the work of the Board to assist Governments in strengthening the concerted efforts of the international community in areas such as monitoring licit trade in narcotic drugs, psychotropic substances and precursor chemicals, ensuring adequate availability and rational use of narcotic drugs and psychotropic substances for medical purposes, preventing diversion and trafficking, and fostering prevention and treatment, rehabilitation and social reintegration of individuals affected by addiction.

Status of adherence to the international drug control treaties

44. As at 1 November 2014, the number of States parties to the 1961 Convention or that Convention as amended by the 1972 Protocol stood at 186. Of those States, 184 were parties to the 1961 Convention as amended by the 1972 Protocol and 2 States (Afghanistan and Chad) remained to accede to the 1972 Protocol, being parties to the Convention in its unamended form. A total of 11 States have yet to accede to the 1961 Convention as amended by the 1972 Protocol: 2 States in Africa (Equatorial Guinea and South Sudan), 2 in Asia (State of Palestine[31] and Timor-Leste) and 7 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tuvalu and Vanuatu).

45. The number of States parties to the 1971 Convention remained 183, with a total of 14 States having yet to become parties to that Convention: 3 States in Africa (Equatorial Guinea, Liberia and South Sudan), 1 in the Americas (Haiti), 2 in Asia (State of Palestine and Timor-Leste) and 8 in Oceania (Cook Islands, Kiribati, Nauru, Niue, Samoa, Solomon Islands, Tuvalu and Vanuatu).

46. With the accession by Timor-Leste to the 1988 Convention, the number of States parties to that Convention stood at 188. A total of 9 States have yet to become parties to that Convention: 3 States in Africa (Equatorial Guinea, Somalia and South Sudan), 1 in Asia (State of Palestine) and 5 in Oceania (Kiribati, Palau, Papua New Guinea, Solomon Islands and Tuvalu).

47. The Board welcomes the near universal ratification of the drug control conventions by States, which demonstrates broad-based support for the drug control framework established by the international community through

[31] Pursuant to General Assembly resolution 67/19 of 29 November 2012, Palestine has been accorded the status of a non-member observer State. The name "State of Palestine" is now used in all United Nations documents.

these instruments. The Board reminds those States that have not yet become party to one or more of these conventions of the importance of doing so and invites them to take all necessary steps to accede to the conventions without further delay.

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

48. To monitor compliance with the international drug control treaties, the Board examines action taken by Governments to implement the treaty provisions aimed at preventing the diversion of controlled substances into illicit channels or, in the case of precursor chemicals, used in the illicit manufacture of narcotic drugs and psychotropic substances, while ensuring the availability of internationally controlled substances for legitimate use. Over the years, the treaty provisions have been supplemented with additional control measures adopted by the Economic and Social Council and the Commission on Narcotic Drugs to enhance their effectiveness. In the present section, the Board highlights action that needs to be taken to implement the international drug control system, describes problems encountered in that regard and provides specific recommendations on how to deal with those problems.

1. Preventing the diversion of controlled substances

(a) Legislative and administrative basis

49. Governments have to ensure that national legislation is in line with the provisions of the international drug control treaties. They also have the obligation to amend 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 will result in inadequate national controls being applied to substances under international control and may lead to the diversion of substances into illicit channels. The Board is therefore pleased to note that, as in previous years, Governments have continued to furnish information to the Board on legislative or administrative measures taken to ensure compliance with the provisions of the international drug control treaties.

50. With regard to zolpidem, a substance which was included in 2001 in Schedule IV of the 1971 Convention, Governments are required to introduce an import requirement for that substance in accordance with Economic and Social Council resolutions 1985/15, 1987/30 and 1993/38. In response to the Board's request made in its annual report for 2012, a number of additional Governments have provided the requisite information. Thus, as at 1 November 2014, relevant information is now available for 123 countries and territories. Of those, 113 countries and territories have introduced an import authorization requirement, and 2 countries (Indonesia and the United States of America) require a pre-import declaration. Six countries and territories do not require an import authorization for zolpidem (Cabo Verde, Ireland, New Zealand, Singapore, Vanuatu and Gibraltar). Furthermore, imports of zolpidem into Azerbaijan are prohibited, and Ethiopia does not import the substance. At the same time, information on the control of zolpidem remains unknown for 91 countries and territories. The Board therefore invites the Governments of those countries and territories to supply it with information on the control status of zolpidem as soon as possible.

51. The Board wishes to remind Governments that *gamma*-hydroxybutyric acid (GHB) has been transferred from Schedule IV to Schedule II of the 1971 Convention in accordance with Commission on Narcotic Drugs decision 56/1 of 13 March 2013. The decision of the Commission became fully effective with respect to each party on 4 December 2013. The Board therefore requests all Governments that have not yet done so to amend the list of substances controlled at the national level accordingly, and to apply to GHB all control measures foreseen for the substances in Schedule II of the 1971 Convention, including the introduction of an import and export authorization requirement.

52. With regard to precursor chemicals, on 19 March 2014, the Commission on Narcotic Drugs adopted decision 57/1, in which it decided to include *alpha*-phenylacetoacetonitrile (APAAN) and its optical isomers in Table I of the 1988 Convention. The Board notes that, in a number of countries, the necessary legislation with respect to such precursor chemicals may still not be in place. More often, however, weaknesses are the result of a lack of effective implementation of existing legislation. As a Government's domestic regulatory system is also a prerequisite for being able to notify importing countries of exports of chemicals prior to their departure, Governments are requested to adopt and implement

national control measures to effectively monitor the movement of precursor chemicals. In addition, Governments are also requested to further strengthen existing precursor control measures, should any weaknesses be identified. By implementing those measures, countries will limit their exposure to the risk of being targeted by illicit drug traffickers.

(b) Prevention of diversion from international trade

Estimates and assessments of annual requirements for controlled substances

53. The system of estimates and assessments of annual licit requirements for narcotic drugs and psychotropic substances is the cornerstone of the international drug control system. It enables exporting and importing countries alike to ensure that trade in these substances stays within the limits determined by Governments of importing countries, and that diversions of controlled substances from international trade are effectively prevented. 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 calculating 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, in its resolution 49/3, to help Governments to prevent attempts by traffickers to divert controlled substances into illicit channels. The assessments of annual requirements for psychotropic substances and estimates of annual requirements for selected precursors help Governments to identify unusual transactions. In many cases, the diversion of a controlled substance has been prevented when the exporting country refused to authorize the export of the substance because the quantities of the substance to be exported would have exceeded the quantities required in the importing country.

54. The Board regularly investigates cases involving possible non-compliance by Governments with the system of estimates or assessments, as such non-compliance could facilitate the diversion of controlled substances from licit international trade into illicit channels. In that connection, the Board provides advice to Governments on the details of the system for estimates or assessments, as necessary.

55. Governments have the obligation to comply with the limits on imports and exports of narcotic drugs provided for under articles 21 and 31 of the 1961 Convention. Article 21 stipulates, inter alia, that the total of the quantities of each drug manufactured and imported by any country or territory in a given year shall not exceed the sum of the quantity consumed for medical and scientific purposes; the quantity used, within the limits of the relevant estimates, for the manufacture of other drugs, preparations or substances; the quantity exported; the quantity added to the stock for the purpose of bringing that stock up to the level specified in the relevant estimate; and the quantity acquired within the limit of the relevant estimate for special purposes. Article 31 requires all exporting countries to limit the export of narcotic drugs to any country or territory so that the quantities imported fall within the limits of the total of the estimates of the importing country or territory, with the addition of the amounts intended for re-export.

56. As in previous years, the Board found that the system of imports and exports generally continues to be respected and works well. In 2014, a total of 15 countries were contacted regarding possible excess imports or excess exports identified with regard to international trade in narcotic drugs that had been effected during 2013. Four cases were clarified as being the result of errors in reporting on imports or exports, and two cases were the result of the reporting of a wrong substance or trading partner. However, three 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.

57. 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. As at 1 November 2014, the Governments of all countries and territories, except for the Government of South Sudan, had submitted at least one assessment of their annual medical requirements for psychotropic substances.

58. The Board recommends that Governments review and update the assessments of their annual medical and scientific requirements for psychotropic substances at least once every three years. However, 25 Governments have submitted neither a full revision of their assessment

of legitimate requirements for psychotropic substances nor a modification of their assessments regarding one or more psychotropic substances for more than three years. The assessments valid for those countries and territories may therefore be obsolete and no longer reflect their actual medical and scientific requirements for psychotropic substances.

59. When assessments are lower than actual legitimate requirements, the imports of psychotropic substances needed for medical or scientific purposes may be delayed. When assessments are significantly higher than legitimate needs, the risk of psychotropic substances being diverted into illicit channels may be increased. 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 non-legitimate imports and/or accumulation of excessive stocks while at the same time preventing undue delays in licit trade in psychotropic substances needed for medical purposes.

60. As in previous years, the system of assessments of annual requirements for psychotropic substances continues to function well and is respected by most countries. In 2013, the authorities of only 13 countries and one territory issued import authorizations for substances for which they had not established any such assessments or in quantities that significantly exceeded their assessed requirements. In most of those cases, the transactions concerned imports destined for re-export. Also, most exporting countries paid attention to the assessed requirements established in importing countries and did not knowingly export psychotropic substances in quantities exceeding those requirements. The Board wishes to remind Governments that, since 2013, Governments have no longer been required to include in their annual assessments for psychotropic substances quantities destined for export or re-export.

61. In its resolution 49/3, the Commission on Narcotic Drugs requested Governments to provide the Board with estimates of annual legitimate requirements for imports of four substances commonly used in the illicit manufacture of amphetamine-type stimulants. Governments of 155 countries currently provide estimates for at least one of the substances, thus providing the competent authorities of exporting countries with at least an indication of the legitimate requirements of importing countries and thereby preventing diversion attempts.

Import and export authorization requirement

62. One of the main pillars of the international drug control system is the universal application of the requirement for import and export authorizations. Such authorizations are required for transactions involving any of the substances controlled under the 1961 Convention or listed in Schedules I and II of the 1971 Convention. Competent national authorities are required by those conventions to issue import authorizations for transactions involving the importation of such substances into their country. The competent national authorities of exporting countries must verify the authenticity of such import authorizations before issuing the export authorizations required to allow shipments containing the substances to leave their country.

63. The 1971 Convention does not require import and export authorizations for trade in psychotropic substances listed in Schedules III and IV of the Convention. However, in view of widespread diversion of those substances from licit international trade in the 1970s and 1980s, the Economic and Social Council, in its resolutions 1985/15, 1987/30 and 1993/38, requested Governments to extend the system of import and export authorizations to cover those psychotropic substances as well.

64. Most countries and territories have already introduced an import and export authorization requirement for psychotropic substances in Schedules III and IV of the 1971 Convention, in accordance with the above-mentioned Economic and Social Council resolutions. By 1 November 2014, specific information had been made available to the Board by 204 countries and territories, showing that all major importing and exporting countries now require import and export authorizations for all psychotropic substances in Schedules III and IV of the 1971 Convention.

65. 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.

66. Data on cases involving diversion indicate that traffickers are quick to target countries in which controls are less strict than in others. The Board therefore urges the Governments of the few States in which national legislation does not yet require import and export authorizations

for all psychotropic substances, regardless of whether they are States parties to the 1971 Convention, 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.

67. The 1988 Convention does not require import and export authorizations for trade in precursor chemicals. However, Governments that do not apply some system of control over exports and imports of precursors are not in a position to comply with their treaty obligation to contribute to the prevention of diversion. This applies particularly to Governments that issue only general permits or do not require any permits at all, leaving themselves open to the exploitation by traffickers of such weak controls.

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

68. For the international control system for licit international trade in narcotic drugs and psychotropic substances to function well, it is indispensable that Government authorities verify the authenticity of all import authorizations that they consider to be suspicious. Such action is particularly necessary in cases in which authorizations show new or unknown formats, bear unknown stamps or signatures or are not issued by the recognized competent national authority, or are for substances known to be frequently abused in the region of the importing country. The Board notes with appreciation that the Governments of the major exporting countries have established the practice of verifying with the competent national authorities of importing countries the legitimacy of import authorizations or bringing to their attention documents that do not fully comply with the requirements for import authorizations set out in the international drug control treaties.

69. Most importing countries continue to actively implement 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. The Board maintains a collection of samples of official certificates and authorizations, which can be compared with questionable import documents, thus allowing the Board to better assist the Governments of exporting countries in verifying the legitimacy of import authorizations.

70. In cases when the sample in the Board's collection of official authorizations differs from a newly submitted import authorization, or when there is no corresponding sample in the collection, the Board, on behalf of the competent authorities of the exporting country, contacts the importing country to ascertain the legitimacy of the transaction. The Board wishes to remind the Governments of importing countries that failure to respond in a timely manner to all queries that they receive from competent authorities or from the Board regarding the legitimacy of transactions may hinder the timely identification of possible diversion attempts and/or cause undue delays in legitimate trade in controlled substances.

Pre-export notifications for precursor chemicals

71. The 1988 Convention, specifically in its article 12, aids in the prevention of diversion of precursors from international trade. By invoking article 12, paragraph 10 *(a)*, of the Convention, Governments of importing countries make it mandatory for exporting countries to inform them of any planned export of precursors to their territory. The importing country can use the pre-export notification to verify the shipment's legitimacy. Currently, 107 States and territories have formally requested pre-export notifications. Although this represents an increase compared with the previous year, there is still a significant number of Governments and regions that remain unaware of, and vulnerable to, precursors entering their territory. The Board encourages the remaining Governments to invoke article 12, paragraph 10 *(a)*, of the 1988 Convention without further delay.

72. The Board's Pre-Export Notification Online (PEN Online) system enables Member States to easily provide each other with information on planned exports of precursor chemicals and to raise alerts when the legitimacy of a given shipment is suspect. Since the launch of the PEN Online system in 2006, a total of 150 countries and territories have registered to use it. An increase in the use of the system has led to an average of more than 2,100 pre-export notifications communicated each month. The Board is aware that some countries continue to export scheduled chemicals without sending pre-export notifications via the PEN Online system, in some cases despite the fact that the importing country requires such pre-export notifications. The Board calls on Governments to actively and systematically use the system and urges the remaining States that have not registered to do so as soon as possible.

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

73. The system of control measures laid down in the 1961 Convention provides effective protection of international trade in narcotic drugs against attempts to divert such drugs into illicit channels. Similarly, as a result of the almost universal implementation of the control measures stipulated in the 1971 Convention and the related Economic and Social Council resolutions, in recent years there have been no identified cases involving the diversion of psychotropic substances from international trade into illicit channels.

74. Discrepancies in Government reports on international trade in narcotic drugs and psychotropic substances are regularly investigated with the competent authorities of the relevant countries to ensure that no diversion of narcotic drugs and psychotropic substances from licit international trade takes place. These investigations may reveal shortcomings in the implementation of control measures for narcotic drugs and psychotropic substances, including the failure of companies to comply with national drug control provisions.

75. Since May 2014, investigations regarding trade discrepancies for 2013 related to trade in narcotic drugs have been initiated with 30 countries. The responses indicated that the discrepancies were caused by clerical and technical errors in preparing the reports, reporting on exports or imports of preparations in Schedule III of the 1961 Convention without indicating that fact on the form, and inadvertent reporting of transit countries as trading partners. In some cases, countries confirmed the quantities they had reported, resulting in follow-up investigations with their respective trading partners. No cases that would indicate a possible diversion of narcotic drugs into illicit channels were identified.

76. Similarly, with regard to international trade in psychotropic substances, investigations into 234 discrepancies related to 2012 data were initiated with 57 countries. As of 1 November 2014, 40 countries had provided replies relating to 178 cases involving discrepancies, leading to the resolution of 104 of those cases. In all cases in which the data provided were confirmed by the responding countries, follow-up actions with the counterpart countries were initiated. All responses received so far indicate that the discrepancies were caused by clerical or technical errors, in most cases either the failure to convert amounts into anhydrous base or "overlapping", i.e. an export in a given year was received by the importing country only at the beginning of the following year. None of the cases investigated showed a possible diversion of psychotropic substances from international trade.

77. The Board calls upon Governments to continue to monitor international trade in narcotic drugs and psychotropic substances by using the tools mentioned above. Competent national authorities are encouraged to request the Board to assist in verifying the legitimacy of suspicious individual transactions.

78. 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 2014, only the Governments of Estonia and Finland reported such seizures, namely, buprenorphine, chlordiazepoxide, methylphenidate, pentobarbital, phenobarbital and zolpidem. In addition, the Government of India reported seizures of psychotropic substances delivered through the mail: 1.9 kg of methaqualone destined for Australia, 1.78 kg of methaqualone destined for Malaysia, and 38 g of amphetamine-type stimulants, also destined for Malaysia. In addition, India reported a seizure of 240 g of ketamine, a substance not under international control.

79. In addition, in 2014 three countries reported to the Board other seizures of psychotropic substances. The Government of Chad reported a seizure of 282 capsules of diazepam, which had been smuggled into that country from Cameroon. Morocco reported 450,357 units of seized psychotropic substances, without specifying the type of substances, reporting that the substances had been seized from motor vehicles. In the most recent case, the Government of Malaysia informed the Board of two major seizures effected in May and June 2014, totalling 536,050 tablets and 391,900 tablets, respectively, containing alprazolam, clobazam, diazepam, lorazepam, methylphenidate, midazolam, pentazocine or zolpidem. The consignments, which were intercepted in the free trade zone of Kuala Lumpur International Airport, had originated in Pakistan and were declared as non-restricted items.

80. The Board wishes to commend the Governments mentioned above for their vigilance, and trusts that the competent authorities will investigate all such attempts to divert controlled substances so that the persons responsible may be identified and prosecuted.

81. The implementation of control measures has helped with the effective monitoring of the movement of

precursor chemicals in international trade and has led, at least partly, to traffickers seeking to exploit weaknesses at the domestic level and using non-scheduled chemicals in the illicit manufacture of drugs. This evolving trend will pose challenges to existing control measures, and new approaches may be required. Regardless, some substances used in the illicit manufacture of amphetamine-type stimulants, in particular preparations containing the precursors ephedrine and pseudoephedrine, continue to be diverted from international trade.

(d) Prevention of diversion from domestic distribution channels

82. Since it has become more difficult for traffickers to obtain narcotic drugs, psychotropic substances and precursors from international trade, the diversion of such substances from licit domestic distribution channels has become a main source for supplying illicit markets. The narcotic drugs and psychotropic substances most frequently diverted tend to be those which are most widely used for legitimate purposes. They are diverted mainly in the form of pharmaceutical preparations, predominantly for subsequent abuse.

83. For many substances found to have been diverted from domestic distribution channels, there is little knowledge of the methods used to obtain them. As Governments have no obligation to bring to the attention of the Board individual cases of diversion from domestic distribution channels, there is little record of the point of diversion or of the actual methods used by traffickers or abusers to obtain those substances. While seizure data often provide an indication of problems experienced with regard to such diversion, other sources, such as data on substance abuse obtained through drug abuse surveys or from drug treatment and counselling centres, may indicate the availability of narcotic drugs and psychotropic substances on illicit markets. Lack of national legislation in line with the conventions, inadequate implementation of national legislation or insufficient monitoring of the implementation of that legislation are often the underlying causes for such diversion.

84. The Board recommends that Governments inform it regularly of 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.

85. Diversion from domestic distribution channels has become a major source of precursors used for illicit drug manufacture. To address the prevailing modi operandi used by traffickers of acetic anhydride in recent years, the Precursors Task Force of Project Cohesion in 2013 initiated an international operation focusing on the verification of legitimacy of domestic trade in, and end use of, acetic anhydride. The operation confirmed that the control measures applied to domestic trade in and distribution of acetic anhydride lag behind those used in international trade, and that the extent of control over domestic trade and distribution varies significantly from one country to another. More information on that topic has been reported in the report of the Board for 2014 on precursors. The Board encourages Governments to actively participate in the activities under Project Prism and Project Cohesion, the two international initiatives focusing on precursors used in the illicit manufacture of, respectively, amphetamine-type stimulants, and cocaine and heroin.

86. Diversion from domestic distribution channels also continues to fuel illicit manufacture of methamphetamine, often in the form of pharmaceutical preparations containing ephedrine and pseudoephedrine. This involves diversion both within the country of illicit manufacture and from domestic channels elsewhere, with subsequent smuggling across borders. The continued concerns raised by the Board about relatively high estimates of annual legitimate requirements for imports of ephedrine and pseudoephedrine in countries in West Asia have resulted in reduced estimates for some of the Governments concerned. The Board commends those Governments and further encourages all Governments to regularly review their import requirements, as published,[32] amend them as necessary utilizing the most recent market data and inform the Board accordingly.

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

87. 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 availability and rational use of controlled substances for medical and scientific purposes.

[32] www.incb.org/documents/PRECURSORS/ANNUAL-LICIT-REQUIREMENTS/INCB_ALR_WEB.xlsx.

(a) Supply of and demand for opiate raw materials

88. The Board has been given an important role in monitoring the cultivation, production, trade and consumption of opiates. Pursuant to the 1961 Convention and the relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs, the Board regularly examines issues affecting the supply of and the demand for opiates to meet licit requirements, and endeavours to ensure, in cooperation with Governments, a standing balance between that supply and demand.

89. To establish the status of the supply of and demand for opiate raw materials, the Board analyses the data provided by Governments on opiate raw materials and opiates manufactured from those raw materials. In addition, the Board also analyses information on the utilization of those raw materials, estimated consumption for licit use and stocks at the global level. A detailed analysis of the current situation regarding supply of and demand for opiate raw materials is contained in the 2014 technical report of the Board on narcotic drugs. The following paragraphs provide a summary of that analysis.

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

91. In 2013, the area sown with opium poppy rich in morphine in major producing countries increased compared with the previous year, despite the high level of stocks. India, the only country that produces opium for export, reduced its production by 75 per cent. Australia continued to be the largest producer in 2013, with an amount of 190 tons, followed by France, Spain and Turkey. Australia accounted for 37 per cent of global production in morphine equivalent. Poppy straw is the main system used for the extraction of the alkaloid (95 per cent); opium accounts for the remaining 5 per cent. According to the information submitted by the Governments of the main producing countries, it is estimated that global production of opiate raw materials rich in morphine will increase to 715 tons in morphine equivalent in 2015. Stocks of opiate raw materials rich in morphine (poppy straw, concentrate of poppy straw and opium) amounted to about 546 tons in morphine equivalent at the end of 2013. Those stocks were considered to be sufficient to cover 14 months of expected global demand at 2014 levels. Global demand by manufacturers for opiate raw materials rich in morphine has increased, with fluctuations, since 2000, reaching 456 tons in morphine equivalent in 2012. In 2013, global demand for opiate raw materials rich in morphine decreased to 432 tons in morphine equivalent. It is expected to increase again in 2014 and 2015: to about 460 tons in 2014 and about 480 tons in 2015.

92. In 2013, the cultivation of opium poppy rich in thebaine increased in Australia and Hungary (by 33 per cent and 43 per cent, respectively, in the area actually harvested) and decreased in France (by 11 per cent). With 3,574 ha of cultivation, Spain remained at the same level as during the previous year. Global production of opiate raw materials rich in thebaine increased each year between 2010 and 2013, to 364 tons[33] in thebaine equivalent. It is expected to increase only slightly in 2014 to 368 tons, however, and to decrease considerably in 2015, to 325 tons. In 2013, Australia accounted for 86 per cent of the global total, Spain for 9 per cent, and France, India and Hungary for the rest. Global demand by manufacturers for opiate raw materials rich in thebaine has also been increasing in recent years, albeit also with fluctuations. In 2013, total demand decreased to 232 tons of thebaine equivalent from 261 tons in 2012. Global demand for raw materials rich in thebaine is expected to rise to about 260 tons of thebaine equivalent in 2014 and reach 270 tons in 2015. Demand for thebaine-based opiates is concentrated mainly in the United States and has increased sharply since the late 1990s, although it decreased to 108 tons in 2013. It is likely to rise in future years, partly because the consumption of such opiates is expected to increase in countries other than the United States. Global demand is anticipated to reach approximately 130 tons of thebaine equivalent in 2014 and 140 tons in 2015. Stocks of opiate raw materials rich in thebaine (poppy straw, concentrate of poppy straw and opium) are sufficient to cover expected global demand at 2014 levels for about 12 months. Global stocks of opiates based on thebaine-rich raw material (oxycodone, thebaine and a small quantity of oxymorphone) are sufficient to cover global demand for such opiates for about 22 months.

93. The cultivation of opium poppy rich in codeine has increased. France has joined Australia (the only producer until 2013) and started cultivating this variety. The estimated areas of cultivation of opium rich in codeine in

[33]The analysis is based predominantly on raw materials obtained from opium poppy rich in thebaine but includes the thebaine alkaloid contained in opium poppy rich in morphine whenever appropriate.

2014 for Australia and France were 2,142 ha and 2,050 ha, respectively. Both countries are expected to increase their cultivation further in 2015.

94. Over the past 20 years, the global consumption of opioids has more than tripled. The share of that consumption comprised by consumption of opiates also fluctuated during that period. Between 2010 and 2013, however, the ratio between the consumption of opiates and the consumption of synthetic opioids stabilized at about 60 per cent and 40 per cent, respectively. Throughout the period, the supply of opiate raw materials from which opiates were obtained was sufficient to cover the increasing demand. It is expected that the demand for opiates will increase again in the future, while their share of the total consumption of opioids may decline, owing to the expected growth in the consumption of synthetic opioids.

95. The data available indicate that the amount of opiate raw materials available for the manufacture of narcotic drugs for pain relief is more than sufficient to satisfy current demand levels as estimated by Governments. In addition, both production and stocks continue to increase. However, the data collected and analysed by the Board show that the consumption of drugs for pain relief and other medical purposes is still low in most countries. Access to these drugs is very uneven, with consumption concentrated primarily in countries in North America, Western Europe and Oceania. This imbalance is particularly problematic, since the latest data show that many of the conditions requiring pain management are increasing in low- and middle-income countries. At the same time, it is important to recognize that, in countries with a high per capita consumption of opioid analgesics, there has been an increase in recent years in the abuse of prescription drugs and in related overdose deaths.

96. The Board would like to remind Governments that the overall goal of the international drug control conventions is a well-functioning national and international system for managing the availability of narcotic drugs that should provide relief from pain and suffering by ensuring the safe delivery of the best affordable drugs to those patients who need them and, at the same time, prevent the diversion of drugs for the purpose of abuse.

(b) Consumption of psychotropic substances

97. The 1971 Convention does not foresee the reporting of statistical data on the consumption of psychotropic substances to the Board. 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 manufacturers' stocks. That situation makes it more difficult to reach reliable conclusions than is the case for narcotic drugs, for which reporting of consumption data is a treaty obligation under the 1961 Convention.

98. 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 the consumption of psychotropic substances. The number of Governments that are furnishing such data has steadily increased since 2010.

99. The Board is pleased to note that for 2013 a total of 55 Governments (of 52 States and three territories) have submitted information on consumption of some or all psychotropic substances in accordance with Commission resolution 54/6. This represents an increase of 6 per cent compared with 2012. Moreover, among those Governments are countries that are major manufacturers and consumers of psychotropic substances, such as Belgium, Canada, Denmark, France, Germany, the Netherlands, South Africa, the United Kingdom of Great Britain and Northern Ireland and the United States of America. That development will enable the Board to more accurately analyse the consumption levels for 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.

100. At the same time, an analysis of the consumption data received shows that, for most manufacturing countries, the reported consumption data differ in many cases from the consumption data calculated by the Board. This might be attributable to incomplete reporting by Governments of other data, for instance, data on manufacturers' stocks or quantities used for industrial purposes, which are key elements of the Board's calculation of consumption data.

101. The Board trusts that all Governments that are not yet in a position to collect reliable data on consumption levels of psychotropic substances on their territory and to report those data to the Board will take measures that would allow them to do so. That would greatly assist the Board in identifying unusual trends in the consumption of psychotropic substances in individual countries, with a view to recommending remedial action to ensure the adequate availability of psychotropic substances, if necessary.

(c) High-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

102. At the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, held in New York on 10 and 11 July 2014, the President of the Board referred to the importance of the appropriate use of internationally controlled drugs, as both overconsumption and underconsumption of those drugs created problems for public health. The President called upon Governments to take concrete action to ensure access to services for the prevention and treatment of non-communicable diseases, including drug abuse, and underlined the Board's commitment to continue working with Governments to improve access to the essential medicines required for the treatment of pain and mental and neurological disorders.

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

103. 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.

104. Since the publication of the report of the Board for 2013, more than 20 additional Governments have provided the requested information. Thus, as of 1 November 2014, the Board had received from over 100 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. At the same time, in many cases, such information has been provided in different formats, rendering it difficult for travellers to easily understand the specific requirements in place in their countries of destination. The Board has, therefore, put the information received into a standardized format, and requested the Governments concerned 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, alongside the full text of the relevant national legislation.

105. In that connection, the Board wishes to draw the attention of Governments to the international guidelines for national regulations concerning travellers under treatment with internationally controlled drugs, which were prepared by the Board pursuant to Commission resolution 46/6. The main objective of those guidelines, which are available on the Board's website, is to assist national authorities in introducing a regulatory framework to deal with situations in which patients under treatment with preparations containing internationally controlled drugs are travelling abroad and carrying with them small quantities of such preparations for personal use. The guidelines present elements of unified procedures that can be implemented by national authorities responsible for the control of narcotic drugs and psychotropic substances who deal with issues pertaining to medical preparations containing controlled substances that are licensed in the country of departure of the traveller.

106. 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, and to notify the Board of any changes in their national legislation regarding the scope of control of narcotic drugs and psychotropic substances relevant to travellers under medical treatment with internationally controlled substances, in accordance with Commission resolutions 45/5, 46/6 and 50/2.

C. Governments' cooperation with the Board

1. Provision of information by Governments to the Board

107. Each year, the Board is mandated to publish two reports: the annual report and the report of the Board on the implementation of article 12 of the 1988 Convention. The Board also publishes technical reports based on information that parties to the international drug control treaties are obligated to submit. Those publications contain detailed analyses on estimates and

assessments of requirements, manufacture, trade, consumption, utilization and stocks of internationally controlled substances.

108. The provision of data by Governments and the analysis of that data by the Board is a crucial element of the Board's ability to monitor and evaluate treaty compliance and the overall functioning of the international drug control system. The provision of data helps account for the legitimate use of narcotic drugs and psychotropic substances for medical and scientific purposes and helps with the identification of modi operandi used to divert drugs or precursors from licit into illicit channels and of non-scheduled chemicals used in illicit drug manufacture. Measures may be recommended by the Board to help address issues relating to legitimate use of narcotic drugs, psychotropic substances and precursor chemicals and prevent their diversion into illicit markets.

2. Submission of statistical information

109. Governments are obliged to provide the Board, on an annual basis and in a timely manner, statistical reports containing information required under the international drug control conventions.

110. As at 1 November 2014, annual statistical reports for 2013 on narcotic drugs (form C) had been furnished by 149 States and territories (representing 70 per cent of the States and territories requested to submit such reports), although more Governments are expected to submit their reports for 2013 in due course. That trend is consistent with last year's number of submissions. In total, 180 States and territories provided quarterly statistics on their imports and exports of narcotic drugs for 2013, amounting to 84 per cent of the States and territories required to provide such statistics. Those numbers are also in line with last year's rate of submission. The lowest levels of compliance with the obligation to regularly submit statistical information continue to be in Africa, Oceania and the Caribbean. Countries in those regions and subregion were reminded several times by the Board about the importance of providing information in connection with the functioning of the international drug control system.

111. As at 1 November 2014, annual statistical reports for 2013 on psychotropic substances (form P), in conformity with the provisions of article 16 of the 1971 Convention, had been submitted to the Board by 150 States and territories, amounting to 69 per cent of the States and territories required to provide such statistics. The Board is pleased to note that the rate of submission for 2013 is noticeably higher than that for 2012. Furthermore, as is the case every year, it can be expected that some Governments will furnish form P for 2013 at a later date. In addition, 116 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 48 Governments submitted some quarterly reports.

112. It has been noted that the number of countries and territories that have not furnished form P to the Board is again highest in Africa, Oceania and the Caribbean. A total of 30 countries and territories in Africa (52 per cent) failed to furnish form P for 2013 to the Board. Likewise, 50 per cent of the countries and territories in Oceania and 38 per cent in the Caribbean did not furnish form P for 2013. In contrast, form P for 2013 was furnished by all but two countries in Europe (Greece and Luxembourg) and by most countries in the Americas.

113. The Board notes with concern that among the countries that failed to submit form P before the deadline of 30 June 2014 were major manufacturing, importing and exporting countries such as Australia, Brazil, China, France, Germany, India, Ireland, Japan, the Netherlands, Pakistan and the United Kingdom. The Republic of Korea and Singapore, which are significant importers or exporters of psychotropic substances, did not submit form P for 2013. Late submission and failure to submit statistical reports make 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. The Board therefore wishes to invite Governments to take steps to improve, as necessary, Government structures responsible for reporting to the Board, with a view to ensuring the timely collection and reporting of statistical data. This applies to the statistical reporting under all three conventions, namely that related to narcotic drugs, psychotropic substances and precursors.

114. The Economic and Social Council, in its resolutions 1985/15 and 1987/30, requested Governments to provide the Board with details on trade (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 2013, complete details on such trade were submitted by 134 Governments (89 per cent of all submissions of form P), which is about the same as for 2012. Only eight countries (Angola, Bahamas, Botswana, El Salvador, Equatorial Guinea, Haiti, Namibia

and Tonga) failed to submit any details on such trade for 2013.

115. The Board notes with appreciation that the number of countries submitting 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 2013, a total of 55 countries and territories submitted data on consumption of some or all psychotropic substances, compared with 52 countries and territories in 2012. 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.

116. With regard to precursor chemicals, pursuant to article 12 of the 1988 Convention, parties are obliged to report information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. By providing this information annually on form D, Governments enable the Board to more effectively identify and analyse emerging trends in trafficking in precursors and in the illicit manufacture of drugs. As at 1 November 2014, a total of 136 States and territories had submitted form D for 2013. However, 85 countries did not submit the form before the deadline of 30 June 2014, therefore failing to meet their obligations.

117. Of the States and territories that provided data for 2013, 65 Governments reported seizures of scheduled substances and 36 reported seizures of non-scheduled substances, slightly fewer than in 2012. Similarly to previous years, most of those Governments did not provide details on the methods of diversion and illicit manufacture or on stopped shipments. In some cases, the Board is aware of other official sources, such as annual national drug situation reports and presentations by government officials at various drug control forums that sometimes include additional details and/or data for years for which no seizure information was submitted by the Government on form D. The Board urges Governments to put the relevant mechanisms in place to ensure the comprehensiveness of the data submitted.

118. The Economic and Social Council, in its resolution 1995/20, urged Governments to provide the Board, subject to the provisions of national legislation on confidentiality and data protection, with information on licit trade in precursor chemicals. 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. As at 1 November 2014, 125 States and territories had provided relevant information on licit trade for the 2013 reporting period and 123 States and territories had informed the Board about the licit uses of and requirements for some or all of those substances.

119. Over the past year, the international community has used a variety of innovative tools to reinforce and bolster the precursors control regime. Domestic legislation was used by Afghanistan, Belize, China, the Czech Republic, Liberia and the Philippines to strengthen controls over the manufacture, import and sale of precursor chemicals. In December 2013, the European Union also strengthened its precursor legislation.

120. The Precursors Incident Communication System (PICS), a secure online tool for enhanced worldwide and real-time communication and information-sharing between national authorities on precursor incidents (seizures, shipments stopped in transit, diversions and diversion attempts, illicit laboratories and associated equipment) has seen further growth, both in the number of users and the incidents communicated through it. PICS is now established as a key tool of the international precursor control regime that is also increasingly helping Governments to quickly communicate new trends such as the emergence of non-scheduled chemicals. As at 1 November 2014, there were nearly 400 registered users of PICS from 90 countries, representing almost 200 national agencies and 8 international and regional agencies, which had used the system to communicate more than 250 incidents since 1 November 2013.

3. Submission of estimates and assessments

121. Pursuant to the 1961 Convention, each year States parties are obliged to provide the Board with estimates of their requirements for narcotic drugs for the following year. As at 1 November 2014, a total of 154 States and territories had submitted estimates of their requirements for narcotic drugs for 2015, representing 72 per cent of the States and territories required to furnish annual estimates for confirmation by the Board. Those numbers were in line with last year's rate of submission. For the States and territories that had not submitted their estimates on time, the Board had to establish estimates, in accordance with article 12 of the 1961 Convention.

122. As at 1 November 2014, 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.

123. 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 listed 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 once every three years.

124. In the 12 months following 1 November 2013, a total of 78 countries and 8 territories submitted fully revised assessments of their requirements for psychotropic substances, and a further 94 Governments submitted modifications to assessments for one or more substances. Governments of 24 countries and 1 territory have not submitted any revision of their legitimate requirements for psychotropic substances for over three years.

125. Failure to submit adequate estimates or assessments for narcotic drugs and psychotropic substances may undermine drug control efforts. If estimates and 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 legitimate requirements 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 WHO for use by competent national authorities and published in February 2012.

126. The Commission on Narcotic Drugs, in its resolution 49/3, requested Member States to provide to the Board annual estimates of their legitimate requirements for four substances frequently used in the illicit 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. The expectation was that those data would provide the competent authorities of exporting countries with at least an indication of the legitimate requirements of importing countries, thus preventing diversion attempts. As at 1 November 2014, 157 Governments had provided estimates for at least one of the above-mentioned substances; Nepal, Saudi Arabia and Turkmenistan provided estimates for the first time. In 2014, the Board reviewed the annual legitimate requirements for countries in West Asia with relatively high estimates for imports of ephedrine and pseudoephedrine and requested concerned Governments to update their estimates as a matter of urgency.

127. 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 of requirements for psychotropic substances, are published in yearly and quarterly publications and that monthly updates are available on the Board's website (www.incb.org). Updated information on annual estimates of legitimate requirements for precursors of amphetamine-type stimulants is also available on the website.

4. Data examination and identified reporting deficiencies

128. As noted in previous reports of the Board, the provision of statistical data by Governments allows INCB to monitor the functioning of the international drug control system, which, in turn, assists Governments in their response to possible diversions and illicit uses of internationally controlled substances. The Board notes again with concern that some Governments, among them major manufacturing countries, have failed to provide to the Board data regarding the production, manufacture, utilization, export, import, consumption and stocks of controlled substances and regarding seizures related to precursor chemicals.

129. The international drug control system relies on the active participation of all Governments, and the Board remains concerned by the extent of late submissions and the submission of incomplete or inaccurate data. The

timely analysis and review of data by the Board becomes exceedingly difficult when Governments fail to submit accurate statistical data on time. To assist Governments, the Board has developed tools and kits for use by competent national authorities that are available on its website free of charge. Governments are requested to take all necessary measures to remedy the current reporting deficiencies so that the international drug conventions are adequately implemented.

D. Evaluation of overall treaty compliance

1. Evaluation of overall treaty compliance in selected countries

130. The Board regularly reviews the drug control situation in different countries and overall compliance by Governments with the provisions of the international drug control treaties. The Board's analysis 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 to ensure the adequate availability of narcotic drugs and psychotropic substances for medical purposes and the fulfilment by Governments of their reporting obligations under the treaties.

131. The findings of the review and the Board's recommendations for remedial action are conveyed to the Governments concerned as part of the ongoing dialogue between the Board and Governments to enhance the implementation of the international drug control treaties.

132. In 2014, the Board reviewed the drug control situation in Papua New Guinea, the United States, Uruguay and Uzbekistan, 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 available information, paying particular attention to new developments in drug control in those countries.

(a) Papua New Guinea

133. The Board continues to be concerned about the situation in Papua New Guinea with respect to drug control, including the lack of adequate legislation to address drug-related challenges in the country and inadequate mechanisms for coordination in the field of drug control among Government agencies. While noting the recent improvement in submission of information by the Government to the Board with regard to psychotropic substances, as required under the international drug control treaties, the Board remains concerned about the limited information available to the Board on the overall drug control situation in the country and the country's compliance with its reporting obligations under the international drug control treaties with regard to narcotic drugs and precursors.

134. Papua New Guinea has established certain institutional mechanisms to address the problems associated with illicit drug use. The Government created the National Narcotics Bureau to conduct education and awareness-raising campaigns among the population, provide drug abuse treatment, rehabilitation and counselling, collect information pertaining to drugs and advise the Government on drug policy matters. The police and customs authorities are mandated, under the Dangerous Drugs Act, to enforce drug-related legislation in the country. The National Department of Health controls all pharmaceutical drugs under the Pharmaceutical Board Act and the Medicines and Cosmetics Act.

135. In the absence of official information from the Government, the Board must rely on secondary sources to ascertain the drug-related challenges in the country and to gauge the Government's efforts to address them. Various reports indicate serious deficiencies in the distribution of medications, with an ongoing shortage of drugs in medical facilities. Press reports indicate that the illicit cultivation of and trafficking in cannabis remain widespread in the country, in particular in the highlands. There are also press reports that drug syndicates involving both national and foreign members are operating within the country. In addition, the manufacture of methamphetamine in Papua New Guinea has been reported in the international media.

136. According to a statement made in March 2014 by representatives of the National Narcotics Bureau, the abuse of drugs and home-brewed alcohol is a major problem in the country, and community leaders should work together with young people to eliminate it. According to that statement, a team comprising officers from the Bureau and members of the national police drug squad had conducted an extensive drug awareness campaign and education programme in the country.

137. Papua New Guinea is a party to the 1961 and 1971 Conventions. However, it has yet to accede to the 1988

Convention. In that context, the Board reminds those Governments that have not acceded to any of the three international drug control treaties that the General Assembly, in its resolution 53/115, which was adopted subsequent to its special session devoted to countering the world drug problem together, urged all States to ratify or accede to and implement all the provisions of the international drug control conventions. At that special session, particular reference was also made to the importance of the adequate control of precursor chemicals, which fell under the purview of the 1988 Convention. The Board reiterates its readiness to assist the Government of Papua New Guinea in acceding to the 1988 Convention and improving its compliance with the international drug control treaties.

(b) United States of America

138. The Board continues to engage in a constructive dialogue with the Government of the United States on drug-related developments in that country, including with regard to cannabis, with a view to promoting compliance by the Government with the requirements of the international drug control treaties.

139. The Board notes that, as discussed in more detail in chapter III of the present report, programmes for the use of cannabis for medical purposes continue to be introduced in several states of the United States. The Board notes that, under United States federal law, cannabis remains a controlled substance at the federal level, and has no current medical use in treatment.

140. During the reporting period, the states of Colorado and Washington continued to develop and enforce regulatory measures to establish recreational cannabis markets within their boundaries. On 1 January 2014, state-licensed cannabis retailers in the state of Colorado began selling cannabis for non-medical purposes. In July 2014, the sale of cannabis for non-medical use also began in the state of Washington. In November 2014, voters in the states of Alaska and Oregon and in the District of Columbia approved ballot initiatives on the non-medical use of cannabis in their respective jurisdictions. The Board notes however, that, under United States federal legislation, cannabis remains a controlled substance.

141. The Government of the United States has taken certain measures to respond in part to the developments related to cannabis in many states in the country. On 29 August 2013 and 14 February 2014, memorandums for all state attorneys were issued by the Department of Justice to provide guidance on all federal enforcement activity, including civil enforcement and criminal investigations and prosecutions, concerning cannabis in all states. Also on 14 February 2014, the Department of the Treasury issued its Guidance on Bank Secrecy Act Expectations Regarding Marijuana-related Businesses to provide guidance to financial institutions on the provision of services to cannabis-related businesses.

142. The Board notes the various measures undertaken and planned by the Government to monitor the implementation of cannabis-related regulations in certain states of the United States as they pertain to federal enforcement priorities, as well as to examine the public health impact of those developments. The Board reiterates its concern that action by the Government to date with regard to the legalization of the production, sale and distribution of cannabis for non-medical and non-scientific purposes in the states of Alaska, Colorado, Oregon and Washington does not meet the requirements of the international drug control treaties. In particular, the 1961 Convention as amended, establishes that the parties to the Convention should take such legislative and administrative measures as may be necessary "to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs". This provision is strictly binding and not subject to flexible interpretation. In addition, the Convention establishes that States parties have "to give effect to and carry out the provisions of this Convention within their own territories". This provision also applies to States with federal structures.

143. In April 2014, the United States Sentencing Commission voted unanimously to amend the federal sentencing guidelines, with a view to reserving the harshest penalties for the most serious drug offenders. The amendment, first unveiled in January 2014, lowers by two levels the base offence associated with various drug quantities involved in federal drug trafficking crimes. According to the Commission, the change would have an impact on nearly 70 per cent of all drug trafficking offenders, reduce the average sentence by 11 months, or nearly 18 per cent, and lower the prison population by 6,550 within five years.

(c) Uruguay

144. On 20 December 2013, the Legislative Power of Uruguay passed Act No. 19.172, establishing a legal framework applicable to the control and regulation by the State of the importation, exportation, planting, growing, gathering, production, purchase, stocking, sale, distribution and use of cannabis and its derivatives.

145. In May 2014, the regulatory provisions for the application of the law were adopted. Uruguay has become the first State party to the 1961 Convention to legalize the production, distribution, sale and consumption of cannabis and its derivatives for purposes other than medical and scientific uses. That will not only have ramifications for drug control within Uruguay, but will also negatively affect the control of drugs, in particular cannabis, in other countries, both neighbouring and beyond.

146. The law adopted is inconsistent with the provisions of the 1961 Convention as amended, in particular article 4, paragraph *(c)*, and of the 1988 Convention, in particular article 3, paragraph (1) *(a)*. Pursuant to article 4, paragraph *(c)*, of the 1961 Convention, States parties are obliged to "limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs". Pursuant to article 3, paragraph (1) *(a)*, of the 1988 Convention, each State party is obliged to "adopt such measures as may be necessary to establish as criminal offences under its domestic law […] the production, manufacture, extraction, preparation, offering, offering for sale, distribution, sale, delivery on any terms whatsoever, brokerage, dispatch, dispatch in transit, transport, importation or exportation of any narcotic drug contrary to the provisions of the 1961 Convention".

147. The Board takes note of public announcements made by the authorities of Uruguay to the effect that the implementation of the legislation, originally planned for April 2014, has been postponed until early 2015.

148. Cannabis is recognized internationally as a particularly dangerous drug that has serious consequences for the health of people and is under strict control in Schedules I and IV of the 1961 Convention. The international drug control conventions recognize the health dimensions of drug use. Under article 38 of the 1961 Convention, parties are required to "give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved". Accordingly, the Board urges the Government of Uruguay to develop effective and comprehensive drug control measures that provide for a balanced approach aimed at reducing illicit demand for drugs through prevention, treatment and rehabilitation programmes, while implementing effective law enforcement drug interdiction measures.

149. The Board would like to reiterate its serious concern about the possible negative impact that the cannabis control legislation in Uruguay would have on the international drug control system. The Board stresses the importance of universal implementation of the international drug control treaties by all States parties and urges the Government of Uruguay to take the necessary measures to ensure full compliance with those treaties.

150. As part of its ongoing dialogue with the Government of Uruguay, the Board, at its 109th session, held in February 2014, received a delegation from the Government. The representatives of the Government of Uruguay reported on recent measures taken in the field of drug control in that country and assured the Board of the Government's commitment to drug control and full and unconditional cooperation with the Board. The Board will continue its dialogue with the Government of Uruguay, with a view to promoting the country's compliance with the international drug control treaties, including through the sending of a high-level mission of the Board to Uruguay.

(d) Uzbekistan

151. The main factor adversely affecting the drug control situation in Uzbekistan continues to be illicit drug production in Afghanistan and the flow of Afghan heroin and opium along the "northern route" through the territory of Uzbekistan. Opiates of Afghan origin enter Uzbekistan via the long, rugged and porous border with Tajikistan and directly from Afghanistan across the Amu Darya river. There are reports of seizures of drugs from trains, motorized vehicles and travellers coming from Tajikistan. In order to address the threat of drug trafficking, Uzbekistan, a party to all three drug control treaties, has established drug-related units in almost all law enforcement agencies, which continue to carry out a number of targeted actions to detect drug trafficking channels, prevent and interdict drug trafficking and eradicate drug crops in the country.

152. Although Uzbekistan is not a significant illicit producer of narcotic drugs, Uzbek law enforcement authorities carry out annual "black poppy" operations, which are countrywide campaigns to eradicate illicitly cultivated drug crops.

153. The drug abuse situation in Uzbekistan is fuelled mainly by the trafficking in opiates from Afghanistan. Individuals abusing opiates, especially heroin, account for the vast majority of the overall number of those undergoing treatment in the country. Even though extensive research into the prevalence of drug abuse in the country was called for under the National Programme of Comprehensive Measures against Drug Abuse and

Trafficking for 2011-2015, Uzbekistan has yet to carry out such research. A network of drug treatment facilities has been created in Uzbekistan to provide specialized medical assistance for people suffering from drug addiction. Those persons who use psychoactive substances for non-medical purposes can apply voluntarily or be directed by law enforcement authorities and/or medical facilities, to the drug treatment facilities for medical examination and, if necessary, further treatment.

154. Uzbekistan carries out several measures and initiatives aimed at preventing drug abuse. Health education initiatives, including drug abuse prevention, are organized under the "Healthy lifestyle" programme run by the Ministry of Education and are tailored to a range of different age groups. Round-the-clock advisory services are available to the public in all regions of the country through telephone hotlines. At the same time, national drug education, treatment and rehabilitation programmes are in need of further strengthening, in particular through the provision of the necessary equipment and additional training.

155. The Board notes with appreciation the continued cooperation it has received from the Government of Uzbekistan, including its effective compliance with its reporting obligations under the international drug control treaties and the submission of reports on the drug control situation in the country.

2. Country missions

156. In the context of its responsibility to promote the compliance of Governments with the international drug control conventions and to monitor the functioning of the international drug control system, the Board undertakes missions to selected countries every year in order to maintain direct dialogue with Governments on matters relating to the implementation of the provisions of those conventions.

157. The purpose of the missions is to obtain detailed, first-hand information on the drug control policies in place in the countries visited and to discuss with competent national authorities their practical experience in implementing the conventions, including problems encountered, good practices identified and additional measures to be considered in order to optimize treaty compliance.

158. The Board's missions are aimed at appraising the prevailing situation in the countries visited on a wide variety of drug control matters within the ambit of the drug control conventions, including: national drug control legislation; supply reduction measures in place; regulatory aspects related to the provision of estimates, assessments, statistics and trade data to the Board; the availability of narcotic drugs and psychotropic substances for medical needs; precursor chemical control; and structures in place for the prevention of drug abuse and the treatment, rehabilitation and social integration of persons suffering from drug dependency and related health conditions.

159. In order to gain as comprehensive an overview as possible, the Board meets with senior officials from various institutional stakeholders at the political and regulatory levels within the country. In addition, the Board requests that the mission programme include visits to drug treatment facilities and social reintegration initiatives. Recognizing the important role played by non-governmental organizations and other civil society groups, the Board carries out meetings with such entities, identified in consultation with the Vienna NGO Committee on Drugs, within the context of its country missions.

160. Based on the outcome of meetings held and information collected, the Board issues a series of confidential recommendations on possible measures to bolster the implementation by the Government concerned of its treaty obligations under the drug control conventions. The Board encourages all Governments to respond promptly and effectively to requests to conduct country missions, which constitute a pillar of treaty implementation monitoring.

161. During the period under review, the Board undertook missions to Iceland, Nicaragua, Panama and the United Republic of Tanzania.

(a) Iceland

162. A mission of the Board visited Iceland in March 2014. Iceland is a party to the three international drug control treaties. Discussions during the mission focused on the measures taken by the Government to exercise effective control over narcotic drugs, psychotropic substances and the chemicals needed for their illicit manufacture. It was the first mission of the Board to Iceland.

163. It is noted that, in 2012, Iceland had the highest calculated consumption of methylphenidate, in defined daily doses for statistical purposes (S-DDD) per 1,000 inhabitants per day, in the world. The Government has taken several measures to respond to that problem; however, those measures have not resulted in a decline in

consumption. Therefore, the Board recommends that the Government of Iceland, in order to be able to effectively address this complex issue, should re-examine the matter and should endeavour to identify the reasons behind the extraordinarily high consumption of methylphenidate by, inter alia, monitoring and analysing prescription patterns.

164. The Board was informed that drug use in Iceland had been declining among secondary school students and students in higher education for several consecutive years. Drug use was higher for young people outside the school system; the Board invites the Government of Iceland to continue its efforts to address the needs of that group, which is particularly vulnerable to drug use, by implementing programmes that will assist young adults to lead healthy lifestyles and develop the resilience needed to resist drug use.

(b) Nicaragua

165. A mission of the Board visited Nicaragua in December 2013. Nicaragua is a party to all three international drug control treaties. The Board notes that, since its previous mission to Nicaragua, in 1993, the Government has taken important steps to strengthen its efforts relating to drug control, including by adopting comprehensive national drug control legislation, establishing a national coordination committee on drug control and crime prevention and developing a national drug strategy against drugs and crime. The national drug control policy is primarily focused on the prevention of drug abuse, and health services are provided free of charge to the entire population. The Government has also put in place a well-functioning administrative mechanism for licit drug control, in accordance with the international drug control treaties. At the same time, as demonstrated by recent large seizures of precursor chemicals smuggled into Nicaragua and seizures of amphetamine-type stimulants from illicit laboratories, there is a need to further improve international cooperation to prevent the diversion of precursor chemicals into illicit channels.

166. Nicaragua continues to be used as a transit country for illicit drug shipments, notably cocaine from South America that is destined for North America. The Government is aware of the challenge posed by drug trafficking and has taken steps to address it. However, effective drug interdiction is seriously hampered by a limited State presence in the autonomous areas of the country's Atlantic coast and by a lack of necessary equipment and personnel to effectively patrol the territorial waters.

167. The mission discussed with the Government, among other things, the availability of narcotic drugs for the treatment of pain, which is lower in Nicaragua than in some other countries in Central America. The mission noted that the current extent of drug abuse in the country was largely unknown to the authorities and that reliable data on drug abuse were scarce. The mission therefore discussed with the Government the need for an epidemiological study on the prevalence of drug abuse to enable a reliable assessment of the impact of existing prevention initiatives.

(c) Panama

168. A mission of the Board to Panama in December 2013 reviewed changes in the drug control situation in the country since the Board's previous mission, in 2003. An additional aim of the mission was to review compliance with the three international drug control conventions to which Panama is a party. The Board notes that Panama has taken legislative and policy measures to meet its commitments under the conventions. The mission of the Board noted significant progress in terms of institutional development and the adoption of the national drug strategy for the period 2012-2017.

169. There are indications that Panama may need to improve the availability of opioid analgesics and palliative care programmes, owing to a general reluctance of health-care professionals in the country to prescribe internationally controlled substances. The Government was encouraged to ensure the rational use of narcotic drugs and psychotropic substances for medical use.

170. The current magnitude of drug abuse in Panama may not be fully reflected by the most recent national surveys, which were conducted in 2003 and 2008. The Board encouraged Panama to conduct new national surveys on drug abuse among the general and youth populations. Better analysis of trends will aid the country in providing adequate human and financial resources. The Board has also encouraged Panama to increase its support to drug demand and supply reduction policies and programmes.

(d) United Republic of Tanzania

171. A mission of the Board visited the United Republic of Tanzania from 14 to 18 October 2014. The country is a party to all three international drug control conventions. The aim of the mission was to examine the availability of opioid medication for palliative care, to reengage

in dialogue with the Government of the United Republic of Tanzania and to follow-up on the progress made by the country since the previous mission of the Board in 2000.

172. The Board notes that the Government of the United Republic of Tanzania has followed up on a number of the Board's recommendations since its previous mission. The country became a party to the 1971 Convention in December 2000, designated the Drug Control Commission as the authority responsible for the coordination of most aspects of the Government's policy on drugs, adopted a drug control master plan for the 2002-2006 period and a programme of action on the implementation of the national drug control plan for the 2005-2010 period.

173. The mission observed that access to opioid medication for pain and palliative care remained extremely low. Therefore, the Board encourages the Government to develop and enact a comprehensive and balanced drug strategy, which should also address the issue of availability of narcotic drugs and psychotropic substances for medical purposes. In particular, the Government is invited to identify obstacles and take the necessary steps to ensure an adequate level of availability of opioids. The Board also recommends to the Government specific action to enhance the coordination of national drug control efforts.

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

174. As part of its ongoing dialogue with Governments, the Board also conducts an annual evaluation of implementation by Governments of the Board's recommendations pursuant to its country missions. In 2014, the Board invited the Governments of the following five countries, to which it had sent missions in 2011, to provide information on progress made in the implementation of its recommendations: Costa Rica, El Salvador, Mexico, Serbia and Zimbabwe.

175. The Board wishes to express its appreciation to the Governments of Costa Rica, El Salvador, Mexico and Zimbabwe for submitting the information requested. Their cooperation facilitated the Board's assessment of the drug control situation in those countries and of the compliance by those Governments with the international drug control treaties.

176. In addition, the Board reviewed the implementation of the recommendations it had made following its 2010 mission to Myanmar, as the Government of that country had not provided the requested information in time for review and inclusion in the annual report of the Board for 2013.

(a) Costa Rica

177. The Government of Costa Rica has acted on the recommendations made by the Board following its mission to the country in June 2011, and progress has been made in a number of areas of drug control. The Board welcomes the measures taken to increase coordination among ministries and institutions dealing with drug control, as reflected in the National Plan on Drugs, Money-laundering and the Financing of Terrorism for the period 2013-2017. Additional resources have been allocated to strengthen the monitoring of retail pharmacies and the storage of controlled substances.

178. In 2012, Costa Rica made important changes to its legal framework for the control of narcotic drugs and psychotropic substances. Regulations were adopted on improving the monitoring of the reporting requirements for pharmacies, drugstores and pharmaceutical laboratories with regard to narcotic drugs and psychotropic substances. In addition, measures were adopted to increase the safety of narcotic and psychotropic raw materials stored by pharmaceutical retailers, and specific measures were adopted to improve security in relation to the transportation of controlled substances, including by shortening the period allowed for the transport of controlled products between warehouses and retail facilities.

179. The Board welcomes those measures and notes that continued efforts need to be made in the area of drug abuse prevention and treatment. The Board encourages the Government to increase its efforts relating to the primary prevention of drug abuse among young people and to ensure that activities in that area address all commonly abused controlled substances, including pharmaceutical preparations containing such substances.

180. Furthermore, the Board notes that limited progress has been made in ensuring the availability of narcotic drugs and psychotropic substances for medical purposes in Costa Rica. The level of availability of opioids for the treatment of pain in medical institutions continues to be below that considered adequate by the Board. The Board requests the Government to examine the current situation and to take the necessary steps to ensure that narcotic drugs, particularly opioids, and psychotropic

substances are used rationally and that adequate amounts are made available for medical purposes. The Board encourages the authorities to identify and address bottlenecks in that area, particularly those relating to capacity-building and enhancing the know-how of health-care professionals, as required.

181. Costa Rica participated in Operation Icebreaker in October 2012, a regional operation to monitor the diversion of chemical precursors used for the illicit manufacture of methamphetamines. The Board invites the Government to further strengthen cooperation with it with regard to the control of precursors and to provide prompt responses to the Board's enquiries regarding the legitimacy of orders for the export of precursors to Costa Rica, in particular by using the PEN Online system.

(b) El Salvador

182. The Board notes that efforts have been made by the Government of El Salvador with regard to the implementation of the Board's recommendations following its mission to that country in June 2011. The Government has adopted legislation to strengthen the national drug control framework, including legislation to counter money-laundering, and action against international drug trafficking networks remains a priority of the country's national anti-drug strategy for the period 2011-2015. In the area of demand reduction, in 2012, as part of the national anti-drug strategy, the first national study on drug use was carried out among university students.

183. Progress has also been made in the rational use of narcotic drugs and psychotropic substances for medical purposes. Legislative amendments adopted in February 2011 established the National Directorate for Medicines, which is responsible for streamlining controls on medicinal products containing narcotic drugs and psychotropic substances. Regulations concerning the control of retail pharmacies and storage of controlled substances by health-care providers have also been strengthened, and new regulations in respect of the prescription of narcotic drugs and psychotropic substances for medical purposes have entered into force. The Board trusts that the Government of El Salvador will continue to strengthen its efforts to ensure adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes through enhancing the capacity and know-how of health-care professionals, particularly with regard to the rational use of controlled substances, while preventing the diversion of narcotic drugs and psychotropic substances into illicit channels.

184. Welcoming those measures, the Board notes that continued efforts need to be made with regard to drug abuse prevention and treatment. The Board encourages the Government of El Salvador to continue its efforts to ensure that further progress is made in those areas, particularly with regard to the availability of facilities for the treatment of drug abuse and the establishment of reliable data on the drug abuse situation in the country.

(c) Mexico

185. The Board notes that, following its mission to Mexico in 2011, the Government of that country has taken substantial measures to implement the Board's recommendations in a number of areas. In order to address the diversion of precursor chemicals and their use in the manufacture of synthetic drugs, the Government has placed nitroethane and monomethylamine under national control. Additionally, the Government has adopted legislative measures to combat the abuse of new psychoactive substances through a decree to amend its Health Act to include mephedrone, 1-(3-trifluoromethylphenyl)piperazine (TFMPP) and synthetic cannabinoids as psychotropic substances subject to regulation. In accordance with that amendment, the authorities in Mexico have been monitoring those substances, and investigating and prosecuting unlawful conduct where necessary. The Board commends the Government of Mexico for maintaining a leading role in Latin America in the area of precursor control and in the investigation of crimes involving the manufacture and sale of synthetic drugs, the confiscation and disposal of chemicals used in the manufacture of such drugs and the dismantling of clandestine laboratories.

186. The Board notes steps taken by the Government of Mexico in the area of demand reduction, in particular the activities of the Youth Integration Centres ("Centros de Integración Juvenil"), which have been complementing the activities of the addiction treatment centres known as "Centros Nueva Vida" by offering youth-oriented treatment, workshops, counselling and intervention services. The Board also acknowledges steps taken by the Government of Mexico to standardize forms (such as initial assessments and medical history, admission, discharge and consent forms) in its drug treatment centres in order to facilitate compliance with reporting procedures at all stages of patient registration. As a result, data have been compiled into the national system of health quality indicators and used to evaluate the productivity of drug treatment centres and identify areas for improvement. Currently, 236 out of 335 addiction treatment centres nationwide have implemented the standardized reporting criteria.

187. The Board notes that the Government of Mexico has reported making progress in several areas of drug control. The Government has been working with UNODC on the Integrated System for Illicit Crop Monitoring to develop and implement a scientific methodology for the detection and location of illicit cannabis and opium crops using satellite images and aerial photography, in coordination with complementary activities on the ground. The process has facilitated the carrying out of analysis, research and data activities to estimate the scale of drug production by measuring the area used for illicit crop cultivation in the country. The Board also notes actions taken by the Government to thwart the illicit manufacture of and trafficking in drugs in the country, including the eradication of large quantities of illicit cannabis and opium poppy crops, the dismantling of laboratories used to manufacture heroin and the conducting of investigative activities aimed at identifying criminal groups and individuals involved in the diversion of chemical substances and the illicit manufacture of heroin. The aim of those activities has been to prevent the commission of offences, assist in criminal investigations and contribute to the disbanding of organized criminal groups and reduction of related violence.

188. The Board commends the Government of Mexico for using its Technical Group for Synthetic Drug Control as a coordinating body to facilitate information-sharing and concerted action by law enforcement agencies and other government agencies involved in demand reduction and licit drug control. The Board notes the progress that the Technical Group has made at the regulatory level, particularly in updating its list of chemical precursors subject to national control to include phenylacetic acid, its salts and derivatives, and methylamine, in addition to its classification of hydriodic acid and red phosphorus as essential chemical products. The Board also commends the Government for its continued participation in INCB activities such as Project Cohesion, which is aimed at the monitoring and controlling of precursor chemicals used in the illicit manufacture of heroin and cocaine.

189. While welcoming those positive developments, the Board notes with concern that progress is still limited in other areas with regard to which it has made recommendations, particularly the availability of narcotic drugs and psychoactive substances for medical purposes. The consumption of opioids and analgesics in Mexico remains very low. As administrative procedures for obtaining access to such medications continue to be onerous, the availability of such medications remains limited, many medical practitioners may still not have access to training on responsible prescription practices and pharmacists are often reluctant to stock and dispense narcotic drugs and psychotropic substances. While the Board is aware that some measures have recently been initiated by the Government of Mexico to address this problem, the Board encourages the Government to take further steps to ensure that progress is made in this area.

(d) Myanmar

190. The Board notes that, since its mission to Myanmar in 2010, the Government has taken steps to implement some of the Board's recommendations in a number of areas. In 2013, Myanmar announced plans to extend its 15-year drug elimination plan (for the period 1999-2014)—a national drug strategy intended to eliminate narcotic drugs and upgrade the living standards of former poppy-growing farmers through a combination of supply reduction, demand reduction and law enforcement measures—by five years. The Government of Myanmar has hosted several delegations from donor countries to increase awareness of its technical assistance needs and of potential opportunities for the further expansion of alternative development projects in the region. In 2013, the Government signed an agreement with the Government of the United States to run a new joint opium yield survey in the region. The Board notes that opium poppy cultivation remains a major issue of concern and calls upon the international community to provide adequate support to Myanmar's efforts to address this problem.

191. Pursuant to the Board's recommendation, the Government has begun using the PEN Online system to monitor import and export transactions involving precursor chemicals, as well as to verify that imports and exports of such substances are for licit purposes and are destined for legitimate companies with verified addresses. Additionally, law enforcement agencies have been seizing large amounts of amphetamine-type stimulants and their precursors, as well as other substances such as opium and heroin. They have also been making progress in identifying the sources and routes of drugs and precursors illicitly entering and exiting the country.

192. The Board wishes to commend Myanmar for steps taken with regard to prevention and demand reduction, in particular its widespread implementation of preventive education programmes in schools and colleges, and for the establishment of several new drug treatment and rehabilitation centres throughout the country.

193. While noting these positive developments, the Board notes with concern that progress is still lacking in many of the areas regarding which it has made

recommendations, particularly steps taken to promote the adequate availability of narcotic drugs and psychotropic substances for medical purposes and to promote the education and training of medical students and professionals on substance abuse and the rational use of psychoactive drugs. The Board would like to reiterate the need for the Government of Myanmar to adopt measures to address existing laws and regulations that may unnecessarily restrict licit manufacture, import, distribution, prescription or dispensing of opioids and cause reluctance to prescribe or stock medicinal products containing them because of concerns about legal sanctions, and to promote education on the rational use of narcotics and psychotropic substances for medical purposes.

194. In addition, the Board wishes to remind the Government of Myanmar of the importance of carrying out a comprehensive national assessment in order to determine the extent and nature of drug abuse in the country and to tailor its drug control policies to address those realities.

(e) Zimbabwe

195. The Board notes that, since its mission to Zimbabwe in 2011, the Government has taken certain measures to implement the recommendations of the Board. Zimbabwe has developed a drug master plan, which is aimed at combating trafficking in drugs, reducing supply, preventing drug abuse and rehabilitating drug users. However, the drug master plan has not yet been launched at the national level owing to a lack of funding; the Government plans to launch it by the end of 2014. The Drug Control Committee, an interministerial coordination committee, has been established, with a mandate to coordinate the activities of the national agencies in addressing drug abuse and trafficking. The Drug Control Committee was functioning at the expert level, and the Government expected to establish it at the policymaking level by the end of 2014. The Board welcomes the steps taken by the Government and encourages the Government to launch the drug master plan and establish a national interministerial coordination committee at the policymaking level.

196. There has been a significant increase in the provision of resources for law enforcement authorities. As a result, the Criminal Investigation Department of the Zimbabwe Republic Police, a special police section dealing with the most serious offences, including drug-related crimes, has deployed officers at all airports and border posts. The officers provide 24-hour surveillance at those ports of entry, which has resulted in a number of drug seizures at several border locations. Over the past year, the Zimbabwe Revenue Authority, in coordination with the Drugs Division of the Criminal Investigation Department, has deployed sniffer dogs at four border posts. The goal is for the Zimbabwe Revenue Authority to deploy sniffer dogs at all ports of entry by 2015. The Authority has also engaged in an extensive programme, in collaboration with foreign partner agencies, to train its officers on drug detection. Public awareness campaigns have been held at most ports of entry to inform the public about the consequences of drug trafficking and drug use in general.

197. Drug abuse treatment and rehabilitation services are provided in psychiatric hospitals. No dedicated rehabilitation centres exist in the country, mainly because of a lack of funding. Several agencies and departments were working together to establish at least one such centre by the end of 2014. The Ministry of Health and Child Care has carried out several small-scale surveys on the extent of drug use, but the Government has yet to conduct a full-scale national study, mainly owing to a lack of financial support. The Ministry of Health and Child Care, together with the police, has been conducting several programmes to educate the public on the dangers of drug abuse. Awareness-raising campaigns have been carried out on national radio and television stations and through printed media. Several national programmes have been implemented to offer a platform to discuss issues relating to drug abuse and its effects on the community, offering the public opportunities to interact with the police and Ministry of Health and Child Care staff who deal with drug-related issues.

198. Zimbabwe remains a country with a very low consumption of controlled substances, such as opioid analgesics, for medical purposes, despite an increase in the consumption of pethidine, which resulted in an increase in the country's assessment of requirements for that substance in 2013. The Government has carried out several consultative meetings with medical practitioners to raise awareness of the rational use of opioid analgesics for medical purposes. The Board reiterates its request to the Government to make an appropriate assessment of requirements for controlled substances, to improve the availability of such substances for medical purposes and to promote rational prescribing practices, in line with the relevant recommendations by WHO and the Board, including those contained in the *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes.*[34]

[34] E/INCB/2010/1/Supp.1.

199. Zimbabwe continues to rely on international support to promote prevention and treatment of drug abuse. The country continues to actively participate in international and regional organizations that are aimed at addressing drug trafficking and abuse. In particular, the Drug Control Committee of Zimbabwe facilitated the organization of the African Union Continental Experts Consultation on developing and improving responses to counter drug trafficking and related challenges to human security, which was held in Harare from 15 to 17 October 2013.

200. The Board notes that, despite some achievements, progress is lacking in some of the areas where it has made recommendations, including with regard to the availability of narcotic drugs and psychotropic substances for medical purposes and the treatment and rehabilitation of drug-dependent persons. The Board encourages the Government of Zimbabwe to take the necessary steps to achieve progress in those areas and calls upon the international community to step up its support to the Government of Zimbabwe in addressing those challenges.

E. 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

201. Article 14 of the 1961 Convention (and of 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 considered by the Board when it has reason to believe that the aims of the conventions are being seriously endangered by the failure of a State to comply with the treaty obligations contained therein.

202. 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 in doing so has been to encourage compliance with those conventions when other means have failed. The names of the States concerned are not publicly disclosed until the Board has decided to bring the situation to the attention of the parties, the Economic and Social Council and the Commission on Narcotic Drugs (as was done in the case of Afghanistan). Following sustained dialogue with the Board according to the process set out in the above-mentioned articles, most of the States concerned have taken remedial measures, resulting in a decision by the Board to discontinue action taken under those articles vis-à-vis those States.

203. 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

204. Consultations between the Board and the Government of Afghanistan pursuant to article 14 of the 1961 Convention continued in 2014. On 16 January 2014, the Secretary of the Board met with Mobarez Rashidi, the newly appointed Minister of Counter Narcotics of Afghanistan, who outlined his immediate priorities in addressing drug-related threats in the country. Those priorities included: *(a)* expanding partnerships in dealing with drug-related challenges; *(b)* closer engagement with neighbouring countries, especially in the area of control of precursor chemicals; and *(c)* strengthening efforts by Afghanistan in addressing drug abuse and addiction problems in the country through effective provision of the necessary shelters and referral to treatment centres in Afghanistan.

205. The Minister also committed himself to continuing close cooperation with the Board and to inform the Board, at the earliest opportunity, about progress made with respect to matters falling under article 14 of the 1961 Convention. The Secretary of the Board noted the open and constructive dialogue between the Government of Afghanistan and the Board over the past several years and reiterated the need for tangible progress under article 14 of the 1961 Convention and, in particular, in addressing issues of concern, such as the alarming levels of illicit opium poppy cultivation, drug trafficking and drug abuse in Afghanistan.

206. In March 2014, on the margins of the fifty-seventh session of the Commission on Narcotic Drugs, held in Vienna, the President of the Board met with the delegation of Afghanistan, which was headed by the Minister of Counter Narcotics. The Minister provided information

on measures taken by the Government of Afghanistan to address the drug control situation in the country, including with respect to the development of alternative livelihood programmes, the countering of opium poppy and cannabis plant cultivation, the strengthening of enforcement measures to address the trafficking of precursors and the establishment of mechanisms to address drug abuse in the country.

207. Consultations between the Secretariat of the Board and the Permanent Mission of Afghanistan to the United Nations (Vienna) were held on a number of occasions during the year to follow up on the Government's implementation of the international drug control treaties. The consultations also focused on the planning and organization of a high-level mission of the Board to Afghanistan, scheduled to take place following the conclusion of the electoral process in Afghanistan.

Cooperation with the Board

208. The Government has continued its effective cooperation with the Board in recent years. In February 2014, the Government submitted its 2013 report to the Board reflecting the Government's efforts with regard to the implementation of the international drug control treaties.

209. The Government of Afghanistan informed the Board that the law on accession to the 1972 Protocol amending the Single Convention on Narcotic Drugs of 1961 had been adopted by both houses of parliament, approved by the judicial power of Afghanistan and signed by the President of Afghanistan. Afghanistan has not made any declarations or reservations with regard to this instrument. At the time of writing, the Ministry for Foreign Affairs was in the process of finalizing the submission of the instrument of accession.

210. The Government's treaty-based reporting has substantially improved since 2009, with statistical data on narcotic drugs, psychotropic substances and precursors submitted to the Board regularly, as required under the international drug control treaties.

211. There is a lack of prioritization within the government policy to address cultivation of cannabis plant in the country, evidenced by a lack of budgetary allocation to counter such cultivation. The Board urges the Government of Afghanistan to step up its efforts to prevent and interdict cannabis plant cultivation and cannabis production in the country, including through seeking the support of the international community in this area.

Cooperation by the international community

212. Afghanistan continued to actively engage in regional and international cooperation to address drug-related threats affecting the country.

213. On 27 March 2014, the Presidents of Afghanistan, Iran (Islamic Republic of), Pakistan and Tajikistan held a summit. In a joint statement, they reiterated the importance of constructive regional cooperation, including through their support for ongoing Afghan-led regional efforts within the framework of the Istanbul Process on Regional Security and Cooperation for a Secure and Stable Afghanistan, which among other things is dedicated to the prevention and elimination of illicit drug cultivation, production, trade and trafficking.

214. The third meeting of the steering committee of the regional programme for Afghanistan and countries in the region was held in Vienna on the margins of the fifty-seventh session of the Commission on Narcotic Drugs, in March 2014. The meeting was attended by the eight countries concerned (Afghanistan, Iran (Islamic Republic of), Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkmenistan and Uzbekistan) and by donors. The progress made during 2013 in the four subprogrammes (regional cooperation in law enforcement, criminal justice, demand reduction and research advocacy) was noted. At the same time, ministerial review meetings for the Tripartite Initiative, involving Afghanistan, Kyrgyzstan and Tajikistan, and the Triangular Initiative, involving Afghanistan, Iran (Islamic Republic of) and Pakistan, were also held to further strengthen on-the-ground collaboration throughout the region. The meeting on the Triangular Initiative concluded with the signing of a joint ministerial statement focused on enhancing cooperation in the areas of drug control and border management. On 29 May 2014, the fourth Tripartite Initiative meeting of senior officials was held in Dushanbe, and a ministerial meeting was held on the following day. A declaration on counter-narcotics cooperation, emphasizing the need for better cooperation between law enforcement and judicial bodies, was adopted following discussions.

215. The Kandahar Food Zone programme, funded by the United States Agency for International Development, was launched and will be implemented for the next two years in seven districts of Kandahar Province. The Government, however, faces difficulties in the implementation of alternative livelihood programmes in those provinces where opium poppy is currently grown, due to lack of sufficient funding, poverty and low agricultural production. The Government informed the Board that illicit poppy cultivation "migrates" from areas that have

received governmental support to those where the Government has no or little control. According to the Government, in the past alternative livelihood projects have not been very effective, because many of them were implemented in more accessible areas while the major cultivation took place in the remote districts. Therefore, a memorandum of understanding was signed between the Government and the donor community to revise the projects so as to address those shortcomings. Nevertheless, according to the Government, the current level of funding and the number of projects were not sufficient to sustain alternative livelihood initiatives.

Conclusions

216. Afghanistan continues to face several major challenges, which in the period under review have included presidential elections and their aftermath, the transition of security functions from international military assistance to the national army and police, the ongoing national reconciliation process and increasing drug trafficking and abuse in the country. Despite these challenges, the Government expressed its commitment to address the illicit cultivation of opium poppy and cannabis plant in the country, drug trafficking and drug abuse through eradication campaigns, law enforcement measures, alternative livelihood initiatives and drug demand reduction efforts. The Government has taken steps to ratify the 1972 Protocol amending the Single Convention. The Government has been fully cooperative with the Board, including through its readiness to facilitate a high-level mission of the Board to Afghanistan and its submission of a progress report on the drug-related situation in the country.

217. The Board, while noting the commitment expressed by the Government, remains concerned about the deteriorating drug control situation in Afghanistan, which constitutes a significant challenge in the country and for drug control in the region as a whole. The Board recommends that the Government of Afghanistan continue strengthening its counter-narcotics capacity in line with the international drug control treaties. The Board also encourages the Government to continue seeking international assistance in addressing the drug problem and to strengthen its cooperation at the regional and international levels in addressing drug trafficking and abuse. The Board will continue to closely monitor the drug control situation in Afghanistan in cooperation with the authorities, as well as measures taken and progress made by the Government of Afghanistan in all areas of drug control.

F. Special topics

1. Control measures applicable to programmes for the use of cannabis for medical purposes pursuant to the 1961 Single Convention on Narcotic Drugs

218. The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol limits the use of narcotic drugs, including cannabis, to medical and scientific purposes. Like other narcotic drugs under international control, cannabis is subject to a variety of control measures aimed at preventing its diversion into illicit channels and its abuse. In recognition of the risks of cannabis abuse, the substance has been subjected to the highest levels of control under the Single Convention through its inclusion in its Schedules I and IV, the latter of which contains substances particularly liable to abuse and to produce ill effects.

219. The Single Convention allows States parties to use cannabis for medical purposes. Reflecting concerns about abuse and diversion, the Single Convention establishes an additional set of control measures, which should be implemented in order for programmes for the use of cannabis for medical purposes to be compliant with the Single Convention.

220. The Board reminds all governments in jurisdictions having established programmes for the use of cannabis for medical purposes, or considering doing so, that, in addition to reporting and licensing obligations applicable to all narcotic drugs, the Single Convention requires that States having such programmes comply with several specific obligations.

221. Pursuant to articles 23 and 28 of the Single Convention, States wishing to establish programmes for the use of cannabis for medical purposes that are consistent with the requirements of the Single Convention must establish a national cannabis agency to control, supervise and license the cultivation of cannabis crops. The obligations incumbent upon national cannabis agencies include the designation of the areas in which cultivation is permitted, the licensing of cultivators, and the purchase and taking of physical possession of crops; they also have the exclusive right of wholesale trading and maintaining stocks.

222. In addition, governments must work to prohibit the unauthorized cultivation of cannabis plants, and seize and destroy illicit crops, whenever the prevailing

conditions in their territories render such measures the most suitable course of action, in order to protect public health and prevent illicit traffic, in accordance with articles 2 and 22 of the Single Convention.

223. Finally, governments must adopt such measures as may be necessary to prevent the misuse of, and illicit traffic in, cannabis leaves, in accordance with article 28 of the Single Convention.

224. The Board has reviewed the issue of cultivation of cannabis for personal medical use and has determined that, in the light of the heightened risk of diversion it represents, such cultivation does not meet the minimum control requirements set out in the Single Convention. Accordingly, the Board has consistently maintained the position that a State which allows individuals to cultivate cannabis for personal use would not be in compliance with its legal obligations under the Single Convention.

225. In addition to the risks of diversion cited above, allowing private individuals to produce cannabis for personal medical consumption may present health risks, in that dosages and levels of tetrahydrocannabinol (THC) consumed may be different from those medically prescribed.

226. The Board reminds all governments in jurisdictions that have established programmes for the use of cannabis for medical purposes, or that are considering doing so, about the aforementioned requirements of the Single Convention. The Board notes that the control measures in place under many existing programmes in different countries fall short of the requirements set out above, and encourages all governments in jurisdictions that have approved or plan to implement such programmes to take measures to ensure that these programmes fully implement the measures provided for in the Single Convention, which are aimed at ensuring that stocks of cannabis produced for medical use are reserved for the patients for whom they are prescribed and are not diverted into illicit channels.

227. The Board urges all governments in jurisdictions that have established programmes for the use of cannabis for medical purposes to ensure that the prescription of cannabis for medical use is performed with competent medical knowledge and supervision and that prescription practice is based on available scientific evidence and consideration of potential side effects. The Board reiterates its invitation to WHO to evaluate the potential medical utility of cannabis and the extent to which cannabis poses a danger to human health, in line with its mandate under the Single Convention.

2. Availability of narcotic drugs and psychotropic substances in emergency situations

228. The objective of the international drug control conventions is to ensure adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes while ensuring that they are not diverted for illicit purposes. The International Narcotics Control Board (INCB) is mandated to monitor the implementation of this treaty objective, and has repeatedly voiced its concern about the unequal and inadequate access to controlled substances for medical and scientific purposes worldwide.

229. The conventions established a control regime to serve a dual purpose: to ensure the availability of controlled substances for medical and scientific ends while preventing the illicit production of, trafficking in and abuse of such substances. The Single Convention on Narcotic Drugs of 1961, while recognizing that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to humankind, affirms that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes. Likewise, in the Convention on Psychotropic Substances of 1971, parties expressed their determination to prevent and combat the abuse of certain psychotropic substances and the illicit traffic to which it gives rise, while recognizing that the use of such substances for medical and scientific purposes is indispensable, and that their availability for such purposes should not be unduly restricted.

230. Most narcotic drugs and a large number of psychotropic substances controlled under the international treaties are indispensable in medical practice. Opioid analgesics, such as codeine and morphine, and semi-synthetic and synthetic opioids are essential for the treatment of pain. Similarly, psychotropic substances such as benzodiazepine-type anxiolytics, sedative-hypnotics and barbiturates are indispensable for the treatment of neurological and mental disorders. Pharmaceutical preparations containing internationally controlled substances play an essential role in relieving pain and suffering.

231. During its missions, the Board discusses the availability of opioids for the treatment of pain with individual Governments and provides competent national authorities with informational material that always includes the WHO publication entitled *Ensuring Balance in National Policies on Controlled Substances: Guidance*

for Availability and Accessibility of Controlled Medicines. After each mission, it sends the Governments a letter with recommendations that may, if appropriate, include specific passages on ensuring the availability of opioids for the treatment of pain. The Board regularly addresses the availability of narcotic drugs in speeches at meetings of intergovernmental bodies, such as the twentieth special session of the General Assembly, sessions of the Commission on Narcotic Drugs, the Economic and Social Council and the World Health Assembly, and regional meetings of various international organizations.

232. Simplified control measures are in place for the provision of internationally controlled medicines for emergency medical care. Emergencies are defined as "any acute situation (e.g. earthquakes, floods, hurricanes, epidemics, conflicts, displacement of populations) in which the health conditions of a group of individuals are seriously threatened unless immediate and appropriate action is taken, and which demands an extraordinary response and exceptional measures".[35] They occur in the wake of natural or man-made disasters that may lead to a sudden and acute need for medicines containing controlled substances. In 1996, the Board, together with WHO, devised simplified control procedures for the export, transport and import of controlled medicines for emergency medical care. The simplified regulations would remove the need for import authorizations, provided that the import and delivery were handled by established international, governmental and/or non-governmental organizations engaged in the provision of humanitarian assistance in health matters recognized by the control authorities of the exporting countries. Those simplified procedures are available to all States in the Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care.

233. Such an emergency situation arose following the devastating typhoon in the Philippines in November 2013. The need to provide treatment to the many victims led to an acute shortage of medicines. Many of those needed medicines contained narcotic drugs, such as morphine, and psychotropic substances, such as pentazocine, both of which are under international control. Under normal circumstances, the import and transport of those medications are subject to strict regulatory requirements. However, in catastrophic situations compliance may delay the urgent delivery of medications for emergency humanitarian relief, as national authorities may be unable to take the administrative steps required.

[35] World Health Organization, *Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care* (document WHO/PSA/96.17).

234. Responding to the humanitarian crisis caused by the typhoon, the Board took steps to hasten the supply of controlled medicines. As in earlier emergencies, it reminded all exporting countries that clear guidelines were in place for the international provision of controlled medicines for emergency medical care. Soon after the typhoon struck the Philippines, the Board sent a letter to all countries to remind them that they could apply those simplified control procedures to hasten the supply of urgently needed medicines. The Board also informed providers of humanitarian assistance about the simplified regulations, including the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières, Merlin/Save the Children and Oxfam International.

235. This solution has been available for a number of years. The Board invites Governments and humanitarian relief agencies to bring to its attention any problems encountered in making deliveries of controlled medicines in emergency situations.

236. The Board would like to remind all Governments that, in acute emergencies, such as the situation following the devastating typhoon in the Philippines, they can apply simplified control procedures for the export, transportation and delivery of medicines containing controlled narcotic drugs or psychotropic substances, and competent authorities may allow their export to the affected country even in the absence of import authorizations or estimated requirements for substances under international control. Emergency deliveries need not be included in the estimates of the receiving country, and exporting Governments may wish to use parts of their special stocks of narcotic drugs and psychotropic substances for this purpose.

237. The Board also reminds all States that, under international humanitarian law, parties to armed conflicts have an obligation not to impede the provision of medical care to civilian populations located in territories under their effective control. This includes access to necessary narcotic drugs and psychotropic substances.

238. The Guidelines are available on the websites of INCB (www.incb.org) and WHO (www.who.int).

3. Use of methylphenidate

239. Methylphenidate, a central nervous stimulant listed in Schedule II of the 1971 Convention, is used for the treatment of various mental and behavioural

disorders, in particular attention deficit and hyperactivity disorder (ADHD) and narcolepsy.[36]

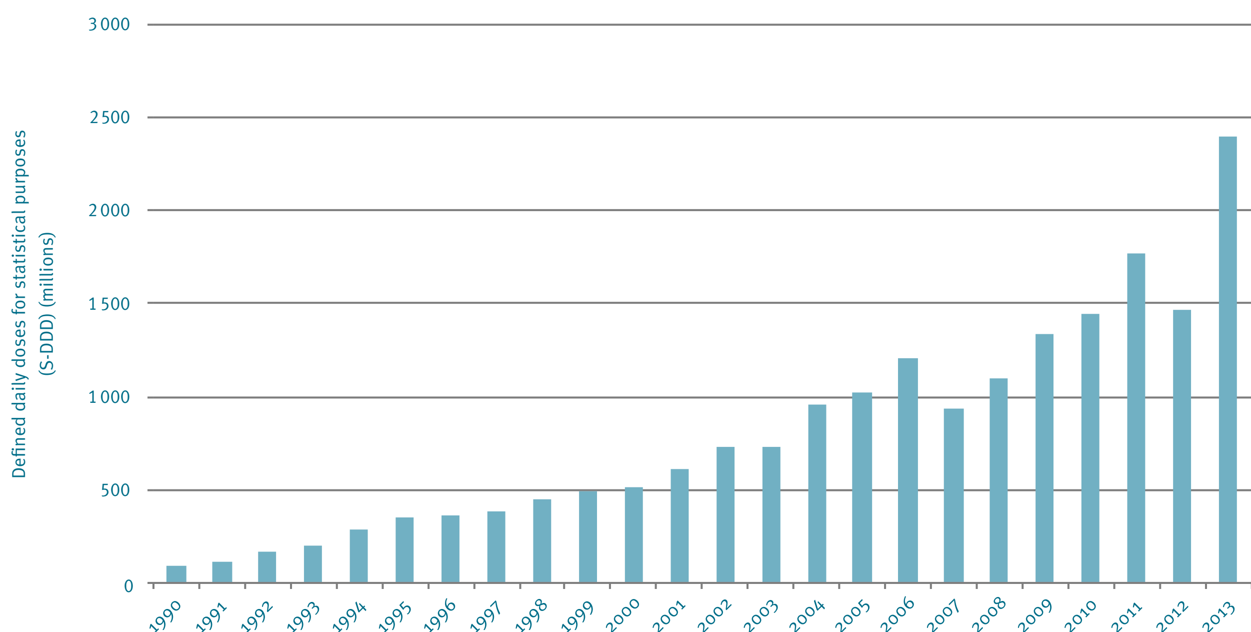
240. During the 1980s, use of methylphenidate was limited and at stable levels, but it started to increase noticeably at the beginning of the 1990s. In 1994, for example, global use amounted to more than five times the consumption level of the early 1980s. That development was mainly a result of increasing consumption in the United States, although increasing consumption levels were also observed in several other countries and parts of the world. Since then, growth of global consumption of methylphenidate has continued unabated. In 2013, a new record of 71.8 tons (2.4 billion S-DDD) was attained, as can be seen in figure I below. The growing medical consumption of methylphenidate can be attributed mainly to the increasing numbers of diagnoses of ADHD.

241. Since the mid-1990s, the Board, in its annual reports, has frequently brought to the attention of Governments the growing levels of consumption of methylphenidate and has expressed concern about diversion and abuse of the substance. In its report for 2009, the Board advised against promotional campaigns through various communication channels, including in advertisements directed at potential consumers, such as those prevalent in the United States, the main consumer of methylphenidate. In that same year, the Board called upon the Governments concerned to ensure that the control measures foreseen by the 1971 Convention were fully applied to methylphenidate and to take additional measures to prevent both the diversion from licit distribution channels and the abuse of preparations containing that substance. The Board also encouraged all Governments to promote the rational use of internationally controlled substances, in accordance with the pertinent recommendations of WHO.

242. Traditionally, methylphenidate has been prescribed to people between the ages of 6 and 14 years, and predominantly for boys. As of 2011 in the United States, about 11 per cent of individuals aged between 4 and 17 years had been diagnosed with ADHD, according to the Centers for Disease Control. Furthermore, a growing number of younger children (as young as 2 and 3 years of age) were also being prescribed methylphenidate. In Australia, 2-year-old children are increasingly being prescribed medication containing methylphenidate, with more than 2,000 children under 6 receiving the treatment. In addition to the increasing number of children treated, the treatment period has been extended, in many cases to several years. Furthermore, there has been an increase not only in the number of young patients but also in the number of adult patients. In Iceland, most ADHD patients taking methylphenidate are over 20 years of age. In Germany, the number of

[36]See World Health Organization, *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (Geneva, 1992, version 2010); and American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Arlington, Virginia, 2013).

Figure I. Global consumption of methylphenidate, 1990-2013



Source: Statistical data submitted by Governments in form P.

diagnosed ADHD cases increased by 42 per cent in children and adolescents under the age of 19 between 2006 and 2011.

243. Although the United States continues to account for more than 80 per cent of the calculated global consumption of methylphenidate, the use of that substance in other countries has also significantly increased during the past decade. The countries reporting such an increase include Iceland, which has had the highest per capita consumption of methylphenidate in the world for the past several years, as well as (in descending order by per capita consumption) Norway, Sweden, Australia, Belgium, Germany and Canada.

244. Increased consumption may be attributable to various causes such as: *(a)* an increase in the number of patients who are diagnosed with ADHD; *(b)* a widening of the age group of patients likely to be prescribed methylphenidate; *(c)* increased use among adults; *(d)* misdiagnosis of ADHD and random prescription of methylphenidate; *(e)* a lack of appropriate medical guidelines for the prescription of methylphenidate; *(f)* growing market supply in many countries; *(g)* influential commercial and/or aggressive marketing practices of the manufacturers of pharmaceutical preparations containing methylphenidate; and *(h)* public pressure, such as parents' associations lobbying for their children's right to access to ADHD medication.

245. Overmedication and overprescribing of medicines containing methylphenidate may fuel illegal activities such as "doctor shopping", trafficking and abuse, particularly in school settings. Students are misleadingly tempted, particularly during exam periods, to use the substance in order to improve their ability to concentrate and study longer, and thus improve their performance. Hence, this substance is abused by a growing number of teenagers and young adults. Prescription drugs containing methylphenidate are also often obtained from students who are under treatment for ADHD.

246. The Board notes that some Governments have already taken measures to limit the use of methylphenidate to actual medical needs, in conformity with sound medical practice. The authorities of Iceland, concerned about the high level of use of methylphenidate in their country, have taken specific measures aimed at curbing its increasing use, in particular, among adults. These measures include an update of existing clinical guidelines for ADHD treatment and the limitation to specialists in psychiatry of authorization to prescribe it. Prescribers are urged to prescribe, as a first choice, "safer" pharmaceutical preparations containing methylphenidate (i.e., preparations that are less prone to misuse). Furthermore, new and more restrictive rules for the reimbursement of the costs of methylphenidate have been introduced, under which only specialists in psychiatry are allowed to initiate treatment with methylphenidate and apply to the health insurance scheme for reimbursement, by submitting observations based on a detailed medical history of the patient, research and diagnosis, as well as a follow-up programme. In Thailand, where overprescribing of methylphenidate had also been of concern, the following preventive measures were taken: *(a)* prohibition of the sale of methylphenidate in drugstores; *(b)* limitation of authorization to prescribe methylphenidate, so that only psychiatrists, including child psychiatrists, are allowed to prescribe it; *(c)* limitations on the formulation of pharmaceutical preparations containing methylphenidate to prohibit them from containing more than two dosages; *(d)* restriction on the procurement of methylphenidate by hospitals and clinics so that it can only be obtained from a central governmental office; and *(e)* inclusion of a standard drug information leaflet in all packages.

247. The Board wishes to encourage the Governments of all countries with high consumption rates of methylphenidate to identify the reasons for such elevated consumption and to take action to limit consumption to actual medical needs. Such actions could include adequate education of doctors and other health-care professionals on the rational use of psychoactive drugs. In particular, Governments must exercise vigilance to prevent possible misdiagnosis of ADHD and inappropriate prescribing of methylphenidate. Governments are encouraged to monitor developments in the diagnosis of ADHD, as well as other behavioural disorders, and the extent to which methylphenidate is prescribed for their treatment. The Board requests Governments to ensure that methylphenidate is prescribed in accordance with sound medical practice, as set forth in the 1971 Convention (article 9, paragraph 2). The Board will continue to carefully monitor future developments in countries with high consumption levels of methylphenidate and encourages Governments concerned to share with it and WHO information concerning the use of methylphenidate, prescription practices and misuse, as well as trafficking and abuse in their countries.

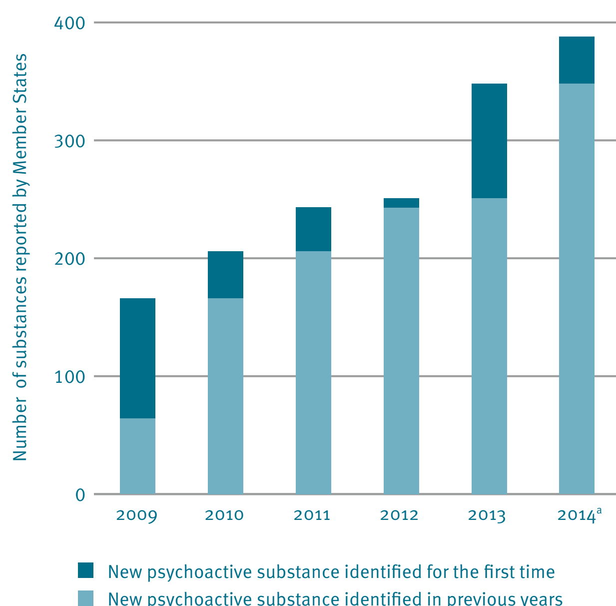
4. New psychoactive substances

248. Since the publication of its annual report for 2010, the Board has been warning the international community about the growing problem of trafficking in and abuse of new psychoactive substances. New psychoactive substances are substances of abuse, either in a pure form

or a preparation, that are not controlled under the 1961 Convention as amended by the 1972 Protocol or under the 1971 Convention, but that may pose a threat to public health.[37] They can be natural materials or synthetic substances, often deliberately chemically engineered to circumvent existing international and domestic drug control measures. New psychoactive substances generally encompass several groups of substances, such as synthetic cannabinoids, synthetic cathinones, phenethylamines, piperazines, tryptamines and plant-based substances.

249. The reporting of new psychoactive substances by Member States continues to grow, and they are now reported in every region of the world. The UNODC early warning advisory on new psychoactive substances, a system that monitors the emergence of new psychoactive substances as reported by Member States, identified 388 unique substances as at 1 October 2014, an 11 per cent increase from the 348 substances reported in 2013 (see figure II below). The majority of reported substances are synthetic cannabinoids, cathinones and phenethylamines, which together account for over two thirds of all the substances reported. Reports may refer to substances that have been encountered only once or to substances that are encountered more frequently.

Figure II. New psychoactive substances reported by Member States, 2009-2014



Source: UNODC early warning advisory on new psychoactive substances.
[a] Substances reported as at 1 October 2014.

[37] Other definitions of new psychoactive substances may also be used occasionally.

250. There have been several important developments in response to the growing problem of new psychoactive substances since the Board's previous report. In December 2013, the Board launched its operational project on new psychoactive substances, known as Project Ion (international operations on new psychoactive substances). That international initiative supports the efforts of national authorities to prevent non-scheduled new psychoactive substances from reaching consumer markets. Project Ion activities are modelled on the experience gained in precursor control and are directed by the New Psychoactive Substances Task Force.

251. Reports often cite China as one of the main sources of new psychoactive substances. The Government of China has taken steps to control these substances, including the placing of 12 new psychoactive substances[38] under domestic control as of 1 January 2014. Additionally, the Board convened an operational meeting under the auspices of Project Ion in Vienna in February 2014. Participants from 18 law enforcement and international agencies discussed detailed information provided by Chinese authorities involving a company under investigation for allegedly shipping thousands of orders of new psychoactive substances and non-scheduled precursor chemicals to countries around the world.

252. The topic of new psychoactive substances was again discussed at length at the fifty-seventh session of the Commission on Narcotic Drugs, in March 2014. The United Kingdom, which on 23 January 2014 submitted its notification to the Secretary-General on the review of the scope of control of 4-methylmethcathinone (mephedrone), presented a background paper that raised the possibility of provisional control of that substance, in accordance with article 2, paragraph 3, of the 1971 Convention. The deliberations at that session of the Commission resulted in Member States adopting resolution 57/9, entitled "Enhancing international cooperation in the identification and reporting of new psychoactive substances and incidents involving such substances", in which Member States were invited to support and participate in activities under the New Psychoactive Substances Task Force, which are referred to as Project Ion.

253. The first meeting of the New Psychoactive Substances Task Force was held in Vienna in March 2014 to exchange information related to suspicious shipments of, or trafficking in, new psychoactive substances. The

[38] AM-694, AM-2201, JWH-018, JWH-073, JWH-250, methylenedioxypyrovalerone (MDPV), 4-methylethcathinone (4-MEC), methylone, 2C-H, 2C-I, *N*-benzylpiperazine (BZP) and khat (*Catha edulis*) plant material.

Task Force reconvened in October to discuss developments over the previous six months. Numerous special alerts were communicated by the Board in 2014, providing Project Ion focal points with relevant information for possible operational follow-up. As at 1 November 2014, more than 100 Governments and international agencies had established focal points to receive, disseminate and, where appropriate, act on such communications.

254. The United States, a significant market for new psychoactive substances, has been active in both emergency scheduling and supporting international efforts to stop trafficking in such substances. In May 2014, the Drug Enforcement Administration, along with numerous federal and international agencies, announced the results of phase II of Project Synergy, an ongoing special operation targeting the global market for new psychoactive substances. Phase II, which lasted five months, resulted in the arrest of 150 persons and the seizure of hundreds of thousands of retail packages containing new psychoactive substances, hundreds of kilograms of raw synthetic substances and more than $20 million in cash and assets. Although many substances seized were not specifically prohibited under domestic legislation, the Controlled Substance Analogue Enforcement Act allowed many of them to be treated as controlled substances if they were proven to be chemically and pharmacologically similar to controlled substances.

255. In June 2014, WHO convened the thirty-sixth meeting of its Expert Committee on Drug Dependence to advise it on the scientific assessment of substances for possible international control. The Committee reviewed 26 non-scheduled substances, which included 4-methylmethcathinone (mephedrone) and other new psychoactive substances. To improve efficiencies in the review process, strategies for assessing chemically similar substances with similar properties were also discussed at the meeting.

256. According to the relevant provisions of the international drug control conventions, the recommendations of WHO on the scheduling of substances reviewed by its Expert Committee in 2014 will be transmitted for the consideration by the Commission on Narcotic Drugs at its fifty-eighth session, to be held in March 2015.[39]

[39] See www.unodc.org/unodc/commissions/CND/Mandate_Functions/Mandate-and-Functions_Scheduling.html.

5. International electronic import and export authorization system for narcotic drugs and psychotropic substances

257. Pursuant to the 1961 and 1971 Conventions, import and export authorizations are required for most narcotic drugs and psychotropic substances. A well-functioning import and export authorization system is essential to enable drug control authorities to monitor international trade in those substances and to prevent their diversion.

258. As part of its endeavours to harness technological progress for the effective and efficient implementation of the import and export authorization regime for licit international trade in narcotic drugs and psychotropic substances, the Board has spearheaded efforts to develop an electronic tool to facilitate and expedite the work of competent national authorities and to reduce the risks of diversion of those substances. The new tool, called the International Import and Export Authorization System (I2ES), is a web-based electronic system developed by the Board in cooperation with UNODC and with the support of Member States. The system will assist national drug control authorities in their daily work by functioning in a way that ensures full compliance with the requirements set out in the international drug control conventions and safeguards the data therein.

259. The Commission on Narcotic Drugs, in its resolution 55/6 of 16 March 2012, 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, and invited Member States and other donors to provide extrabudgetary contributions for those purposes. Subsequently, in its resolution 56/7 of 15 March 2013, the Commission welcomed the voluntary financial contributions of a number of Member States to support the initial phase of development of the system, 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 for its administration, further development and maintenance.

260. In the report of INCB for 2013, the Board informed Governments of the progress made in the development of I2ES[40] and noted with appreciation the invaluable political and financial support provided by the international community to that effect.

[40] See E/INCB/2013/1, paras. 198-203.

261. A first prototype of I2ES was presented to Member States on the margins of the fifty-sixth session of the Commission, held in March 2013. In March 2014, the first operational version of the system was demonstrated to Member States during the fifty-seventh session of the Commission.

262. A second pilot phase, involving selected competent national authorities from all regions of the world, was to be conducted between November 2014 and January 2015. An assessment of the second pilot phase will be presented to Member States at the fifty-eighth session of the Commission. In March 2015, I2ES will be launched for use by competent national authorities.

263. I2ES is designed to complement, but not replace, existing national electronic systems. Specifically, it will serve as a platform for uploading and exchanging import and export authorizations between importing and exporting countries, and will be able to link with other national electronic systems so that Governments will not need to modify their own systems. For countries without national electronic systems, the new tool also allows them to generate and transmit import and export authorizations electronically and to download and print them as necessary.

264. A key feature of I2ES is the automatic checking of the quantity of a substance to be imported and/or exported against the latest estimate or assessment of requirements of the importing country for the narcotic drug or psychotropic substance in question, and to automatically display warning messages in cases involving excess imports or exports. Furthermore, the system provides an online endorsement function, which will allow the authorities of importing countries to verify the quantity of a shipment arriving in their territory, provide an endorsement confirming receipt of the shipment to the authorities of the exporting country as required by the 1961 Convention and the 1971 Convention, and alert in real time the competent authorities of the exporting country in all cases in which the quantity of a substance actually received in the importing country is smaller than the quantity authorized to be exported. All of those important features are designed to help Governments meet their obligations under the international drug control treaties and will enhance the monitoring of international trade in substances under international control and prevent their diversion.

265. In developing I2ES, the Board has ensured that the business rules underlying the system fully comply with the relevant provisions of the 1961 and 1971 Conventions regarding import and export authorizations and, in particular, that the format and content of those authorizations meet the requirements provided for in the conventions. At the same time, the system takes into account the needs of countries that do not yet have national electronic import and export authorization systems. It has been designed to be user-friendly and compatible with national systems to ensure the smooth exchange of data.

266. During the initial implementation phase, I2ES will enable Governments to meet their needs in respect of the running of the import and export authorization systems for narcotic drugs and psychotropic substances. The modular structure of I2ES should permit the future development of additional modules, provided that sufficient funding becomes available. Of priority would be a module to enable automatic, secure communication between national electronic systems and I2ES so as to allow automated uploading to and downloading from I2ES for high-volume trade transactions. The I2ES software will be provided to Governments upon request and free of charge.

267. While it has been possible to successfully conclude the development phase of I2ES entirely out of extrabudgetary resources, further funding is required in order to enable the secretariat of INCB to administer the system in line with its mandate and in accordance with Commission resolutions 55/6 and 56/7, as well as for its maintenance and the possible future development of further modules.

268. The Board wishes to express its appreciation to all Governments that have provided suggestions and recommendations concerning the system. The Board is convinced that I2ES will succeed and be effective only through joint international efforts. Once in operation, it should bring long-term benefits to all Governments and to the international drug control system as a whole. The Board therefore invites all Governments to provide both political and financial support to this important initiative. Most importantly, the Board wishes to encourage all competent national authorities to consider utilizing I2ES as soon as possible. Only through its early and widespread utilization will Governments be able to fully benefit from the advantages that the system provides.

Chapter III.

Analysis of the world situation

HIGHLIGHTS

- Parts of Africa continue to face significant challenges related to tackling the increased abuse and production of major drugs of concern. Subregions of the continent have witnessed an increase both in seizures of cannabis resin and in trafficking in amphetamine-type stimulants.

- Central America and the Caribbean continue to be exploited by local and international organized criminal groups as a trans-shipment route for illicit drugs originating in South America and destined for North America and Europe. Drug abuse appears to be on the increase in many countries of the region.

- In the United States, the results of ballot initiatives in the states of Alaska and Oregon, and in Washington D.C., on the use of cannabis for non-medical purposes represent further challenges to the compliance by the Government of the United States with its obligations under the international drug control treaties.

- The global supply of cocaine originating in South America has been curtailed to an extent that can have a perceptible effect on major consumer markets, where its availability remains lower than at the peak levels reached around 2006.

- The expansion of illicit markets for amphetamine-type stimulants remains the biggest concern in East and South-East Asia.

- In South Asia, the rise in manufacturing, trafficking and abuse of methamphetamine, as well the diversion and abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances, remain among the greatest drug-related challenges in the region.

- In West Asia, political instability and strife have led to a deterioration in the ability of several States to exercise effective control over their borders and territory, allowing drug traffickers to further exploit those situations. Sustained growth in opiate abuse and illicit opium cultivation in Afghanistan pose major challenges to the region.

- In Europe, the availability and abuse of new psychoactive substances remain a major public health challenge, with a record number of such substances being newly identified. The involvement of organized criminal groups in the manufacture and trafficking of new psychoactive substances has also been detected. Eastern and South-Eastern Europe register significantly higher prevalence rates than the global average both for people who inject drugs and for people who inject drugs and are also living with HIV.

- In Oceania, concerns persist about the expanding markets for new psychoactive substances and comparatively high rates of drug abuse.

A. Africa

1. Major developments

269. Parts of the African continent continue to struggle to overcome the effects of armed conflict, long-term instability and persistent threats to peace and security. The deteriorating political situation in some African subregions has spurred increases in illicit drug trafficking, thereby worsening public health problems related to drug use. West Africa, for example, has seen more manufacturing and trafficking of methamphetamine, while an apparent rise in drug trafficking into and out of Liberia has led to increased concerns relating to national security there.

270. Cannabis remains a major illicit drug of concern in Africa, and its production, trafficking and abuse continue to present significant challenges. Despite eradication efforts, cannabis is illicitly cultivated throughout the continent. The illicit production of cannabis resin is limited to a few countries in North Africa. Morocco has remained the largest producer of cannabis resin on the continent, and one of the largest producers of cannabis resin in the world, notwithstanding the fact that production in that country is reportedly declining. North Africa has witnessed an increase in seizures of cannabis resin and remains the subregion of Africa with the largest amounts of reported seizures of the substance. In addition to being abused locally, cannabis resin is smuggled, mainly to Europe.

271. The trafficking of opiates through Africa has continued, owing to limited law enforcement capacity in the region. East Africa is increasingly being used as a transit route for heroin originating in Asia and bound for markets in South Africa and West Africa. Southern Africa continues to be a key link in the global transit of heroin and cocaine. The well-developed transportation infrastructure in Southern Africa facilitated the shipment of cocaine and heroin in 2013, as evidenced by large seizures of heroin in South Africa.

272. New trends relating to trafficking in amphetamine-type stimulants indicate a growing domestic market throughout Africa, as well as the smuggling of amphetamine-type stimulants to East and South-East Asia and Oceania. Recent seizures in South Africa point to an increase in the manufacture of methamphetamine, along with the emergence of small-scale manufacture of methcathinone. The clandestine manufacture of methaqualone in the region has continued, as indicated by large-scale seizures of relevant precursors in both Mozambique and South Africa.

2. Regional cooperation

273. The African Union has been implementing its Plan of Action on Drug Control and Crime Prevention for the 2013-2017 period, which provides a strategic framework to guide the development of drug policy. The priority areas of focus for 2013-2014 include: *(a)* implementing the African common position on controlled substances and access to drugs for pain management; *(b)* implementing continent-wide minimum quality standards for the treatment of drug dependence; *(c)* adopting policies aimed at channelling confiscated proceeds from drug trafficking and related offences to support demand reduction and treatment programmes; *(d)* strengthening research on drug control and on the monitoring and evaluation of drug abuse and trafficking trends; and *(e)* facilitating continent-wide training for the treatment of drug dependence.

274. The African Union, with the support of UNODC, has held expert group meetings on the Plan of Action on Drug Control in Southern Africa. A conference on developing and improving responses to counter drug trafficking was organized in Harare at the end of 2013. The outcomes included a suggestion to establish a regional intelligence centre in Africa and to improve data collection and analysis in African countries.

275. In recognition of the seriousness of drug-related problems in Africa, UNODC has continued to implement tailored programmes in the region, including the Container Control Programme, implemented jointly with the World Customs Organization (WCO); the regional programmes on drugs and crime for East Africa for the 2009-2015 period; and the Airport Communication Project (AIRCOP). The Southern African Development Community (SADC), assisted by UNODC, is implementing a regional programme for the 2013-2016 period entitled "Making the SADC region Safer from Crime and Drugs". Covering the 15 member States of SADC, the programme is designed to address concerns about the escalation of crime at both the national and transnational levels, particularly as the region develops ways to make cross-border movement easier.

276. The Economic Community of West African States (ECOWAS) has continued to implement its Regional Action Plan to Address the Growing Problem of Illicit Drug Trafficking, Organized Crime and Drug Abuse in West Africa, which in 2013 was extended until 2015. As part of this effort, the West Africa Coast Initiative, implemented with the International Criminal Police Organization (INTERPOL), is targeting Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia and Sierra Leone. Since 2013, the Policy

Committee of the Initiative has adopted a new regional approach that puts more emphasis on regional cooperation among law enforcement authorities. Joint operations, for example, have been conducted between the police forces of Liberia and Sierra Leone.

277. The West Africa Commission on Drugs, a private non-governmental initiative which has brought together distinguished West Africans through the Kofi Annan Foundation, published a report in June 2014 on the consequences of West Africa's status as a new hub for global drug traffickers. While emphasizing that drug use is a public health issue rather than a criminal justice matter, the Commission has recommended more effective integration of counter-narcotics efforts into efforts to prevent corruption and money-laundering in the region.

278. At the sixth session of the African Union Conference of Ministers for Drug Control and Crime Prevention, held in Addis Ababa from 6 to 10 October 2014, the ministers assessed the progress in implementation of the African Union Plan of Action on Drug Control (2013-2017). A keynote statement by the president of the International Narcotics Control Board emphasized the need to: *(a)* increase capacity to prevent and treat drug addiction, and to rehabilitate persons affected by drug abuse; *(b)* ensure adequate availability of controlled substances for medical purposes; and *(c)* further train health-care professionals and competent authorities in the treatment, aftercare, rehabilitation and social reintegration of persons affected by drug abuse.

3. National legislation, policy and action

279. An important component of investigating and combating illicit drugs is the strengthening of legislation and national capacities for implementation. The legal framework in place throughout much of Africa, however, does not match the urgency of rising drug use on the continent and its continuing status as a major transit and trafficking destination. In the past year, very few developments could be detected with respect to advancing national regulation and action.

280. South Africa adopted a national master plan on drugs for the 2013-2017 period, aimed at reducing the impact of substance abuse and at harmonizing and enforcing laws and policies. Moreover, the Drugs and Drug Trafficking Act of 1992 was amended in April 2014 to classify as illegal the street-drug mixtures known locally as "nyaope" or "woonga" (which are comprised of mixtures of ingredients, mainly heroin and cannabis). Earlier, in March 2013, the Prevention of and Treatment for Substance Abuse Act of 2008 was promulgated. The Act promotes prevention, early intervention, community-based interventions, aftercare services and reintegration in all nine South African provinces.

281. The Government of Ghana approved an amendment to the schedule of the Narcotic Drug (Control Enforcement and Sanctions) Law of 1990 to control certain new psychoactive substances and other psychotropic substances, such as methamphetamine and its derivatives.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

282. Information regarding the cultivation, consumption, production, manufacture and trafficking of narcotic drugs in Africa remains very limited.

283. North Africa continues to be the subregion with the largest amounts of seizures of cannabis resin, and, according to UNODC, the amounts have continued to increase. The largest seizures in the subregion were reported by Algeria, rising from 53 tons in 2011 to over 211 tons in 2013, and Morocco, rising from 126 tons in 2011 to 137 tons in 2012. In 2012, Morocco accounted for 11 per cent of global seizures of cannabis resin; in 2013, it accounted for 12 per cent, according to preliminary figures. Other North African countries have also reported substantial seizures of cannabis resin. For example, in 2013 Egyptian authorities seized over 84 tons of cannabis resin, 80 tons of which had been trafficked from Morocco on fishing boats.

284. At the same time, there are indications that the popularity of cannabis resin in Europe continues to decrease. According to UNODC, the amount of cannabis resin seized is now comparable to the amount of cannabis herb seized, indicating an increased preference for cannabis herb in European markets, increasingly produced locally, over imported cannabis resin, primarily from Morocco, which continues to be the country of origin of most of the cannabis resin seized in Europe.

285. Morocco remains the largest producer of cannabis resin on the continent, and cannabis herb continues to be cultivated in most African countries. The largest producers in North and East Africa include Egypt, Ethiopia, Kenya, Morocco and the United Republic of Tanzania. In 2013, Egyptian authorities seized over 212 tons of cannabis herb.

286. In most countries of Southern Africa, cannabis also continues to be produced and consumed locally, as well as trafficked to Europe on a small scale. Total seizures of cannabis herb in South Africa in 2013 were estimated at 196 tons by the South African Police Service. Most seizures occurred during the transportation of cannabis by road, while law enforcement at border posts each month seized approximately 100 kg of cannabis herb destined for export, mainly to the United Kingdom. Southern African criminal groups are increasingly also engaged in the online sale of cannabis.

287. Sierra Leone reported 17 cases and nearly 2 tons of cannabis herb seized in 2013, reflecting a growing concern in that country regarding the cultivation of cannabis. Production of cannabis herb also continues to be an issue in Nigeria, where 205 tons of packaged cannabis herb were seized and 847 ha of cannabis plant were discovered and destroyed.

288. Trafficking of heroin to and through East Africa has increased, as evidenced by large seizures reported by countries in the subregion. The coastlines of East Africa are seldom patrolled, making the subregion attractive to drug trafficking syndicates and vulnerable as a transit point for heroin shipments. Heroin originating in West Asia is trafficked through the subregion for onward trafficking to South Africa and countries in West Africa. While heroin continues to be trafficked via air courier, it appears that maritime transport is becoming the preferred method of smuggling the drug. Between 2010 and 2013, large seizures of heroin were reported by the Governments of Kenya and the United Republic of Tanzania, and totalled nearly 2 tons, including seizures made off the coast and inland. An additional 1 ton of heroin was seized in April 2014 by the Kenyan authorities.

289. Countries in North Africa also reported significant seizures of heroin. According to national data provided, seizures of heroin in Egypt increased from nearly 75 kg in 2012 to 260 kg in 2013. The amount of heroin transiting West Africa, largely via commercial air carriers, has continued to increase. Ghana and Nigeria have generally seen the most regular detections and seizures of medium-sized shipments. There has also been a growing trend of heroin trafficking to and through Liberia, with a considerable number of people involved currently serving as personnel of the military and police forces. This is supplemented by a growing domestic consumer market in Liberia.

290. In Southern Africa, there has been an increase in trafficking of heroin by means of international mail and parcel services. In the past year, concealment methods have diversified and become more sophisticated. Development of new harbours such as Port Ngqura, and the expansion of existing ones such as Durban, both in South Africa, continue to be tested by traffickers as possible entry points for drugs into Southern Africa. Nationals of Southern African countries continue to be detained as suspected drug couriers in South and South-East Asia and South America. Women, especially those from low-income backgrounds, continue to be vulnerable to recruitment as drug couriers.

291. Seizures of cocaine reported by countries in East Africa have increased, notably in the United Republic of Tanzania. According to UNODC, it is estimated that cocaine worth $160 million is abused in Kenya and the United Republic of Tanzania annually. From 1 January 2009 to 31 August 2014, the Tanzanian authorities seized more than 459 kg of cocaine and arrested more than 2,000 persons. In December 2013, the Secretary-General of the United Nations cited UNODC figures showing that the estimated value of cocaine trafficked through West Africa and the Sahel had reached around $1.25 billion annually.

(b) Psychotropic substances

292. There are indications that the abuse of amphetamine-type stimulants in Africa is on the rise, although comprehensive and current data for all countries in the region are not available.

293. In a worrying development, trafficking of amphetamine-type stimulants through East Africa (e.g. Ethiopia and Kenya) for onward shipment by plane to East and South-East Asia has continued. In 2012 and 2013, for example, the authorities of Kenya reported numerous seizures of amphetamine-type stimulants, destined mainly for Japan and Malaysia, at the international airport of Nairobi.

294. Large-scale seizures of methaqualone and its precursors continue to be made in Mozambique and South Africa. Over 3 tons of methaqualone were seized in Johannesburg, South Africa, in March 2014. In addition, recent seizures in northern Mozambique have included 605 kg of N-acetylanthranilic acid, a precursor used in the illicit manufacture of methaqualone. The drug is believed to be manufactured for local consumption in Southern Africa, predominantly in South Africa.

(c) Precursors

295. In 2013, the Governments of Kenya, Libya, Sierra Leone and Zimbabwe invoked their right, under article 12,

paragraph 10 *(a)*, of the 1988 Convention and now require pre-export notification for all substances listed in Table I and Table II of the 1988 Convention, including for pharmaceutical preparations containing ephedrine and pseudoephedrine and for safrole-rich oils. As at 1 July 2014, 14 out of 54 African countries had invoked article 12, paragraph 10 *(a)*.

296. Africa continues to be affected by trafficking in precursor chemicals, notably ephedrine and pseudoephedrine, used in the illicit manufacture of amphetamine-type stimulants. According to information provided through PICS, the following African countries have been identified as having been involved in incidents reported since December 2013: Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, United Republic of Tanzania and Zimbabwe. In 63 per cent of the cases reported during the period under review, African countries, namely Ethiopia, Malawi and South Africa, were mentioned as destination countries for ephedrine and pseudoephedrine shipments originating in India. There has also been a marked increase in the diversion of precursors for manufacture of amphetamine-type stimulants to West Africa. Only nine countries in Africa have registered with PICS so far. The Board calls on all Governments in the region to register with PICS in order to increase and facilitate the sharing of information related to the diversion and trafficking of precursors.

(d) Substances not under international control

297. The abuse of tramadol, a prescription opioid not under international control, continues to raise concern in a number of African countries, notably in North Africa. In 2013, tramadol was placed under national control in Egypt, where the abuse of the substance was widespread. According to data provided by the Egyptian authorities, seizures of tramadol decreased from 650 million tablets in 2012 to 27 million tablets in 2013. This downward trend is reportedly attributed to the new stringent measures in place regarding the substance. Reportedly, the abuse and trafficking of tramadol have also recently been increasing in Libya. In addition, Nigeria has reported abuse of tramadol and has now scheduled it as a controlled medicine.

298. Information regarding trafficking and abuse of new psychoactive substances in North and East Africa is limited. However, the prevalence of such substances in Africa seems to be lower than in other regions. Only 11 African countries reported the emergence of new psychoactive substances between 2008 and 2013.

299. Use of khat (*Catha edulis*), a plant-based substance not under international control, remains highly prevalent in some African countries and among communities of expatriates from those countries. Khat is cultivated in East Africa, predominantly in Ethiopia and Kenya, where its abuse is also widespread. Despite the health risks associated with chewing the mildly hallucinogenic psychostimulant leaves, khat is consumed widely in the region, in particular in Djibouti, Ethiopia and Somalia, and to a lesser extent in Madagascar. In addition, the substance is increasingly being exported or smuggled to other countries and regions to supply expatriate communities, mainly those from Ethiopia, Kenya, Somalia and Yemen.

300. Concerns about the harm associated with khat, and the combination of khat with other substances, have led to its control in Eritrea, Madagascar, Rwanda, the Sudan and the United Republic of Tanzania. Nevertheless, seizures of khat in Africa have remained relatively low, which could be attributed to the fact that the substance is still legal in countries such as Djibouti, Ethiopia, Kenya and Somalia. According to UNODC, since 2004 reported seizures of khat in Africa have ranged between 1 and 10 tons per year.

301. Burkina Faso has reported the abuse of datura, a plant containing a combination of anticholinergic substances. Young people in Burkina Faso commonly ingest datura as a tea infusion.

5. Abuse and treatment

302. Many countries in Africa lack the capacity and systems for monitoring drug abuse and collecting and analysing drug-related data. Therefore, assessing the extent and patterns of drug abuse in the region, including accurate prevalence rates, remains a challenge for competent national authorities. Furthermore, national health-care systems are often inadequate and do not meet the needs of local populations with regard to the treatment and rehabilitation of drug-dependent persons. In some cases, such facilities are non-existent or depend on assistance from international or non-governmental organizations.

303. Some countries in the region have taken concrete steps to improve national systems for the treatment of drug dependence. For example, such treatment has improved in Ethiopia, Kenya, Mauritius, Senegal, Seychelles and the United Republic of Tanzania, largely as a result of capacity-building and skills development initiatives. Better capacity to handle drug treatment has also been reported by Burundi, Eritrea and Madagascar. In Africa, the prevalence of HIV among people who inject drugs is 12.1 per cent.

304. Eritrea has conducted its first workshop on drug counselling, while the national drug observatory of Kenya, which collects and analyses health and law enforcement data, has published two reports on the subject. A feasibility study to establish a similar national drug observatory in the United Republic of Tanzania has been conducted.

305. The Government of Kenya was planning to initiate by the end of 2014 a national programme on methadone treatment for opiate users. The aim of this initiative is to increase the quality of life of heroin users and prevent new HIV and hepatitis infections among those who inject heroin. In Kenya, the Ministry of Health has developed and published a national policy for HIV prevention, treatment and care for people who inject drugs. According to the information available to the Board, there are nearly 50,000 persons who abuse drugs by injection in Kenya, with heroin being the primary drug of injection.

306. The annual prevalence of cannabis use remains high in many countries in Africa. Reportedly, about two thirds of persons who have registered to receive drug treatment in Africa have indicated cannabis as their primary drug of abuse. Prevalence of cannabis use in the adult population is highest in West and Central Africa, at about 12.4 per cent.

307. Although no comprehensive or robust nationwide surveys of drug-use levels have been conducted in any country in the Southern Africa subregion, there are indications from South Africa of an increase in the abuse of heroin, methamphetamine and methcathinone. Data from drug treatment centres in South Africa indicate a resurgence in methaqualone consumption and a decrease in cocaine consumption.

308. In East and North Africa, amphetamine abuse has been reported only by Algeria, Egypt and Kenya. In Kenya, the lifetime prevalence of amphetamine abuse among secondary school children in Nairobi is 2.6 per cent. For other countries in the region, no recent data have been made available.

309. Nigeria saw an increase in cocaine and heroin abuse in 2013. Preparations for a national drug use survey, along with the design of a national drug monitoring system, commenced in Nigeria in that year. Drug law enforcement agencies from Togo have reported a general trend of increased abuse of medicines containing psychotropic substances, as well as of tramadol.

310. Reporting from throughout Africa has further highlighted that young people comprise a significant proportion of drug users. In Benin, for example, 45 per cent of drug users are young people, with an average age of 22 years. In 2014, Cameroon reported that there had been an average of 5,000 to 6,000 patients treated in the capital annually for diseases related to the abuse of narcotics and psychotropic substances, and that between 75 and 80 per cent of hospitalizations for drug abuse had been for individuals between 15 and 39 years of age. A significant number of countries throughout Africa also lack any specialized treatment facilities for drug dependence, including rehabilitation facilities, or do not have the institutions or the logistical capacity for treatment countrywide.

B. Americas

Central America and the Caribbean

1. Major developments

311. Owing to its geographical location and weak governing institutions, the Central America and the Caribbean region continues to be exploited by local gangs and international organized criminal groups as a transit and trans-shipment route for illicit drugs originating in South America and destined for consumer markets in North America and Europe. Local consumption of illegal drugs also appears to be growing in many countries of the region. In addition, security challenges associated with the drug trade, including high levels of violence, money-laundering, corruption and other illicit activities, are pressing issues for countries of the region.

312. Costa Rica and Honduras continue to be primary trans-shipment points. The amount of cocaine trafficked through Central America has increased, particularly along the border between Guatemala and Honduras, following an intensification of drug law enforcement efforts in Mexico.

313. It is estimated that more than 80 per cent of all cocaine trafficked to the United States transits the region. There is also an increasing trend of illicit drugs being produced in the region. Cannabis is produced mainly in small quantities for local consumption. Guatemala is a minor, but growing, producer of opium poppy. Regionally, there is an increasing trend with regard to the production and trafficking of new psychoactive substances. Traffickers in the region are turning to the importation of non-scheduled precursor chemicals to manufacture methamphetamine through alternative methods to avoid

stricter regional control measures that have been in place since 2011.

314. As cocaine trafficking remains the most lucrative source of income for organized criminal groups in Central America, the intensified competition in such trafficking has increased the level of violence in the region. The most recent wave of violence is particularly affecting the northern part of Central America: Belize, El Salvador, Guatemala and Honduras. The homicide rate in Honduras continues to be one of the highest on record. The areas of greatest 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.

315. Countries with extremely high homicide rates, such as El Salvador, Guatemala and Honduras, are also significantly affected in other ways by drug trafficking through their territories. It is believed that the drug problem has contributed to high levels of street violence and drug-related corruption, which have further overloaded the criminal justice system. It is estimated that more than 900 gangs, called "maras", with a total of over 70,000 members, are active in Central America. In El Salvador, Guatemala and Honduras, 15 per cent of homicides are gang-related, with significant ties to drug trafficking activities.

316. The Board takes note of recent discussions and debates within the region about how to tackle the challenges and consequences of illicit manufacture, trafficking and abuse of drugs. These discussions and debates, significantly, have taken place under the aegis of the Organization of American States (OAS) and have sought to identify alternative methods of dealing with the challenge of illicit drug manufacture, trafficking and abuse. A significant driver of this debate is the quest for policies that would contribute to reducing crime, violence and corruption in the region. The Board wishes to underline that all such proposals must also be measured against their consistency with the international drug control treaties to which all States of the region are parties.

2. Regional cooperation

317. In April 2014, the UNODC regional programme for 2014-2016 in support of the Caribbean Community (CARICOM) crime and security strategy was launched. The programme has been developed in close collaboration with the CARICOM secretariat, the CARICOM Implementation Agency for Crime and Security, the Regional Security System, the Caribbean Aviation Safety and Security Oversight System and member States in the region. It covers the fields of: *(a)* countering transnational organized crime, illicit trafficking and terrorism; *(b)* countering corruption and money-laundering; *(c)* preventing crime and reforming criminal justice systems; *(d)* drug use, prevention and treatment, and HIV/AIDS; and *(e)* research, trend analysis and forensics.

318. In April 2014, the Proceeds of Crime Conference took place in Dominica. The Conference was attended by financial investigators and prosecutors from 17 jurisdictions in the eastern Caribbean.

319. The 2014 Trade Winds exercise was held in Antigua and Barbuda in June 2014. The Maritime Interdiction and Prosecution Summit took place in August 2014, bringing together maritime law enforcement personnel, land-based police investigators, prosecutors and judges to improve regional coordination and national cooperation with regard to standardizing evidence collection procedures and documenting investigative techniques.

320. In July 2014, the thirty-fifth regular meeting of the Conference of Heads of Government of the Caribbean Community took place in Antigua and Barbuda. The Heads of Governments agreed to establish a regional commission on cannabis to conduct an enquiry into the social, economic, health and legal issues surrounding cannabis use in Central America and the Caribbean and to advise on possible changes in the current drug classification of cannabis.

321. In September 2014 in Guatemala City, the forty-sixth special session of OAS brought together officials from the 35 members of the Organization to discuss counter-narcotics policies. During that session, the General Assembly of OAS adopted a resolution entitled "Reflections and guidelines to formulate and follow up on comprehensive policies to address the world drug problem in the Americas", in which it recognized the importance of implementing the three United Nations conventions on drugs, which constituted the international system's drug control framework, as well as the need for States to consider regularly reviewing the drug policies adopted, ensuring that they were comprehensive and focused on the well-being of the individual, in order to address their national challenges and assess their impact and effectiveness.

322. During 2014, the Caribbean Criminal Assets Recovery Programme provided support through "live case" mentoring to enhance the capability of financial intelligence units, financial investigators, prosecutors and the judiciary/magistracy in dealing with asset recovery,

cash seizures and money-laundering cases. The objective of this programme is to build capacity to combat serious organized crime, particularly drug trafficking, by fully utilizing the proceeds of crime and money-laundering legislation.

3. National legislation, policy and action

323. In November 2013, a seminar organized by the Interior Ministry of Costa Rica on the prevention of diversion of drug precursors in the Latin America and Caribbean region took place. Participants included the Drugs Police and the Financial Inspectorate, the Analytical Chemistry Department, the Forensic Science Department, the Judicial Investigation Department, the Joint Monitoring Unit of the Container Control Programme, the Prison Police Dog Unit, the Airport Police, the Aerial Surveillance Service, the Ministry of Justice Dog Unit and the Precursor Monitoring and Inspection Unit.

324. In February 2014, Costa Rica reported having adopted in 2013 Act No. 9161, which is a comprehensive amendment of Act No. 8204 on Narcotic Drugs, Psychotropic Substances, Illicit Drugs, Related Activities, Money-Laundering and the Financing of Terrorism. The amendment introduces legal tools and mechanisms to facilitate the management and disposal of assets seized in cases involving drug trafficking and organized crime.

325. In Barbados, the National Anti-Drug Plan for 2014-2018 was prepared in 2013 and was expected to be approved in late 2014. The Barbados Drug Information Network has been established, along with a drug observatory, with the support of OAS, to further facilitate improvement of data collection and evaluation of drug-related information and statistics.

326. In Grenada, the Integrity in Public Life Act was adopted in 2013. The new law requires all public servants to report their personal income and assets. In addition, Grenada has adopted the Protection of Witnesses Act 2014, along with legislation recognizing the International Criminal Court, and a new code for prosecutors.

327. Jamaica has considered amendments to current legislation to allow for possession of up to 57 g of cannabis for personal use other than for medicinal purposes. Adoption of the amendments would be followed by the issuance of a legal and regulatory framework ensuring the conformity of the amendments with the country's obligations under the international drug control conventions. Possession of two ounces (57 g) or less of cannabis would become a non-arrestable infraction, subject to a monetary penalty which would not give rise to a criminal record. Furthermore, the offender would be referred to a drug treatment and rehabilitation programme.

328. El Salvador continues to implement its national anti-drug strategy for the period 2011-2015. The principal aim of that strategy is to reduce abuse of drugs and to combat illicit drug trafficking and drug-related crime. The strategy has a plan of action that is based on national and international drug control tools, such as the hemispheric strategy for countering drugs of the Inter-American Drug Abuse Control Commission (CICAD) of OAS.

329. In El Salvador, the Police Intelligence Centre and the Cybercrime Unit of the Investigations Division were working closely with UNODC to provide training workshops on criminal analysis. Furthermore, the Santo Domingo Pact-Central American Integration System-UNODC mechanism is supporting the National Civil Police of El Salvador and the Judiciary Investigation Agency of Costa Rica with regard to strengthening their capacities to fight organized crime.

330. In Panama, national institutions continued the process of strengthening and/or restructuring their national intelligence systems. The National Directorate of Police Information, with support from UNODC, was strengthening its institutional development plan, entitled Plan Orion, whose main objective was to optimize the capabilities of the Directorate with regard to the production of intelligence on criminal targets that threaten public safety.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

331. Jamaica remains the largest illicit producer and exporter of cannabis herb in Central America and the Caribbean, accounting for approximately one third of cannabis herb produced in the Caribbean. Increased production of the drug has been noted in other countries, in particular Dominica and Saint Vincent and the Grenadines. Jamaica has also become a hub for the trafficking of cocaine, owing to the displacement of trafficking routes as a result of the strengthening of drug trafficking countermeasures in Latin America. Compounding the problem is the fact that Jamaican criminal groups are using

the elaborate networks originally established to traffic cannabis to traffic cocaine as well.

332. In Jamaica, drug trafficking takes place at airports (via drug couriers, baggage and air freight) and at seaports (via containers, cargo vessels, underwater canisters attached to ship hulls, fishing vessels and speedboats). Illicit drugs are traded for money, guns and other goods, and much of the proceeds are used to foster criminal activities. The ports of Kingston and Montego Bay, which are used for the bulk movement of containerized shipments of cannabis herb and cocaine to Europe and North America, continue to experience serious issues involving corruption, violence, intimidation and the circumvention of legal controls. In addition, illicit drugs are often attached to the bottom of shipping vessels destined for Guyana, Suriname and Trinidad and Tobago. In 2013, Jamaica had the Caribbean's second-highest reported murder rate (behind the much smaller Saint Kitts and Nevis), with 1,197 homicides, up 9 per cent from 1,099 in 2012.

333. In 2013, the Government of Jamaica eradicated 247 ha of cannabis plant, compared with 711 ha in 2012. The total area of cannabis plant cultivation in Jamaica was estimated at 15,000 ha, out of total arable land of approximately 120,000 ha. Statistics indicate that 30,900 kg of cannabis were seized in 2013, compared with 66,832 kg in 2012. Cannabis trafficking organizations in Jamaica focus on trafficking directly to Canada and the United Kingdom, as well as to the Bahamas, the Cayman Islands, the Dominican Republic and Haiti, for onward shipment to Europe and North America. There has also been a significant increase in shipments of cannabis herb to Barbados, Guyana, Suriname, Trinidad and Tobago, and Curaçao, in some cases in exchange for cocaine trafficked back to Jamaica. Heroin and "ecstasy" have entered the Jamaican domestic market in small amounts only during the past few years.

334. With respect to cocaine, official statistics indicate that 1,230 kg of cocaine were seized in Jamaica in 2013, compared with 338 kg in 2012. Organized criminal groups from South and Central America and local groups continue to take advantage of the country's weak State and police structures. Corruption, along with porous maritime borders, with isolated beaches and coastal villages, and the country's status as a popular tourist destination and major container trans-shipment point, further facilitate the trafficking of illicit drugs between Jamaica and North America, Europe and elsewhere in the Caribbean.

335. Barbados is not a major producer of illicit drugs; however, cannabis cultivation has been found in sugarcane fields, gullies and enclosed yards near private homes. Cocaine continues to be trafficked using private boats, cargo vessels, yachts, fishing vessels and "go-fast" boats. Shipments of illicit drugs may be transferred at sea at predetermined Global Positioning System (GPS) coordinates for retrieval by local vessels at sea. The shipments are later unloaded on deserted beaches in Barbados. The majority of cocaine is believed to be sourced from Colombia, trafficked through the Bolivarian Republic of Venezuela, Trinidad and Tobago and/or Guyana before entering Barbados, and then further trafficked to Europe and/or North America. There are no reports of production, trafficking or consumption of methamphetamines or other designer drugs.

336. According to the *Caribbean Human Development Report* of the United Nations Development Programme, Barbados is one of two countries (Suriname being the other) out of seven countries surveyed[41] where the homicide rate, including gang-related killings, has not increased substantially in the past 12 years.

337. Belize is a trans-shipment country for cocaine and precursor chemicals used in the production of illegal drugs, including synthetic drugs. In 2012, Belizean authorities seized and destroyed 19.1 tons of cannabis, 156 tons of precursor chemicals, 114.9 kg of cocaine, 1.4 kg of "crack" cocaine and 4.9 kg of crystalline methamphetamine.

338. The Dominican Republic continues to be an important transit point for cocaine being trafficked from South America, particularly Colombia and Venezuela (Bolivarian Republic of), to the continental United States, Puerto Rico, Canada and Europe. In 2013, Dominican authorities seized approximately 10 tons of cocaine, 60 kg of heroin and 1.3 tons of cannabis; they also dismantled a drug distribution laboratory.

339. Nicaragua is part of a major route for the trafficking of cocaine from South America to the United States. Nicaragua's poor economy, limited law enforcement capabilities and border security, and sparsely populated regions provide an opportune environment for drug trafficking organizations to transport drugs, weapons and cash, and to establish clandestine laboratories and warehouse facilities.

340. Law enforcement entities in Trinidad and Tobago seized 110 kg of cocaine and 3.7 tons of cannabis between January and September 2013. A total of 328,600 mature cannabis plants were destroyed during the same period.

[41]The other five countries surveyed were Antigua and Barbuda, Guyana, Jamaica, Saint Lucia and Trinidad and Tobago.

341. Illicit cultivation of opium poppy in Central America is of increasing concern to Governments. Eradication reports suggest that such cultivation is increasing, in particular in Guatemala, which could provide a substitute for the declining production of opium in Colombia. Seizures of heroin also increased along Central American trafficking routes, indicating the likelihood of increased opium production and a greater supply of heroin.

(b) Psychotropic substances

342. Manufacture of amphetamine-type stimulants is increasingly being reported by authorities in Central America. Illicit manufacture of amphetamine-type stimulants has recently emerged in Belize, Guatemala and Nicaragua, countries with little or no previous history of such manufacture.

343. The non-medical use of pharmaceutical preparations containing stimulants is widespread in the region. Abuse of sedatives in the form of prescription medicines is a problem in Costa Rica and El Salvador. The substances are often obtained from pharmacies without a prescription or through the Internet. There are indications that there may be smuggling of such pharmaceutical preparations among the countries in the region.

(c) Precursors

344. Despite strengthened controls over precursors of amphetamine-type stimulants in the region, Central America continues to be affected by trafficking in precursors, particularly non-controlled chemical substances, such as pre-precursors and made-to-order chemicals, which are not controlled under the 1988 Convention. 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, Mexican authorities have seized large amounts of methylamine, a substance not under international control which is used in the illicit manufacture of methamphetamine, bound for Guatemala. An attempt at trafficking of methylamine from Mexico to Nicaragua was reported for the first time in 2013.

345. Large quantities of precursor chemicals used in the production of methamphetamine and other illicit drugs were believed to be transiting Belize en route to Mexico. Over 156 tons of precursor chemicals were seized and destroyed in Belize in June 2012 alone. In October 2012, 5 kg of crystalline methamphetamine were seized by Belizean police near the border with Guatemala.

346. In 2013, 15 clandestine laboratories were dismantled in Guatemala. In 2014, the General Subdirectorate on Anti-Narcotics Analysis and Information, part of the country's national police force, shut down a laboratory. In addition, authorities found 92 barrels and 176 cans of precursor chemicals, sacks of caustic soda, propane gas, oxygen cylinders, sacks of methamphetamines and paraphernalia.

5. Abuse and treatment

347. The development and successful implementation of initiatives for the prevention and treatment of drug abuse in Central America and the Caribbean are largely restricted by the limited resources and institutional capacity of countries in the region. Given those constraints, Governments have had to strike a balance between competing developmental priorities and the need to adopt drug abuse prevention and treatment measures.

348. In Central America and the Caribbean, use of cannabis and cocaine remains high; with the exception of amphetamine-type stimulants, the use of other illicit substances remains low. The estimated average prevalence of cocaine in Central America and the Caribbean, at 0.6 per cent and 0.7 per cent, respectively, is higher than the global average. As regards the use of opioids and "ecstasy" in the region, UNODC has estimated annual prevalence at 0.2 per cent and 0.1 per cent, respectively, values which are well below the global average.

349. Demand reduction education in schools in Barbados is supported by the Drug Abuse Resistance Education programme of the United States. The National Council on Substance Abuse sponsors a "Drugs decision" programme in 45 primary schools. In February 2014, the Government of Barbados launched a drug treatment court programme. However, the main challenge remains the limited availability of drug treatment options. Treatment and rehabilitation are available at two centres, although there is no minimum standard of care for persons with problems related to drug abuse.

350. A national survey of drug use among secondary school students was carried out in Costa Rica in 2012. In total, 5,508 students in 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 over the past three years.

351. The Board recognizes that a central problem in the design of effective prevention and treatment programmes is that, throughout Central America and the Caribbean, there is a lack of capacity for collection of drug-related data and a lack of centralized agencies mandated to assess that information. Although the amount and the quality of information regarding drug abuse patterns in the region have greatly improved, more research on consumption patterns and trends is needed to tailor treatment initiatives to meet local needs. The Board reiterates the need for capacity-building in the field of treatment and rehabilitation of drug-dependent people in the region.

North America

1. Major developments

352. In North America, the social and human costs of drug abuse remain considerable. The region continues to have the highest drug-related mortality rate of any subregion in the world (142.1 per million inhabitants aged 15-64 years). In the United States alone, the Centers for Disease Control and Prevention noted that drug overdose deaths, primarily related to prescription opioids, now outnumber homicides and road accident fatalities. In 2011, an average of 110 people died in the United States per day as a result of drug overdoses.

353. The tightening of regulatory controls for the dispensing of prescription opioids, coupled with efforts by pharmaceutical companies to develop tamper-proof formulations of commonly abused drugs, is believed to have contributed to a major resurgence in heroin abuse in North America, following several years of declining prevalence.

354. On 1 January 2014, state-licensed cannabis retailers in the State of Colorado began selling cannabis for non-medical purposes. In July, sales of cannabis for non-medical use also began in the State of Washington. In November 2014, voters in the states of Oregon and Alaska, as well as in the District of Columbia, approved ballot initiatives on the non-medical use of cannabis in their respective jurisdictions. These developments have occurred despite a conflict with the Controlled Substances Act, a federal statute which prohibits cannabis production, trafficking and possession and classifies cannabis as a substance having a high potential for abuse and no scientifically proven medical value.

355. In the United States, 23 states and the District of Columbia have now enacted legislation allowing for the creation of medical cannabis programmes and establishing vastly divergent regulatory frameworks with respect to eligibility of patients, health conditions for which the medical use of cannabis is permitted, prescription and dispensing practices by health-care professionals and commercial production by licensed suppliers.

2. Regional cooperation

356. Regional cooperation between the three countries in the region is extensive and generally considered to be effective. It includes high-level political summits, joint action plans, intelligence-sharing, joint law enforcement activities and border control initiatives. The Inter-American Drug Abuse Control Commission remains the main vehicle for cooperation.

3. National legislation, policy and action

357. In July 2014, the United States Administration released its National Drug Control Strategy for 2014, which seeks to emphasize public health approaches to addressing the country's drug problem. The Strategy identifies abuse of prescription drugs and heroin as major challenges that warrant particular attention and sets forth measures intended to limit the public health consequences of such abuse. The strategy continues the focus of the Administration on prevention and treatment, the further integration of substance abuse disorder treatment into health-care services, the reform of criminal justice policy, supply reduction initiatives, the strengthening of international partnerships and the improvement of data collection and analysis. The Strategy contains recommendations aimed at continuing the focus of the Administration on reducing drugged driving and preventing and addressing prescription drug abuse. Reflecting new and emerging challenges, it includes, for the first time, new action items to address the growing threat posed by new psychoactive substances, such as synthetic cannabinoids and synthetic cathinones, and contains enhanced measures aimed at combating transnational organized crime.

358. To address the growing problem of prescription drug abuse, the ongoing implementation of the National Anti-Drug Strategy in Canada was reinforced through the allocation of nearly 45 million Canadian dollars (Can$) over a five-year period in the federal budget for 2014. The funding will be used to develop public-awareness measures to educate Canadian consumers on the safe use,

storage and disposal of prescription medications, enhance prevention and treatment services in First Nations communities, increase inspections to minimize the diversion of prescription drugs from pharmacies for illegal sale and improve surveillance data on prescription drug abuse in Canada.

359. In order to remove unused, unneeded or expired prescription drugs from circulation and reduce the potential for their non-medical use, Governments in the region have continued to stage prescription drug "take-back" initiatives. Another series of measures in the United States and Canada has been the creation of prescription drug monitoring programmes and the adoption of measures to promote the interoperability of those programmes among subnational jurisdictions. According to information released by the Government of the United States, 29 states have now taken measures to share information related to the prescription and dispensing of prescription drugs contained within their prescription drug monitoring programmes.

360. In Mexico, the availability of narcotic drugs and psychotropic substances for medical purposes remains low, limiting access by patients having legitimate medical needs for the substances. The National Commission against Addictions, through a partnership with the Mexican Association for the Study and Treatment of Pain, has identified obstacles to the availability of narcotic drugs and psychotropic substances, including the following: slow and complex administrative procedures for obtaining those drugs; inadequate training of public health professionals, leading to a reluctance to prescribe and dispense such substances; and the refusal by many doctors to accept the use of opiates as a treatment option. In order to address these challenges, the Government of Mexico is currently examining changes to its regulatory structure to remove undue impediments to the prescription and dispensing of narcotic drugs and psychotropic substances for medical use and is working with doctors to develop an awareness-raising campaign for medical practitioners involved in the treatment of chronic pain and diseases requiring palliative care.

361. In July 2014, the United States House of Representatives adopted the Ensuring Patient Access and Effective Drug Enforcement Act of 2014, which would amend the Controlled Substances Act so as to improve enforcement efforts related to preventing the diversion and abuse of prescription drugs and to ensure that patients have access to needed medications by promoting collaboration between government agencies, patients and industry stakeholders. In particular, in order to limit the negative effects on patients caused by the revocation or suspension of a drug registration by the Attorney General, the Act would provide that the registrant be informed of the grounds for the proposed revocation or suspension and be allowed an opportunity to take corrective action prior to the suspension or revocation being enforced.

362. In June 2013, the Government of Canada introduced Bill C-65, entitled the "Respect for Communities Act", which was aimed at creating a legal framework applicable to requests for exemptions under the Controlled Drugs and Substances Act that would allow for the establishment and operation of supervised drug injection sites. The bill outlined a set of minimum requirements for such applications, to be considered by the Minister of Health, including proof of extensive consultations among all relevant stakeholders, such as community groups and law enforcement authorities. Given the adjournment of Parliament in August 2013, before the bill could be put to a vote, the Respect for Communities Act has been reintroduced for legislative consideration (as Bill C-2) and is currently under deliberation. Consideration of the legislation is occurring as the public health authorities in several Canadian cities consider submitting applications to the federal Minister of Health for the opening of "drug injection rooms". The Board looks forward to a continuing dialogue with Governments that have permitted such "drug consumption rooms" and reiterates its concern that such facilities could be inconsistent with the provisions of the international drug control conventions.

363. Citing a surge in heroin-related overdose deaths in the United States since 2006, which he termed "an urgent public health crisis", the United States Attorney General announced that his department would be seeking to address the problem through a combination of enforcement and treatment. In his statement, he emphasized that law enforcement efforts led by the Drug Enforcement Administration targeting heroin traffickers had led to an increase of more than 320 per cent in seizures along the United States-Mexico border between 2008 and 2013. While underscoring the importance of education, prevention and treatment, he also called upon states to increase the access of first responders to overdose treatment drugs such as naloxone.

364. In May 2014, the Governor of the State of Minnesota signed a bill into law which establishes a medical cannabis programme, sets out the duties of patients, health-care practitioners and manufacturers of medical cannabis and defines qualifying medical conditions which may give rise to an authorization for admission to the programme, including cancer, severe or chronic pain, glaucoma, HIV, Tourette's syndrome, seizures and muscle spasms. The law restricts the use of cannabis for medical purposes to

tablet, vapour and oil form or to "any other method, excluding smoking, approved by the commissioner [of health]". Consumption of cannabis in leaf form in the state will continue to be prohibited. In July 2014, the Governor of New York state signed into law a bill which allows doctors to prescribe cannabis for medical purposes, in non-smokable form, to patients suffering from "serious conditions", including cancer, HIV/AIDS, amyotrophic lateral sclerosis, Parkinson's disease and spinal cord injuries. In order to qualify to use cannabis for medical purposes, patients suffering from an enumerated condition must be residents of New York state or be undergoing medical treatment in the state. In November, Florida voters rejected a constitutional amendment which would have allowed the establishment of a medical cannabis programme in the state.

365. In California, the first state to create a medical cannabis programme, a bill is under consideration that would strengthen the weak regulatory framework governing medical cannabis in the state. The bill is aimed at fostering greater certainty and minimum statewide standards regarding the obligations of medical cannabis facilities through the imposition and enforcement of regulations to prevent unlawful cultivation and the diversion of cannabis to non-medical use. Specific measures under consideration include the creation of a bureau of medical cannabis regulation, which would be responsible for issuing licences to individuals who grow, process, transport and sell the drug. Under the proposed bill, it would be illegal for doctors to prescribe medical cannabis to patients they have not themselves examined, and physicians with a financial interest in a cannabis dispensary would be barred from issuing prescriptions for the drug.

366. In June 2014, the Government of Canada proposed additional changes to the Marihuana for Medical Purposes Regulations and the Narcotic Control Regulations. The amendments would require licensed producers of cannabis for medical purposes to regularly report to provincial and territorial medical and nursing licensing bodies concerning which doctors and nurses are authorizing cannabis use and in what quantities. The aim of the reporting is to enhance oversight by regulatory bodies and to provide them with investigative and disciplinary powers. The Government of Canada has continued to reform the country's legal and regulatory framework governing medical cannabis, including through a shift away from production for personal use to a production and distribution framework supplied solely by licensed commercial producers. The new regulations had been scheduled to take effect on 31 March 2014; however, in late March 2014, the Federal Court of Canada issued an interlocutory injunction suspending the application of certain measures contained within them, including the phasing out of cultivation for personal use, pending the final outcome of a legal challenge as to the constitutionality of the new regulations.

367. The Board reminds all governments in jurisdictions that have established medical cannabis programmes, or that are considering doing so, that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol sets out specific requirements for the establishment, administration and monitoring of such programmes. Those requirements are discussed in greater detail in chapter II of the present report. The Board encourages governments to take action to ensure that their medical cannabis programmes fully implement the measures set out in the Single Convention, which are aimed at ensuring that stocks of cannabis produced for medical use are reserved for the patients to which they are prescribed and are not diverted into illicit channels.

368. In March 2014, the Council of the District of Columbia enacted the Marijuana Possession Decriminalization Amendment Act of 2014, which came into force in July. The Act reclassifies possession of one ounce (28.35 g) or less of cannabis as a "civil violation" resulting in the imposition of a fine and the seizure of any cannabis and "paraphernalia visible to the police officer at the time of the civil violation". Possession of amounts of cannabis greater than one ounce, the sale of any amount of cannabis to another person, operating a vehicle under the influence of cannabis and consuming cannabis in public continue to be classified as criminal offences and are subject to criminal penalties. In addition, given the continued prohibition of possession of any amount of cannabis under federal law, federal law enforcement officers may arrest anyone in the District of Columbia for possession or use of any amount of cannabis as a violation of federal law. In November 2014, voters in the District of Columbia approved Measure No. 71, which makes it lawful under District law for persons 21 years of age or older to possess up to two ounces (56.7 g) of cannabis for personal use, to grow up to six cannabis plants and to transfer without payment up to one ounce of cannabis to another person who is 21 years of age or older.

369. In Mexico, initiatives have been proposed by a major political formation—an opposition political party—at the state and federal levels which would affect the legal status of cannabis in the country. At the federal level, a bill introduced in February 2014 sought to provide for the creation of a national medical cannabis programme. Another bill, introduced in the lower chamber of the national legislative branch in May 2014, proposed the

legalization and regulation of a non-medical cannabis market. In the Federal District of Mexico, a bill introduced in February 2014 also would have legalized the commercial sale of cannabis for non-medical purposes. Those measures were all defeated.

370. In February 2014, the Deputy Attorney General of the United States issued a memorandum for all state attorneys focusing on financial crimes associated with cannabis sales and providing guidance on the use of prosecutorial discretion and the allocation of resources. That memorandum follows another memorandum issued by the Department of Justice in August 2013 that set out eight enforcement priorities with respect to cannabis, which included preventing distribution of cannabis to minors, preventing revenue from cannabis sales from going to criminal organizations and preventing state-licensed activity from being used as a cover for illegal activity. The February 2014 memorandum instructs state attorneys that financial institutions intentionally providing services that involve the eight priorities listed in the August 2013 memorandum may be liable to prosecution. Also in February 2014, the United States Department of the Treasury issued its Guidance on Bank Secrecy Act Expectations Regarding Marijuana-related Businesses to establish conditions and provide guidance to financial institutions in the provision of banking services to cannabis-related businesses. The document lays out several measures that financial institutions should take with respect to such businesses so as to meet their Bank Secrecy Act obligations, particularly with regard to due diligence measures. This federal move enables cannabis entrepreneurs to use banking services.

371. In Mexico, the state of Morelos and the state of Mexico initiated the use of drug treatment courts in May and August 2014, respectively. These courts have been in operation in the state of Nuevo Leon since 2009. The courts are intended to foster treatment and rehabilitation of first-time offenders accused of minor offences in order to facilitate social reintegration. Two other states—Chihuahua and Durango—are planning to introduce a similar system in the near future.

372. In July 2014, a federal grand jury in the United States approved the indictment of a major United States courier company for a variety of violations of federal law, including the Controlled Substances Act, relating to the widespread shipping and delivery of illegal and illegally distributed drugs sold by drug dealers and illegal Internet pharmacies. The charges included conspiracy to distribute controlled substances, distribution of controlled substances and conspiracy to distribute misbranded drugs.

373. In April 2014, the Standing Committee on Health of the Parliament of Canada released a report on the Government's role in addressing prescription drug abuse, which contained several recommendations addressed to Health Canada and the federal Government on dealing with the problem of prescription drug abuse in the country. Among the recommendations put forward were a review of the Controlled Drugs and Substances Act, to be carried out in consultation with stakeholders, to allow the Government to deal more effectively with prescription drug abuse; a review of labelling regulations for prescription drugs with a potential for addiction so as to better reflect their addictive properties; the development of national guidelines for the safe disposal of prescription drugs that contain controlled substances; the development of public-awareness campaigns on the public health risks of prescription drug abuse; and an examination of the merits of tamper-resistant drug formulations in addressing prescription drug abuse. In June 2014, the Minister of Health of Canada announced plans to begin a public consultation process on proposals to regulate tamper-resistant properties for prescription drugs that are at a high risk of abuse.

374. In order to facilitate the provision of training in palliative care for front-line health-care providers, the Government of Canada announced in March 2014 that it would be investing Can$ 3 million in an initiative called "Building the future of palliative care together", which is designed to equip more front-line health-care providers with the skills and knowledge they need to care for people with life-threatening conditions. The initiative also seeks to extend the reach of palliative care services to better meet the needs of Canadians living in rural or remote regions of the country, including aboriginal peoples.

375. In 2014, regulatory measures taken by the Governments in the region to stem the proliferation of new psychoactive substances have continued. In January 2014, a decree came into force in Mexico amending the Health Act to classify mephedrone, piperazine, K2 (a synthetic cannabinoid) and midazolam as psychotropic substances and to subject them to the national control measures applicable to that category of substances. As a result of the decree, the federal prosecution service can now investigate and prosecute unlawful conduct relating to the substances in question. In the United States, the Drug Enforcement Administration announced the temporary placement of four synthetic cannabinoids into schedule I of the Controlled Substances Act and the final scheduling of 10 synthetic cathinones in the same schedule. This action was based on a finding by the Deputy Administrator of the Drug Enforcement Administration

that the placement of those substances and their optical, positional and geometric isomers, salts and salts of isomers into schedule I of the Act was necessary to avoid an imminent hazard to public safety.

376. In order to identify new drug trends and facilitate more timely and effective public health responses, the United States National Institute on Drug Abuse announced in July 2014 that it was developing the National Early Warning System. The focus of the project will be to identify new drugs as they emerge and to monitor new trends in the abuse of substances that are already known, facilitating timely responses to potential threats. In order to achieve this, an advisory board composed of leading scientists, health-care practitioners and government officials will be created, a network to facilitate the sharing of information between these groups will be established, information collected through publications will be disseminated, and social media will be monitored to gauge the extent and nature of emerging trends.

4. Cultivation, production, manufacture and trafficking

377. According to drug seizure figures contained in the *Illicit Trade Report* of WCO for 2013, North American customs authorities reported the largest number of drug seizures of any region in the world, with 35,943 drug seizures reported to WCO, through its Customs Enforcement Network, an increase over the 2012 figure of 29,712.

(a) Narcotic drugs

378. Following the adoption of stricter regulatory controls on the prescription and distribution of synthetic opioids, together with the shift to tamper-proof formulations for several commonly abused prescription opiates in order to render them more difficult to snort or inject, heroin abuse in the United States has seen a resurgence. Opiate-dependent drug users are increasingly turning to heroin, which is typically easier to source and cheaper than prescription opioids. Law enforcement authorities in the region have also identified significant increases in heroin purity. Increased demand for heroin has also been accompanied by the growing availability of the drug in the region, in particular in the United States.

379. According to information provided by the Government of Canada to UNODC, Canada seized over 39 tons of cannabis, 144 kg of heroin, 135 kg of opium (raw and prepared), 994 kg of cocaine, 34 kg of amphetamine, 220 kg of methamphetamine, 123 kg of "ecstasy"-type substances and over 10 tons of khat in 2013.

380. More than 81 per cent of opium seized in Canada in 2013 was found to have been produced in India, and 68.6 per cent of opium seized was found to have transited the United Arab Emirates immediately prior to entering the country. In addition, 33.6 per cent of heroin seized was also found to have transited the United Arab Emirates immediately prior to entry. The majority of heroin seized was smuggled via air cargo, air passenger courier and by post. Shipments of opium and heroin were concealed in a variety of ways, including hidden in industrial parts, food shipments, picture frames, carpets and towels.

381. Although seizures of cocaine fell by 44 per cent between 2007 and 2012 in North America, to 109 tons, they continue to be the largest outside the Andean region, ahead of seizures made in West and Central Europe (71 tons). The single largest cocaine seizures worldwide outside the Andean region are still reported by the United States (104 tons in 2012). Cocaine availability in the United States has been in decline since 2007, owing to a combination of factors, such as the success of supply reduction measures, conflict between and within Mexican trafficking networks and reductions in cocaine manufacture in Colombia.

382. In contrast, the availability of cannabis in the region has continued to increase, driven by increased production in all three countries and tolerant policies in many states in the United States. Cannabis continues to be the most widely available and widely abused illicit drug in the region and is also the one that is most trafficked between North American countries. According to the Drug Enforcement Administration, more than 1 million kg of cannabis are seized annually along the United States-Mexico border. According to WCO, customs seizures of cannabis in the United States in 2013 represented 94 per cent of all seizures of the drug reported by customs authorities worldwide. Scientific analysis of cannabis herb seized in the region has also shown an increase in cannabis potency, with the percentage of THC in the United States having increased by 37 per cent between 2007 and 2012.

383. Average THC content of non-domestic cannabis seized by the United States federal authorities increased by 75 per cent between 2003 and 2013 (from 7.2 per cent to 12.6 per cent). The overall increase in the THC content of tested cannabis was mainly the result of a growing proportion of seizures of high-THC-content cannabis containing sinsemilla, while the proportion of less potent

cannabis declined. The increases in the potency of both sinsemilla and "normal" cannabis were less pronounced (sinsemilla: 14.5 per cent in 2013, up from 14.0 per cent in 2003; "normal" cannabis: 6.7 per cent in 2013, up from 5.6 per cent in 2003).

384. The Government of Canada reports large decreases in the trafficking of cannabis resin and in the number of cannabis plants seized in 2013. Whereas in previous years numerous large seizures of cannabis resin occurred at major seaports in eastern Canada, there was a limited number of seizures in 2013. In 2013, seizures of cannabis resin totalled 110.4 kg, down from over 1.6 tons in 2012 and 4.8 tons in 2011. Law enforcement officials attribute this decrease to increased maritime seizures and law enforcement activities disrupting the operations of criminal organizations.

385. In 2013, Canada's national eradication programme (Project SABOT), led by the Royal Canadian Mounted Police, seized over 42,000 plants from outdoor cannabis grow operations across the country, down from 63,000 in 2012, 95,000 in 2011 and 171,000 in 2010. Officials attribute this decrease to the success of Canadian law enforcement activities and to the fact that Canadian organized criminal groups are relocating their operations to other more lucrative markets such as the United States, particularly to states in that country with more liberal cannabis laws and affordable real estate.

(b) Psychotropic substances

386. In 2013, the United States remained the country that had reported to WCO the largest number of amphetamine seizures by customs and the largest quantities of the substance seized. Although the number of seizures rose from 220 in 2012 to 311 in 2013, the quantity seized decreased significantly, from 22.7 tons in 2012 to approximately 1.9 tons in 2013.

387. According to law enforcement officials in the region, methamphetamine manufacture has been on the increase, as reflected by higher seizure figures. According to UNODC, seizures of methamphetamine in North America in 2012 accounted for 64 per cent of the total amount seized worldwide; in the United States, almost 13,000 methamphetamine laboratories were dismantled in 2012. Methamphetamine manufacture in Mexico has been increasing, with the United States continuing to be the largest market for the substance. Seizures of methamphetamine at the United States-Mexico border have also increased significantly, from just over 2 tons in 2008 to over 10 tons in 2012. According to the Drug Enforcement Administration, the greater availability of methamphetamine in the United States has led to a 70 per cent decrease in prices since 2007, while purity has increased by 130 per cent during that same period.

388. The most recent figures released by Governments in the region suggest that abuse of 3,4-methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy") in the region is declining, although prevalence rates for "ecstasy" abuse remain more than twice the global average (0.9 per cent in North America as compared with 0.4 per cent globally).

389. According to information provided for 2013 to UNODC by Canada, law enforcement officials noted a decrease in the amount of cocaine entering Canada compared to previous years. The majority of cocaine seized was smuggled via air cargo, air passenger courier and by post, primarily entering the country from the Caribbean, Central and South America. Law enforcement officials also believe that cocaine is entering the country from the United States via land-based ports of entry in Ontario, Quebec and British Columbia.

390. In 2013, 40 per cent of methamphetamine seized was found to have transited the United States, while all 34.7 kg of amphetamines seized were reported by Canadian officials to have transited China.

(c) Precursors

391. Methamphetamine manufacture in the United States is dominated by small-scale street laboratories using ephedrines and their preparations. However, more than 95 per cent of the methamphetamine seized in the United States has been manufactured using the 1-phenyl-2-propanone (P-2-P) method. This type of methamphetamine is also illicitly manufactured in Mexico in industrial-type facilities from phenylacetic acid derivatives.

392. A detailed overview of the situation in North America with respect to the control of precursor chemicals can be found in the 2014 report of the Board on the implementation of article 12 of the 1988 Convention.[42]

(d) Substances not under international control

393. As in other regions, the abuse of new psychoactive substances has continued to gain momentum. In

[42] E/INCB/2014/4.

the United States alone, there were 29,467 synthetic cannabinoid drug reports in 2012 through the National Forensic Laboratory Information System, a 14-fold increase over 2009.

5. Abuse and treatment

394. A report issued by the United States Substance Abuse and Mental Health Services Administration in July 2014 confirmed that initiation of substance abuse in adolescence or early adolescence greatly increased the risk of developing drug dependency. According to data presented in the report, among individuals aged 18-30 years admitted for substance abuse treatment in the United States in 2011, 74 per cent had begun using substances at the age of 17 years or younger and 10.2 per cent had started using at the age of 11 years or younger. The study also showed a significantly higher rate of polydrug abuse among individuals admitted for treatment who had initiated substance abuse at age 11 years or younger (78 per cent) compared with those who had initiated their substance abuse between the ages of 25 and 30 (30.4 per cent). Among individuals having initiated abuse at the age of 11 years or younger, 38.6 per cent reported a co-occurring mental disorder.

395. According to figures released by the United States Department of Health and Human Services, past-year drug abuse among persons aged 12 years or older in the United States reached a 10-year high in 2012, mostly because of increased cannabis abuse, which rose from 11.5 per cent in 2011 to 12.1 per cent in 2012. As in previous years, increased cannabis abuse, particularly among young people, has been linked to decreasing perceptions of risk. That has particularly been the case in the wake of the legalization of non-medical use of cannabis in some states. Rates of non-medical use of psychotherapeutic drugs, including prescription opioids, rose from 5.7 to 6.4 per cent.

396. Figures released in the United States by the Drug Abuse Warning Network in June 2014 relating to emergency department visits involving methamphetamine from 2007 to 2011 reveal a substantial increase, from 67,954 visits in 2007 to 102,961 in 2011, with similar patterns seen for males and females. According to the report, 62 per cent of emergency department visits in 2011 involving methamphetamine also involved other drugs, with 29 per cent of visits involving combinations with one other drug and 33 per cent involving combinations with two or more other drugs.

397. According to a study of data from the National Highway Traffic Safety Administration's Fatality Analysis Reporting System for the period 1994-2011, undertaken by researchers at the University of Colorado School of Medicine, the proportion of drivers involved in fatal motor vehicle crashes in the State of Colorado who tested positive for cannabis has significantly increased since the commercialization of medical cannabis in 2009. The results of the analysis show that, while the percentage of fatal motor vehicle crashes in Colorado involving at least one driver testing positive for cannabis in 1994 was 4.5 per cent, that figure had increased to 10 per cent by the end of 2011.

398. Several jurisdictions in North America have reported increases in overdose deaths related to changes in the chemical composition and potency of narcotic drugs sourced through the illicit market and to a resurgence of heroin abuse. In the state of Vermont, disproportionately high increases in opioid drug and heroin abuse, drug overdose deaths and drug-related crime have been qualified by the Governor of Vermont as a "crisis". Heroin overdoses in the state doubled between 2012 and 2013, and admissions for opioid treatment have increased by 770 per cent since 2000, including a 250 per cent increase in the number of individuals receiving treatment for heroin addiction alone. There were also five times as many federal indictments against suspected heroin dealers in the state in 2013 than there were in 2010.

399. In Canada, the Director of Public Health of Montreal issued an alert to public health practitioners in the city warning of a threefold increase in overdose deaths in the city related to heroin, cocaine and counterfeit opioids caused by changes to the chemical composition of the drugs. Numerous overdose deaths in the region have also been attributed by public health authorities to counterfeit oxycodone tablets containing fentanyl, a highly potent narcotic drug.

400. According to information released by Health Canada in its Youth Smoking Survey 2012-2013, a biennial survey that collects data from Canadian students between grades 6 and 12 (approximate ages 11-18 years) about alcohol, tobacco and illicit drug use, the main substances of abuse, after alcohol and tobacco, were cannabis and prescription pharmaceuticals. Cannabis was found to be the substance with the highest annual prevalence of use after alcohol, with one in five students having reported using cannabis within the past 12 months.

401. According to the survey, 4 per cent of students reported having used at least one prescription pharmaceutical for non-medical purposes within the previous 12 months. Among prescription pharmaceuticals included in the survey, opioid analgesics were found to have the

highest annual prevalence of use, at 3 per cent, although this figure represents a decrease from the 4 per cent observed in the 2010-2011 survey.

402. The 2012-2013 survey shows a decreasing trend in the annual prevalence of drug use for a number of substances. The prevalence rate for the use of "ecstasy" was found to have decreased from 5 per cent in 2010-2011 to 3 per cent in 2012-2013. For both synthetic stimulants derived from piperazines and synthetic stimulants related to cathinones, the annual prevalence of use was found to be 1 per cent in 2012-2013.

403. In terms of perceived drug accessibility, approximately 45 per cent of students in grades 7 to 12 (approximate ages 12-18 years) reported that it would be "fairly easy" or "very easy" to obtain cannabis, while 33 per cent and 15 per cent reported that it would be "fairly easy" or "very easy" to obtain opioids and "ecstasy"/hallucinogens, respectively.

404. Health Canada has identified three high-risk groups for drug abuse: homeless people, "street involved youth drug users" and recreational drug users (i.e., club, rave and bar attendees). In 2013, it conducted a survey establishing the annual prevalence of the most-used drugs within each high-risk group. Cannabis was found to have had the highest annual prevalence of use, with prevalence rates of 77 per cent among homeless people, and 89 per cent among each of the other two groups.

405. Mexico has continued to offer treatment for drug dependency through its network of addiction treatment centres known as "Centros Nueva Vida", which are staffed by psychologists, medical doctors and social workers. The Government of Mexico has made significant investments in the training of staff at the treatment centres and in the recruitment of additional health professionals who are specialized in addiction treatment. The Government has also adopted quality control measures, such as a revision of the accreditation procedure for addiction treatment centres and evaluation visits aimed at assessing the treatment given and the quality of the facilities. Based on the results of an analysis of the operation and performance of the treatment centres, the Government established a workplan for 2014 to strengthen existing administrative structures, improve processes for the administration of care and establish national standards to improve the quality and effectiveness of treatment.

406. Cocaine abuse increased slightly in the adult population of the United States in 2012, although it remained relatively stable among young people and declined marginally in 2013. Compared with 2006, annual prevalence of cocaine use among the general population fell by 28 per cent (from 2.5 per cent of the population aged 12 years or older in 2006 to 1.8 per cent in 2012), while past-month prevalence fell by 40 per cent (from 1.0 to 0.6 per cent). Annual prevalence of cocaine use among twelfth-grade students in the United States showed a decline of 54 per cent between 2006 and 2013 (from 5.7 per cent to 2.6 per cent). Workforce testing results showed a decline of cocaine use of 70 per cent between 2006 and 2012 (from 0.72 per cent in 2006 to 0.21 per cent in 2012). Those declines were mainly the consequence of reduced availability of cocaine. While perceptions of the harmfulness of cocaine use remained largely unchanged, the availability of cocaine was perceived to have declined.[43] This was the result of declining cocaine production in Colombia and intensified law enforcement efforts in Mexico. This led to higher purity-adjusted prices in the United States, which rose at the retail level by 54 per cent between 2006 and 2012 (from $121 to $186 per gram). Reduced availability and use of cocaine also resulted in a strong decline (56 per cent) in cocaine-related treatment admissions in the United States between 2006 and 2012 (from 277,900 admissions in 2006 to 121,000 admissions in 2012).

407. Despite overall increasing drug abuse prevalence rates in the United States general population aged 12 years or older, past-year use of any illicit drug among the population aged 12-17 years was the lowest in 10 years, although it remained high, declining from 19 per cent in 2011 to 17.9 per cent in 2012.

South America

1. Major developments

408. South America continues to be affected by the illicit cultivation of coca bush, cannabis plant and, in some countries, opium poppy, all of which are processed, usually in the country of cultivation, into the corresponding plant-based drugs. Aside from being the source for virtually the entire supply of the world's cocaine, the region has also come to account for a significant

[43] According to the Monitoring the Future survey conducted by the National Institute of Drug Abuse in the United States, in 2006, 46.5 per cent of twelfth-grade students reported that it was easy or fairly easy to obtain cocaine; that figure had fallen to 30.5 per cent in 2013. The perceived harmfulness of using cocaine regularly amounted to 84.6 per cent of twelfth-grade students in 2006 and to 83.3 per cent in 2013, and the perceived harmfulness of using cocaine once or twice amounted to 52.5 per cent in 2006 and to 54.4 per cent in 2013.

proportion of global consumption of cocaine, including the smoking of "crack" cocaine and other base forms referred to by a variety of country-specific designations. Illicit use of cannabis and, to a lesser extent, amphetamine-type stimulants also affect significant segments of the population in South America. The information currently available indicates that illicit demand for amphetamine-type stimulants is met mainly by trafficking from outside the region, as well as by the diversion of prescription stimulants from the licit market.

409. Various indicators, notably the area under illicit cultivation of coca bush, suggest that in recent years the global supply of cocaine originating in South America has been curtailed to an extent that can have a perceptible effect on major consumer markets. Based on data from UNODC, cultivation of coca bush peaked in 2007 in Colombia, in 2010 in the Plurinational State of Bolivia and in 2011 in Peru. During the 2007-2013 period, the total area under cultivation for coca bush in those three countries fell by approximately one third. Although methodological issues limit the ability to quantify the production of coca leaf and the manufacture of cocaine at a global level, a decrease in the area under cultivation of this extent would be expected to have an impact on the accessibility of cocaine at the end of the supply chain. Indeed, indicators from North America and, albeit less clearly, from Western Europe suggest that availability remains significantly lower than during the peak levels reached around 2006.

410. The intensive discussions on drug policies that have recently taken place in the Americas, including in South America, continued in 2014. In June 2013, OAS adopted the Declaration of Antigua, Guatemala, "For a comprehensive policy against the world drug problem in the Americas", initiating a process of consultation in various national and regional settings and encouraging the consideration of new approaches to the world drug problem. In June 2014, at the forty-fourth regular session of its General Assembly, OAS reaffirmed the commitments undertaken in that Declaration, while emphasizing that drug policies must be carried out with full respect for national and international law. Pursuant to provisions of the Declaration, a special session of the OAS General Assembly on the world drug problem was held in September 2014 in Guatemala City.

2. Regional cooperation

411. South America is characterized by a high level of awareness of the illicit supply of and demand for controlled substances, in addition to a well-developed infrastructure at the national and regional levels to monitor and counter this phenomenon. The high level of political engagement in these areas is reflected in the large number of activities that bring together authorities, experts and institutions from the region to improve cooperation and exchange views on and experiences in law enforcement and the health-related aspects of drug control. The Board welcomes in particular the number of regional cooperation activities, including the provision of training and legal assistance, organized by the Governments of the countries in the region in cooperation with CICAD and UNODC.

412. In 2013 and 2014, several of these activities emphasized aspects of drug supply reduction related to asset recovery, including non-conviction-based confiscation, financial intelligence and money-laundering. In 2013, a total of 19 courses and workshops were held under the auspices of CICAD on the handling and disposal of seized and forfeited assets, special investigation techniques, strategic intelligence, investigations and simulated trials, in which around 800 officials from countries in the Americas participated. During 2013, UNODC and the Financial Action Group of South America[44] organized the seventh and eighth meetings of the regional network on asset recovery with representatives from Latin American countries and international entities. The meetings were held in Colombia and Panama.

413. Other aspects that received reinvigorated attention dealt with efforts to combat trafficking in and diversion of precursors, maritime trafficking and abuse of smokable forms of cocaine.

414. In May 2014, high-level representatives from several South American countries participated in the discussions on drug policies at the first ministerial meeting of the Community of Latin American and Caribbean States on the world drug problem, held in Antigua, Guatemala.

415. In September 2014, at a special session, held in Guatemala City, the General Assembly of OAS adopted a resolution entitled "Reflections and guidelines to formulate and follow up on comprehensive policies to address the world drug problem in the Americas". In that resolution, the Assembly recognized the importance of effective implementation of the three United Nations drug control conventions, which constituted the framework of the international drug control system, as well as the need for States to consider "regularly reviewing the drug policies adopted, ensuring that they are comprehensive and focused on the well-being of the individual, in

[44] Effective July 2014, the name of the group was changed to Financial Action Group of Latin America.

order to address their national challenges and assess their impact and effectiveness".

3. National legislation, policy and action

416. In March 2013, the Government of Peru approved a new regulation concerning chemicals, equipment and material used for the illicit manufacture of drugs, which had already been issued in a legislative decree in November 2012. The decree established measures for the registry, control and inspection of such goods.

417. Under the national strategy to combat drugs being implemented by Peru for the period 2012-2016, the eradication of coca bush has intensified in the major coca-growing regions of Huánuco and Ucayali. Peruvian authorities have proposed a new strategy, emphasizing the promotion of alternative crops while maintaining the eradication component, in order to reduce the level of cultivation in the third important zone: the Apurímac, Ene and Mantaro river valleys.

418. Effective August 2014, Ecuador established a new system of categorization, in terms of maximum and minimum quantities, to classify offences related to trafficking in narcotic drugs and psychotropic substances into four degrees of severity and to prescribe minimum and maximum terms of imprisonment for each category. Although possession can qualify as an offence under the umbrella of trafficking-related activities, the quantities involved do not always constitute, by themselves, a means of distinguishing between trafficking and possession for personal use and consumption. Indeed, while the new regulation provides for punishment for trafficking offences involving arbitrarily small quantities (without a lower threshold), it continues to differentiate between those offences and possession for personal use and consumption, which remains not punishable and restricted to certain independently established maximum quantities, in accordance with an earlier regulation.

419. In December 2013, the Senate of Uruguay approved new legislation, previously approved by the lower legislative chamber, that allows the State to assume control over and regulate activities related to the importation, production, storage, sale or distribution of cannabis or its derivatives, or the acquisition of any title related thereto, under certain terms and conditions, for the purpose of non-medical use. The regulations governing the implementation of this law were fleshed out in a presidential decree in May 2014. Sales of cannabis to consumers were delayed, however, owing to difficulties in implementing the law. Such sales are expected to start in 2015. The Board notes that this legislation is contrary to the provisions of the international drug control conventions, specifically article 4, paragraph *(c)*, and article 36 of the 1961 Convention as amended by the 1972 Protocol and article 3, paragraph (1) *(a)*, of the 1988 Convention.

420. In November 2013, the Government of the Plurinational State of Bolivia published the results of a study on the demand for coca leaf in that country, which estimated that licit national demand for coca leaf required a cultivation of 14,700 ha. Currently, Bolivian law provides for up to 12,000 ha of coca bush cultivation in certain areas of the country for the chewing of coca leaf and the consumption and use of coca leaf in its natural state for "cultural and medicinal purposes", in accordance with the reservation expressed in 2013 when the country reacceded to the 1961 Convention, as amended by the 1972 Protocol.

421. In its strategic institutional plan for the 2013-2017 period, the Paraguayan National Anti-Drug Secretariat set itself six main objectives, including the implementation of actions relating to integrated and sustainable alternative development. One proposed strategy to achieve that objective deals specifically with the cultivation of cannabis in the social and economic context of Paraguay. In addition, the National Anti-Drug Secretariat has made the elimination of the trafficking of cocaine paste one of its national priorities.

422. In response to a rebound in drug trafficking on non-commercial flights through Peruvian air space, the Peruvian Air Force is operating a non-lethal air traffic interdiction programme, with a view to dissuading pilots who are trafficking drugs from entering Peruvian territory. In April 2014, the Plurinational State of Bolivia promulgated a law which provides for the interception of and use of force against unauthorized flights. Similar laws are in force in Brazil, Chile and Venezuela (Bolivarian Republic of). The Board notes that such statutes may contravene the Convention on International Civil Aviation[45] and other international obligations related to civil aviation.

423. In 2014, Brazil enacted new legislation to ensure the expeditious destruction of illicit crops and seized drugs, with the exception of small samples for forensic analysis and use in the criminal justice process. Discussions on other potential legislation with a possible impact on drug policy have also been initiated.

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[45] United Nations, *Treaty Series*, vol. 15, No. 102.

424. In 2014, the Government of Argentina created a new unit within the Ministry of Security specifically dedicated to the fight against drug trafficking, and transferred some aspects of the State's drug supply reduction interventions from the Planning Secretariat for the Prevention of Drug Addiction and the Fight against Narcotrafficking to the Ministry of Security, including to the newly created unit.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

425. In contrast with other illicit crops, no reliable estimates of the total extent of illicit cultivation of cannabis in South America are available. However, seizures of cannabis plant and cannabis herb indicate that cultivation of cannabis plant and production of cannabis herb occur on a significant scale in South America.

426. Based on official replies to the annual report questionnaire, it appears that, in terms of cross-border trafficking, Colombia and Paraguay are the most prominent source countries for cannabis herb in South America. While cannabis herb from Paraguay is trafficked to neighbouring countries, cannabis herb from Colombia appears to reach countries in Central America and the Caribbean, in addition to neighbouring countries in South America.

427. For several years, Colombia has accounted for the largest aggregate annual quantities of cannabis herb seized in South America. Seizures in that country have maintained a generally increasing trend since 2002, reaching 408 tons in 2013 (compared with 77 tons in 2002), equivalent to approximately one half of the South American total for 2012. There were also indications of evolving methods of cultivation and production. According to UNODC, 115 greenhouses producing cannabis herb were detected in 2012, but only 4 were detected in 2013. These increases in seizures and interdiction may have been the result of more effective enforcement measures, greater cultivation or both.

428. Efforts in Paraguay to reduce the availability of drugs of abuse, including cannabis, were intensified in 2013. Seizures of cannabis herb in Paraguay, as well as eradication of cannabis cultivation, more than doubled in 2013. Contrary to the pattern prevalent in many countries of cannabis herb being sourced domestically, demand for cannabis herb in some countries neighbouring Paraguay, notably Brazil and Argentina (both of which account for a relatively large number of users by virtue of the size of their populations) is met to a significant extent by cannabis herb trafficked from Paraguay.

429. During the 2000-2011 period, seizures of cannabis herb in Brazil, while among the highest in South America, were consistent with a stable market driven by domestic demand, fluctuating between 130 tons and 200 tons annually, according to UNODC data. In 2012, seizures of cannabis herb, cannabis plant and cannabis seedlings, as well as detections of cannabis plantations, each registered significant declines. In 2013, however, seizures of cannabis herb rose to 222 tons. The Governments of Brazil and Paraguay continue to cooperate on the eradication of cannabis cultivation in Paraguay. One joint operation between the National Anti-Drug Secretariat of Paraguay and the Brazilian Federal Police in February 2014 resulted in the eradication of 400 ha under cannabis cultivation in Amambay department in Paraguay.

430. Some of the largest quantities of cannabis plant seized or destroyed in South America have been registered by Bolivia (Plurinational State of) and Peru. However, in 2013 aggregate seizures of cannabis herb and cannabis plant in the Plurinational State of Bolivia fell to 76 tons (from 403 tons in 2012). In Peru, seizures of cannabis plant rose sharply, to 980 tons in 2012; the corresponding figure for 2013 (3.4 million plants), while not directly comparable, suggests a sustained increased level of eradication activities.

431. Among the drugs and psychotropic substances most frequently abused on a global scale, cocaine is the only one for which the illicit processes leading to the consumable end product (cultivation, production and manufacture) are largely confined to a specific region, namely South America. In particular, the illicit cultivation of coca bush is concentrated in the three countries of Bolivia (Plurinational State of), Colombia and Peru.

432. In the Plurinational State of Bolivia, cultivation of coca bush fell to 23,000 ha in 2013, the lowest level since 2002. In its national strategy for 2011-2015 to combat drug trafficking and reduce the amount of coca leaf produced, the Bolivian Government set itself the target of reducing cultivation of coca bush to 20,000 ha. This area is still in excess of the estimated requirements for sustaining the chewing, consumption and use of coca leaf, permitted for certain purposes on the territory of that country by virtue of its reservation to the 1961 Convention, as amended by the 1972 Protocol. In 2013, manual eradication of coca bush, including voluntary eradication, continued to increase, reaching 11,407 ha, while seizures of coca leaf, cocaine salt and cocaine base all dropped

significantly in comparison with 2012. Aggregate seizures of cocaine (cocaine salt and cocaine base) amounted to 22 tons, the lowest level since 2007, while the number of destroyed clandestine laboratories manufacturing cocaine hydrochloride continued to rise sharply, reaching 67 in 2013. In addition, the number of establishments processing coca leaf extracts into cocaine base that were destroyed (excluding maceration pits) reached 5,930, slightly more than in recent years and the highest number on record.

433. In Colombia, the lower level of coca bush cultivation (48,000 ha) achieved in 2012 was maintained into 2013. However, the distribution of cultivation was not static, as Government efforts may have helped to concentrate the phenomenon in specific regions. Among the 27 departments with a history of cultivation, five of the top six as of 2012 registered an increase, accounting for three quarters of the total in 2013 (up from 61 per cent in 2012). Manual eradication of coca bush fell by one quarter in 2013 to 22,056 ha, and a more pronounced decrease was registered in eradication by spraying, which fell by one half to 47,053 ha in 2013. Aggregate seizures of cocaine in Colombia, including various forms of cocaine base, remained the highest in South America, amounting to 243 tons in 2012 and 230 tons in 2013.

434. In Peru, the increases in the cultivation of coca bush during the 2005-2011 period were almost entirely reversed by 2013, when the net area under cultivation fell to 49,800 ha (from 60,400 ha in 2012). The high level of eradication of coca bush, carried out within the framework of the integral and sustainable alternative development programme of the Government of Peru, contributed significantly to this reduction. The eradicated area reached 23,947 ha in 2013, significantly higher than the levels achieved throughout the 2000-2012 period. The eradication and post-eradication efforts made a substantial impact in two of the three zones most affected by the drug trade: Monzón-Tingo María-Aucayacu, and Palcazú-Pichis-Pachitea. By the end of October 2014, 26,000 ha had been eradicated, with the target for eradication in 2014 remaining at 30,000 ha. Seizures of cocaine paste in Peru peaked at 19.7 tons in 2012, but receded to 10.8 tons in 2013, while seizures of cocaine salt rose slightly to 13.3 tons in 2013, remaining short of the levels seen in 2008 and 2010.

435. The Government of Peru's framework for alternative development (Integral and Sustainable Alternative Development) may be contributing to the reduction in coca cultivation. Programmes under that framework operate in 13 zones, located in seven departments of Peru and covering a population of approximately 800,000 people. In these zones, the average area of coca bush cultivation per family fell by slightly more than one third between 2010 and 2013 (from 0.289 ha to 0.188 ha per family). As of 2012, the level of engagement of targeted families was highest in Huallaga Central, Alto and Bajo Mayo, Juanjui, Bajo Huallaga and Tocache, and had improved measurably in comparison with 2010.

436. Ecuador and Venezuela (Bolivarian Republic of) remain important staging posts for cocaine destined for both North America and Western Europe. The Bolivarian Republic of Venezuela was also identified as a country of provenance for cocaine by some countries outside of these well-established cocaine markets, specifically in Central Europe and West Asia. The Bolivarian Republic of Venezuela reported that cocaine transiting its territory had originated in Colombia, with which it shares an extensive land border. Ecuadorian authorities also identified Oceania as being among the destinations for cocaine trafficked through their country, and indicated that maritime trafficking, exploiting Ecuador's Pacific coast, remained the most important, although by no means the only, method of transportation. Brazil, with its extensive land borders with all three of the major cocaine-manufacturing countries and a long coastline on the Atlantic Ocean, remains an important transit country for cocaine trafficked to West and Central Africa, Europe and South Africa, in addition to being a major destination country for large amounts of cocaine.

437. Although manufacture of cocaine occurs mainly in Bolivia (Plurinational State of), Colombia and Peru, processing of coca leaf derivatives on a small scale does occur outside of these three countries. While the main end product intended for exportation to the lucrative markets of North America and Europe is cocaine hydrochloride, the demand for cocaine in South America is partly met by significant quantities of intermediate forms of cocaine base, sometimes with high levels of impurity. The presence of these products in the illicit market then occasionally leads to further processing. In addition, some facilities serve to simply lower the purity before placing the product on the retail market. Based on UNODC data, in 2012 a total of 31 establishments processing coca leaf derivatives were detected by Argentina,[46] 8 by Chile, 4 by Ecuador and 24 by Venezuela (Bolivarian Republic of).

438. There are reports and indirect indicators of cultivation of opium poppy on a small scale in South America. Colombia estimated the area under such cultivation in

[46]This could include establishments dedicated to adulteration and packaging into small quantities, in addition to establishments performing the final steps in the synthesis of cocaine hydrochloride.

2013 at 298 ha, and eradicated a further 514 ha. Peru seized 68.5 kg of opium of domestic origin in 2013.

439. Some of the opium produced in South America is processed into heroin and trafficked outside the region, in addition to catering for the limited demand for the drug in South America. Colombia consistently registers the highest quantities of heroin seized in South America, followed by Ecuador. However, seizures in Colombia continued to decline in 2013, amounting to 403 kg (significantly below the peak level of 1.7 tons registered in 2010), also of domestic origin. Seizures of heroin in Ecuador amounted to 123 kg in 2013. Colombia also dismantled one heroin laboratory per year in 2011, 2012 and 2013.

(b) Psychotropic substances

440. Several countries in South America are affected by trafficking in "ecstasy", but the region is mainly a consumer market with respect to this substance. Based on the most recent available official data, "ecstasy" in South America continues to originate mainly in Europe. The most significant seizure levels of "ecstasy" in South America—in Argentina, Brazil and Colombia—reflect significant abuse of this substance in these countries.

441. Aside from "ecstasy", Argentina, Brazil, Chile and Colombia regularly report seizures of other hallucinogens, notably lysergic acid diethylamide (LSD). However, according to UNODC, forensic analysis of samples of substances sold as LSD obtained in three major Colombian cities in 2013 revealed the presence of synthetic phenethylamines rather than LSD. In 2012, the largest quantities of LSD seized in South America were accounted for by Argentina (87,605 doses) and Brazil (65,033 doses, dropping to 56,680 doses in 2013).

442. In recent years, non-negligible amounts of amphetamine or methamphetamine have been seized in some South American countries, notably Argentina and Brazil. Colombia also regularly reports significant seizures of sedatives and tranquillizers. In 2013, seizures in this category in Colombia rose for the fourth consecutive year, reaching 63,641 tablets.

(c) Precursors

443. In 2012, South America accounted for approximately two thirds of global reported seizures of potassium permanganate, which is a Table I substance, and more than half of global seizures of hydrochloric acid, ethyl ether, acetone and sulphuric acid, which are Table II substances.

444. For most precursors, as in previous years, the three coca-producing countries accounted for the largest amounts seized in South America. However, in a departure from this pattern, in 2012 Brazil seized the largest quantity of hydrochloric acid (91,697 litres) in South America, and the largest quantity worldwide of methyl ethyl ketone (3,308 litres).

445. In recent years, potassium permanganate used in the manufacture of cocaine in South America has itself been sourced to some extent from illicit manufacture, in addition to diversion from licit channels. In 2013, Colombia dismantled three illicit laboratories manufacturing potassium permanganate on a small scale.

(d) Substances not under international control

446. In June 2013, tapentadol, an opioid analgesic, was placed under national control in Colombia, specifically on the list of medications and substances under special control, alongside substances such as buprenorphine, fentanyl and oxycodone.

447. Ketamine has emerged as a drug of abuse in South America. In 2012, Argentina seized small quantities of the substance and also confirmed its abuse among the country's population. In 2013, Colombia estimated the lifetime prevalence of ketamine abuse in the general population at 0.18 per cent.

448. According to UNODC, since mid-2012, Colombia has also reported the consumption of products derived from plants with psychoactive properties, such as *Salvia divinorum* and ayahuasca, as well as at least one synthetic phenethylamine (25B-NBOMe and/or 25C-NBOMe) reported to have hallucinogenic effects similar to those of LSD. In 2013, Chile seized a consignment of a related chemical (25I-NBOMe) that had originated in Spain.

5. Abuse and treatment

449. Based on UNODC estimates of annual prevalence of drug abuse in 2012, the substances abused most broadly in South America are cannabis and cocaine. The estimates of prevalence of past-year abuse in South America for both cannabis (5.7 per cent among the general population in the 15-64 age bracket) and cocaine (1.2 per cent) are higher than the global past-year

prevalence, but lower than the corresponding average figures for the Americas as a whole. In terms of the number of users, as of 2012 South America was estimated to account for almost one fifth of all past-year cocaine users globally, and slightly less than one tenth of cannabis users. One issue of special concern in South America is the consumption of smokable forms of cocaine.

450. Based on treatment data for the years 2010-2012 published by UNODC, cocaine emerges as by far the most prominent primary drug of abuse among persons treated for drug addiction in South American countries, with the notable exception of Colombia. Treatment data for 2012 for Colombia indicate a complex drug abuse scenario, with cannabis and cocaine each accounting for approximately one third of treatment demand, amphetamine-type stimulants for 10 per cent and heroin for 6.6 per cent.

451. In July 2014, Colombia published the results of its 2013 national study on drug use, the objectives of which included ascertaining trends in comparison with a similar study done in 2008. One statistically significant change that emerged was an increase in the annual prevalence for abuse of cannabis, from 2.1 per cent of the general population in the 12-65 age group in 2008 to 3.3 per cent in 2013, driven mainly by increases in the lower age categories (12-17 and 18-24 years of age). Abuse of cocaine salt and basuco (a smokable form of cocaine) did not show large variations. On the other hand, abuse of LSD increased significantly, and the lifetime prevalence for abuse of prescription opioids exceeded 1 per cent in 2013.

452. Recent data also indicate an increase in cannabis abuse in Chile. As of 2013, almost one third (30.6 per cent) of school students between the eighth year of primary school and the fourth year of secondary school reported having used cannabis during the previous year, up from 19.5 per cent in 2011. The same study also indicated a significant drop in the perception of risk associated with frequent consumption of cannabis. An increasing trend in cannabis consumption in Chile also emerges from slightly older data (for 2012) for the general population.

453. The results of the latest Global School-based Student Health Survey[47] for Uruguay indicate a lifetime prevalence for abuse of cannabis herb of 13 per cent among students in the second and third years of middle school and the first year of high school, as of 2012. Dedicated surveys on drug abuse, focusing on different target populations, are also held regularly. These surveys suggest that the lifetime prevalence for abuse of cannabis herb among students[48] peaked around 2007 and appeared to stabilize at around 16 per cent as of 2011, while annual prevalence for abuse of cannabis herb among the general population (aged 15-65) rose from 1.4 per cent in 2001 to 8.3 per cent in 2011.

454. A recent survey among college students in Brazilian state capitals and the federal district estimated the annual prevalence of abuse of cocaine powder among college students (of all ages) at 3 per cent in 2009. Another study, based on the network scale-up method, employed the concept of "regular" use (defined as having used the substance on 25 days or more in the previous six months) and estimated the number of regular users of "crack" or other similar smokable forms of cocaine (thus excluding cocaine salts) in 2012 in the Brazilian state capitals and the federal district alone at approximately 370,000, or 0.81 per cent of the general population (of all ages). Among these, 50,000 users were below the age of 18. Another study, done in parallel and using time-location sampling among a broader reference population, on the profile of regular users of these smokable forms of cocaine indicates that the population of adult regular users clearly tends to be concentrated among the younger age categories, a pattern that is even more pronounced outside of the state capitals. In addition, the proportion of males among users of these substances in Brazil was estimated to be in the range of 76-81 per cent.

455. The Government of Brazil has invested heavily in drug abuse prevention, treatment and rehabilitation. According to the most recent information available, the prevalence of HIV among people who inject drugs was estimated at 5.9 per cent as of 2009. The Ministry of Health has developed a programme for the prevention of HIV/AIDS, hepatitis C and other medical conditions associated with drug abuse. As part of its efforts to increase coverage of community-based mental health services, the Government of Brazil increased the number of care centres from 424 in 2002 to 2,067 in 2012. The stated objectives of these centres include the prevention of drug abuse and the rehabilitation and social reintegration of people who have abused drugs.

[47]The Global School-based Student Health Survey is a project conducted by WHO in collaboration with the United States Centers for Disease Control and Prevention and implemented by authorities in participating countries.

[48]Specifically, students in the second year of middle school and the first and third years of high school, attending schools in towns with a population of 10,000 or more residents.

456. South America is also affected by illicit consumption of amphetamine-type stimulants. Some of the more recent data that point to continued or emerging abuse of amphetamine-type stimulants in South America relate to Colombia (with the prevalence rate among the general population aged 12-65 in 2013 estimated at 0.19 per cent for past-year abuse of "ecstasy" and 0.09 per cent for lifetime abuse of methamphetamine),[49] Ecuador (past-year prevalence of illicit use of "ecstasy" among students in the 12-17 age bracket in 2012 estimated at 0.5 per cent) and the Plurinational State of Bolivia (lifetime prevalence of illicit use of amphetamine or methamphetamine among the student population in the second to fourth year of secondary school in 2012 estimated at 1.7 per cent).[50]

457. Some countries in South America have also reported notable levels of illicit use of prescription stimulants (such as anorectics), including Brazil (past-year prevalence of 1.7 per cent among students in the last four years of primary school and the first three years of secondary school in the 26 state capitals and the federal district of Brazil, as of 2010) and Argentina (past-year prevalence of 1.4 per cent among students in the 15-16 age bracket as of 2011).

C. Asia

East and South-East Asia

1. Major developments

458. East and South-East Asia have some of the largest and most established illicit markets for amphetamine-type stimulants in the world. Further increases in the trafficking and manufacture of those substances constitute the leading source of drug-related activity in the region. Amphetamine-type stimulants are already ranked as the most commonly abused drugs by a number of countries, and experts in the region have indicated that the demand for them, particularly for methamphetamine, has continued to grow and become more diversified.

459. Sustained increases in illicit opium poppy cultivation and production in South-East Asia point towards another area of concern: since the mid-2000s, the upsurge in illicit cultivation in the region has more than doubled, offsetting the considerable gains made through eradication efforts during the previous decade. In 2013, over 62,000 ha of opium poppy cultivation were recorded, mainly in Myanmar and the Lao People's Democratic Republic. In 2006, by comparison, an area of 24,000 ha of illicit poppy cultivation had been recorded. With a total reported cultivation of 57,800 ha in 2013 (an increase of over 7,000 ha from the previous year), Myanmar continued to be the second-largest grower of opium poppy in the world after Afghanistan. Concurrently, cultivation in the Lao People's Democratic Republic was estimated at 3,900 ha.

460. In a region where the huge demand for amphetamine-type stimulants invariably creates sustained demand for precursor chemicals, drug syndicates have attempted to circumvent legislative control measures by replacing traditional precursors with pharmaceutical preparations containing such precursors or other non-scheduled precursors. Given the rather lengthy processes involved in making changes to the scope of control applicable to precursors, closer collaboration between industry and the authorities concerned has become much more important in efforts to curb this regional trend.

2. Regional cooperation

461. In the light of the objective of a drug-free region by 2015, the Association of Southeast Asian Nations (ASEAN) held a number of meetings to exchange information on the current state of affairs, reiterate the Association's political commitment and call for intensified collaborative efforts. This political determination was evident in the Chair's statement issued on the occasion of the latest ASEAN Ministerial Meeting on Drug Matters, held in Bandar Seri Begawan in September 2013, and the statement made by the Asian group at the high-level segment of the fifty-seventh session of the Commission on Narcotic Drugs, held in Vienna in March 2014. Also, law enforcement agencies in the region discussed the latest assessment of the national drug situation and national progress in combating drugs during the 11th meeting of the ASEAN Inter-Parliamentary Assembly Fact Finding Committee to Combat the Drug Menace, held in Vientiane in May 2014, the 14th ASEAN Senior Officials Meeting on Transnational Crime, held in Bandar Seri Begawan in June 2014, and the 35th ASEAN Senior Officials Meeting on Drug Matters, held in Makati City, the Philippines, in July 2014.

462. In addition to ASEAN meetings, other regular regional meetings, such as the Asia-Pacific Operational Drug Enforcement Conference and the Anti-Drug Liaison

[49] According to the *Estudio Nacional de Consumo de Sustancias Psicoactivas en Colombia 2013* (Bogota, June 2014).

[50] According to the *Encuesta Global de Salud Escolar: Bolivia 2012* (La Paz, November 2013).

Officials' Meeting for International Cooperation, as well as various subregional cooperation platforms, have facilitated the exchange of information and multilateral collaboration. For instance, participants at the latest meeting of senior officials from China and the six countries of the Greater Mekong subregion, which was held in Beijing in May 2014, expressed the need for a more coordinated approach to combating drugs. Challenges posed by the large amount of non-scheduled precursor chemicals and new psychoactive substances in the region were addressed during the International Conference on Precursor Control, jointly organized by INCB and UNODC in Bangkok in December 2013. Similarly, problems posed by synthetic drugs were discussed during the UNODC Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) programme Regional Workshop, held in Yangon, Myanmar, in August 2014.

3. National legislation, policy and action

463. To further the regional goal of a drug-free ASEAN community in 2015, a number of policies and strategies have been launched or extended at the national level. In February 2013, the Government of Cambodia approved a new national strategic plan on drug control for 2013-2015, which outlined the Government's plan to further implement the country's drug law. Similarly, in the Lao People's Democratic Republic, the Government's guiding drug control strategy document—the national drug control master plan for 2009-2013—was extended until 2015. In Myanmar, as the 15-year drug elimination plan came to an end, a new five-year drug elimination plan (for 2014/15 to 2018/19) was adopted, as were programmes aimed at reducing supply and demand and at promoting law enforcement cooperation, both domestically and in conjunction with international organizations. Meanwhile, the Government of Indonesia declared 2014 the year to save drug abusers, as part of which demand reduction measures were strengthened through the promotion of treatment and rehabilitation.

464. Amendments to existing drug control legislation have been adopted in some countries in the region, although they differ in emphasis and approach. For instance, changes were made in Brunei Darussalam in 2012 with regard to substances. New definitions for "cannabis", "cannabis mixture" and "cannabis resin" were adopted, and a new drug schedule was included in the 2012 amendment to the country's Misuse of Drugs Act. The old definition of "cannabis" as "any plant of the genus *Cannabis* from which the resin has not been extracted", was replaced by "any plant of the genus *Cannabis*, or any part of such plant". In Singapore, the focus of legislative action has been on amending drug-related provisions in the criminal law by introducing stricter punishments for repeat trafficking offenders and those who sell drugs to young or vulnerable persons. A new offence was introduced to criminalize the organization of gatherings where drugs will be abused, and to impose higher penalties on those who involve young or vulnerable persons in such gatherings. The amendments came into effect in May 2013.

465. In the absence of a unified control framework at the international level, attempts were made to impose stricter control on new psychoactive substances at the national level. In Indonesia, a new ministerial regulation (number 13 of 2014) introduced monitoring and control for 18 new psychoactive substances. In late 2013, Thailand included two new psychoactive substances in the list of controlled substances in schedule I of its narcotics act, thereby prohibiting their production, import, export, disposal and possession. Likewise, as of January 2014, China added several new psychoactive substances (including khat) to annex 2 of its list of controlled substances, thereby imposing greater control over the manufacture, usage, storage and transport of these substances. In Singapore, after the introduction in 2013 of a temporary schedule (the fifth schedule) that allowed the authorities to list new psychoactive substances for up to 24 months, the Government decided to place all substances listed under the fifth schedule on the first schedule. As a result, in May 2014, the trafficking, manufacture, sale, possession and consumption of any of these substances became a criminal offence.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

466. Illicit cultivation of opium poppy has increased in the region as a whole, driven by sustained increases in such cultivation in Myanmar since 2006. Despite the eradication of a total of around 13,000 ha reported by the Governments of the Lao People's Democratic Republic, Myanmar and Thailand in 2013, the illicit cultivation of opium poppy has continued to rise. Cultivation in Myanmar has grown from 21,600 ha in 2006 to 57,800 ha in 2013, while that in the Lao People's Democratic Republic was estimated at 3,900 ha in 2013. Looking into the near future, the risk of higher illicit cultivation in the Golden Triangle is expected to persist until sustainable solutions can be found to the long-term poverty in Shan State, Myanmar.

467. Contrary to the global trend of dwindling heroin seizures, recent seizures of heroin in the Asia-Pacific region (Oceania, South Asia, East and South-East Asia) have edged up—from 10.5 tons in 2011 to 11.3 tons in 2012, of which a significant proportion was reported by China. This trend seemed to persist in 2013, with more than 8.5 tons of heroin seized in China, the majority of which had originated in Myanmar. Concurrently, significant seizures were reported by Viet Nam (940 kg) and Malaysia (763 kg). After a period of limited heroin seizures, a considerable increase was reported by the Lao People's Democratic Republic (from 45 kg in 2012 to almost 290 kg in 2013). In Singapore, the situation remained stable following a record number of heroin-related arrests (mainly related to drug abuse) in 2012.

468. By the end of 2013, China had a total of over 1.3 million registered heroin abusers. The aforementioned growth in opium production in the Golden Triangle also meant that the proportion of heroin seized in China that had originated in Myanmar increased again in recent years. As a consequence, the proportion of heroin that had originated in Afghanistan declined from around 30 per cent of the total seized in China in 2009 to around 10 per cent in 2013.

469. Cannabis has long been reported as one of the major drugs of abuse in Indonesia and the Philippines. Seizures of cannabis herb have now also been reported by Brunei Darussalam, Cambodia, the Lao People's Democratic Republic, Malaysia and, recently, Thailand. A stable trend was observed in China and Viet Nam, which seized around 4.5 tons and 900 kg of cannabis herb, respectively. Meanwhile, seizures of cannabis resin were reported by Indonesia and Hong Kong, China, with a slight rise in Hong Kong, China, owing to substantial seizures at the airport.

470. Although Cambodia, China (including Hong Kong, China, and Macau, China), Indonesia, Japan, Malaysia and Thailand were much less affected by cocaine than other regions in the world, these countries did report seizures of cocaine in 2013. Increases were observed in Malaysia (from 7.0 kg in 2012 to 73.9 kg in 2013) and Thailand (from 17.9 kg in 2012 to 47.5 kg in 2013), while a significant reduction was reported from Hong Kong, China (from 733.6 kg in 2012 to 453.8 kg in 2013), owing to the absence of large seizures.

(b) Psychotropic substances

471. After seizures of methamphetamine in the region reached their peak in 2012, no clear trend emerged in 2013. In Cambodia, Japan, Malaysia, the Philippines and Hong Kong, China, total seizures of methamphetamine went up, while in China they dropped significantly. In the Philippines, a total of 837 kg of methamphetamine were seized in 2013, which stood in sharp contrast to the relatively small amount seized in 2012 (around 113 kg). The amount of methamphetamine seized in Japan (847 kg in 2013) almost doubled compared with the previous year, and the country noted significant rates of methamphetamine-related crime. In Hong Kong, China, the volume of methamphetamine seized also rose sharply, from 50 kg in 2012 to 258 kg in 2013, owing to a higher number of detections and seizures at the airport. After accounting for almost half of total seizures of methamphetamine in the region in 2012, China reported none in 2013 and instead reported significant seizures of amphetamine-type stimulants. Total seizures in China of all amphetamine-type stimulants rose from almost 16.3 tons in 2012 to more than 19.5 tons in 2013.

472. Most of the methamphetamine abused in East and South-East Asia is manufactured in clandestine laboratories within the region. In addition, various other countries around the world have been identified as sources of the methamphetamine seized in the region. For instance, during the previous five years, much of the methamphetamine seized in Japan, Malaysia, the Philippines and Thailand had originated in West Africa. Meanwhile, information provided by the authorities in Turkey and data on seizures from Indonesia, Malaysia and Thailand confirmed that some methamphetamine smuggled from the Islamic Republic of Iran through Turkey was destined for East and South-East Asia. Experts in Thailand believed that their country was primarily a transit hub for methamphetamine en route from the Islamic Republic of Iran to Thailand's neighbours. The latest reports from the authorities in Japan suggest an increasing influence of Mexican cartels on its domestic methamphetamine traffic.

473. A considerable proportion of the amphetamine-type stimulants manufactured in the region was intended for domestic use, as reflected by the higher number of clandestine laboratories that were dismantled. Between 2009 and 2011 in China, an average of 375 manufacturing laboratories were dismantled each year, although no breakdown was available by type of substance manufactured. In 2013, a total of 397 clandestine laboratories manufacturing methamphetamine were dismantled, up from 228 in the previous year. In Thailand, the number of small-scale methamphetamine laboratories detected also rose, to six, compared with an annual average of two during the previous few years. As most of those six

laboratories were located near Bangkok, they seemed to be servicing domestic demand only.

474. Seizure data for MDMA (commonly known as "ecstasy") over the past few years seem to suggest that it is making a comeback in the region, though its impact seems to be much greater on a few countries in particular. Reaching a total of 5.4 million pills, the number of "ecstasy" tablets seized in East and South-East Asia more than tripled in 2012. This development was predominantly driven by a significant rise in Indonesia (from 1.1 million in 2011 to 4.3 million in 2012). In fact, in 2012 Indonesia for the first time reported the largest "ecstasy" seizures worldwide. Seizures of "ecstasy" also increased in Cambodia, China, Thailand and Viet Nam. Compared with 2012, more seizures of "ecstasy" also continued to be reported by Singapore and Hong Kong, China. At the same time, small quantities of "ecstasy" were also being produced domestically in Viet Nam. Given the relatively high concentration of seizures of "ecstasy" in Indonesia and its popularity as a substance of abuse in that country, close monitoring of the domestic "ecstasy" market in that country is required before any more definite statements can be made about the regional trend.

(c) Precursors

475. The trafficking of precursors used in the manufacture of amphetamine-type stimulants remains one of the biggest challenges in precursor control. In particular, seizures of large quantities of pharmaceutical preparations containing pseudoephedrine continued to be reported by several countries. As the illicit manufacture of amphetamine-type stimulants in the region increased, significant amounts of pharmaceutical preparations containing pseudoephedrine were diverted from domestic distribution channels to supply clandestine laboratories.

476. In order to circumvent national legislative control measures, illicit operations for the manufacture of amphetamine-type stimulants have also made use of other non-scheduled precursor chemicals. While legislative and administrative rules have been tightened by a number of countries, the sharing of pertinent information between the industries and authorities concerned is of paramount importance to preventing the diversion of non-scheduled precursors. Given the rather dynamic and adaptive nature of such diversion attempts, enhanced collaboration between Governments and the private sector, at both the national and regional levels, is required for more effective control.

(d) Substances not under international control

477. Marketed as "bath salts", "plant food" and incense to circumvent national regulatory and legislative controls, a range of new psychoactive substances (which include piperazines, synthetic cathinones and synthetic cannabinoids) have been reported in the region over the years. The trend of falsely marketing new psychoactive substances as "ecstasy" has gained popularity in Oceania and has also been found in East and South-East Asia, where Indonesia, Singapore and Hong Kong, China, reported seizures of so-called "ecstasy" tablets that in actual fact contained ketamine and other new psychoactive substances. As the abuse of synthetic cathinones and synthetic cannabinoids has become more popular among young people in Singapore, tighter legislative measures have been introduced to restrict the circulation and consumption of such substances.

478. East and South-East Asian countries were responsible for more than half of global seizures of ketamine by volume. However, seizures were concentrated in a limited number of countries, while ketamine abuse has been widespread throughout the region. Between 2008 and 2011, the total amount of ketamine seized in China and Hong Kong, China, made up almost 60 per cent of the global total. In 2013, nearly 9.7 tons were seized in China, almost twice as much as the year before. At the same time, 118 ketamine laboratories were dismantled, while none had been reported dismantled for the previous year. Owing to the lack of cases involving large seizures, the amount of ketamine seized in Hong Kong, China, dropped to less than 300 kg in 2013. In contrast to the geographical concentration of seizures of ketamine, abuse of the substance has been reported in Brunei Darussalam, China, Japan, Myanmar and Singapore, resulting in growing concern and attention among the authorities concerned. Governments in the region strongly supported the adoption of the resolution on ketamine at the fifty-seventh session of the Commission on Narcotic Drugs and sought tighter control measures for ketamine in order to prevent abuse.

479. The seizure of the plant-based psychoactive substances khat and kratom continued to be reported by some countries. Khat largely originated from native plants in the Horn of Africa and the Arabian Peninsula, although its cultivation was also reported by Indonesia. Between 2008 and 2012, China and Hong Kong, China, seized a total of 6.4 tons. In 2013, another 300 kg of khat originating in India and Ethiopia were seized in Hong Kong, China. By contrast, kratom is locally produced in

South-East Asia, notably in Malaysia, Myanmar and Thailand. It is traditionally used by farmers in the region to enhance their productivity, and its continued abuse was reported in Malaysia, Myanmar and Thailand.

5. Abuse and treatment

480. As mentioned in previous reports, the lack of representative surveys on household drug use or regular national assessments concerning the nature and extent of drug abuse has made it difficult to keep track of the latest trends in the region. Production cycles for substances of abuse have become shorter, and the market has become more complex, owing to the increasing variety of illicit drugs on offer. This has made the design and implementation of effective treatment and rehabilitation programmes even more dependent on up-to-date information. Regardless of this, general population surveys and school surveys are still lacking in most East and South-East Asian countries. The Board urges all Governments concerned to establish regular monitoring systems and especially to implement drug use surveys so as to stay informed about the situation on the ground and facilitate the implementation of prevention and treatment programmes.

481. For the majority of countries, the abuse of amphetamine-type stimulants, in particular methamphetamine, remains the biggest concern. In the Greater Mekong subregion (specifically, the Lao People's Democratic Republic, Cambodia and Thailand), methamphetamine pills remain the most common drug of abuse. The more potent form of methamphetamine, crystalline methamphetamine, is even more widely abused in some other countries, such as Brunei Darussalam, Japan, the Philippines and the Republic of Korea.

482. Both expert perception and treatment data have pointed towards an increasing abuse of amphetamine-type stimulants in the region, particularly in countries where other drugs had been the primary drugs of abuse. For instance, the abuse of crystalline methamphetamine has recently been reported in Indonesia, where cannabis had long been the major drug of abuse. A similar situation has been reported in China, where opiates nevertheless remain the most commonly abused drugs. According to experts in China, there was a large increase in the abuse of amphetamine-type stimulants, alongside increases in the number of people receiving treatment for such abuse. In 2013, the number of abusers of amphetamine-type stimulants in China continued to increase, and comprised more than 35 per cent of people receiving treatment. In Singapore, abusers of methamphetamine made up the second-largest group receiving drug treatment in 2013.

483. In Indonesia, cannabis continues to be one of the main drugs of abuse, while heroin remains the major drug of abuse in China, Malaysia, Myanmar, Singapore and Viet Nam. In Myanmar, over 98 per cent of those in treatment had abused heroin, and a significant proportion of them had also injected drugs. According to the latest estimates of UNODC and the Joint United Nations Programme on HIV/AIDS, an estimated 3,260,000 people in East and South-East Asia were injecting drugs in 2012. Among those, around 312,000 people were living with AIDS. In view of the higher prevalence of HIV among people who inject drugs, HIV testing and counselling services have been provided and strengthened. Targeted treatment for this particular group has also been enhanced in Cambodia.

484. The abuse of drugs by young people has become a growing concern, with a growing diversity in the types of drugs abused and an increasing abuse of methamphetamine. In Myanmar, inhalant abuse, in particular glue-sniffing, has continued to be observed, especially among street children. Also, a study in Myanmar on the abuse of amphetamine-type stimulants among secondary school students suggested that methamphetamine was the most abused drug, with a lifetime prevalence of 1.5 per cent and an annual prevalence of 0.8 per cent. Similarly, expert perception in Thailand pointed to a rise in the abuse of methamphetamine among secondary school and university students. Increasing abuse of amphetamine-type stimulants was also reported among young people in Cambodia and the Lao People's Democratic Republic.

485. Community-based treatment approaches have continued to gain popularity. The Government of Cambodia has further strengthened this approach, having provided ongoing drug abuse treatment to around 1,300 individuals in 2012 (87 per cent of whom were abusers of amphetamine-type stimulants). China has promoted community-based treatment approaches by designating 38 national model units and 51 piloting sites, while the Government of the Lao People's Democratic Republic has extended community-based treatment to include abuse of amphetamine-type stimulants. In 2012, Brunei Darussalam introduced a temporary release scheme for residents of a treatment centre prior to their definitive release; the aim was to facilitate their smoother reintegration into society.

South Asia

1. Major developments

486. Governments in the South Asia subregion continue to make notable efforts in responding to the threat posed by illicit drugs at the national and regional levels. The greatest drug-related challenges facing South Asia in 2013 remained trafficking in Afghan heroin; the rise in manufacturing and trafficking of methamphetamine, in both pill and crystalline forms; the diversion of controlled substances from licit to illicit channels; the abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances; and the smuggling of such preparations from India to neighbouring countries.

2. Regional cooperation

487. All of the countries in the subregion are members of the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific. Through the Colombo Plan, the countries of the subregion have continued their close partnership with one another, and with the other 21 members of the Colombo Plan that are outside of the subregion, on drug abuse prevention and control matters.

488. The Colombo Plan's Asian Centre for Certification and Education of Addiction Professionals successfully implemented several training events for national trainers on the universal treatment curriculum for substance use disorders in the region. In May 2014, the Centre rolled out the new universal prevention curriculum for substance use. A memorandum of understanding for partnership was signed by the Dangerous Drugs Board of the Philippines; the ASEAN Training Centre for Preventive Drug Education of the College of Education, University of the Philippines; and the Colombo Plan secretariat.

3. National legislation, policy and action

489. In India, out of over 2 million registered cancer patients and an equal number of HIV/AIDS patients as of 2014, about a million people in of each of those groups suffer from moderate to severe pain. However, there is a continued low level of availability of and access to opioids for pain relief in the country, despite the fact that India has long been a licit producer and exporter of opiate raw material, namely opium, a source of pain management medication. In March 2014, the Indian Parliament adopted amendments to drug control legislation to enable uniform, simplified rules to be issued by the central Government, leading to the removal of the regulatory barriers that had hindered the availability of such drugs for pain relief.

490. The Government of India issued the Narcotic Drugs and Psychotropic Substances (Regulation of Controlled Substances) Order, 2013, by which it repealed the 1993 Order of the same name. The 2013 Order designates a total of 17 precursor chemicals as controlled substances and has three schedules: A, B and C. Five of those substances are listed in schedule A (the highest classification for controls); persons engaged in their manufacture, distribution, transportation, sale, purchase, storage, consumption and destruction are required to obtain registration certificates from the Narcotics Control Bureau. Schedules B and C include all 17 precursor chemicals and requires those who engage in their export from or import into India to obtain a "no objection" certificate from the Narcotics Commissioner of the Central Bureau of Narcotics. With the 2013 Order, the Government hopes to track controlled substances from source to end user and strike a balance between the legitimate requirements of licit trade and an adequate enforcement regime to prevent the diversion of controlled substances.

491. The Government of India launched a system for online registration and submission of returns by manufacturers and wholesalers of psychotropic substances. The Government initiated the process of amending the rules of the Narcotic Drugs and Psychotropic Substances Act, 1985, to incorporate mandatory provisions for online registration and the submission of online returns by manufacturers and wholesalers of psychotropic substances.

492. The Narcotics Control Bureau organized awareness programmes to reduce the threat of drug abuse in society, especially among young students. The Bureau created awareness of drug abuse directly by addressing the students, while also involving their parents, teachers and counsellors.

493. The Financial Action Task Force recognized that Bangladesh and Nepal had made significant progress in the area of combating money-laundering and financing of terrorism, and as a result removed those States from its regular follow-up process in February and June 2014, respectively.

494. The authorities of Bangladesh continued their efforts to raise awareness of and provide education on the dangers of drug abuse. To that end, in 2013 they distributed some 4,200 posters, 49,310 leaflets and 14,400 stickers, and

organized 5,851 discussion meetings and 268 speeches at schools and colleges. According to figures released in 2014, the number of cases tried in drug courts in Bangladesh rose from 4,800 in 2012 to 5,200 in 2013.

495. The Maldives Customs Service set up an interdiction unit at Ibrahim Nasir International Airport to prevent trafficking of illicit drugs and other prohibited items by monitoring movements of passengers arriving in and departing from Maldives.

496. Enforcement agencies in the region need awareness-raising and training on the issue of trafficking in precursors and pharmaceutical preparations; capacity-building for law enforcement officials in this regard would help those agencies to gain a better understanding of the problem. Such capacity-building needs to be coupled with a strengthening of existing mechanisms for law enforcement coordination at the policy and operational levels.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

497. The South Asia region, owing to its location between the Golden Crescent (Afghanistan and Pakistan) and the Golden Triangle (Lao People's Democratic Republic, Myanmar and Thailand), continued to be particularly vulnerable to the trafficking of opiates and heroin. In addition, widespread trafficking of cannabis, synthetic drugs and new psychotropic substances persisted in 2013.

498. The trend observed over the past several years, namely the diversion of pharmaceutical preparations containing narcotic drugs and psychotropic substances from the Indian pharmaceutical industry, as well as trafficking, including through illegal Internet pharmacies, of those preparations, continued during the reporting period. The Government of India continued to take substantial measures to address the problem, including through legislative reform and the development of online systems.

499. In 2013, 12,818 cases of seizures of drugs were reported by the Narcotics Control Bureau of India, as compared with 10,796 cases in 2012, representing a significant increase of 18.7 per cent. The quantities of heroin, cocaine and cannabis resin seized in 2013 were the largest in the past five years.

500. The broad trend that emerges from the data reported by the Narcotics Control Bureau indicates that most of the seizures made in India in 2013 pertained to three drugs: heroin (4,609 cases, or 36 per cent), cannabis (4,592 cases, or 36 per cent) and cannabis resin (2,430 cases, or 19 per cent). The seizures of those drugs reflect an upward trend from 2012 to 2013, both in the number of seizures and the quantities seized.

501. The number of heroin seizures in India increased significantly, by 46 per cent, from 3,155 cases reported in 2012 to 4,609 cases in 2013. The quantities of heroin seized in 2013 stood at the highest level in the past five years. In 2013, 1,450 kg of heroin were seized, against 1,033 kg in 2012, an increase of 38 per cent. This could indicate increased levels of heroin of Afghan origin being trafficked into India. Almost 50 per cent was seized in the state of Punjab, which borders Pakistan. The larger consignments of Afghan heroin are first smuggled into India through Pakistan, and then smuggled out in smaller quantities to major drug consumer markets in Australia, Canada and Europe.

502. Cannabis, in terms of quantity, is the major illicit drug seized in India. The number of seizures of cannabis increased marginally (by 2.8 per cent), from 4,468 cases reported in 2012 to 4,592 cases in 2013). Indian agencies seized 91,792 kg of cannabis in 2013, up from 77,149 kg in 2012. However, the quantity of cannabis seized in 2013 remained significantly less than the 173,128 kg seized in 2010. Substantial quantities of cannabis are trafficked into India from Nepal. An associated trend is the trafficking of cannabis from north-eastern states of India to eastern and other states in the country.

503. The number of reported seizures of cannabis resin seizures increased by 19.6 per cent, from 2,013 cases in 2012 to 2,430 cases in 2013. The quantity of cannabis resin seized in 2013 was the largest in five years. In 2013, 4,407 kg of cannabis resin were seized, up from 3,385 kg in 2012. Other than domestic production of cannabis resin, Nepal is a major source for trafficking of this substance into India. The long, open border between India and Nepal is convenient for drug traffickers to exploit. Cannabis resin is also trafficked from India to other destinations in Europe and the Americas by means of courier parcels.

504. In India, 78 seizure cases related to cocaine were reported in 2013, an 8 per cent increase over the 72 cases reported in 2012. The quantity of cocaine seized increased from 44 kg in 2012 to 47 kg in 2013. As was the case for heroin and cannabis resin, the number of cocaine seizures was the highest in the past five years. Usually,

cocaine has been seized in small quantities in South Asia and its trafficking has historically been very limited; however, that may no longer be the case. In 2013, out of all the cocaine seized in India, 89 per cent (41.6 kg) was seized in Maharashtra and Delhi, which may indicate the development of a new domestic market for the drug, which is generally associated with affluent areas.

505. Seizures of opium decreased from 3,625 kg in 2012 to 2,333 kg in 2013, a decrease of 35.6 per cent. It is suspected that the opium seized in India is diverted from licitly cultivated opium poppy, while some may also come from illicitly cultivated opium poppy. Seizures of morphine declined significantly in 2013: only 7 kg of morphine were seized, down from 263 kg seized in 2012. The Narcotics Control Bureau continued to use satellite imagery, field surveys and intelligence-gathering to track and eradicate illicit poppy cultivation. Eradication operations were undertaken by law enforcement authorities. In 2013, approximately 2,139 ha of illicit poppy and 2,524 ha of cannabis were identified and eradicated. Concerted efforts regarding the eradication of illicit poppy have yielded encouraging results, and the area needing to be cleared of illicit poppy cultivation has been declining since 2011.

506. The vulnerability of Bangladesh to drug trafficking continued to be exacerbated by its long and porous borders with India and Myanmar. Illicit cannabis and opium poppy cultivation takes place in areas of Bangladesh bordering those two countries. There are anecdotal reports of illicit poppy cultivation in inaccessible areas of Bandarban district, which borders Myanmar. In 2013, 11.62 kg of opium were seized, compared with 4.84 kg and 8.07 kg in 2012 and 2011, respectively.

507. Trafficking of codeine-based cough syrups (such as phensedyl, Recodex and Corex) from India to Bangladesh continued to be reported. Although the Government of Bangladesh banned phensedyl under the 1982 drug ordinance, its medical use is allowed in India if produced in amounts that are under specific threshold levels. In 2013, close to 1 million bottles of codeine-based preparations were seized in Bangladesh, a decrease from the 1.3 million bottles seized in 2012. The quantities of bulk codeine seized have been decreasing steadily since 2010.

508. Seizures of heroin in 2013 in Bangladesh remained at the same level (124 kg) as in the preceding year. Heroin trafficked into Bangladesh continued to be smuggled from India and, to some extent, from the Golden Triangle countries.

509. Seizures of cannabis, trafficked from India (Tripura, Meghalaya and West Bengal states) to Bangladesh, declined in 2013, amounting to 35 tons, compared with 38 tons in 2012. Neither illicit cultivation nor wild growth of cannabis was to be found in Bangladesh, owing to the nature of the land.

510. Synthetic opiates such as buprenorphine and pethidine in injectable form continue to be trafficked into Bangladesh. The illicit use of those substances is increasing and is seen as an emerging threat in Bangladesh. Seizures of buprenorphine increased from 118,872 ampoules in 2011 to 131,114 ampoules in 2012.

511. Recent trends point to an increase in the trafficking of Afghan heroin in fairly large consignments through Sri Lanka. Average annual seizures, which stood at about 35 kg in 2011 and 2012, increased to 350 kg in 2013. The largest single amount was 260 kg, seized by Sri Lankan customs from a container that had originated in Karachi, Pakistan. In July 2014, the port control unit of the Colombo container control project seized 93.76 kg of heroin from a container that had originated in Pakistan. Almost 82 tons of cannabis from India were seized during the reporting period. The amount of cannabis seized decreased by 9.8 per cent from 2012 to 2013. However, the amount of heroin seized in 2013 increased by 90.5 per cent compared with the previous year.

512. While the first case of cocaine trafficking in Nepal was detected in 2012, in 2014 there were new instances of trafficking of cocaine to the country by carriers from Namibia, Pakistan and Thailand via Brazil and Peru.

(b) Psychotropic substances

513. The South Asia region is increasingly being used for illicit manufacture and use of amphetamine-type stimulants (ATS). Major seizures of ATS were observed in the north-eastern part of India, which borders Myanmar. The powder form of ATS is now increasingly being smuggled and illicitly manufactured in India, which is emerging as the main source of illicit ATS manufactured and trafficked in the region. However, tablets containing ATS that are trafficked in India are mostly smuggled into the country from Myanmar. With the exception of 2011, both the quantities of ATS seized and the number of seizures have been rising in India for the past five years. Although the seizure of 85 kg of ATS in 2013 was more than double the quantity seized in 2012 (41 kg), it remained significantly lower than the 474 kg seized in 2011. It should be noted that in 2011, out of a total of 474 kg of ATS seized, one single seizure accounted for 469 kg. In 2013, 23 seizures of ATS were reported, the highest level during the past five years. In 2013, the

Narcotics Control Bureau of India reported the dismantling of four illicit manufacturing facilities, from which about 28 kg of methamphetamines were seized.

514. Seizures of methaqualone recorded a sharp rise, from 216 kg in 2012 to 3,205 kg in 2013, the largest quantity during the past five years in India. Methaqualone is often trafficked by means of courier parcels to Australia, Canada, Ethiopia, South Africa, the United Kingdom and South-East Asia.

515. In Bangladesh, "yaba" (methamphetamine) continued to be smuggled across the south-eastern border from Myanmar. The quantities seized by Bangladesh law enforcement agencies have been rapidly increasing during the past five years. In 2013, 2.8 million "yaba" tablets were seized, compared with 1.95 million in 2012. Sharp increases in seizures have been recorded since 2011.

516. The Maldives Customs Service seized methamphetamine (3.1 kg) for the first time, at an airport. Maldives being a popular tourist destination, the possibility of growth in the phenomenon of synthetic drugs remains high.

517. Diazepam and buprenorphine ampoules are reported to be smuggled into Nepal from India. In 2013, 43,000 ampoules of diazepam and 31,000 ampoules of buprenorphine were seized in Nepal, which was less than the 72,000 and 58,000 ampoules of those substances, respectively, seized in 2012.

(c) Precursors

518. The number of reported seizures of ephedrine in India rose sharply, from 17 cases in 2012 to 61 in 2013. The quantity of ephedrine seized also rose, from 4,393 kg in 2012 to 6,655 kg in 2013.

519. The diversion of ephedrine from legal production in India to illicit channels remains a major challenge for law enforcement agencies. Seizures of pharmaceutical preparations containing ephedrine and pseudoephedrine that are being trafficked from India to Myanmar, for the extraction of the precursors, are frequently reported by Indian drug law enforcement agencies. Instances of ephedrine and pseudoephedrine trafficking to South-East Asia were also reported in 2013. Drug smugglers in India appear to be gradually shifting to ephedrine trafficking because of its higher profit margins.

520. In India, the number of seizures of acetic anhydride in 2013 went up from three cases in 2012 to eight cases in 2013. However, the quantity of seized acetic anhydride remained very low.

521. Bangladesh has a growing chemical and pharmaceutical industry, and has recently emerged as a source and transit location for methamphetamine precursors such as ephedrine and pseudoephedrine. The drug-related challenges facing Bangladesh authorities in 2013 continued to be the diversion of precursor-based pharmaceutical preparations from the legitimate market and the smuggling of shipments out of the country.

(d) Substances not under international control

522. India continues to be a source country for the trafficking of ketamine to South-East Asia. Ketamine is legally manufactured in India and, since February 2011, is a controlled substance under the Narcotic Drugs and Psychotropic Substances Act, 1985. In 2013, Indian law enforcement agencies seized 1,353 kg of ketamine, a significant increase from the 407 kg seized in 2012. Seizures indicate that ketamine is trafficked out of the country by air, by means of both cargo and passengers. Instances of ketamine being trafficked to Myanmar, the United States and Africa have also been reported. Seizures indicate the possibility of clandestine diversion from pharmaceutical companies.

5. Abuse and treatment

523. The prevalence of drug abuse by injection in South Asia in 2012 among the population aged 15 to 64 was 0.03 per cent, which was very low compared to the global average of 0.27 per cent according to UNODC.[51]

524. In the absence of any drug survey conducted in Bangladesh, there are no real estimates of the extent of the illicit drug market in the country. In Bangladesh, HIV prevalence was increasing until 2010 but is reported to have subsequently decreased. Department of Narcotics Control officials stated that assessment is based largely on their interaction with non-governmental organizations.

525. In recent years, drug abuse has spread not only within the urban areas but also to the rural areas of Bangladesh. The abuse of cannabis has increased gradually

[51] United Nations Office on Drugs and Crime, *World Drug Report 2014* (United Nations, 2014), table 3.

among poor, marginalized people such as day labourers and the populations of disadvantaged areas of the country. The abuse of "yaba" (methamphetamine) and codeine-based preparations continues to be widespread and still increasing in Bangladesh. Among street children, the abuse of glue and solvents by sniffing is common. According to a report based on the client monitoring system of Bangladesh, about 31 per cent of those who were admitted for drug-related treatment in 2013 were treated for heroin addiction, 27 per cent for cannabis addiction, 20 per cent for buprenorphine addiction and 1 per cent for sedative, hypnotic or tranquillizer addiction. Four per cent of drug abusers who were admitted for treatment in Bangladesh in 2013 indicated that they abused codeine cough syrup. Women continued to appear to make up a very small proportion of those receiving drug treatment in Bangladesh.

526. To identify the pattern of ATS abuse in India, UNODC conducted a study in the states of Manipur, Mizoram, Punjab, Tamil Nadu and West Bengal. The study evaluated the adverse health consequences related to abuse of ATS. It showed that methamphetamine pills and powder were the most commonly used forms of ATS. Most participants were in their early twenties and about half of them were found to be dependent users. A quarter of the participants reported experiencing psychiatric problems after use of ATS, including paranoia, hallucinations, depression and panic attacks. Eighteen per cent of the participants confirmed that they had been apprehended by the police after abusing ATS, which suggests a link between the use of ATS and crime. Following that study, plans were made to establish, with UNODC assistance, two regional centres, one in Chennai (southern India), in collaboration with Psymed Hospital, and one in Mizoram (north-eastern India), in collaboration with the Presbyterian Hospital, Durtlang. Those centres would aim to develop comprehensive treatment models and standard operating procedures and guidelines for health-care providers.

527. According to the National AIDS Control Organization of India, in 2013 there were approximately 180,000 people who were injecting drugs in the country. The prevalence of HIV among that group was 7.2 per cent.

528. In 2013, a pilot project was initiated at the National Drug Dependence Treatment Centre of the All India Institute of Medical Sciences to offer methadone maintenance treatment to drug users in India. The aim of the project was to test the effectiveness and feasibility of methadone maintenance treatment in the Indian context and to develop an action plan for rolling out the programme. With a 36 per cent retention rate across all participating centres, the project was well received by drug users and their families as a treatment option.

529. The estimated number of registered drug users in Sri Lanka was 245,000, of which 200,000 used cannabis and 45,000 used opioids. In 2013, a total of 1,364 people received drug treatment in that country. Among them, 1,141 were treated for opioid addiction and 223 for cannabis addiction.

530. The first-ever network of and for women drug users in Nepal, called the Nepal Drug Users Prevention Association, was launched by UNODC in collaboration with Dristi Nepal, a non-governmental organization based in Kathmandu.

West Asia

1. Major developments

531. The political instability caused by situations of armed conflict and political strife in West Asia, particularly in Iraq, Lebanon, the Syrian Arab Republic and the State of Palestine, has continued to weaken governance structures, hamper existing drug control efforts in the region and pose new challenges to those efforts.

532. The deterioration in the capacity of several States in the region to exercise effective control over their borders and territory has been exploited by traffickers seeking to profit from lucrative illicit drug markets in the countries affected. Moreover, the humanitarian situation in the region caused by large numbers of refugees, internally displaced persons and injured civilians has strained the resources of States directly affected by the conflicts, as well as of neighbouring States taking in large numbers of refugees. The crisis situation in the Syrian Arab Republic clearly creates conditions favourable to the illicit manufacture and trafficking of tablets sold as Captagon (often containing amphetamine) destined for regional markets.

533. Afghanistan set a new record for opium poppy cultivation in 2014, reaching 224,000 ha, 7 per cent more than the previous year. Production of opium also increased by 17 per cent over the previous year, to 6,400 tons, as illicit opium poppy cultivation increased in the majority of poppy-cultivating provinces. Production of cannabis resin in Afghanistan was reported to have increased in 2012, despite the fact that cultivation of cannabis plant decreased. The majority of farmers surveyed

in 2013 mentioned the high income derived from the sale of illicit crops as the main reason for the cultivation of illicit opium poppy.

534. The number of seizures of illicit drugs (narcotic drugs and psychotropic substances) in the Middle East subregion increased significantly from 2012 to 2013. Cannabis has always been and continues to be grown and consumed in the subregion, where a growing number of seizures of cannabis resin have been reported.

535. There is evidence that heroin trafficking routes leading out of Afghanistan have diversified, with greater trafficking via Iran (Islamic Republic of), Pakistan, the Middle East and Africa now being reported, as well as increasing trafficking via maritime routes. Additionally, Afghan heroin is increasingly found in new markets as far away as South-East Asia and Oceania; it is possible that it is being sent to those markets to offset declines in heroin consumption in Western and Central European markets.

536. Countries in West Asia, whose geography and extensive coastlines and borders have made them particularly favourable for use as transit areas, have now also become countries of abuse and trafficking. Trafficking and abuse of cocaine and heroin in particular have emerged in some countries in the region.

537. Abuse of stimulants such as amphetamines and cocaine is increasingly problematic in parts of West Asia. Amphetamine dominates the market, and large seizures continue to be reported in the region, with over 12 tons seized in 2012, representing more than half of global seizures. Seizures of methamphetamine have been reported throughout the region, from Afghanistan to Turkey, while abuse has been reported in Iran (Islamic Republic of), Israel and, to a lesser degree, Pakistan. Seizures of cocaine continue to increase, although prevalence of abuse still appears to be relatively low.

538. Growing political instability, civil conflict and insurgency in many countries in the region, as well as the spillover into neighbouring countries, threaten to reverse the region's limited progress towards achieving the goals set out in the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.

2. Regional cooperation

539. Regional cooperation is essential in West Asia, as the region lies at a crossroads in the global trafficking of opiates, cannabis and precursor chemicals. Stability remains a primary concern in many countries of the region, as well as a concern of the Security Council, and much of the cooperation is increasingly focused on improving political stability in several countries, particularly in Afghanistan, following the conclusion of the International Security Assistance Force (ISAF) mission.

540. The League of Arab States and the Cooperation Council for the Arab States of the Gulf (GCC) play a fundamental role in enhancing cooperation among countries in the region. Several meetings were held during the past year with a view to facilitating effective cooperation in drug control between Member States.

541. Effective bilateral security coordination, in particular between Bahrain, Saudi Arabia and the GCC Criminal Information Centre to Combat Drugs, led to the prevention of several attempts to smuggle tablets sold as Captagon and to the arrest of drug traffickers in the region.

542. Efforts were undertaken by UNODC to promote linkages and cooperation between similar regional information-sharing groups, such as the GCC Criminal Information Center to Combat Drugs, the Central Asian Regional Information and Coordination Centre, the Joint Planning Cell and the Southeast European Law Enforcement Center, with the aim of more effectively countering international drug trafficking flows. An interagency meeting entitled "Networking the networks: an interregional drug control approach to stem drug trafficking" was held in Istanbul, Turkey, in December 2013, to identify priorities and avenues for such enhanced cooperation.

543. In February 2014, the Board participated in the first INTERPOL meeting of heads of drug control units in the Middle East and North Africa, which focused on the most commonly abused drugs, including tramadol, amphetamine-type stimulants and tablets sold as Captagon, and on large-scale interceptions of heroin.

3. National legislation, policy and action

544. In December 2013, Afghanistan adopted the National Drug Demand Reduction Policy for the period 2012-2016. Its main objectives are to prevent vulnerable groups, such as children and adolescents, from becoming drug abusers, to reduce the social and health impact of drug abuse in affected communities, to provide access to high-quality standardized licensed therapeutic and

rehabilitation services for all drug abusers and to establish epidemiological and policy coordination centres to collect, analyse, disseminate and use drug demand data.

545. The Government of Turkey implemented its new national policy and strategy document on drugs for the period 2013-2018, which covers the activities of various ministries, public institutions and organizations regarding supply reduction, demand reduction, international cooperation, data collection, research, evaluation and coordination at the national level. A new approach in demand reduction treats drug addiction as an important public health issue and promotes prevention activities, support for the medical treatment of drug addiction and the prioritization of social reintegration activities. In addition, a large number of non-scheduled new psychoactive substances were placed under national control in Turkey in 2013 and 2014, including synthetic cannabinoids, cathinones and piperazines.

546. A number of other countries have amended legislation in response to the growing threat posed by new psychoactive substances. In 2013, the Government of Israel added emergency scheduling powers to its existing drug control legislation, whereby new psychoactive substances may be expediently added to the urgent declarations of substances prohibited for distribution, bringing such substances temporarily under control for one year while they undergo review for permanent listing under the Dangerous Drug Ordinance. In 2014, numerous additional new psychoactive substances were temporarily brought under control, while those added in 2013 were permanently added to the country's drug control legislation. The legislative amendments empower Israeli law enforcement authorities to seize and destroy substances considered dangerous, thus making it the responsibility of the possessor to prove the harmlessness of the substances. In December 2013, Georgia's law on narcotic drugs, psychotropic substances and precursors and narcological assistance was amended to include several synthetic cannabinoids, with the threshold for the minimum amount of illicit possession set at 0.05 g.

547. The Board notes with concern reports that the Council of State of Oman proposed to make use of the death penalty for offences related to drug trafficking into Oman. The Board wishes to draw attention to its statement of 4 March 2014, in which it encouraged States that retain and continue to impose the death penalty for drug-related offences to consider abolishing the death penalty for such offences.

548. The Government of Kuwait is in the process of incorporating into its national legislation provisions for special investigative techniques, including controlled deliveries, in accordance with the provisions contained in article 1 of the 1988 Convention, in order to enhance cross-border operations.

549. In their efforts to better address growing illicit activities and drug trafficking, a number of laws on drug control, money-laundering and cybercrime have been adopted in the State of Palestine. In addition, a national plan on drug control, crime prevention and criminal justice reform for the 2014-2017 period was developed with the assistance of UNODC.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

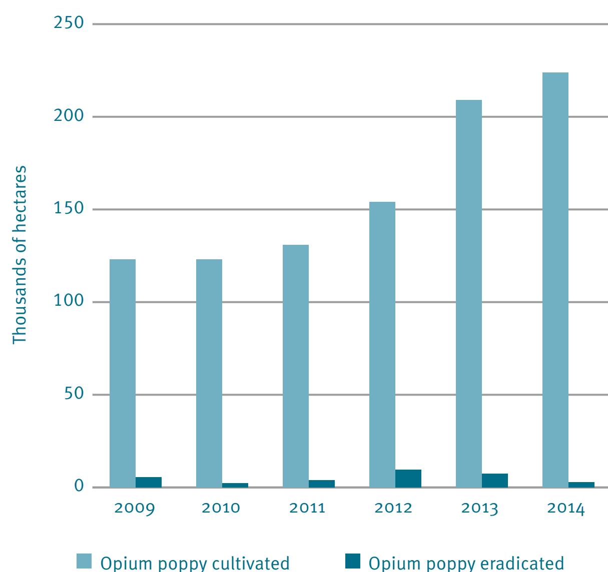
550. In 2014, illicit cultivation of opium poppy in Afghanistan set another record, at 224,000 ha, an increase of 7 per cent over the previous year and part of a long, continuing trend of increasing illicit cultivation. More than half of the country's 34 provinces have opium poppy cultivation in excess of 100 ha, with illicit cultivation involving hundreds of thousands of households.

551. The vast majority (89 per cent) of Afghanistan's illicit opium poppy cultivation took place in nine provinces in the southern and western areas of the country, which include the country's least secure provinces. Cultivation of opium poppy in Afghanistan is inversely related to security: as security deteriorates, illicit cultivation increases. As the ISAF mission comes to a close in 2014, the Board is concerned that a deterioration in the security situation could result in yet further increases in illicit crop cultivation.

552. Eradication of opium poppy fields, one of the Afghan Government's tools to reduce the amount of opium available for heroin manufacture, has yielded little to no tangible effect on opium production. Between 2009 and 2014, less than 4 per cent of the annual area under cultivation in Afghanistan was verifiably eradicated (see figure III below). The total area of opium poppy cultivation eradicated decreased by 63 per cent between 2013 and 2014, to 2,692 ha, or just 1.2 per cent of the total area under cultivation. Further declines in the total area of verified opium poppy eradication seen in 2014 were the result in part of a decreasing security situation in main cultivating provinces, which resulted in unsafe conditions for manual eradication efforts led by provincial governors.

553. Farmers rely on the higher income derived from the sale of illicit crops. Additionally, alternative livelihood assistance is not available to all farmers in all areas of the country cultivating illicit crops. With little chance of illicit crops being eradicated and limited alternatives, the benefits of cultivation of illicit crops far outweigh any risk to the farmers' investment. The Board strongly urges the Government of Afghanistan, in partnership with the international community, to increase its efforts to reduce opium poppy cultivation.

Figure III. Opium poppy illicitly cultivated and eradicated in Afghanistan, 2009-2014

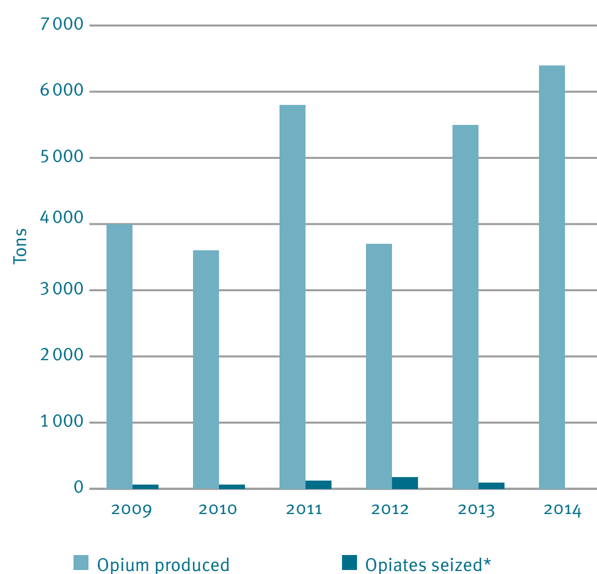


Sources: UNODC and Afghanistan, Ministry of Counter-Narcotics; and UNODC, *World Drug Report 2014*.

554. Afghanistan accounts for 80 per cent of the estimated global illicit production of opium, according to UNODC 2013 estimates. Production of opium—which results in, among other things, illicit manufacture of morphine and heroin—increased to 6,400 tons in 2014, an increase of 17 per cent over the previous year's total. Despite some increase, Afghan opium yields in 2014 (29 kg per ha) continued to be somewhat lower than the previous five-year average (31 kg/ha), mainly owing to poor weather conditions in parts of Afghanistan.

555. Although Afghan authorities have over the past decade made an increasing amount of drug seizures, only a small fraction of opium and related opiates (i.e., heroin and morphine) are seized in the country, averaging less than 3 per cent of the estimated annual opium production between 2009 and 2013 (see figure IV below). This means that seizure represents only a small risk to traffickers compared with the illicit income generated by Afghan drug trafficking, which UNODC estimates to be $2.2 billion annually, and the profits from which fuel an entrenched culture of corruption in Afghanistan, as well as in other countries throughout the region.

Figure IV. Opium produced illicitly, 2009-2014, and opiates seized in Afghanistan, 2009-2013



Sources: UNODC, *World Drug Report 2014*; UNODC and Afghanistan, Ministry of Counter-Narcotics, *Afghanistan Opium Survey 2014*; and Afghanistan, Ministry of the Interior and the Counter-Narcotics Police of Afghanistan, *Annual Achievement Report for 2013*.

* Seizure data for 2014 were not available at the time of publication.

556. The modest seizure rate in Afghanistan shifts the burden to neighbouring countries, particularly as cultivation and production levels increase. For example, the National Drug Control Headquarters of the Islamic Republic of Iran reported a considerable rise in seizures of opium, heroin and morphine in 2013, which increased 14 per cent, 53 per cent and 49 per cent, respectively, from 2012. The increasing flow of opiates out of Afghanistan creates a domino effect further down the supply chain, such as in Armenia, where in January 2014 customs officers discovered 928 kg of heroin hidden in a truck coming from the Islamic Republic of Iran en route to Turkey via Georgia.

557. Maritime routes that depart from ports in Iran (Islamic Republic of) and Pakistan are increasingly being utilized to smuggle Afghan heroin, as the use of physical barriers and monitoring posts along the eastern land border of the Islamic Republic of Iran has made overland trafficking increasingly difficult. Iranian authorities reported seizures of 7.5 tons of narcotic drugs as a result

of sharing intelligence with the country's maritime neighbours in the first 10 months of 2013. Seizures of heroin at seaports by the Pakistani authorities more than doubled over the previous year, approaching 1.2 tons in 2013.

558. The amount of heroin seizures reported by the Jordanian authorities has more than doubled over the past three years, totalling 244 kg in 2013, compared with 92 kg in 2011. Eighty per cent of the heroin seized in Jordan was destined for Israel. In June 2014, 24 kg of pure heroin were seized at the Dubai International Airport by Dubai Customs, the largest smuggling attempt in 10 years.

559. With respect to heroin seizures in Bahrain, following an exceptional level of seizures in 2012 (more than 8 kg), the total quantity seized in 2013 dropped to 1.7 kg.

560. Afghanistan continues to be one of the largest known producers of cannabis resin, with total cannabis plant cultivation estimated to be 10,000 ha in 2012, yielding an estimated 1,400 tons of resin, which is 8 per cent higher than the estimate for the previous year. The price of cannabis resin in Afghanistan declined in 2012, even as seizures in the country rose to nearly triple the amount of the previous year, reaching 160 tons. According to UNODC, no price decreases were reported in neighbouring Kazakhstan, Kyrgyzstan or Pakistan, likely owing to the increased seizures reported in those countries. Pakistan, for example, reported seizing 105 tons of cannabis resin, an 80 per cent increase compared with 2012.

561. In 2013, although the number of seizures of opiates in the Middle East subregion declined from the number in 2012, the quantity seized doubled. Illicit cultivation of cannabis plants continues in some areas of the Middle East, in particular the Bekaa valley in eastern Lebanon, where eradication remains a challenge. Cannabis plants, seeds and oil are frequently seized in the subregion.

562. More than 5 tons of cannabis were seized in Jordan in 2013, a considerable increase compared with the 1.9 tons seized in 2011. According to the data provided to the Board by the Kuwaiti authorities, seizures of cannabis more than doubled during the past three years. In 2013, the total quantity seized amounted to 1.1 tons, compared with less than 500 kg in 2011. In contrast, seizures of narcotic drugs reported by Bahrain showed a significant declining trend.

563. In 2013, seizures of cannabis resin in the Middle East subregion increased considerably. Israel reported seizures of 1,594 kg of cannabis resin. Nearly 500 kg of cannabis resin were seized in Jordan, and total seizures reported by the Syrian Arab Republic amounted to 267 kg, representing more than double the quantity seized in 2012. Furthermore, 12.5 kg were seized in Lebanon, representing an upturn compared with 2011, when 700 g were seized. In contrast, information made available to the Board shows that seizures of cannabis resin in Bahrain dropped from more than 2 kg in 2011 to 5 g in 2013.

564. Cannabis resin seized in Jordan in 2014 originated in Lebanon and Afghanistan. About 10 per cent of it was destined for the domestic illicit market and the rest for Israel and Saudi Arabia.

565. The increased use of alternative trafficking routes, including maritime routes, may be having an impact on opiate and cannabis seizures reported throughout Central Asia. For 2013, notwithstanding individual country differences, seizures of opiate and cannabis substances were largely unchanged from 2012, with a little more than 90 tons reported seized, according to the Central Asian Regional Information and Coordination Centre.

566. As has been noted with concern by the Board in the past two years, there has been an increasing flow of cocaine to West Asia. This is reflected in rising seizures, both in numbers and amounts, throughout West Asia, as trafficking groups possibly identify emerging markets in which to expand, in order to offset the declines seen in large established cocaine markets such as North America and Western Europe.

567. Israel and the United Arab Emirates were among the four Asian countries reporting the largest cocaine seizures in 2012. The United Arab Emirates, a traditional transit country for large numbers of passengers, fuels new markets in Africa and Asia. Likewise, Jordan and the Syrian Arab Republic serve as transit countries, while other countries, including Israel and Lebanon, have emerged as destinations for cocaine. In 2012, 570 kg of cocaine were seized in Saudi Arabia, 204 kg in the United Arab Emirates, 171 kg in Israel and 66 kg in the Syrian Arab Republic.

568. The Israel Anti-Drug Authority estimates that some 3 tons of cocaine are smuggled into that country annually, increasingly in liquid form, often found in wine bottles or absorbed into clothing items. In Turkey, seizures of cocaine have increased five-fold during the past five years, with 450 kg reported seized in 2013, as West African criminal groups increasingly supply cocaine to Turkish markets. Pakistan's Anti-Narcotics Force also reported seizures of cocaine in 2013 and provided intelligence that assisted in effecting significant seizures of cocaine abroad.

(b) Psychotropic substances

569. Trafficking in amphetamine-type stimulants, such as tableted amphetamine (Captagon) and methamphetamine ("yaba") and methamphetamine in crystalline form, continues to be of concern throughout West Asia. Growing use of synthetic drugs has been reported in a number of countries in the Middle East subregion, including Jordan, Kuwait, Qatar and the United Arab Emirates. Operations conducted by States in the region regularly result in large seizures of amphetamine-type stimulants, including those sold as Captagon. In that context, the Board encourages Governments in the subregion to continue to enhance their efforts to monitor the situation regarding amphetamine-type stimulants, including in cooperation with the SMART programme of UNODC.

570. Trafficking among and abuse of amphetamine in countries in the Middle East continued to be regularly reported. However, although the number of seizures of that substance remained stable, the amounts seized declined noticeably. Amphetamine seized in Saudi Arabia fell to 977 kg in 2013, compared with 5.2 tons the year before.

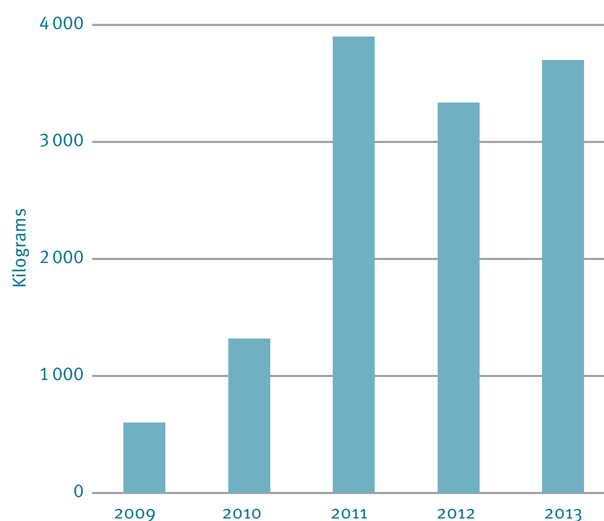
571. Almost all countries in the Middle East reported seizures of tablets sold as Captagon in 2013, in particular Saudi Arabia, Lebanon, Jordan and Yemen (in order of largest total seizures). Total seizures increased noticeably, both in quantity and in number. Saudi Arabia continues to be the destination country of choice. The World Customs Organization reported that customs authorities in the Middle East seized 11 tons of Captagon in 2013 and that Captagon was smuggled mostly in vehicles or by sea. Saudi Arabia reported seizures of nearly 8 tons of Captagon, followed by Lebanon and by Jordan, where more than 22 million Captagon tablets were seized.

572. Most of the Captagon tablets are smuggled through the unofficial land-border crossings between the Syrian Arab Republic and Jordan, and then transit Jordan, with Saudi Arabia as the main final destination.

573. Turkey reported seizing 105 kg of methamphetamine in 2013, a significant decrease from the more than 500 kg of seizures reported in 2012. Methamphetamine is often trafficked via Turkey to East Asia (Indonesia, Japan, Malaysia, Singapore, Thailand and Viet Nam). Turkey and several other countries in the region continue to identify the Islamic Republic of Iran as the main source of methamphetamine seized. However, stronger interdiction efforts in the Islamic Republic of Iran may be responsible in part for the sharp decrease in seizures reported in Turkey.

574. The number of dismantled illicit methamphetamine laboratories in the Islamic Republic of Iran rose sharply, to 445 in 2013, more than double the number in the previous year. Seizures of methamphetamine in that country were also considerable, among the highest reported total seizures worldwide: 3.7 tons of methamphetamine were reported seized in the country in 2013, 10 per cent more than in 2012 (see figure V below). Additionally, illicit methamphetamine manufacture appears to have spread to neighbouring Afghanistan, with the confirmed dismantling of a clandestine laboratory occurring for the first time in 2013. The laboratory was discovered in the south-western province of Nimroz, which borders the Islamic Republic of Iran.

Figure V. Seizures of methamphetamine in the Islamic Republic of Iran, 2009-2013



Sources: Islamic Republic of Iran, Drug Control in 2013 and the National Drug Control Headquarters (2014); and UNODC data for the period 2009-2012.

575. In Israel, the amount of methamphetamine intercepted increased to 88 kg in 2013, more than double the quantity reported in 2012; the number of seizures followed a similar upward trend.

576. Abuse of pharmaceuticals containing psychotropic substances, in particular benzodiazepines, continues to be a serious concern in parts of West Asia. Seizures of diazepam, alprazolam and clonazepam were regularly reported.

577. The ability of many Governments in the region to accurately detect and report on the numerous, often confusing, psychotropic and new psychoactive substances

encountered, such as methylphenidate, amphetamine and methamphetamine, is hampered by the limited technical capacity of their forensic laboratories. The UNODC international collaborative exercises programme allows forensic laboratories to continuously monitor their drug-testing performance on a global scale, an essential element for any laboratory quality management system and, ultimately, laboratory accreditation. Currently, however, only 9 of 24 West Asian countries take part in the programme. The Board encourages all Member States in the region to take part in the international collaborative exercises programme and other UNODC technical assistance programmes intended to strengthen the capacity of forensic laboratories.

(c) Precursors

578. Afghanistan is not a manufacturer of acetic anhydride, a chemical needed for the manufacture of heroin, and this precursor is not legally allowed to enter the country. However, acetic anhydride continues to be smuggled into Afghanistan after domestic diversion in other countries. For example, in June 2013, customs authorities of the Islamic Republic of Iran intercepted approximately 18 tons of acetic anhydride that had been shipped from China and were destined for Afghanistan. That seizure accounted for 54 per cent of the total amount of acetic anhydride seized in the Islamic Republic of Iran in 2013. Intelligence related to this seizure was communicated via PICS. However, not all countries in the region received the PICS automated alerts, as they were not registered with the system. The Board urges the remaining countries of West Asia not registered with PICS, namely Armenia, Kuwait, Oman, Saudi Arabia, the Syrian Arab Republic, Turkmenistan, Uzbekistan and Yemen, to register with the system.

579. The Board noted in its annual report for 2013 that eight countries of West Asia, namely Bahrain, Georgia, Iran (Islamic Republic of), Israel, Kuwait, Turkmenistan, Uzbekistan and Yemen, had not requested to be informed of impending shipments of precursor chemicals prior to their departure from exporting countries, as outlined in article 12, paragraph 10 *(a)*, of the 1988 Convention. Effective May 2014, the Government of Yemen requires pre-export notification for imports of all Table I and II substances. The action by Yemen notwithstanding, lack of action by the other countries in the region puts not only themselves, but also neighbouring countries, at heightened risk of diversion. The Board again urges countries that have not invoked their right to require pre-export notification for all substances included in Tables I and II of the 1988 Convention to do so without further delay.

(d) Substances not under international control

580. Trafficking and abuse of known medicaments and plant-based substances with psychoactive properties, such as khat (*Catha edulis*), that are not under international control continue to pose a more prominent problem in the region than do synthetic-based new psychoactive substances, but abuse of new psychoactive substances is growing in parts of West Asia. Trafficking and abuse of tramadol, a synthetic opioid, continued to be reported in most countries in the Middle East, and abuse of khat continued to be reported on the Arabian peninsula.

581. The Board notes that tramadol, a synthetic opioid that is not under international control, has been placed under national control in most countries in the Middle East. Tramadol is a prescription-only medication and is already controlled under national legislation on psychotropic substances and/or narcotic drugs in Bahrain, Jordan, Qatar and Saudi Arabia. Abuse of tramadol is reported by many countries in the West Asia subregion.

582. Turkey has reported significant increases in the trafficking of synthetic cannabinoids, referred to locally as "bonsai", with seizures, effected primarily among street dealers, increasing 22-fold between 2011 and 2013. Synthetic cannabinoids are typically smuggled into Turkey from China, European countries and the United States. However, the Government also reported that in 2013 it had dismantled facilities producing synthetic cannabinoids.

583. It is necessary for concerned Governments to share in a timely manner information on suspicious shipments of and trafficking in new psychoactive substances in order to support investigations into the points of manufacture, production and packaging, export and distribution of such substances. The Board's international initiative on new psychoactive substances (Project Ion) coordinates practical activities for the gathering and sharing of information as a means to support law enforcement and regulatory agencies, in line with the recommendation of the Commission on Narcotic Drugs in its resolution 57/9. The Board urges the remaining 11 Governments of West Asia that have not yet nominated law enforcement and regulatory focal points under Project Ion to do so without delay.

5. Abuse and treatment

584. Nearly 20 per cent of the world's opiate abusers reside in West Asia, as increasing production of opium in Afghanistan has resulted in greater abuse of opium and heroin, primarily in that country and in neighbouring countries located along the recently expanding trafficking routes. For example, the annual prevalence of opiate abuse among adult Pakistanis aged 15-64 years has grown from 0.7 per cent in 2006 to 1.0 per cent in 2013, concurrent with increases in trafficking of opiates via Pakistan. In addition to Pakistan, UNODC estimates the current annual prevalence of opiate abuse among adults to be highest in Afghanistan (2.3-3 per cent), Azerbaijan (1.3-1.7 per cent) and the Islamic Republic of Iran (2.3 per cent).

585. Abuse of drugs in Afghanistan, in particular opiates, appears to be increasing. The 2012 Afghanistan National Urban Drug Use Survey found that 1 in 10 urban households had a person who had tested positive for drugs, most commonly for opiates. The study estimated current drug abuse prevalence at 7.5 per cent of the general population aged 16 years and older, a figure notably higher than the previous estimates. As of 2013, 109 drug treatment centres providing pretreatment, treatment, post-treatment and aftercare services were operating throughout the country, and capacity had increased during the past two years, although the centres still had service capacity for less than 6 per cent of the estimated number of opiate-addicted persons.

586. Drug treatment capacity has also notably increased in the Islamic Republic of Iran, where the number of persons receiving treatment in 2013 was 755,394, an 18 per cent increase since 2009. In 2013, 5,223 drug treatment centres were operating in the country, including those providing methadone substitution and buprenorphine substitution therapy to 267,844 and 24,029 persons, respectively.

587. 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 addiction. In that context, the Board notes that the opioid substitution treatment programme launched in Lebanon in 2012 is now fully operational, and that 949 patients were registered as of December 2013. In a similar effort, in 2013 UNODC provided policy advice and technical assistance in the State of Palestine through the Ministry of Health, for the introduction of opioid substitution therapy.

588. Given the lack of reliable data on the extent of drug abuse in the region in general, governmental and non-governmental entities that specialize in drug addiction treatment in Jordan are working together to create a national database on drug abuse. Establishing an accurate estimate of the extent of the phenomenon of drug abuse will assist in the development of better-suited and tailored strategies.

589. The spread of disease through unsafe injecting practices, such as the sharing of used injecting equipment, continues to be a significant problem in several countries in West Asia. The prevalence rates for opiate abuse by injection among the general population in Afghanistan, Iran (Islamic Republic of) and Pakistan are among the highest in the world, estimated to be 1.5 per cent of the adult population in those three countries. Countries with a high prevalence of opiate abuse tend to have an elevated prevalence of people who inject drugs and are also living with HIV. For example, 28.8 per cent of people who inject drugs in South-West Asia were estimated to be HIV-positive, more than double the global prevalence among people who inject drugs, which was estimated to be 13.1 per cent in 2012. The prevalence rate for South-West Asia largely reflects the high prevalence of HIV-positive people among people who inject drugs in Pakistan, estimated to be 37 per cent.

590. There is still a lack of sufficient and reliable data to assess the levels of HIV infection and transmission in order to be able to assess the extent of emerging HIV epidemics that have been reported among people who inject drugs in most countries in the Middle East. According to the findings of a medical study in Bahrain and Oman, 10-15 per cent of people who inject drugs are HIV-positive. Although the HIV epidemics among people who inject drugs remain in their early phases, it is estimated that there are 626,000 people who inject drugs in the Middle East. In other countries, including Jordan, Lebanon, the Syrian Arab Republic and the State of Palestine, the transmission of HIV among this at-risk population was found to be limited.

D. Europe

1. Major developments

591. Most countries in Western and Central Europe have reported a decline in the prevalence of heroin abuse and in the number of people commencing treatment for heroin abuse for the first time, accompanied by an overall decrease in the quantity of heroin seized. However,

there are concerns that heroin is being partly replaced as a substance of abuse by synthetic opioids, such as fentanyl, buprenorphine and methadone. In some countries, such substances now account for the majority of opioid treatment cases. In the subregion, deaths associated with heroin abuse are declining, while deaths linked to synthetic opioids are on the rise. Changing patterns with regard to injecting drug abuse, with a possible trend away from injection of heroin to injection of synthetic opioids, amphetamine-type stimulants or new psychoactive substances, have also been noted in some countries of the subregion.

592. Eastern and South-Eastern Europe have a significantly higher prevalence of injecting drug abuse, as well as of HIV among people who inject drugs, than the global average. Within those subregions, relatively high rates of injecting drug abuse were observed among the populations of Belarus, the Republic of Moldova, the Russian Federation and Ukraine.

593. The levels of opiate abuse in Eastern Europe, supported by the supply of heroin from Afghanistan, are significantly higher than the global average. An increase in the proportion of admissions for treatment that were for cannabis abuse (from 8 per cent to 15 per cent) could be observed in Eastern and South-Eastern Europe between 2003 and 2012.

594. In 2013, an increased use of the Balkan route for trafficking of illicit drugs could be observed, although the amounts involved were not as large as during the peak period of 2007. Seizures of heroin along the Balkan route increased, as heroin continued to be redistributed in the Netherlands and, to a lesser extent, Belgium for illicit markets in Western Europe.

595. In 2013, South-Eastern Europe continued to see an expansion in the trafficking of Albanian cannabis herb. At the same time, many countries of the subregion continued to experience an increase in the local production of cannabis herb, including a highly potent form of this substance.

596. The availability and abuse of new psychoactive substances remains a major public health challenge in Europe, with a record level of such substances newly identified in 2013 and an increasing involvement of organized criminal groups in the market. Governments are continuing to take measures to address the problem, at both the national and the regional levels, for instance by placing individual substances or groups of substances under national control or by introducing temporary bans on potentially harmful substances.

2. Regional cooperation

597. The seventy-third meeting of Permanent Correspondents of the Pompidou Group of the Council of Europe, held in November 2013, resulted in the adoption of the Declaration on Protecting Public Health by Ensuring Essential Services in Drug Policy under Austerity Budgets. In the Declaration, the representatives of States participating in the meeting noted with concern changing patterns of drug abuse under circumstances of strict austerity measures and their impact on public health. The potential changes identified included: a possible risk of earlier onset of drug abuse; an increasing prevalence of injecting drug abuse, relapses, risk-taking and overdosing, particularly among vulnerable groups; and an increasing incidence of polydrug abuse. They committed the Pompidou Group to working on that issue and called on other international organizations and non-member States to support the Group's efforts to mitigate such consequences of economic crises and resulting austerity measures, in particular by joining the Group's efforts to create safeguards against stigmatization and discrimination against people who abuse drugs.

598. The countries and areas of the western Balkans, including Albania, Bosnia and Herzegovina, Montenegro, Serbia, the former Yugoslav Republic of Macedonia and Kosovo,[52] continued to strengthen cooperation with European Union member States in the area of drug control during the reporting period. In May 2014, representatives of European Union member States and countries of the western Balkans met in Brussels to engage in a dialogue on drugs. At that meeting, which was the first since the adoption of the joint declaration of the European Union and the western Balkans on strengthening cooperation in the area of drug control and updating the 2009-2013 action plan of the European Union and the western Balkans on drugs, participants discussed past achievements with regard to cooperation between the regions, as well as the most recent developments in drug monitoring and policy. The aforementioned declaration was adopted by ministers of home affairs of European Union member States and western Balkan States on 20 December 2013 in Montenegro, demonstrating the commitment of all parties to strengthening national drug information systems.

599. In April 2014, an agreement between the European Union and the Russian Federation on precursor chemicals came into effect, aimed at strengthening cooperation

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

to prevent the diversion of precursors from legitimate trade by monitoring trade in precursors between the parties and providing mutual assistance to prevent diversion.

600. Bilateral cooperation in addressing drug trafficking in the region continued to intensify among the countries of Eastern and South-Eastern Europe. In 2013, the Minister of Security of Bosnia and Herzegovina and the Ministers of Interior of Montenegro and Serbia signed a protocol on the establishment of the Joint Centre for Police Cooperation in Trebinje, Bosnia and Herzegovina. Bosnia and Herzegovina and Serbia signed a security agreement in November 2013 that established procedures for the exchange of information, police cooperation and measures to combat crime.

3. National legislation, policy and action

601. In November 2013, regulations were adopted by the European Parliament and the Council of the European Union to introduce more stringent controls on acetic anhydride and place under control *alpha*-phenylacetoacetonitrile (APAAN) and medicinal and veterinary products containing ephedrine and pseudoephedrine. Those regulations will take effect 18 months after their adoption, namely in 2015. In July 2014, a new system controlling the sale of so-called "initial and auxiliary substances" entered into force in the Czech Republic. Initial substances covered included red phosphorus, which is used in the illicit manufacture of methamphetamine, and *gamma*-butyrolactone and 1,4-butanediol, which are used in the illicit manufacture of *gamma*-hydroxybutyric acid.

602. In January 2014, the Ministry of Health of France authorized the sale of the cannabis-based medicine Sativex for treatment of patients suffering from multiple sclerosis. In June 2014, the Government of Slovenia approved a change in the Decree on Classification of Illicit Drugs which would allow doctors to prescribe registered medicinal products containing cannabinoids. In July 2014, regulations were signed in Ireland to allow authorized cannabis-based medicinal products to be legally prescribed by medical practitioners and used by patients. In 2013, stricter criteria were introduced in Iceland for the prescription of some specific substances, such as methylphenidate.

603. A supervised "drug-use facility" was established as a pilot initiative in October 2013 in Athens by the Greek Organization against Drugs. The Board looks forward to a continuing dialogue with Governments that have permitted such "consumption rooms" and reiterates its concern that such facilities could be inconsistent with the provisions of the international drug control conventions.

604. In May 2013, the Cabinet of Ministers of Ukraine adopted new rules for handling narcotic drugs, psychotropic substances and precursors in medical establishments, which substantially reduced the number of administrative obstacles to the use of these substances for medical purposes. The Government, through a decree adopted in September 2013, reduced the list of documents required to apply for licences required for activities involving controlled substances. In August 2013, the Government approved its State policy strategy on narcotic drugs for the period until 2020, which focuses on treatment and rehabilitation of drug addicts based on international best practices.

605. The Administrative Code of the Russian Federation was amended in July 2013 to increase the penalty for driving under the influence of controlled substances. Under a law adopted in October 2013, judges were given the authority to consider the commission of any criminal offence while under the influence of alcohol or a controlled substance as an aggravating circumstance, resulting in a more severe punishment for the offence. In November 2013, a law was adopted to allow the courts to require offenders found to have a drug addiction to undergo medical treatment or social rehabilitation in addition to any sentence for the crime itself. In July 2013, national legislation was amended to incorporate measures related to deporting and banning entry into the Russian Federation of foreign nationals who had committed drug-related offences.

606. In January 2014, a presidential decree was adopted in Belarus on State regulation of the circulation of poppy seeds, which substantially restricted the supply of those seeds as a raw material for illicit markets in the country.

607. In 2013, the Government of Albania adopted a new strategy and action plan against organized crime. The Government undertook measures to ensure more effective control of the country's borders through the modernization of police equipment and increased training of the Albanian Border Police. The Albanian Ministry of Education and Sport continued to implement projects on drug awareness and demand reduction in 2013.

608. In October 2013, the Government of Romania adopted its national anti-drug strategy for 2013-2020 and its action plan for 2013-2016. The national strategy reflects a balanced approach and is structured around two

pillars: drug demand reduction and drug supply reduction. It also contains three cross-cutting themes: *(a)* coordination; *(b)* international cooperation; and *(c)* research, evaluation and information.

609. During the reporting period, the Government of Montenegro adopted several new strategic documents, including ones on an integrated border management strategy for the period 2014-2018, a framework action plan for implementation of that strategy, a framework for negotiations leading to an agreement on operational and strategic cooperation between Montenegro and the European Police Office (Europol), an anti-drug strategy for 2013-2020 and an action plan for 2013-2016.

610. In 2013, the Government of the Republic of Moldova transferred the Anti-Drug Department to the newly created General Police Inspectorate and established two regional units for the north and south of the country. The Administrative Code of that country was also revised to increase the sanctions for driving under the influence of alcohol, narcotic drugs, psychotropic substances or other substances with similar effects.

611. Kosovo currently has six institutions for the treatment of drug abuse. During 2013 and the beginning of 2014, Kosovo Police focused on schools by organizing several debates and producing brochures to raise awareness among young people of the dangers of drug and alcohol abuse.

612. Countries in Europe are continuing to take legislative measures to address the challenge posed by new psychoactive substances. In April 2014, the European Parliament endorsed a legislative proposal of the European Commission, made in September 2013 and reported upon by the Board in its annual report for 2013. Once adopted by Member States in the Council of the European Union, the law would provide for a shortened response time by the European Union—10 months instead of two years—to prevent the sale of new psychoactive substances deemed to be harmful, and would provide for the rapid withdrawal, for a period of one year, of such substances from the consumer market.

613. Following a risk assessment by the Scientific Committee of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in June 2014 the European Commission recommended to the Council of the European Union that control measures be applied to the substances 25I-NBOMe, AH-7921, methylenedioxypyrovalerone (MDPV) and methoxetamine throughout the European Union. Meanwhile, Governments have continued to place numerous individual substances and groups of substances under national control. For example, in 2013, 58 substances were placed under control in Lithuania, 35 were placed under control in the Czech Republic, 26 in Germany, 24 in Switzerland, 21 in Sweden, 9 in Denmark, 5 in Estonia, 4 each in Finland and Italy and 2 in France.

614. The criminal code of Hungary was amended in January 2014 to increase the duration of prison sentences for supplying new psychoactive substances. The offering or distribution of a small quantity (defined as no more than 10 g) is punishable by up to one year in prison, and possession of a quantity greater than 10 g can be punished by up to three years' imprisonment. In Slovakia, a new section was added to national drug control legislation to control new psychoactive substances, establishing a category of "hazardous substances", which could include, for a period of up to three years, substances for which there are suspected abuse and harmful effects. Penalties for the supply of such substances would be in accordance with consumer and health protection legislation rather than criminal law, while there would be no penalties for personal possession. The first list of such substances was issued in October 2013. In Latvia, following a legislative amendment in November 2013 providing for temporary prohibition of new psychoactive substances for a period of up to 12 months, a temporary ban on eight substances was introduced. Criminal penalties were introduced in April 2014.

615. In the United Kingdom, an order reclassifying ketamine as a class B drug came into force in June 2014, with a final decision on the rescheduling of ketamine to be taken by the Government following public consultation. In June 2014, tramadol, lisdexamphetamine, zopiclone and zaleplon were placed under control in the United Kingdom, as were NBOMe and benzofuran, following a 12-month temporary ban. A decision to control khat came into effect in the same month. In July 2014, the Government of the United Kingdom accepted the advice of its Advisory Council on the Misuse of Drugs to control the substance AH-7921 and to extend the generic definition of tryptamine under the Misuse of Drugs Act of 1971 to capture additional tryptamine compounds, including *alpha*-methyltryptamine (AMT) and 5-MeO-DALT (*N,N*-diallyl-5-methoxytryptamine). Legislation to that effect was before Parliament.

616. In 2013, the Russian Federation expanded its national list of controlled substances to include 43 new psychoactive substances.

617. Following the appearance of new psychoactive substances in the former Yugoslav Republic of Macedonia, 15 such substances were placed under national control in that country in 2013.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

618. Increased use of the Balkan route for the trafficking of illicit drugs was seen in 2013, albeit not to the same degree as during the peak period of 2007. The route, which is used mainly as a corridor for the transport of Afghan heroin, traverses the Islamic Republic of Iran (often via Pakistan), Turkey, Greece, Bulgaria and South-Eastern Europe to reach the Western European market. The latest UNODC estimates suggest that between 60 and 65 tons of heroin flow into South-Eastern Europe annually. An increasing number and amount of heroin seizures were recorded in 2013 and in the initial months of 2014 in some border areas of the countries located along the Balkan route. Between January and March 2014, seizures of heroin in the former Yugoslav Republic of Macedonia along the Balkan route increased, while the quantities seized there during the first three months of 2014 approached the total quantities seized in 2013. Some increase in seizures of heroin could be observed in Bulgaria in 2013. A substantial, almost 150 per cent, increase in seizures of heroin was observed in Romania in 2013 compared with 2012; authorities in that country reported that heroin entered its territory from Bulgaria. In 2013, Montenegrin authorities made the largest seizures of heroin in the past two years along the country's borders with Bosnia and Herzegovina and Serbia. Serbian authorities also observed increased heroin smuggling through the country in 2013.

619. Trafficking of heroin to the European Union along the so-called "southern route" is increasing, with heroin trafficked south from Afghanistan, via the Near and Middle East and Africa, as well as directly from Pakistan. Belgium and the Netherlands continue to be used for the transit of opiates trafficked along both the Balkan and southern routes. For example, opiates from Afghanistan arrive in the United Kingdom, mostly from Pakistan, but also via Belgium (where seizures of heroin increased sharply in 2013) and the Netherlands. All of the heroin trafficked by passenger aircraft to Belgium in 2013 arrived from East Africa.

620. Large-scale production of opiates in Afghanistan continues to represent a substantial component of the drug threat in the Russian Federation. The major route for Afghan opiates destined for illicit markets in the Russian Federation runs along the so-called "northern route" through the countries of Central Asia. Most of these drugs (almost 95 per cent) are trafficked across the border between the Russian Federation and Kazakhstan. The Russian Federation observed an increase in seizures of heroin in 2013 (to 2.4 tons, a 12.5 per cent increase from 2012).

621. Effective dismantling of several distribution channels for Afghan opiates in the Russian Federation led to an increase in the demand for homemade alternatives in the consumer market of that country. Thus, the Russian Federation is faced with the substitution of heroin with cheaper illicit drugs, such as acetylated opium and poppy straw extract. Smuggling and illicit distribution of poppy straw is carried out by organized criminal groups, mainly by disguising it as poppy imported for food purposes. In 2013, the law enforcement agencies of the Russian Federation seized 2.2 tons of poppy straw.

622. Belarus continued to experience smuggling of poppy straw extract from the Russian Federation, as well as production of the substance from locally produced poppy straw. It also saw an increase in trafficking of Afghan heroin from the Russian Federation in large consignments along the so-called "northern route" for illicit markets in Belarus and in Western Europe, the Baltic States and Ukraine. Belarus also continued to see smuggling of methadone from the Russian Federation.

623. In Romania, the quantity of seized heroin increased by almost 150 per cent in 2013, from 45 kg seized in 2012 to 112 kg in 2013.

624. The illicit cultivation of cannabis in Western and Central Europe, primarily for domestic consumption, continues to spread, with some countries reporting an increasing professionalization and scale of cultivation and others reporting a trend towards smaller-scale production sites, such as residential properties. Criminal groups are involved in illicit cannabis cultivation in most countries of the subregion, and are reported to be moving towards the use of multiple, smaller sites in order to avoid detection.

625. This increase in the cultivation of cannabis is reflected in the increasing number of seizures of cannabis herb in Western and Central Europe (which now exceeds the number of seizures of cannabis resin), along with an increasing number of seizures of cannabis plant. The quantity of cannabis plants seized also increased, by more than one third from 2011 to 2012, according to EMCDDA. Measured in terms of total quantity, seizures of cannabis resin still exceed those of cannabis herb. For example, EMCDDA reported 457 tons of resin seized in 2012, compared with 105 tons of cannabis herb. Following

a decline since 2008, the amount of cannabis resin seized appears to be stabilizing. Customs seizures of cannabis resin in Spain, which accounts for around three quarters of the total quantity reported seized by customs services globally, increased from 105.6 tons in 2012 to 125.9 tons in 2013, while such seizures also increased in France, from 11 tons to 16.6 tons. During the same period, customs seizures of cannabis herb in Spain increased from just over 1 ton to 17.5 tons, representing the largest increase in such seizures in Europe reported by WCO. In Italy, where large-scale illicit cannabis cultivation is still detected in the southern part of the country, the quantity of cannabis resin (36.4 tons) and cannabis herb (28.8 tons) seized in 2013 increased by 66 per cent and 34 per cent, respectively. The amount of cannabis plant seized, however, decreased by almost 80 per cent.

626. In the United Kingdom, which represents about one quarter of the cannabis herb market in Europe, border seizures of cannabis resin and cannabis herb increased, while the quantity of domestically cultivated cannabis plants seized decreased. Overall, however, there was a 43 per cent decrease in the combined amount of cannabis resin and cannabis herb seized in the United Kingdom between 2011/12 (41.7 tons) and 2012/13 (23.6 tons), and a 19 per cent decrease in the quantity of cannabis plants seized.

627. Trafficking of cannabis into Western and Central Europe remains characterized by the transport of cannabis resin by sea or air, mainly from Morocco, and the trafficking of cannabis herb in quantities of more than 1 ton mainly from Albania, but also from other countries in South-Eastern Europe. There are indications that South-Eastern Europe, in particular the eastern Balkans, may be serving as a secondary route for the trafficking of cannabis resin from Morocco to Western Europe. The United Nations Office on Drugs and Crime indicates that, while there is no evidence of cannabis resin from Afghanistan being trafficked along the Balkan route, there have been reports of multi-ton shipments of cannabis resin being transported by sea from Pakistan directly to Western and Central Europe. Seizures of cannabis herb increased by two thirds in Greece from 2011 to 2012, with indications that the country may be developing into a trafficking hub for cannabis herb; a large decrease in cannabis cultivation was seen in that country in 2013.

628. Illicit production and consumption of cannabis, especially a highly potent form of this substance, remained the main illicit drug challenges in South-Eastern Europe. In 2013, the subregion continued to see an expansion in the trafficking of Albanian cannabis. According to seizures reported by customs services through the Customs Enforcement Network database of WCO, Albania was the source country of most of the cannabis smuggled into Europe, with about 9 tons of seizures made elsewhere attributed to Albania as a source country. Albanian cannabis herb is transported in shipments, which can weigh more than 1 ton, from ports in north-western Greece or across the Adriatic Sea for trafficking to destination markets in Italy, the United Kingdom and other countries in Western and Central Europe. The other route for Albanian cannabis herb appears to run north through Montenegro, Bosnia and Herzegovina, Croatia and Slovenia to Western Europe.

629. Bosnia and Herzegovina observed increasing indoor cultivation of a highly potent form of cannabis. In Montenegro, seizures of cannabis continued to increase (1.3 tons seized in 2013 compared with 1 ton in 2012). Serbia observed an increase in production of cannabis in 2013; that trend is expected to continue in 2014, according to Serbian authorities. In 2013, the Serbian Police dismantled several laboratories used to produce a highly potent form of cannabis. Cannabis produced in Serbia was also reported to be sold in many Western European countries. Cannabis herb continues to account for the largest proportion of seizures of illicit drugs made in Romania (1,799 cases, or 59 per cent of all illicit drug seizures made in 2013). However, the amount of cannabis herb seized in Romania in 2013 (165 kg) was approximately 50 per cent lower than a year earlier, and 92 per cent lower than in 2007.

630. Cannabis cultivation in the vicinity of the southern Albanian village of Lazarat continued on a large scale, potentially turning the village into one of the largest cannabis production areas in Europe. There is no official data on the quantity of cannabis cultivated in Lazarat, but, according to recent estimates, yearly production may have reached up to 800 tons, while total seizures of cannabis in Albania stood at 21 tons in 2013. Reportedly, between 4,000 and 5,000 persons work daily in Lazarat on cannabis plantations. The new Government of Albania has expressed its commitment to taking strong measures to deal with the situation in Lazarat. Significant quantities of cannabis originating in this village continued to be seized during police operations after the harvest period. As a result of a large-scale police operation involving more than 800 officers, carried out in June 2014, Albanian police arrested 30 suspected drug traffickers and destroyed about 55 tons of *Cannabis sativa* in Lazarat.

631. Seizures of cocaine in Western and Central Europe increased in 2012 to 71 tons, which constituted about 99 per cent of overall seizures of cocaine in Europe. Increases were seen in countries that are typically used

for transit, such as Belgium, Portugal and Spain, while decreases were reported in countries that are known as significant consumer markets, such as France, Germany and Italy. Seizures in Belgium, France, Italy, the Netherlands and Spain accounted for 85 per cent of the quantities seized in the European Union in 2012. Belgium, the Netherlands, Portugal and Spain are the main points of entry for cocaine destined for Western European markets, with seizures amounting to between 10 and 20 tons in each of those countries in 2012. The amount of cocaine seized by customs authorities in Western Europe increased sharply, from 19.4 tons in 2012 to 34.6 tons in 2013, with significant increases noted in the Netherlands and Spain.

632. It appears that most cocaine continues to be trafficked directly from South America to Europe, although a smaller proportion continues to be trafficked via West Africa and some of the cocaine trafficked to West Africa actually transits Europe. Spain reported that 11 per cent of the cocaine seized in 2012 was destined for Nigeria, probably for subsequent re-export to Europe. The countries from which the largest amounts of cocaine seized in Europe in 2012 had been trafficked (when the origin of the substance was known) were Brazil (16 per cent, mainly reflecting cocaine originating in Bolivia (Plurinational State of) and Peru) and Venezuela (Bolivarian Republic of) (16 per cent, reflecting cocaine manufactured in Colombia), followed by the Dominican Republic (14 per cent, mostly cocaine from Colombia), Argentina (14 per cent, mostly cocaine from Bolivia (Plurinational State of) and Peru), Colombia (11 per cent), Peru (9 per cent) and Ecuador (5 per cent). The Balkan route is becoming less important for the trafficking of cocaine to Western and Central Europe, with seizures in South-Eastern Europe having decreased from 2.2 tons in 2009 to 350 kg in 2012. In 2013 in Denmark, large amounts of cocaine were seized after they had arrived directly from Central America, rather than through other transit countries or regions as in the past. To a lesser extent, use of countries in Western and Central Europe as transit points for cocaine trafficked to Oceania may be occurring.

633. According to the *World Drug Report 2014*, seizures of cocaine in Eastern Europe continue to be limited, constituting only 0.2 per cent of overall seizures of cocaine in Europe. Aside from Latin America, countries in Eastern Europe cited only other European countries as transit countries for cocaine reaching their territory in 2010-2012. The Baltic Sea region serves as the most likely entry point for cocaine entering the Russian Federation. Also, Constanța harbour in Romania remains an alternative route used by organized criminal groups to transport cocaine coming from Bolivia (Plurinational State of), Colombia and Venezuela (Bolivarian Republic of) to Europe.

(b) Psychotropic substances

634. Illicit manufacture of amphetamine-type stimulants continues in Western and Central Europe, mainly for consumption within the subregion but also to a lesser degree to supply other parts of Europe and beyond, such as West Asia. Amphetamine remains the synthetic stimulant that is most widely available for illicit purposes in Europe, followed by "ecstasy" and methamphetamine. The amount of amphetamine seized in the European Union in 2012 declined to 5.5 tons from 5.9 tons in 2011, with seizures in Germany, the Netherlands and the United Kingdom accounting for more than half of the total. Illicit manufacture of amphetamine is reported to take place in Belgium and the Netherlands, as well as in Poland and the Baltic States. In Belgium in 2013, there was an increase in the amount of amphetamine-type stimulants seized and in the number of detected illicit laboratories that were used for the manufacture of amphetamine and "ecstasy".

635. Despite signs in recent years of increasing availability of methamphetamine in parts of the region, in particular in Scandinavian countries, seizures of methamphetamine in the European Union decreased by half, from 0.7 tons in 2011 to 0.34 tons in 2012, a level similar to that observed in 2009 and 2010. Whereas illicit amphetamine laboratories dismantled in Western and Central Europe have tended to be of a medium to industrial scale, illicit methamphetamine laboratories, which have been more numerous and the majority of which have been detected in the Czech Republic, tend to be of a small scale. In 2013, 261 illicit methamphetamine laboratories were detected in the Czech Republic, representing an increase after a decline since 2011. The increasing quantity of methamphetamine seized in that country is reported to reflect the increased commercialization of illicit methamphetamine manufacture and distribution. A re-emergence of trafficking in methamphetamine from West Asia to Western and Central Europe, for onward trafficking to South-East Asia and, to a lesser extent, for local consumption has been noted.

636. Seizures of "ecstasy" tablets in the European Union in 2012 (4 million tablets) were at a level similar to that of the previous year, yet less than one fifth of the peak amount seized in 2002. More than half of the tablets seized in 2012 (2.4 million) were seized in the Netherlands (from where "ecstasy" is trafficked to other European countries), followed by the United Kingdom and Germany.

Germany and Ireland reported an increase in the amount of "ecstasy" seized in 2013, while the United Kingdom reported a decrease of about one third in the amount seized in England and Wales from 2011/12 to 2012/13. Several large sites for the illicit manufacture of "ecstasy" were dismantled in 2013 in Belgium and the Netherlands, where European "ecstasy" manufacture seems to be concentrated, indicating the possible recovery of the illicit market for the substance, following significant declines in the number of laboratories detected between 2002 and 2010. Similarly, the MDMA content of "ecstasy" tablets, after decreasing until 2009, has increased in the past few years. In February 2014, Europol and EMCDDA issued a joint warning on "ecstasy" tablets containing high levels of MDMA, following reports of deaths associated with such tablets in the Netherlands and the United Kingdom.

637. Based on reported seizures, Romania experienced a significant increase in trafficking of amphetamine-type stimulants in 2013, with reported seizures of 27,596 tablets of the substance in 2013 compared with 12,903 tablets in 2012. Most of the seized tablets were "ecstasy" that had originated in the Netherlands.

638. Belarus reported that amphetamine, methamphetamine and "ecstasy", consumed illicitly in its domestic market, continued to be smuggled into the country from the Baltic States, Poland and the Russian Federation. A significant amount of these substances originated in the Russian city of St. Petersburg. The Russian Federation, on the other hand, reported that in 2013 it had detected and dismantled 26 illicit laboratories producing amphetamine-type stimulants. There are also reports of small illicit laboratories producing those substances in small amounts in Belarus.

(c) Precursors

639. Illicit manufacture of methamphetamine in Western and Central Europe is centred in two areas. In the Baltic States, manufacture, primarily using 1-phenyl-2-propanone (P-2-P), occurs mainly around Lithuania, for trafficking to Norway, Sweden and the United Kingdom. In the Czech Republic, Germany and Slovakia, methamphetamine is illicitly manufactured mainly from the precursors ephedrine and pseudoephedrine, with a view primarily to meeting domestic demand. In 2013, numerous large shipments of APAAN continued to be trafficked from Asia, via Germany, mostly destined for the Netherlands, and new methods and routes for the shipment of precursors of P-2-P from Asia for use in illicit manufacture were noted in Poland.

640. In 2013, the Russian Federation seized 248 kg of precursors, representing a substantial decrease from the amount seized in 2012, when 59 tons were seized in a single operation.

641. Romania reported that in 2013 there had been some attempts to smuggle non-controlled chemicals that could be easily converted into drug precursors, particularly by citizens of countries that reported illicit production of large quantities of synthetic drugs, namely Belgium and the Netherlands.

(d) Substances not under international control

642. The increasing range and availability of new psychoactive substances continues to pose a challenge in Europe. A record 81 such substances were identified for the first time by the European Union early warning system in 2013, compared with 74 substances in 2012 and 49 in 2011. Of those, 29 were synthetic cannabinoids, 14 were phenethylamines and 7 were synthetic cathinones. Nine of the substances were active pharmaceutical ingredients in medicines. As of May 2014, 37 new psychoactive substances had been reported to the system. There is growing concern in Europe about the recent emergence of "new" synthetic opioids, such as AH-7921, MT-45, carfentanil and ocfentanil, some of which are being marketed as alternatives to heroin.

643. The increasing involvement of organized criminal groups in the market for new psychoactive substances has been noted as a serious concern in Europe. While there is some clandestine manufacture of such substances in Europe, they are primarily sourced in bulk through legitimate means from Asia and then repackaged and marketed in Europe as "legal highs" or "research chemicals", or even sold on the illicit drug market. The Internet continues to be used for the sale of new psychoactive substances, with 651 sites selling such substances identified in the European Union in 2013, compared with 693 sites in 2012, 314 in 2011 and 170 in 2010. The sale of substances such as the plant kava (*Piper methysticum*) and the substance *beta*-phenyl-*gamma*-aminobutyric acid (phenibut) as "food supplements" is reportedly adding to the complexity of this online market. A number of countries noted a decrease in the number of online and physical outlets selling new psychoactive substances following the adoption of national legislative measures.

644. Customs seizures of khat increased significantly from 2012 to 2013 in France (from 2.6 tons to 34.2 tons) and Norway (from 6.4 tons to 12 tons), while decreases

were reported in Germany (from 27.7 tons to 14.7 tons) and Sweden (9.5 tons to 5.7 tons). In the Netherlands, where khat was placed under control in 2013, customs authorities seized 8.9 tons of the substance. Total seizures of khat by law enforcement in Germany decreased from 45.3 tons in 2012 to 22.8 tons in 2013.

645. While 80 per cent of drugs seized in Belarus in 2013 were opium alkaloids extracted from poppy seeds, legislation adopted in January 2014 severely restricted the circulation of poppy seeds as a raw material for the illicit production of drugs. As a result, new psychoactive substances became the predominant drugs in the illicit market in Belarus. New psychoactive substances, such as synthetic cannabinoids, cathinones, including *alpha*-pyrrolidinopentiophenone (*alpha*-PVP) and MDPV, and phenethylamines such as 4-methylamphetamine, which were increasingly seized in Belarus in 2013, were smuggled into that country from China, Estonia and the Russian Federation.

646. The Russian Federation is also facing an increasing challenge from new psychoactive substances. Between 2012 and 2013, the country's seizures of such substances increased by 50 per cent, amounting to 1,967 kg in 2013. The majority of these substances are trafficked from Asia.

647. In 2013, the total amount of new psychoactive substances seized in Romania increased considerably, to 16.4 kg from 1.5 kg in 2012. Of those, tryptamines were the most seized (14.2 kg). In 2013, Romania made a single significant seizure of 12 kg of 5-MeO-DALT, coming from Spain. In addition, 1.48 kg of dimethocaine, a local anaesthetic with stimulant properties, which had been delivered from Spain via commercial air services, were seized. During 2013, four clandestine laboratories were detected and dismantled by Romanian authorities; two of them had been intended for refining new psychoactive substances and two had been manufacturing such substances for personal use.

5. Abuse and treatment

648. Cannabis remains the most prevalent drug of abuse in the European Union, with an estimated annual prevalence of 5.3 per cent among adults, 11.2 per cent among those aged 15-34 years and 13.9 per cent among those aged 15-24 years, according to EMCDDA. Almost 1 per cent of adults in Europe are estimated to use cannabis on a daily or almost-daily basis. Cannabis is now the most frequently cited primary drug of abuse for first-time admissions into treatment programmes, with the number of such cases stabilizing in 2012 following an increase during the 2006-2011 period. Cannabis-related medical emergencies are a growing problem in some higher-prevalence countries.

649. While the prevalence of cannabis abuse in Western and Central Europe remains high, there are indications of an overall stabilizing trend. However, some countries with lower prevalence rates have recently reported increases in the level of cannabis abuse, while, in some countries with higher levels of cannabis abuse, there is evidence of decreasing levels of such abuse. Surveys conducted in the European Union among people aged 15-24 years found an overall decline in cannabis abuse between 2004 and 2011, although the prevalence rate of lifetime, past-year and past-month use increased between 2011 and 2014. Among people aged 15-24 years, past-year prevalence of cannabis abuse stood at 17 per cent in June 2014, an increase from 14 per cent in 2011. The overall picture of trends relating to cannabis abuse in the subregion is rendered more complex by the increasing diversity in the types of "products" available, including high-potency cannabis herb and synthetic cannabis-like products.

650. According to the *World Drug Report 2014*, the proportion of total treatment admissions in Eastern and South-Eastern Europe that were for cannabis abuse increased from 8 per cent in 2003 to 15 per cent in 2012, while opioids continued to dominate the demand for treatment in these subregions.

651. Also according to the *World Drug Report 2014*, the level of opiate abuse in Eastern Europe, supported by the supply of heroin from Afghanistan, is significantly higher than the global average. The Russian Federation remained a major consumer market for illicit opiates, with significant quantities of heroin flowing northwards from Afghanistan via Central Asia.

652. The annual prevalence of abuse of opioids, primarily heroin, is estimated at 0.4 per cent among adults in Western and Central Europe, with the number of past-year consumers of opiates estimated to have declined by almost one third from 2003 to 2012. Opioids account for a quarter of first-time treatment cases in the European Union. With most countries in the subregion reporting declining trends in heroin abuse, the number of people entering treatment for the first time for heroin abuse declined from a peak of 59,000 in 2007 to 31,000 in 2012. This has been accompanied by a long-term decline in drug overdose deaths and drug-related HIV infection (traditionally related to abuse of heroin by injection), which has also been declining, despite recent outbreaks of HIV infection among drug users in Greece and Romania.

653. A decrease was seen in overdose deaths, primarily those related to abuse of opioids, in Europe between 2009 and 2012; however, the number of such deaths remains high and is increasing in some countries. In general, deaths related to heroin abuse are decreasing, while deaths related to synthetic opioids are increasing or already exceed those related to heroin in some countries. In Estonia between 2011 and 2012, there was a 38 per cent increase in overdose deaths, 80 per cent of which were related to fentanyl and its derivatives.

654. In Western and Central Europe, heroin is being partly replaced by synthetic opioids, illicitly manufactured or diverted from medical use, including fentanyl, buprenorphine and methadone. The problem is of particular concern in Estonia and Finland, where most people receiving treatment for opioid abuse reported primary abuse of fentanyl and buprenorphine, respectively. Some countries have also noted an increase in drug abuse by injection of pharmaceutical opioids.

655. Limited availability of heroin in Belarus and the Russian Federation led to an increase in abuse of locally produced, and readily available, substances such as acetylated opium and poppy straw extract. In 2013, 53 per cent of those listed on the State drug abuse register in Belarus had consumed homemade opium produced either from poppy straw or seeds of *Papaver somniferum L.* plants. Also, the number of persons in Belarus who abuse methadone that has been obtained illicitly increased by 12.6 per cent.

656. Belarus and Ukraine have significantly scaled up access to opioid substitution therapy, while the Republic of Moldova has continued to provide this therapy on a limited scale and the Russian Federation has continued to prohibit it.

657. The annual prevalence of abuse of amphetamines in Western and Central Europe is estimated at 0.4 per cent of adults and 0.9 per cent of young adults (aged 15-34 years), with prevalence rates ranging from 0 per cent to 2.5 per cent and reportedly relatively stable in most countries of the subregion. Amphetamine is still more widely abused than methamphetamine in the subregion and is still a significant problem in large parts of Europe, especially in Northern Europe. The majority of countries with recent surveys reported a decreasing prevalence of abuse of amphetamine. The increased availability of methamphetamine and the expansion of its abuse, which was in the past mainly observed in the Czech Republic and Slovakia, to other countries in Western and Central Europe, especially Northern Europe, appears to be continuing. However, the level of abuse of methamphetamine in the Czech Republic and Slovakia is reported to be stable or declining, with annual prevalence among young people aged 15-34 years in the Czech Republic estimated at 1 per cent. Nevertheless, both countries have reported an increase in recent years in the number of people entering treatment for abuse of methamphetamine, which in 2012 accounted for 68.2 per cent of cases of treatment for drug abuse in the Czech Republic and 44.5 per cent of such cases in Slovakia. An analysis of wastewater in European cities identified higher concentrations of amphetamine in cities in Belgium and the Netherlands, while methamphetamine levels were highest in cities in the Czech Republic and Norway, with the increase in methamphetamine abuse reported to have levelled off in the latter country. The annual prevalence of "ecstasy" abuse in Western and Central Europe is estimated at 0.5 per cent among adults and 1 per cent among young adults aged 15-34 years, ranging from 0.1 per cent to 3.1 per cent depending on the country. Most countries in the subregion, including all countries with recent surveys, have reported declining trends with regard to abuse of "ecstasy".

658. Abuse of "ecstasy" in Eastern and South-Eastern Europe has remained above global average levels, with an annual prevalence rate of 0.6 per cent. The Russian Federation reported significant increases in the abuse of amphetamine, methamphetamine and "ecstasy" in 2013. Belarus also reported a significant increase in the abuse of amphetamine-type stimulants during the same period, except for "ecstasy", which remained at the same level. Some increase in abuse of amphetamine-type stimulants was also reported in Bosnia and Herzegovina. A survey conducted in the Republic of Moldova in 2012 and 2013 showed an increase in the abuse of methamphetamine in that country.

659. Cocaine is still the most widely abused stimulant drug in Europe, yet its prevalence has decreased among young adults (aged 15-34) in the majority of countries that conducted surveys between 2012 and 2014, and in general in countries with a higher prevalence of abuse. The annual prevalence of cocaine abuse in Western and Central Europe was estimated at around 1 per cent among adults in 2012, compared with 1.3 per cent in 2010; and 1.7 per cent among young adults aged 15-34 years in 2012, compared with 2.1 per cent in 2010. However, some countries have reported increases in levels of cocaine abuse. Cocaine was cited as the primary drug of abuse by 18 per cent of people entering treatment for the first time, the number of which declined from a peak of 38,000 in 2008 to 26,000 in 2012. Around 90 per cent of all treatment cases for cocaine as the primary substance of abuse were reported by Germany, Italy, the Netherlands, Spain and the United Kingdom.

660. With a record number of new psychoactive substances identified in Europe in 2013, concerns remain about this public health challenge. A June 2014 survey of young people aged 15-24 years in the European Union found that the lifetime prevalence of abuse of such substances had increased from 5 per cent in 2011 to 8 per cent in 2014, with the most significant increases, to double-digit levels, seen in Ireland (from 16 per cent to 22 per cent), Spain (from 5 per cent to 13 per cent), Slovenia (from 7 to 13 per cent), France (from 5 to 12 per cent), Slovakia (from 3 to 10 per cent) and the United Kingdom (from 8 to 10 per cent). Deaths have been reported to be linked to the consumption of various new psychoactive substances in Europe, including 4,4'-DMAR (the *para*-methyl derivative of 4-methylaminorex), AH-7921 (a synthetic opioid), MDPV (a synthetic cathinone derivative), MT-45 (an opioid) and methoxetamine (marketed as an alternative to ketamine), which were the subject of recent reports by Europol and EMCDDA. In the United Kingdom, new treatment cases associated with ketamine and mephedrone increased in recent years, representing 10 per cent of treatment cases for young people and 2 per cent for adults.

661. According to a joint estimate made by UNODC, UNAIDS, the World Bank and WHO, based on the most recent available data (2012), the problem of injecting drug abuse is particularly stark in Eastern and South-Eastern Europe, where the prevalence rate (1.26 per cent) is 4.6 times the global average (0.27 per cent). Within these subregions, relatively high rates of injecting drug abuse were observed in the Russian Federation (2.29 per cent), the Republic of Moldova (1.23 per cent), Belarus (1.11 per cent) and Ukraine (0.88-1.22 per cent), all of which stood well above the global average.

662. The number of people who inject drugs who are also living with HIV was particularly high in Eastern and South-Eastern Europe, where it was estimated that the prevalence of HIV among people who inject drugs was 23.0 per cent (compared with a global average of 13.1 per cent) and more than half of the people who inject drugs were estimated to be living with hepatitis C. Within both subregions, a relatively high prevalence of HIV among people who inject drugs was observed in the Russian Federation (range: 18.4-30.7 per cent) and Ukraine (21.5 per cent). Also, the number of people who inject drugs who are newly diagnosed with HIV each year continues to be higher in both countries than in other countries in Eastern and South-Eastern Europe. According to the results of sentinel surveillance conducted in Belarus in 2013, HIV prevalence among people who inject drugs was 14.2 per cent, reaching over 40 per cent in some parts of the country.

663. In the European Union, 38 per cent of people entering treatment for opioid abuse and 23 per cent of people entering treatment for amphetamine abuse reported having injected the substances. Yet, the proportion of new treatment clients reporting that they had injected drugs in the previous month fell between 2006 and 2012. Some countries have reported changing patterns of injecting drug abuse, for example, reflecting a possible move away from injection of heroin towards injection of pharmaceutical or synthetic opioids, amphetamine-type stimulants and new psychoactive substances. While the number of newly reported HIV cases among people who inject drugs in the European Union and Norway decreased during the period from 2006 to 2010, an increase has been seen since 2010, mainly as a result of outbreaks of HIV among people who inject drugs in Greece and Romania. In 2010, Greece and Romania accounted for just over 2 per cent of the total number of newly reported diagnoses of HIV among people who inject drugs in the European Union; by 2012, this figure had increased to 37 per cent. In other countries of the region, the rate of new diagnoses of HIV among people who inject drugs is declining. Abuse of drugs by injection remains the most prevalent vector for transmission of hepatitis C in Europe, yet the rate of infection among those who inject drugs is reported to be declining.

E. Oceania

1. Major developments

664. Seizures and arrests in Oceania are at record highs for many drug types, with an increasing number of people abusing drugs. Compared with other world regions, Oceania provides an expanding market for certain drugs, including cocaine, and levels of abuse among individuals in the region are high for most substances. Increases in drug seizures, particularly in Australia, have been attributed not only to the vigilance of law enforcement, but also to the increased activities of transnational organized criminal groups.

665. As the monetary value of drugs and precursors remains comparatively high throughout Oceania, the region has become susceptible to illicit manufacturing and trafficking. Growing markets for amphetamine-type stimulants and proximity to trafficking routes for different illicit goods have led most countries in Oceania to see higher prevalence rates for the abuse of such drugs. The availability and abuse of new psychoactive substances, which are now widely found in most of Oceania,

has become one of the primary issues of concern for the region. The expanding market for such substances continues to develop rapidly and presents challenges to law enforcement within the region. The increase in demand for these substances in the region has specifically been affected by the inability of existing legislation to ensure that such substances are not available for abuse.

2. Regional cooperation

666. In April 2014 in Suva, the Oceania Customs Organization held its sixteenth annual conference, on the theme of communication and the sharing of information for better cooperation. Delegates from the Organization's member countries discussed the need for strengthened border security. In April 2014, the secretariat of the Organization undertook an assessment visit to assist the Government of Palau on processes and products related to information-sharing and intelligence-sharing. The visit was carried out by the Working Group on Strengthening Information Management.

667. The Regional Security Committee of the Pacific Islands Forum held its annual meeting on 4 and 5 June 2014 in Suva, drawing representatives from States members of the Pacific Islands Forum and from regional law enforcement secretariats, such as the Pacific Immigration Directors' Conference. Discussions at the meeting focused on trends relating to illegal activities and continuing security threats in the region. It was reported that one such continuing threat was the involvement of local citizens in transnational criminal activities.

3. National legislation, policy and action

668. In 2013, New Zealand passed the Psychoactive Substances Act, which granted interim approvals for 47 products containing new psychoactive substances and permitted the marketing of those products by 150 licensed retailers. However, after the National Poisons Centre, emergency rooms and treatment providers reported an increase in problems related to consumption of those substances, and public protests against the interim product approvals gained momentum, the Psychoactive Substances Amendment Act was approved and came into effect on 8 May 2014. The Amendment Act revoked the interim product approvals and the interim retailer and wholesaler licences granted under the 2013 Act. The sale of all psychoactive substances is now prohibited unless approved by the national regulatory authority following clinical trials. To sell products containing such substances, companies must prove to an expert committee that the product in question poses only a "low risk of harm". Pursuant to the Amendment Act, however, such clinical trials are no longer permitted to use animal testing to demonstrate the low risk of harm.

669. In July 2014, Australia's Intergovernmental Committee on Drugs published the Framework for a National Response to New Psychoactive Substances. The Committee manages the ongoing work of the National Drug Strategy for 2010-2015, and the new framework will assist with information-sharing and communication regarding new psychoactive substances, harm assessment and scheduling provisions. It is also aimed at national consistency and uniform treatment of drug analogues. In 2012 and 2013, various states and territories of Australia passed legislative and regulatory amendments. In 2013, New South Wales passed the New Psychoactive Substances Act, and Queensland amended the Drugs Misuse Act 1986 to create a new offence for trafficking in precursor chemicals used in the production of dangerous drugs.

670. With respect to forensic and data centres, Australian federal police officially launched the National Rapid Lab initiative in 2013 to streamline the prioritization and examination of forensic cases, particularly cases related to illicit drugs entering Australia through the postal system. This programme helps fight drug trafficking by enhancing the national capability to identify the origin of dispatched drug packages, which often contain either methamphetamine or pseudoephedrine.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

671. In terms of abuse and seizures, cannabis remains the most prevalent drug of abuse in Oceania and dominates the illicit drug market. In Australia, there are indications that consumption has generally continued to increase. Consumer access to cannabis is also increasing throughout the region. Australia recorded its highest-ever levels of seizure of cannabis at its border in 2012-2013, typically in the form of seeds, most commonly being transported via the postal system. By weight, seizures of cannabis in 2012-2013 were the second highest reported in Australia in the past decade.

672. In New Zealand, cannabis is also the most widely abused drug, with a generally stable prevalence rate of abuse. Throughout the region, cannabis is produced

predominantly at the local level, and there is a lack of any evidence of its trafficking to other regions. The latest data from New Zealand show two coexisting trends: stability in the prevalence rate and a decrease in the number of seizures of cannabis herb between 2012 and 2013 (from 5,877 seizures in 2012 to 4,872 seizures in 2013). In New Zealand, the National Cannabis and Crime Operation is conducted yearly during the summer harvesting season and accounts for most of the cannabis seized in any given year.

673. Illicit demand in Oceania for cocaine, although marked by annual fluctuations in seizures, appears to have growth potential over the long term. In Australia, illicit demand for and overall abuse of cocaine appears to be expanding; in 2012-2013, the number and weight of domestic seizures increased. Trends in Australia also show an increase in the number of seizures of cocaine at the border, with the postal system accounting for over 94 per cent of such seizures in 2012-2013 and 56 countries identified as embarkation points for trafficking of the drug. Reporting for 2013 by New Zealand also shows a slight increase in seizures of cocaine.

674. Australia saw increased seizures of heroin at the country's points of entry in 2012-2013, particularly via the postal service. The number of embarkation points for trafficked heroin increased from 19 countries in 2011-2012 to 25 countries in 2012-2013. The majority of the heroin reaching Australia appears to be from South-East Asia, while reports continue to show that Afghan heroin is increasingly reaching the Oceania region. It should be noted that Australia did see a decrease in the number of seizures of heroin, but still experienced its third-highest reported number of seizures in the past decade. This resulted in 2013 in Australia no longer being among the top 10 countries for largest quantities of seized heroin, despite ranking eighth in 2012. New Zealand also reported that both heroin and pharmaceutical opioids saw some increase in abuse in 2013.

(b) Psychotropic substances

675. The market for amphetamine-type stimulants in Oceania appears to be growing, with methamphetamine the predominant drug of choice. Australia has reported an increase in the number and weight of seizures of such substances. The weight of seizures, for example, increased by 310.4 per cent between 2011-2012 and 2012-2013. Arrests in Australia for crimes related to amphetamine-type stimulants have also increased 131.3 per cent during the past decade, with 22,189 persons arrested in 2012-2013. Seizures at the Australian border of amphetamine-type stimulants (excluding "ecstasy") increased in 2012-2013, by 85.6 per cent from the previous reporting year, to reach the highest level on record. The total weight of amphetamine-type stimulants (excluding "ecstasy") seized at the border increased by 515.8 per cent in 2012-2013.

676. Although the methamphetamine market in New Zealand is predominantly supplied by domestic manufacture, reports show that, as in the previous year, more finished methamphetamine is being imported into the country. This may be in response to increased law enforcement pressure on precursor imports, or it may be a result of international criminal groups seeing an opportunity for considerable profit, owing to the very high price that people are willing to pay for methamphetamine in New Zealand. The range and origin of organized criminal groups and offenders involved in the manufacturing of methamphetamine in New Zealand appears to be increasing. "Ecstasy" remains in high demand throughout Oceania, with region-wide prevalence rates nearing 3 per cent.

(c) Precursors

677. With sustained smuggling of ephedrine and pseudoephedrine, considerable illicit manufacture of methamphetamine continues in Oceania. In June 2014, ephedrine made up 74.3 per cent of all border seizures of precursor chemicals in New Zealand. According to New Zealand authorities, there is very little diversion of pseudoephedrine. The Government of that country has also reported that it is working with the Government of China to reduce the supply of methamphetamine and precursors entering New Zealand.

678. In Australia, the number of seizures at the border of amphetamine-type stimulant precursors (excluding "ecstasy") increased by 11.3 per cent, from 937 in 2011-2012 to 1,043 in 2012-2013. That was the highest number of such seizures in the past decade. Almost 100 per cent, by weight, of "ecstasy" precursors seized in 2012-2013 were comprised of safrole. A decrease during the past reporting year in clandestine laboratories was reported by Australia, although the 757 laboratories detected in 2012-2013 still represented the second-highest number reported in the past decade. The majority of these laboratories continued to be located in residential areas. The number of laboratories manufacturing "ecstasy", although small, increased by 250 per cent to 7 laboratories. A total of 53 clandestine laboratories manufacturing methamphetamine were detected by the New Zealand authorities in 2013; three of those facilities were also producing "ecstasy" and *gamma*-butyrolactone. In addition, New Zealand has described how retailers in that country

work with the police to limit sales of toluene, which is commonly used in the manufacturing process.

(d) Substances not under international control

679. New psychoactive substances are found in most of Oceania, but data are available primarily only for New Zealand and Australia. Synthetic cannabinoids are the most common new psychoactive substances in those two countries, but the expanding market for new substances is a primary concern for the Governments of the region. New psychoactive substances are regularly being employed as substitute materials for MDMA in “ecstasy”-type tablets. Forensic analysis continues to identify either little or no MDMA in such tablets, finding that they consist mainly of a blend of other illicit drugs and/or unscheduled substances, including but not limited to piperazines, ketamine, methamphetamine, mephedrone, 4-methylethcathinone (the most common substance found in “ecstasy”-type tablets) and caffeine. Australia has also indicated that the rapid emergence of new psychoactive substances is an increasing challenge for law enforcement and public health. It reported that, while the number of seizures at the border in 2012-2013 of substances containing drug analogues and new psychoactive substances had decreased, the weight of the seizures had more than doubled. New cathinone-type substances accounted for the largest number of seizures. Overall, Australia has indicated that monitoring and reporting on trends relating to new psychoactive substances is limited, owing to the difficulties in accurately recording data about such drugs.

5. Abuse and treatment

680. Cannabis continues to be the most commonly abused drug in the Oceania region, with an annual prevalence rate consistently above 10 per cent. The Board notes that the lack of comprehensive statistics on drug abuse in Pacific island countries does not permit a complete assessment of either the overall drug control situation in Oceania or the capacity of the Governments of the region to address drug abuse as a public health issue and provide the necessary treatment.

681. Australia’s latest National Drug Strategy Household Survey reported overall stable levels during the 2010-2013 period of consumption of cannabis (annual prevalence of 10.2 per cent among those aged 14 years or older) and cocaine (2.1 per cent), but declines in abuse rates for some drugs, including heroin (from 0.2 to 0.1 per cent), “ecstasy” (from 3.0 to 2.5 per cent) and GHB, although the misuse of pharmaceuticals increased from 4.2 per cent in 2010 to 4.7 per cent in 2013.[53] While overall abuse rates for amphetamines (methamphetamine and amphetamine) remained stable (2.1 per cent), the percentage of amphetamine abusers who were abusing powder methamphetamine decreased from 51 per cent to 20 per cent, while the percentage who opted for crystal methamphetamine more than doubled, from 22 per cent in 2010 to 50 per cent in 2013.

682. In Australia, the prevalence rate in 2013 for past-year abuse of new and emerging psychoactive substances by persons aged 14 years or older amounted to 0.4 per cent, while the prevalence rate for past-year abuse of synthetic cannabinoids was 1.2 per cent of the same population. The prevalence rate for past-year abuse of “ecstasy” dropped from 3.0 per cent in 2010 to 2.5 per cent in 2013, while the prevalence rate for abuse of cocaine remained unchanged, at 2.1 per cent, throughout the entire period.

683. In New Zealand, 75 deaths were reported in 2013 as being attributed at least indirectly to the abuse of drugs. Of the 6,597 persons brought into formal contact with the New Zealand police or criminal justice system in connection with personal drug-related offences, 5,525 persons were held in connection with cannabis-related offences. The latest figures from 2012 show that 41,806 persons were receiving treatment for drug abuse, with over 37 per cent of them entering treatment for the first time. According to the Government of New Zealand, there are also approximately 15,000 persons in the country who have a severe problem with opioid abuse.

684. Abuse of amphetamine-related substances has remained a major concern for the Oceania region. In response, New Zealand in 2009 instituted its national action plan on tackling methamphetamine, which was aimed at promoting supply control measures and scheduling the main precursor substances. As a result of the action plan, New Zealand reports that the past-year prevalence rate for the abuse of methamphetamine has dropped from 2.2 per cent of the adult population in 2009 to 0.9 per cent in 2013, with a particular reduction in the number of persons reporting initiation of abuse. Australia regularly provides information about the treatment methods available nationally for amphetamine-related substances, including counselling, therapeutic communities and self-help groups, while surveys have established that there is strong national support for treatment and rehabilitation.

[53] There is no average age group listed for this statistic, nor is there clarification about whether it means annual or lifetime prevalence, but it is likely to mean the annual rate.

Chapter IV.

Recommendations to Governments, the United Nations and other relevant international and regional organizations

685. The present chapter builds upon the most significant conclusions in the previous chapters. As always, the Board would appreciate receiving feedback from Governments about their experiences and any difficulties in implementing the international drug control treaties.

A comprehensive, integrated and balanced approach to the world drug problem

686. A comprehensive and balanced approach remains at the heart of the international drug control conventions. In their implementation of the treaties, Governments are invited to implement the below recommendations.

Recommendation 1: The Board invites Governments to encourage cooperation among all stakeholders at the national, regional and international levels. To that end, Governments should ensure the participation of all relevant actors in the strategic planning, implementation and monitoring of drug control policies.

Recommendation 2: The Board invites Governments to place equal emphasis on supply and demand reduction, taking into consideration the socioeconomic, sociocultural, security and stability aspects that have an impact on the drug problem. Such an approach would require comprehensive measures, some of which do not fall squarely under the immediate authority or mandate of any single one of the various United Nations institutions concerned with drug control. Therefore, the Board invites all other relevant international organizations, in accordance with their mandates, to lend their expertise in this effort and to support Governments in the implementation of this approach.

Recommendation 3: The Board invites Governments to ensure that all aspects of the drug problem are addressed in a balanced and comprehensive manner. National and local specificities in the manifestation of the drug control problem should be taken into account, while making use of updated scientific evidence. In particular, Member States should provide political support, and appropriate resources, to efforts relating to prevention, treatment and rehabilitation; law enforcement; and countering money-laundering.

Recommendation 4: The Board invites Governments to address all factors that fuel the world drug problem in an effective and sustainable manner by including drug issues in the broader socioeconomic development agenda, and to incorporate all relevant human rights norms into drug-related policies, including as they relate to particularly vulnerable populations such as children.

Recommendation 5: The Board invites Governments to use the opportunity provided by the upcoming special session of the General Assembly on the world drug problem to be held in 2016 to make a critical assessment of existing drug control policies and of the extent to which the principle of a balanced, integrated and comprehensive approach is reflected in practice, including with regard to political support and funding patterns.

Availability

687. The dual aim of the international drug control system is to ensure the availability and rational use of controlled substances for medical and scientific purposes while preventing the trafficking in and abuse of such

substances. There continues, however, to be a severe imbalance globally in the consumption of drugs for pain relief and other medical conditions, with consumption concentrated primarily in industrialized countries.

Recommendation 6: The Board reminds Governments of their obligation to ensure the availability of controlled substances for medical and scientific purposes. Member States should enhance their cooperation with the Board, WHO and other relevant stakeholders in this area, and make full use of the Board's 2010 special report entitled *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes* and the 2012 *Guide on Estimating Requirements for Substances under International Control*, developed by the Board and WHO.

Recommendation 7: The Board invites countries to take all necessary measures to facilitate access to opioid analgesics and psychotropic substances for those who need them, including through the provision of training to health professionals and the streamlining of administrative procedures regulating prescriptions, adequate domestic distribution and importation practices.

Cannabis

688. The 1961 Convention allows States parties to use cannabis for medical purposes. Reflecting concerns about abuse and diversion, the Convention establishes an additional set of control measures which should be implemented in order for programmes for the use of cannabis for medical purposes to be compliant with the Convention. In that connection, the Board reiterates its invitation to WHO to evaluate the potential medical utility of cannabis and the extent to which cannabis poses a risk to human health.

Recommendation 8: All Governments that have established programmes for the use of cannabis for medical purposes, or are considering such initiatives, are reminded of their reporting and licensing obligations under the international drug control treaties. Importantly, such programmes must ensure that the prescription of cannabis for medical purposes is performed with competent medical knowledge and supervision, and that such prescription is based on sound medical practice. States parties to the 1961 Convention in which such research is ongoing are invited to share their research results and any other data on the medical usefulness or otherwise of cannabis with WHO, INCB and all relevant international organizations.

Opium poppy cultivation

689. The Board's review of the demand for and supply of opiate raw material for medical and scientific purposes indicates that the amount of opiate raw material available for the manufacturing of narcotic drugs for medical purposes, including for pain relief, is more than sufficient to satisfy the current level of demand, as estimated by Governments, with both production and stocks continuing to increase.

Recommendation 9: Cultivating and producing countries are urged to take into consideration article 29, paragraph 3, and article 30, paragraph 2, of the 1961 Convention, in which parties are required to prevent the accumulation of poppy straw in excess of quantities required for the normal conduct of business, taking into account the prevailing market conditions.

Psychotropic substances

690. The voluntary submission of data on the consumption of psychotropic substances is requested pursuant to Commission on Narcotic Drugs resolution 54/6, entitled "Promoting adequate availability of internationally controlled narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion and abuse". The provision of such data is a prerequisite for accurate analysis of consumption levels worldwide and for identifying any unusual indicators at an early stage.

Recommendation 10: All Governments that have not yet done so should put in place the necessary legislative and administrative mechanisms that will allow them to collect data on the consumption of psychotropic substances for medical and scientific purposes and to furnish those data to the Board, in the same manner as for narcotic drugs. This will also promote the adequate availability of such substances.

Licit international trade

691. Over the past few years, the Board has spearheaded efforts to develop an electronic tool to facilitate and expedite the work of competent national authorities and to reduce the risks of diversion of those substances. This new tool, the International Import and Export System (I2ES), will assist competent national authorities

by functioning in a way that ensures full compliance with the requirements set out in the international drug control conventions and safeguards the data therein.

Recommendation 11: The Board invites all Governments to provide both political and financial support to I2ES and to consider utilizing it as soon as possible. Only through its wide and early utilization will Governments be able to fully benefit from the advantages that the system provides.

Precursors

692. Over the past 25 years, international cooperation in precursor control has brought about significant results in preventing the diversion of scheduled chemicals from international trade, but there is also a need to fine-tune the system to make it fit for the future. The 2014 report of the Board on the implementation of article 12 of the 1988 Convention contains further details on that subject.

Recommendation 12: Governments and relevant regional and international organizations are invited to use the upcoming special session of the General Assembly on the world drug problem in 2016 to work with each other and with INCB to address the challenges identified in the 2014 report of the Board on precursors. The Board considers the following measures critical: preventing diversion; enhanced private-public partnerships which also address non-scheduled chemicals and designer precursors; and comprehensive and systematic application of all available tools, such as the PEN Online system, PICS, the international special surveillance list of non-scheduled substances, and the guidelines and model memorandums of cooperation with the chemical industry.

Recommendation 13: Governments should work closely with each other and with the Board in targeted operations under Project Prism and Project Cohesion, with a view to identifying and addressing trends in the illicit sourcing and trafficking of precursor chemicals. In these types of activities, seizures of precursors should not be considered the end, but rather the beginning, of investigations aimed at preventing similar incidents in the future.

Non-scheduled substances

693. Many Governments have reported a rapidly increasing number of detected non-scheduled new psychoactive substances, and the abuse and trafficking of such substances is growing throughout the world. There is, however, a paucity of reliable information related to these substances.

Recommendation 14: Pursuant to Commission on Narcotic Drugs resolution 57/9, the Board calls on Member States to actively support WHO in critically assessing new psychoactive substances and in providing scheduling recommendations to the Commission; the United Nations Office on Drugs and Crime, so that it may collect comprehensive data through its early warning system; and INCB to enable its task force on new psychoactive substances to receive, coordinate and communicate operational information and intelligence to Project Ion focal points in order to support the identification and dismantling of key sources and distribution networks of new psychoactive substances.

Promoting the consistent application of the international drug control treaties

694. In March 2014, at the high-level segment of the fifty-seventh session of the Commission on Narcotic Drugs, Government representatives adopted by consensus a joint ministerial statement, in which they underscored that the three international drug control conventions constituted the cornerstone of the international drug control system. The Board is concerned about initiatives, inconsistent with these conventions, that have legalized cannabis for non-medical purposes in Uruguay and some states of the United States.

Recommendation 15: The Board reiterates its position with regard to the legalization of non-medical use of scheduled substances and again urges all States to ensure full compliance with the treaties to which they are parties and to refrain from policies and actions that could undermine the integrity of the international drug control system and may put their citizens at an increased health risk.

695. The Board notes the cooperation of the Government of Afghanistan with INCB, as well as the measures taken and the commitment expressed by that Government to effective drug control. Nevertheless, the deteriorating drug control situation in Afghanistan, particularly the recent increase in the area of illicit poppy cultivation, constitute a significant challenge in the country and globally.

Recommendation 16: The Government of Afghanistan should continue to strengthen its capacity in the areas of

drug interdiction, promotion of alternative livelihoods, and prevention and treatment of drug abuse in the country. The Board encourages the Government to continue seeking international assistance in addressing the drug problem and to strengthen its cooperation at the regional and international levels.

(*Signed*)
Lochan Naidoo
President

(*Signed*)
Sri Suryawati
Rapporteur

(*Signed*)
Andrés Finguerut
Secretary

Vienna, 14 November 2014

Annex I.

Regional and subregional groupings used in the report of the International Narcotics Control Board for 2014

The regional and subregional groupings used in the report of the International Narcotics Control Board for 2014, 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
State of Palestine[b]
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
Montenegro
Romania
Serbia
The former Yugoslav Republic of Macedonia

[b] Pursuant to General Assembly resolution 67/19 of 29 November 2012, Palestine has been accorded the status of a non-member observer State. The name "State of Palestine" is now used in all United Nations documents.

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 Director of the Centre for Youth Substance Abuse Research at the University of Queensland and Professor of Addiction Policy at King's College London. Formerly, Professor and National Health and Medical Research Council Australia Fellow, University of Queensland Centre for Clinical Research (2010-2013).

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 800 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 (2012-2014).[a] Member of the Standing Committee on Estimates (2012-2014). 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. Vice-President, Sterling Global Operations; 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 (since 2012). Chair of the Committee on Finance and Administration (2014).

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,

[a] Resigned effective 24 July 2014.

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); and member of numerous associations and societies, including the Association of Psychiatrists and Drug Addiction Specialists of Russia and St. Petersburg, the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, the International Council on Alcohol and Addictions and the 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, Saint 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, World Health Organization (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's 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 pharmacoeconomics 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, Federico 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). Member of the Standing Committee on Estimates (2014).

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, Beauvais (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 (2011-2013). Member of the Committee on Finance and Administration (2010-2012 and 2014).

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 (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 multidisciplinary 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 of Healing Hills Specialist Psychiatric Hospital, South Africa. Designer of Roots

Online programme for prevention and aftercare of substance abuse disorders. Director of the Jullo Foundation, a non-profit organization for advocacy and delivery of care to addicts in Southern 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). President of the Board (2014).

Rajat Ray

Born in 1948. National of India. Retired Professor and Head of the Department of Psychiatry and Chief, National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi. Graduate of Medicine (MBBS), Medical College in Calcutta (1971). M.D. (Psychiatry), AIIMS (1977). Member of the faculty, Department of Psychiatry, National Institute of Mental Health and Neuro Sciences, Bangalore (1979-1988). Author of several technical reports and articles in peer-reviewed national and international journals. Assistant Editor, *Addiction Biology*. Member of the International Advisory Board, *Mental Health and Substance Use: Dual Diagnosis*, and the Editorial Board, of the scientific journal *International Drug Sciences and Drug Policy*.

Recipient of research support from various bodies at the national level (such as the Ministry of Health and Family Welfare and the Indian Council of Medical Research) and the international level (such as the United Nations Office on Drugs and Crime (UNODC) and WHO). Member of a study on HIV/AIDS, a collaborative project of NDDTC, AIIMS and the Centre for Interdisciplinary Research in Immunology and Disease, University of California, Los Angeles, 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 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 (since 2011); Principal investigator, WHO Project "Web-Based Intervention (Portal) for Alcohol and Health", Geneva (2010-2013); 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 (2010-2013); 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 (since 2010), Chair (2011) and Vice-Chair (2014) of the Standing Committee on Estimates. Second Vice-President of the Board (2011).

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 of Egypt, which is considered the first organization of anti-narcotics in the world and was 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,[b] 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); Libyan Arab Jamahiriya,[c] 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-narcotics 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 and 2014).

Werner Sipp

Born in 1943. National of Germany. Lawyer (Universities of Heidelberg, Germany, and Lausanne, Switzerland, University Institute of European Studies, Turin, Italy).

Assistant lecturer in Public Law, University of Regensburg (1971-1977). Senior administrative posts in several federal ministries (1977-2008). Head of the Division for Narcotic Law and International Narcotic Drugs Affairs in the Federal Ministry of Health (2001-2008); Permanent Correspondent of Germany in the Pompidou Group of the Council of Europe (2001-2008); Legal Correspondent of Germany in the European Legal Database on Drugs, Lisbon (2002-2008); Chairman of the Horizontal Working Party on Drugs of the Council of the European Union (2007); Coordinator of the German delegation to the Commission on Narcotic Drugs (2001-2009).

Expert Consultant to the German Federal Ministry of Health and Drug Commissioner of the Federal Government in international drug matters (2008-2009); Expert Consultant on drug issues to the Deutsche Gesellschaft für Internationale Zusammenarbeit (2008-2011); Expert on several European Union drug projects (such as "Implementing the national strategy to fight drug abuse in Serbia" and the Central Asia Drug Action Programme.

Member of the International Narcotics Control Board (since 2012), Member of the Standing Committee on Estimates (since 2012). Rapporteur (2013). First Vice-President of the Board (2014).

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. Apprenticeship in narcotic drugs epidemiology at St. George's University of London (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, Prime Minister's Award for Drug Education and Prevention (2005).

Member of the International Narcotics Control Board (since 2010). Member (since 2010) and Chair (2012 and

[b] Pursuant to General Assembly resolution 67/19 of 29 November 2012, Palestine has been accorded the status of a non-member observer State. The name "State of Palestine" is now used in all United Nations documents.

[c] Since 16 September 2011, "Libya" has replaced "Libyan Arab Jamahiriya" as the short name used in the United Nations.

2014) of the Standing Committee on Estimates. Chair of the Committee on Finance and Administration (2011). Second Vice-President of the Board (2012 and 2014). Chair of the Committee on Finance and Administration (2011 and 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 master's 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 (2007-2012 and since 2013). Member (2008-2011 and since 2013), Vice-Chair (2009) and Chair (2010 and 2013) of the Standing Committee on Estimates. Second Vice-President of the Board (2010 and 2013). Rapporteur (2011 and 2014).

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).

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 Inter-American 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*, UNODC (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 book on illegal drugs in Colombia and the Andean region. Editor of three volumes and author of 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). Member of the Committee on Finance and Administration (2014).

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); UNODC/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 (2007-2009). 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

2013: Economic consequences of drug abuse

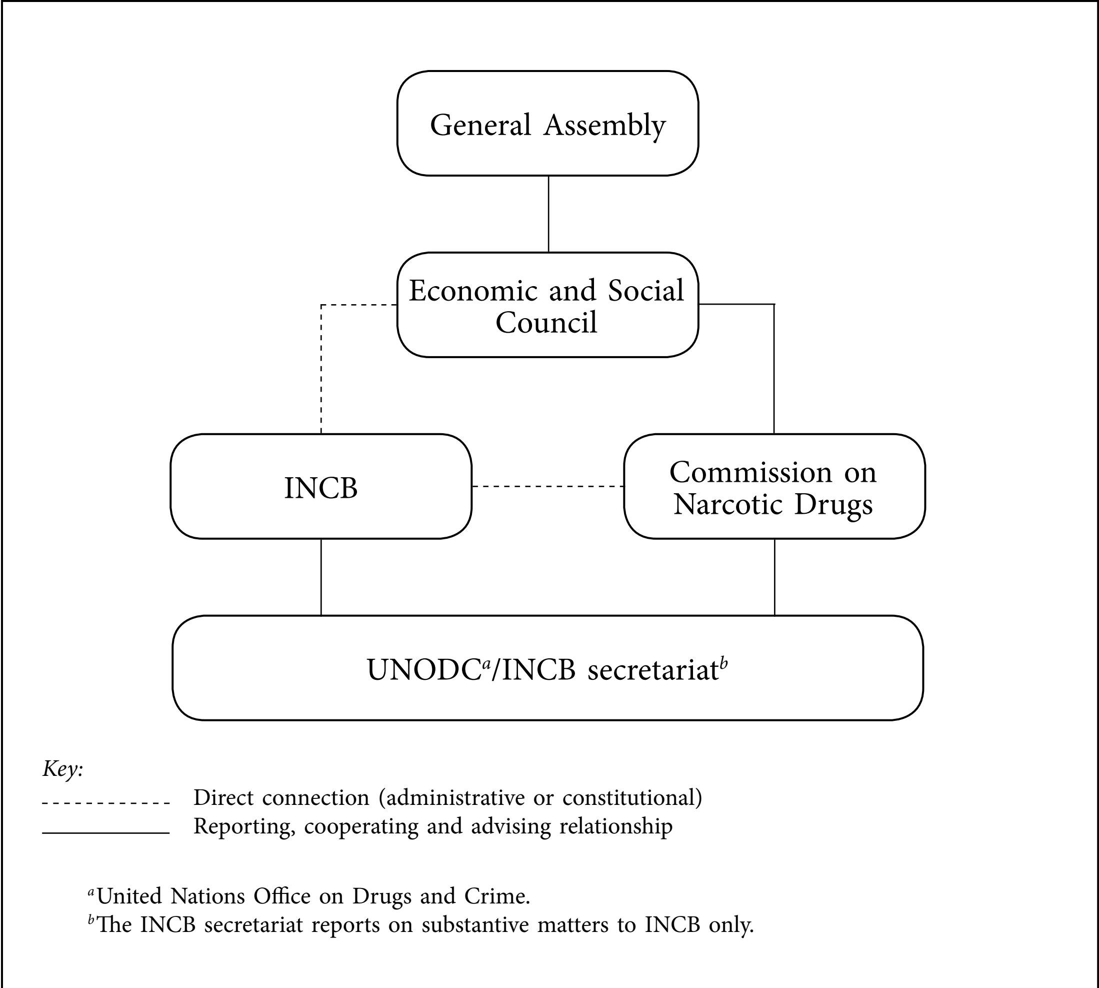
Chapter I of the report of the International Narcotics Control Board for 2014 is entitled "Implementation of a comprehensive, integrated and balanced approach to addressing the world drug problem".

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, UNODC, WHO and other relevant international and regional organizations.

United Nations system and drug control organs and their secretariat



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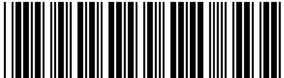

INTERNATIONAL NARCOTICS CONTROL BOARD

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.

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