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Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem: follow-up to the high-level review by the Commission on Narcotic Drugs, in view of the special session of the General Assembly on the world drug problem to be held in 2016

Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

Report of the Executive Director

Summary

The present report contains information based on the second round of responses provided by Member States to the annual report questionnaire (parts I and II) concerning action taken to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. The United Nations Office on Drugs and Crime prepares such a report on a biennial basis pursuant to Commission on Narcotic Drugs resolution 53/16, entitled “Streamlining of the annual report questionnaire”. The report addresses measures taken by Member States in the areas of drug demand and supply reduction, countering money-laundering and promoting judicial cooperation, and includes related recommendations.

* E/CN.7/2014/1.



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I. Introduction

1. The present report contains an analysis of the answers provided by Member States to parts I and II of the annual report questionnaire,¹ adopted by the Commission on Narcotic Drugs in its resolution 53/16, entitled “Streamlining of the annual report questionnaire”. In that resolution, the Commission requested the Executive Director to prepare and submit to the Commission, on a biennial basis, on the basis of the responses provided by Member States to the questionnaire, a single report on action taken to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted during the high-level segment of the fifty-second session of the Commission and by the General Assembly in its resolution 64/182. The present, second such report includes a more detailed analysis, including descriptions of relevant developments over time. Member States were requested to submit their questionnaires for the reporting year 2012 by 30 June 2013.

II. Demand reduction and related measures

2. A total of 85 replies² to part II of the annual report questionnaire had been received by November 2013, compared with a total of 74 replies³ by November 2011. Answers provided by Member States to questions 1 to 15 in each reporting cycle were analysed to provide an overview of demand reduction and related measures. Despite some subregional fluctuations, the analysis indicates that 84 per cent of the countries reporting during at least one cycle reported during both cycles. Given the high response overlap between reporting cycles, and in order to maximize the information provided, all countries reporting in each cycle were included in the analysis.

3. It is important to note that a large number of countries did not respond to the questionnaire; this is further compounded by the fact that not all countries submitting the questionnaire answered all of the questions.

A. Drug strategy and resources for treatment and prevention

4. In both reporting cycles, over 90 per cent of the Member States responding to part II of the questionnaire indicated that they had adopted a written national drug strategy that included a demand reduction component. Those strategies were all ongoing and had an average period of coverage of three to seven years. Most strategies covered prevention, treatment, rehabilitation and social reintegration services, as well as services to prevent the health and social consequences of drug use, and drug monitoring and research. Most reporting States entrusted a central coordination body with the implementation of the drug demand reduction component of the strategy. Over 85 per cent of responses in each reporting cycle

¹ Part I. Legislative and institutional framework (E/NR/2010/1) and Part II. Comprehensive approach to drug demand and supply reduction (E/NR/2010/2).

² Out of 197 invitations.

³ Out of 196 invitations.

indicated that the ministries of health, social affairs, education, law enforcement and justice were represented on the central coordination body. Between two thirds and three quarters of the responses indicated that non-governmental organizations, ministries of labour and employment and the private sector were represented on the central coordination body.

5. Despite the large proportion of Member States reporting a national demand reduction strategy, around one third of those strategies remained unfunded. The situation was particularly serious in Africa, where none of the strategies reported were funded.

6. Among countries reporting the availability of funds for such strategies, a slight funding improvement was noted between the first and second reporting cycle. Nevertheless, a decrease in the budget allotted for treatment or prevention in the second cycle was reported for one out of six strategies.

7. On a subregional basis, the treatment and prevention budget for reporting countries in Central and Western Europe remained mostly stable in 2013, with 84 per cent of countries reporting a stable budget, after around 40 per cent of the countries reported a decrease in that budget in 2011. A significant improvement in the amount of funds allotted for prevention was noted among countries in the Middle East and North Africa, with 75 per cent of those countries reporting an increase. Seventy-five per cent of Central, South and West Asian countries reported a stable or decreased budget allotted for treatment in 2013, compared with 25 per cent in 2011.

B. Prevention and early intervention

8. Figures I and II present the responses of Member States regarding the implementation of various prevention activities, both in the general population and among groups at risk, further categorized by strength of evidence, as per the International Standards on Drug Use Prevention.⁴

⁴ Circulated to Member States during the fifty-sixth session of the Commission and available from www.unodc.org/unodc/en/prevention/prevention-standards.html.

Figure I
Number of countries reporting the existence of various prevention activities in the community, 2010/11 and 2012/13

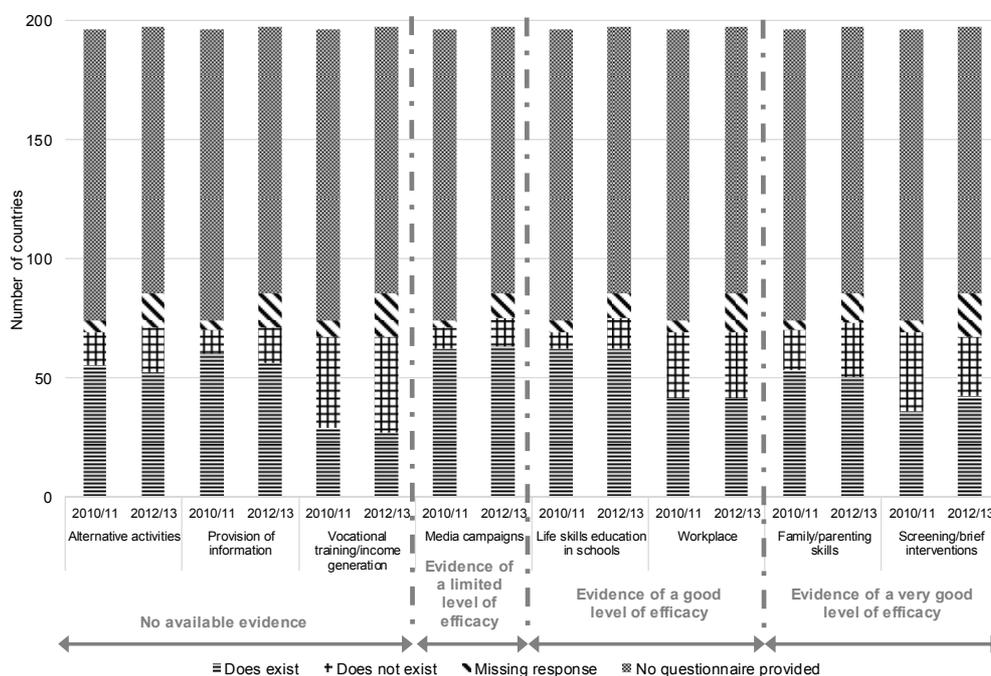
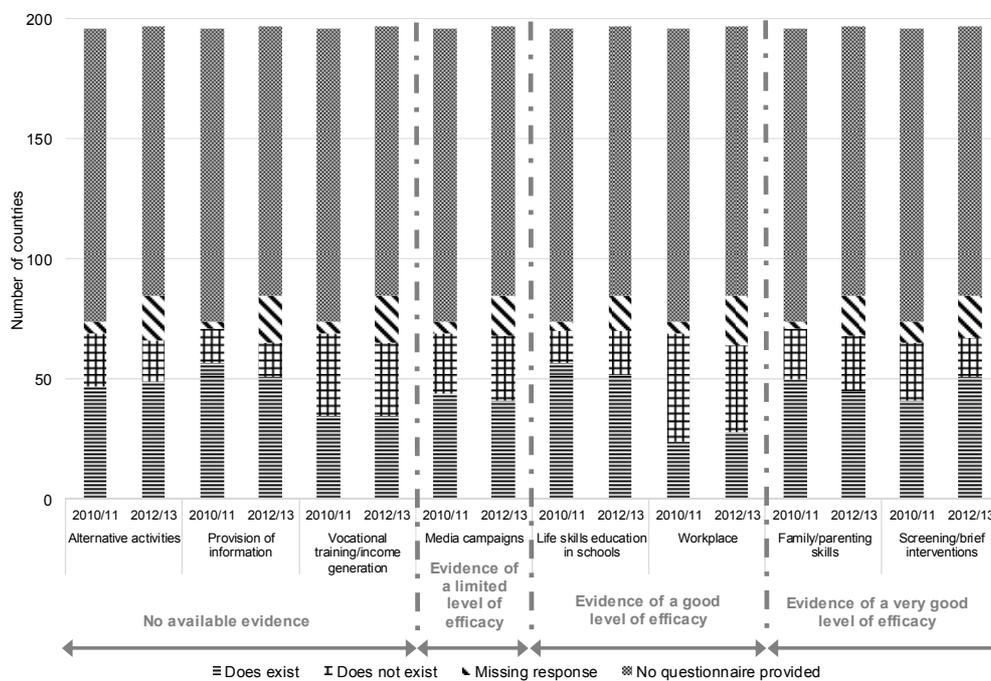


Figure II
Number of countries reporting the existence of various prevention activities among at-risk groups, 2010/11 and 2012/13



9. Fewer prevention activities targeted at-risk groups than targeted the general population in both reporting cycles. Moreover, in both cycles, provision of information about drugs ranked as the most prevalent activity implemented in both the general population and among at-risk groups. The most frequently reported interventions, both in the general community and among at-risk groups, continued to be in areas where science suggested that there was no, or a limited level of evidence of, effectiveness. Life skills education in schools and family and parenting skills training were reported by a number of Member States.

10. The analysis of the questionnaires for 2012/13 shows a slight increase in reports of activities among the general population compared with activities targeting at-risk groups. An increase was noted in screening and brief interventions, as well as workplace interventions, while there was a slight decrease in life skills education in schools and family and parenting skills training. The number of reports of all other interventions remained relatively stable, except for an increase noted for interventions based on providing alternative activities and vocational training for at-risk groups.

11. At the subregional level, with regard to prevention activities in the community, the Central, South and West Asia subregions reported a decrease in the dissemination of prevention information (100 per cent of the reports in the first cycle indicated the presence of such intervention, compared with 78 per cent in the second cycle), workplace interventions (from 78 to 56 per cent) and vocational training (from 78 to 57 per cent). Among Central Asian countries, there was an increase in screening and brief interventions (from 70 to 86 per cent). Central and Western European countries indicated a general decrease in the dissemination of information (from 97 to 87 per cent) and an increase in reports of screening and brief interventions (from 77 to 92 per cent) and family and parenting skills training (from 75 to 86 per cent). Latin American and Caribbean countries reported a decrease in life skills education in schools (from 70 to 30 per cent) and workplace interventions (from 64 to 44 per cent), contrasted with an increase in family and parenting skills training (from 55 to 70 per cent). In the Middle East and North Africa region, there was a decrease in life skills education in schools (from 66 to 30 per cent) and vocational training (from 40 to 28 per cent). Eastern and South-Eastern European countries reported an increase in screening and brief intervention activities (from 55 to 72 per cent). East and South-East Asian countries reported an increase in family and parenting skills training. Data from other subregions seem to fall within the aforementioned reported global averages.

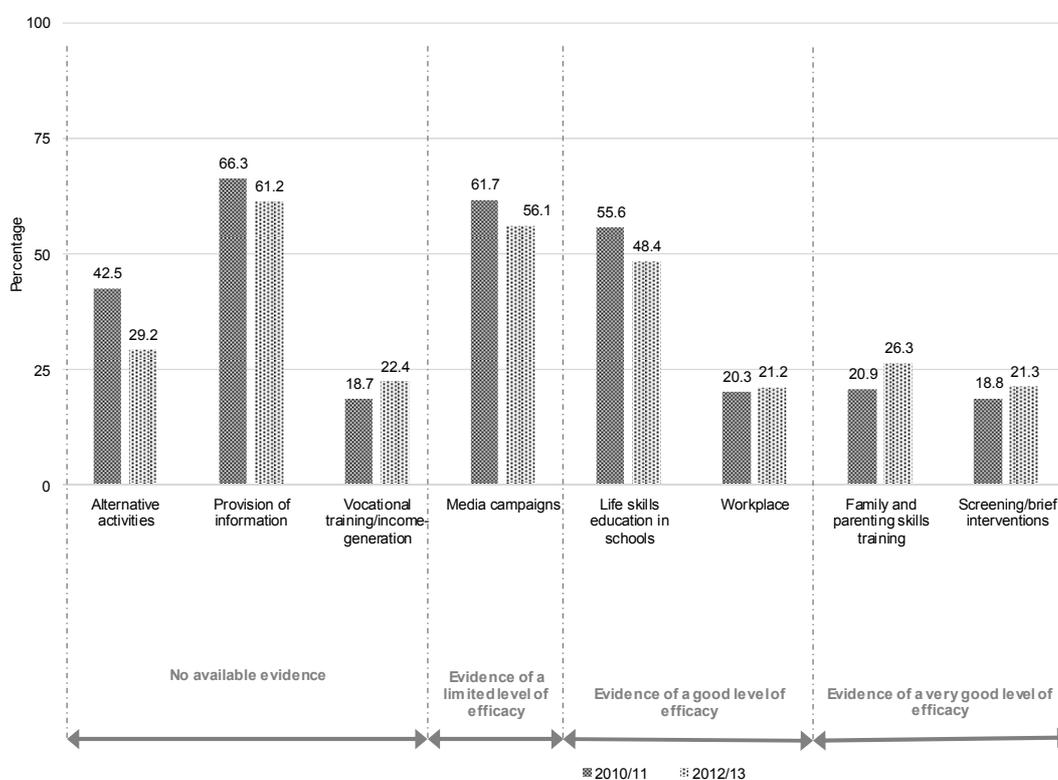
12. At the subregional level, with regard to prevention activities among people at risk, in the Latin America and Caribbean region, a decrease was noted in dissemination of information (from 73 to 30 per cent), parallel to an increase in reports of alternative activities (from 55 to 70 per cent) and workplace interventions (from 36 to 50 per cent). In the Middle East and North Africa, a decrease was noted in dissemination of information (from 66 to 30 per cent) and vocational training (from 73 to 57 per cent). Central and West Asian countries reported a decrease in family and parenting skills training (from 78 to 56 per cent) and vocational training (from 78 to 57 per cent), parallel to an increase in screening and brief interventions (from 70 to 89 per cent). East and South-East Asian countries reported a decrease in vocational training (from 73 to 53 per cent) and an increase in alternative activities (from 70 to 86 per cent). Central and Western European

countries reported an increase in alternative activities (from 75 to 86 per cent), workplace interventions (from 29 to 54 per cent) and screening and brief interventions (from 77 to 92 per cent). East and South-Eastern European countries reported an increase in screening and brief interventions (from 55 to 72 per cent).

13. While the level of implementation of prevention activities was encouraging, the levels of coverage were concerning. As can be seen from figure III, despite the fact that providing information about drugs and conducting media campaigns remain the interventions most frequently reported as having high coverage, this trend seemed to be attenuated during the second reporting cycle, when the intervention with the greatest increase in areas of high coverage was family and parenting skills training. High levels of coverage for the other interventions remained stable between cycles, with the majority of Member States reporting rates of 30 per cent or less.

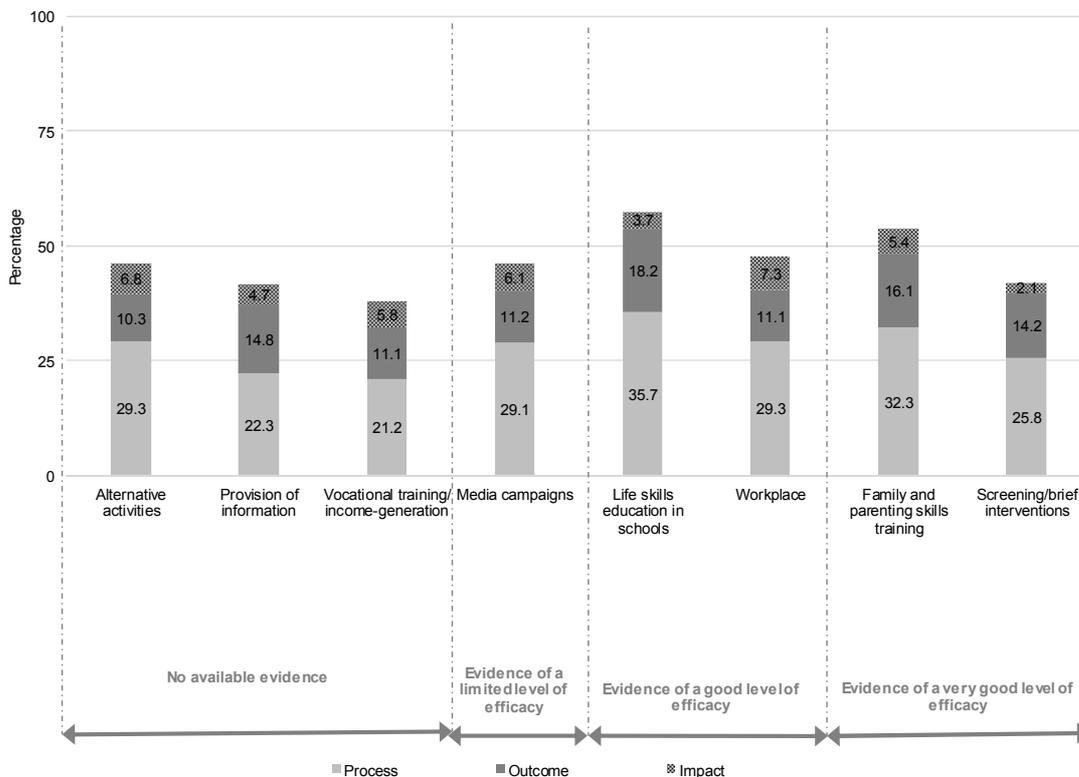
Figure III

Proportion of Member States reporting high coverage of various prevention activities, 2010/11 and 2012/13



14. The same pattern was repeated regarding evaluation during the second reporting cycle (see figure IV). The majority of reported types of interventions remained unevaluated, with only two of them — life skills education in schools and family and parenting skills training — having been evaluated in more than 50 per cent of reporting Member States. In most instances, evaluation still focused on the process and not on the impact or outcome of the activity.

Figure IV
Proportion of Member States reporting evaluation of prevention activities



C. Treatment

15. In both reporting cycles, most Member States (more than 90 per cent) reported that residential and outpatient drug treatment facilities were available; 25 per cent of those drug treatment units were residential, and 75 per cent were outpatient. However, the breakdown between the two types of facilities varied widely among countries (from a minimum of 4 per cent residential to a maximum of 94 per cent). On a regional level, in Africa, the Americas and Asia, over 50 per cent of the units available for drug treatment were inpatient. Outpatient units represented only 27 per cent of the available places for drug treatment in the reporting Member States of North America and Latin America and the Caribbean and only 4 per cent of those in Africa. In 2012/13, countries in Europe had the largest percentage of outpatient spots (40 per cent) compared with residential (60 per cent).

16. As far as the existence of treatment services is concerned, the overall picture is still concealed by the fact that a large number of countries did not respond to the questionnaire. This was further compounded by a lack of responses regarding some of these services among countries that did submit the questionnaire. Treatment services were categorized into three different types: pharmacological; psychosocial; and services for social rehabilitation and aftercare. These were assessed both at the community level and in prison settings. A recovery-oriented continuum of care would include and integrate the full range of services listed in the questionnaire, both at the community level and in prisons.

17. Among countries submitting a questionnaire, the existence of services was less frequently reported in prison settings than at the community level. Moreover, pharmacological treatment, particularly opioid antagonist therapy and opioid maintenance therapy, remained the least reported service, especially in prison settings (see figures V and VI). A more equitable distribution among the three treatment service types was noted among community-based services, whereas in prison settings most services focused on aftercare/rehabilitation services. The existence of services for rehabilitation and social reintegration remained relatively stable among countries reporting in both cycles (see figures VII and VIII). As far as psychosocial services were concerned, an increase in the number of countries reporting the existence of contingency management services and motivational interviewing was noted in 2012/13, both at the community level and in prison settings (see figures IX and X).

18. Among countries submitting part II of the questionnaire, no significant fluctuation among subregions was noted with regard to services at the community level. There was, however, a notable discrepancy among subregions with regard to services in prison settings. In 2010/11, the regions or subregions with an average of fewer than 10 services reported as existing in each country in prison settings were the Middle East and North Africa, Latin America and the Caribbean, sub-Saharan Africa and Central and South-West Asia. With slight variations in 2012/13, the same regions or subregions continued to report an average of fewer than 10 services per country in prison settings, with a further reduction in that average noted particularly in Central and West Asia and Latin America and the Caribbean.

Figure V

Reports of the existence of pharmacological treatment in the community, 2010/11 and 2012/13

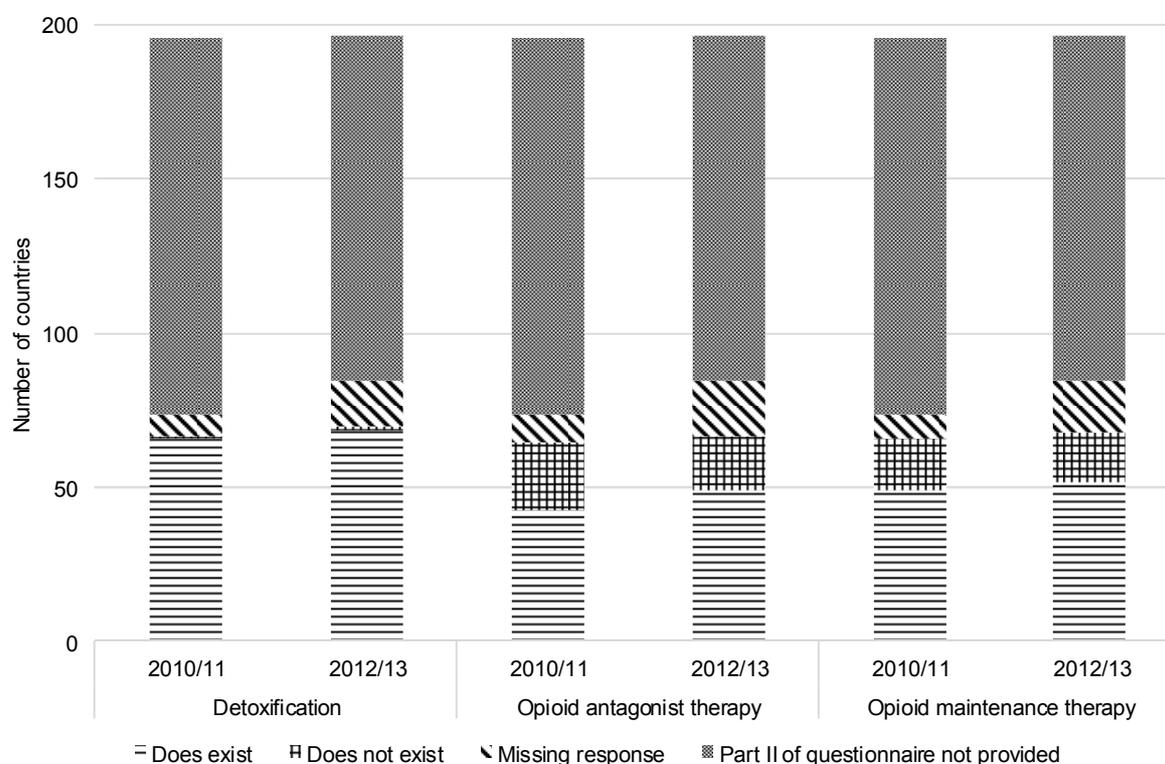


Figure VI
Reports of the existence of pharmacological treatment in prison settings, 2010/11 and 2012/13

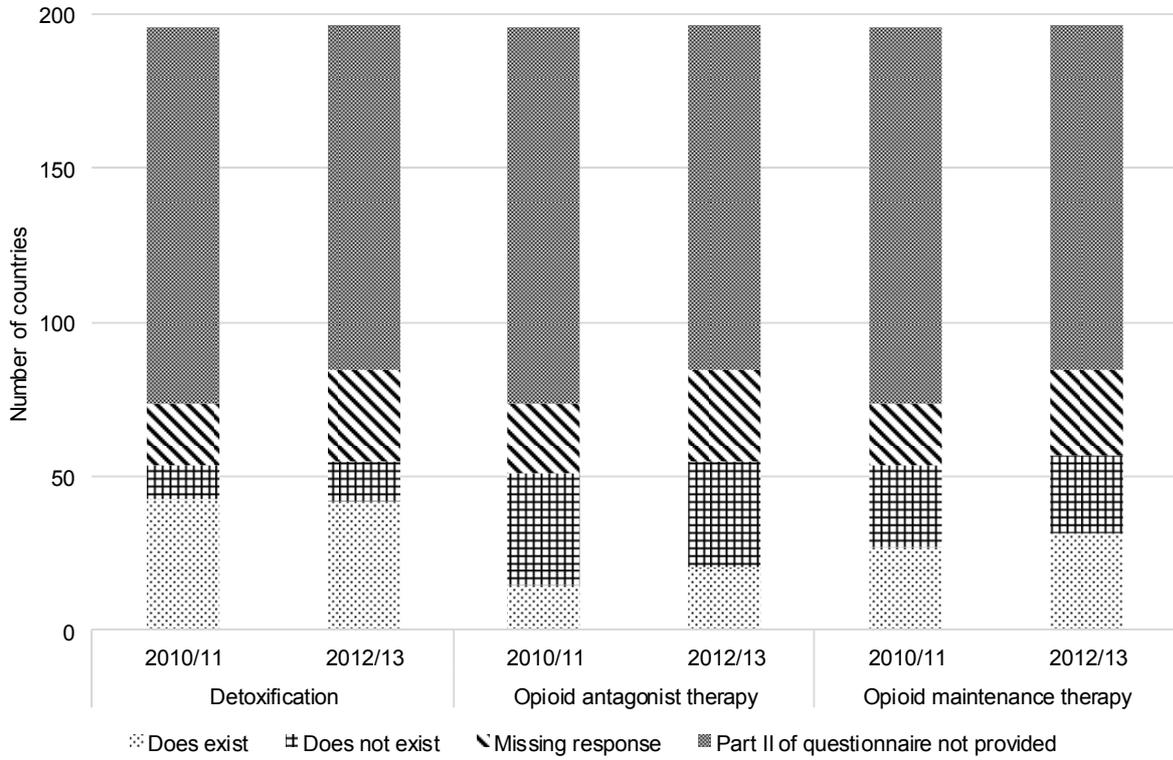


Figure VII
Reports of the existence of social rehabilitation and aftercare treatment services in the community, 2010/11 and 2012/13

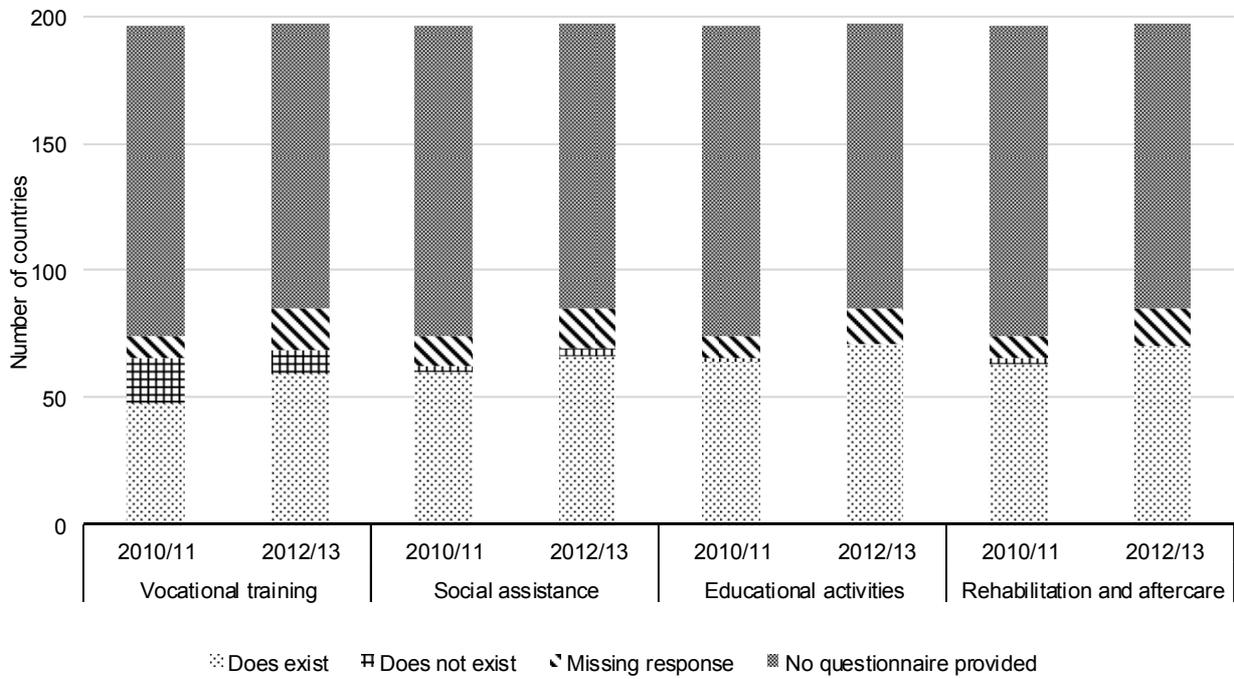


Figure VIII
Reports of the existence of social rehabilitation and aftercare treatment services in prison settings, 2010/11 and 2012/13

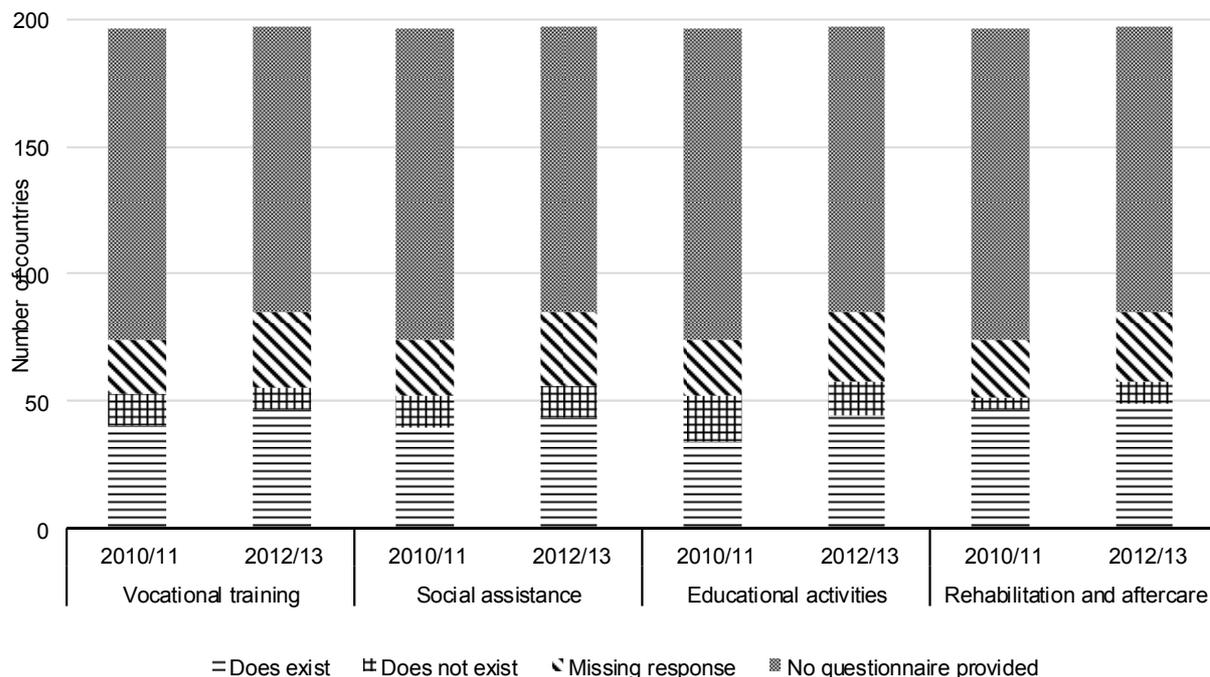


Figure IX
Reports of the existence of psychosocial treatment services in the community, 2010/11 and 2012/13

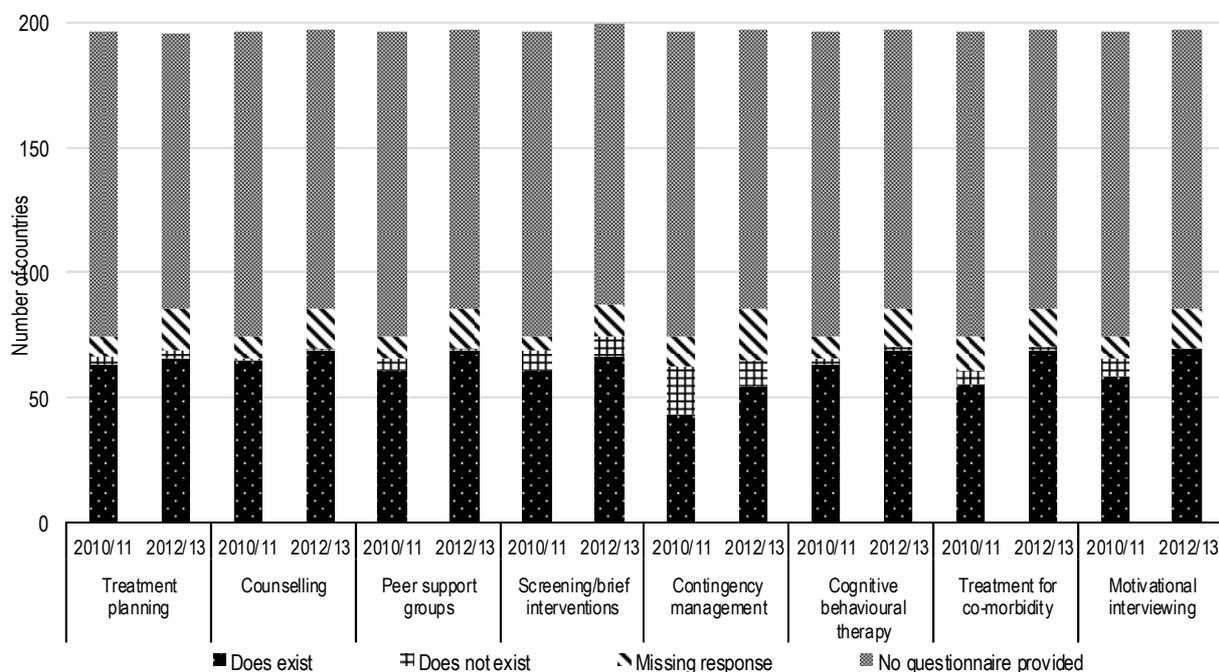
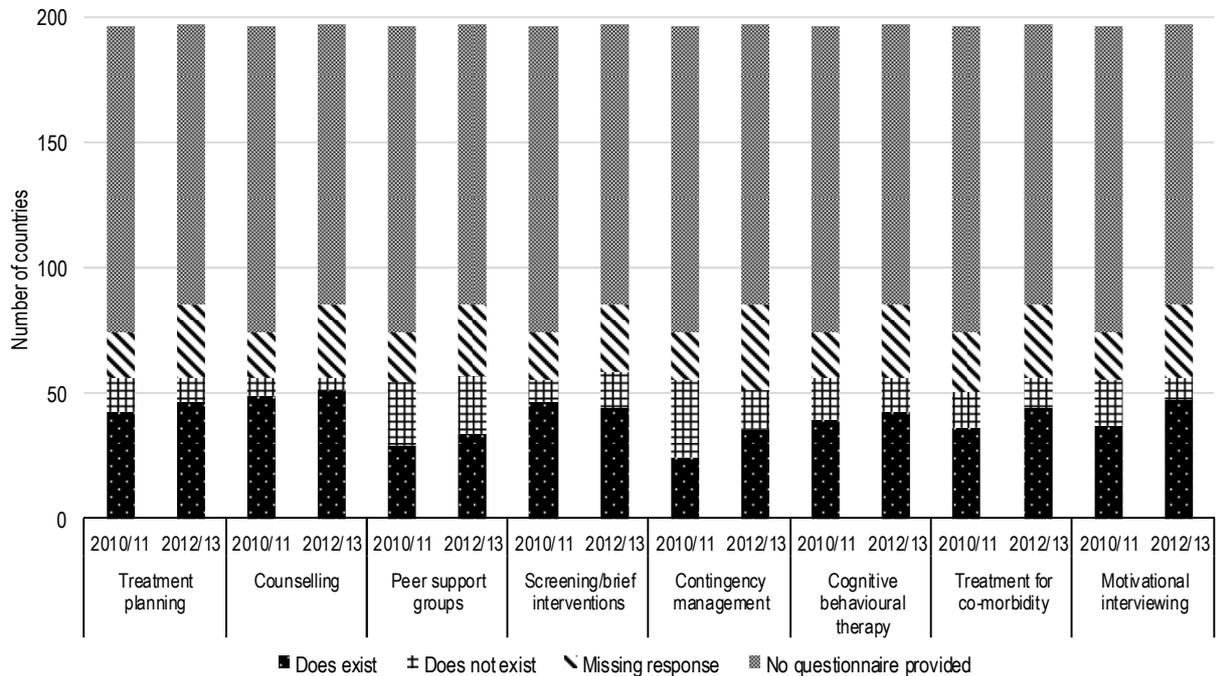


Figure X
**Reports of the existence of psychosocial treatment services in prison settings,
 2010/11 and 2012/13**



19. The percentage of countries reporting on the coverage of such services that assessed those services as having a high degree of coverage remained below expectations in 2012/13. With regard to coverage of services at the community level, the only variation noted was a decrease in the percentage of countries reporting a high degree of coverage for screening and brief interventions and an increase in the percentage reporting cognitive and behavioural therapy or treatment for co-morbidities. The coverage rate for other services remained stable (see figure XI). As for the coverage rate of services available in prison settings, a general overlap in both reporting cycles was noted across services. The only exceptions were a reduction in the number of countries reporting a high level of coverage for contingency management services and more countries reporting a high level of coverage for cognitive behavioural therapy, treatment for co-morbidities and social assistance services (see figure XII).

Figure XI
Percentage of countries reporting high coverage of treatment services in the community, 2010/11 and 2012/13

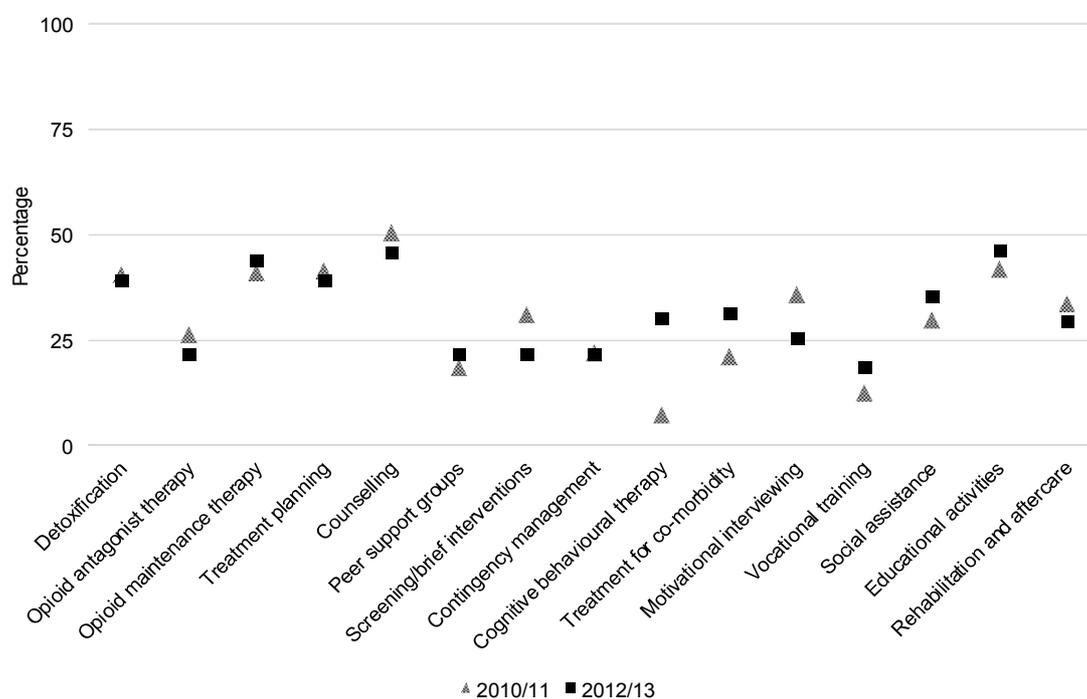
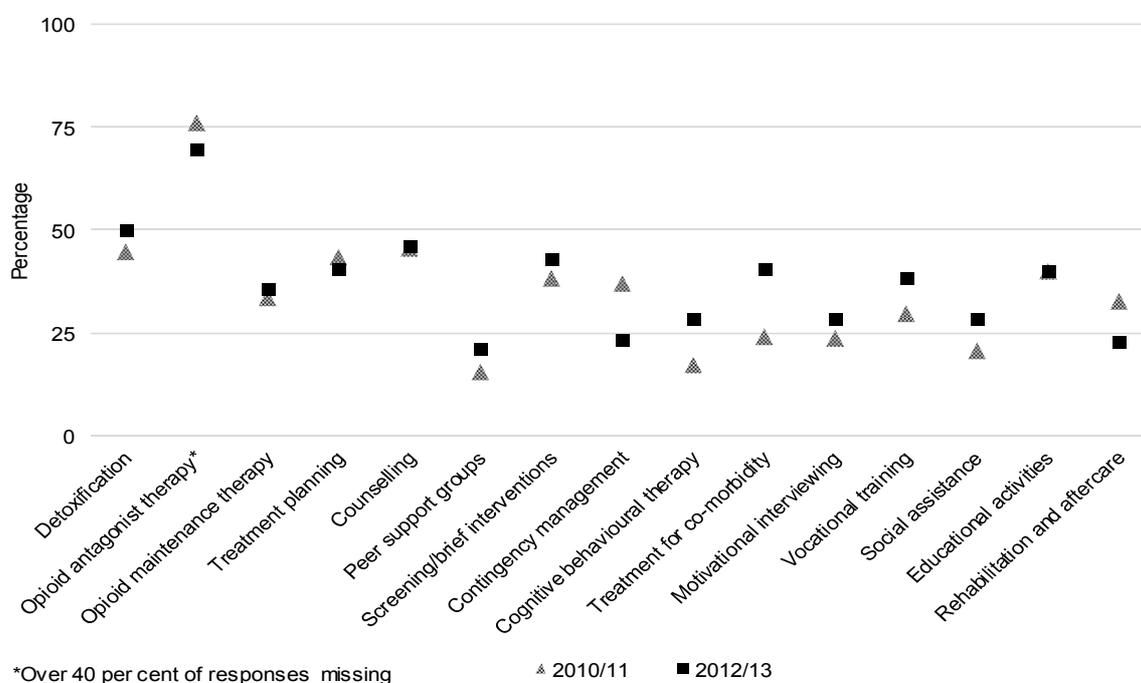


Figure XII
Percentage of countries reporting high coverage of drug treatment services in prison settings, 2010/11 and 2012/13

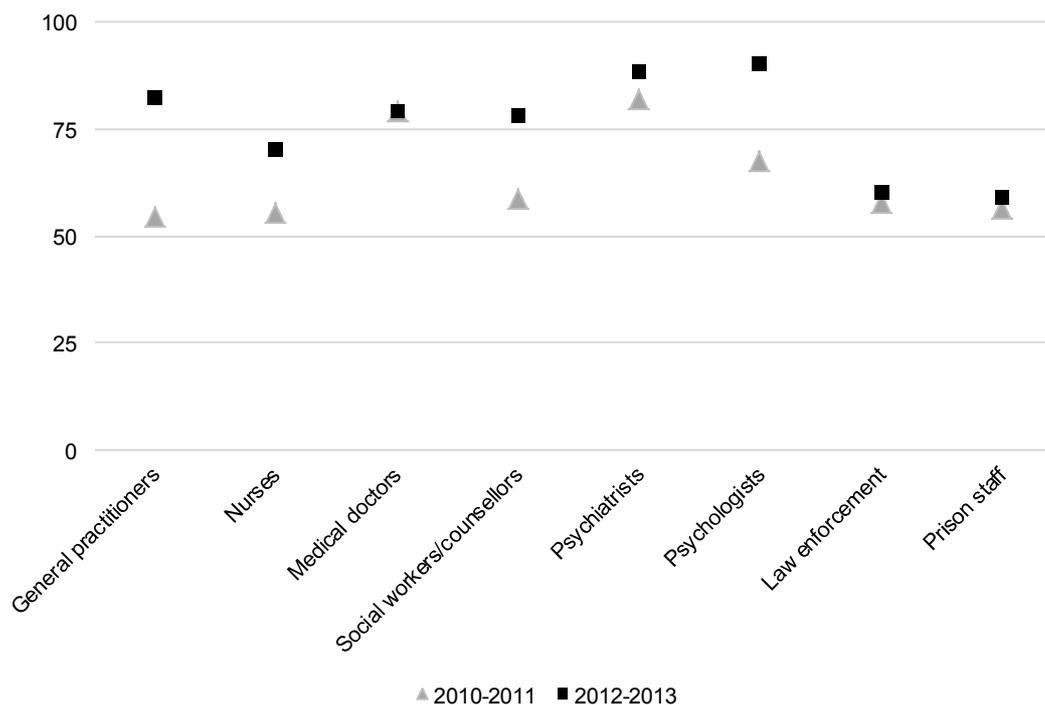


D. Quality standards and training of staff

20. As shown in figure XIII, an improvement was noted with regard to the existence of training for professionals on drug demand reduction interventions. The most significant increase was in the training of general practitioners, psychologists and social workers. However, law enforcement and prison staff continued to have poor access to training opportunities despite their frequent interaction with drug users.

Figure XIII

Availability of drug demand reduction interventions to professionals as part of their qualification curriculum, 2010/11 and 2012/13



E. Prevention of diseases, including infectious diseases

21. The level of reporting with regard to the existence of services for the prevention of diseases, including infectious diseases, was very poor. The number of countries reporting on individual services ranged between 33 and 43, with only 26 countries reporting on all services. The percentage of countries not reporting on individual services ranged between 28 and 55 per cent in 2010/11 and 45 and 59 per cent in 2012/13. It is therefore important to note that the present analysis relies on only the responses provided.

22. The percentage of countries assessing that the level of coverage of such services at the community level was high remained stable but relatively small. The only exception was an increase in the coverage of condom distribution and a smaller increase in both coverage of targeted information and education regarding and

diagnosis and treatment of hepatitis B and C. Parallel to this positive development, a slight reduction in services for the prevention, diagnosis and treatment of tuberculosis was noted (see figure XIV).

23. The percentage of countries reporting high coverage of such services in prison settings remained stable and relatively low for the nine services concerned, with the only exception being an increase in needle and syringe programmes (see figure XV).

Figure XIV

Percentage of countries reporting high coverage of various services for the prevention, treatment and care of HIV and other infectious diseases in the community, 2010/11 and 2012/13

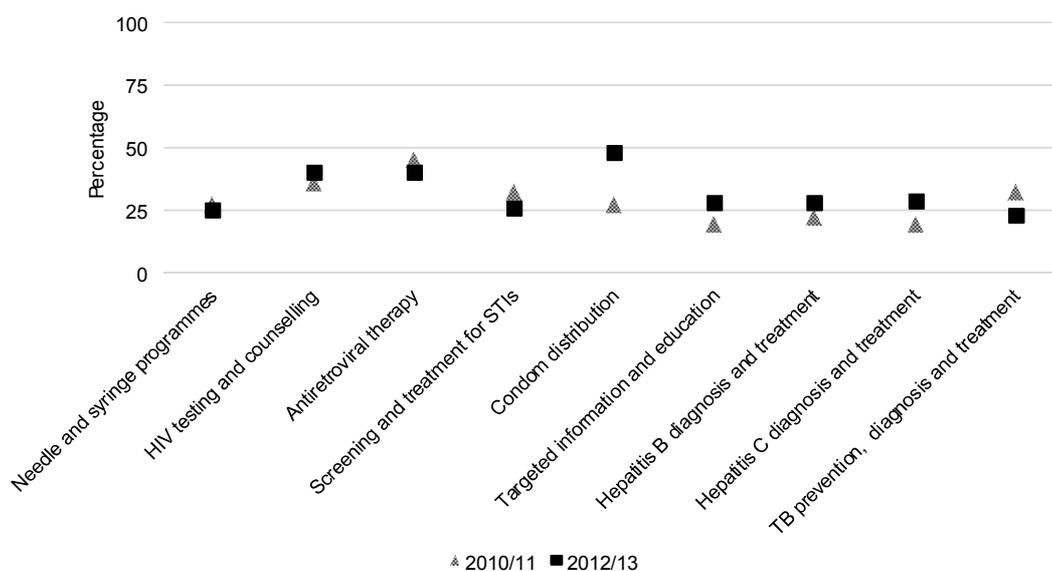
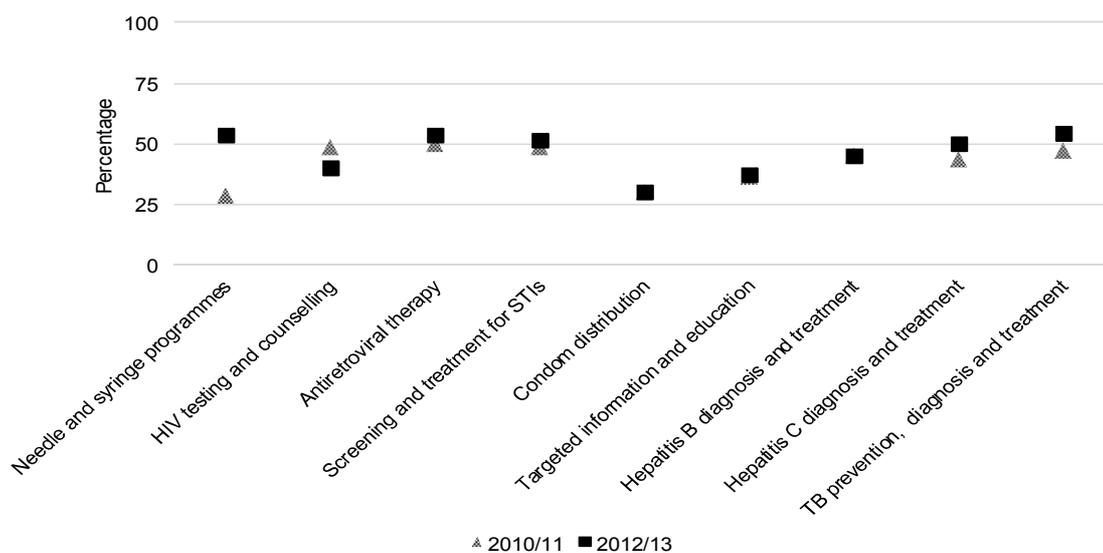


Figure XV

Percentage of countries reporting high coverage of various services for the prevention, treatment and care of HIV and other infectious diseases in prison settings, 2010/11 and 2012/13



III. Drug supply reduction and related measures

24. Part II of the annual report questionnaire is entitled “Comprehensive approach to drug demand reduction and supply”; approximately half of part II is devoted to questions related to reducing the supply of illicit drugs. Questions 16 to 37 ask about domestic supply reduction activities, cross-border and international cooperation, international technical cooperation and the control of precursors.

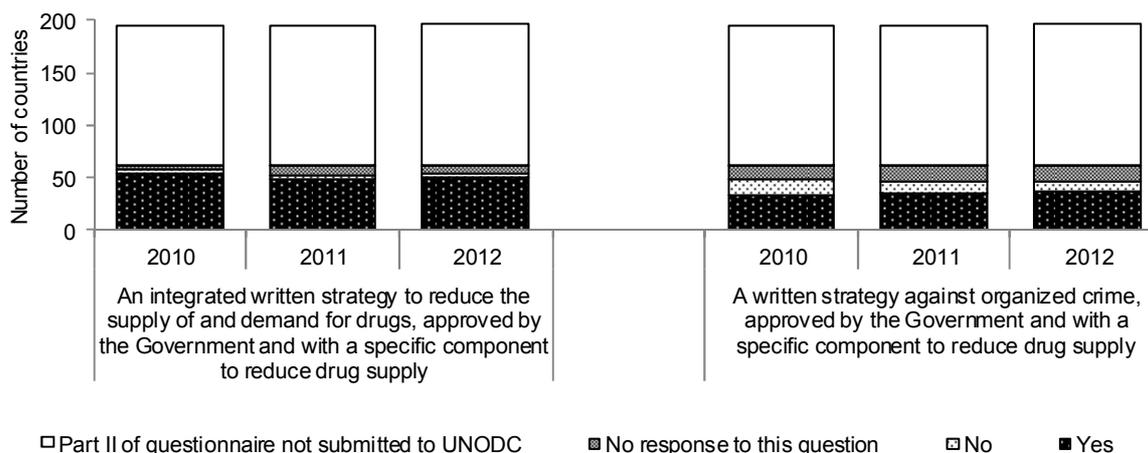
25. To ensure comparability over time, the analysis of responses is limited to those Member States which completed part II of the survey in all three of the years 2010, 2011 and 2012. As of October 2013, 63 Member States⁵ had done so. Member States that responded to only one or two surveys during that period have been excluded from the analysis and are shown in the charts under the category of “No questionnaire part II submitted to UNODC”.

A. Domestic supply reduction activities

26. The number of responding Member States with approved strategies to combat organized crime has increased since 2010, and the vast majority of responding Member States continue to have approved strategies to reduce the supply of and demand for drugs (see figure XVI).

Figure XVI

Number of countries utilizing various measures to reduce drug supply



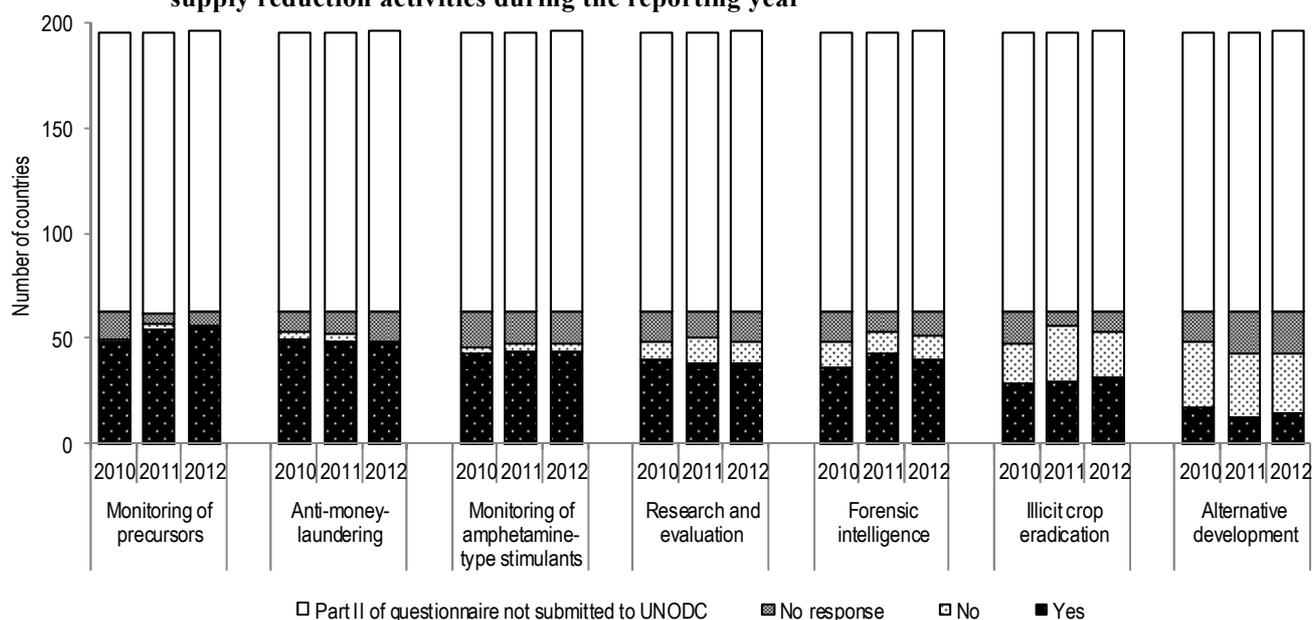
⁵ Algeria, Andorra, Armenia, Australia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Brazil, Brunei Darussalam, Chile, China, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Ecuador, Estonia, Finland, France, Georgia, Germany, Hungary, Indonesia, Ireland, Israel, Italy, Japan, Jordan, Kazakhstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Mexico, New Zealand, Pakistan, Peru, Philippines, Poland, Romania, Russian Federation, Saudi Arabia, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Syria, Tajikistan, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Uzbekistan and Venezuela (Bolivarian Republic of).

27. In 2012, over 90 per cent of responding Member States indicated that they had an integrated written strategy to reduce the supply of and demand for drugs. One of the most notable increases between 2010 and 2012 was in the percentage of responding Member States with approved written strategies to combat organized crime, which rose from 69 per cent in 2010 to 81 per cent in 2012. The increase appears to reflect primarily changes in European countries.⁶

28. All Member States that responded to the relevant question⁷ indicated that they were actively engaged in the control and monitoring of precursor chemicals during 2012 (see figure XVII). This indicates a continued improvement from the already high levels of control and monitoring observed in 2010 (98 per cent) and 2011 (96 per cent). Nearly all responding Member States (98 per cent) actively engaged in activities to counter money-laundering during 2012, up from 92 per cent in 2011. The percentage of Member States actively engaged in the control and monitoring of amphetamine-type stimulants remained stable between 2010 and 2012, ranging from 92 to 93 per cent. More than three quarters (78 per cent) of Member States actively engaged in research and evaluation during 2012, while a similar percentage (77 per cent) actively engaged in forensic intelligence activities. Between 2010 and 2012, the percentage of responding Member States actively engaged in programmes to eradicate illicit drug crops ranged from 54 to 60 per cent. Alternative development programmes were being pursued in approximately one third of Member States (35 per cent in 2012).

Figure XVII

Number of countries reporting that they had actively engaged in various drug supply reduction activities during the reporting year



⁶ Several European countries that indicated they did not have an approved written strategy against organized crime in place during 2010 had a strategy in place by 2012, including Belgium, Denmark, Hungary, Slovakia and Spain.

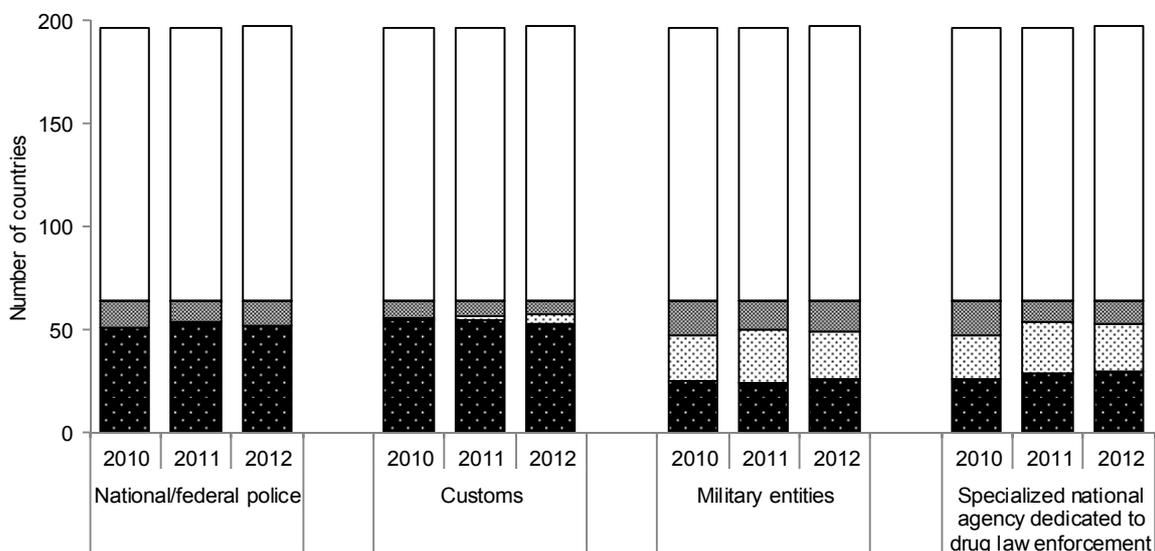
⁷ Six Member States did not respond to the question.

29. During 2010, 2011 and 2012, national or federal police were mandated to reduce drug supply in all responding Member States. Customs agencies also had a mandate to reduce drug supply in the vast majority of Member States. In 2012, only four Member States indicated that customs authorities did not have a mandate to reduce drug supply (see figure XVIII).

30. Military entities had a mandate to reduce drug supply in approximately half of responding Member States. In 2012, the percentage of responding Member States where the military had a role in reducing drug supply was higher than the global average in the Americas (75 per cent) and Asia (75 per cent) and lower than the global average in Europe (33 per cent). There was not enough information from African countries to assess the role of military entities in reducing drug supply in that region.

Figure XVIII

Number of countries reporting that they had mandated various law enforcement agencies to reduce drug supply



□ Part II of questionnaire not submitted to UNODC ■ No response □ No ■ Yes

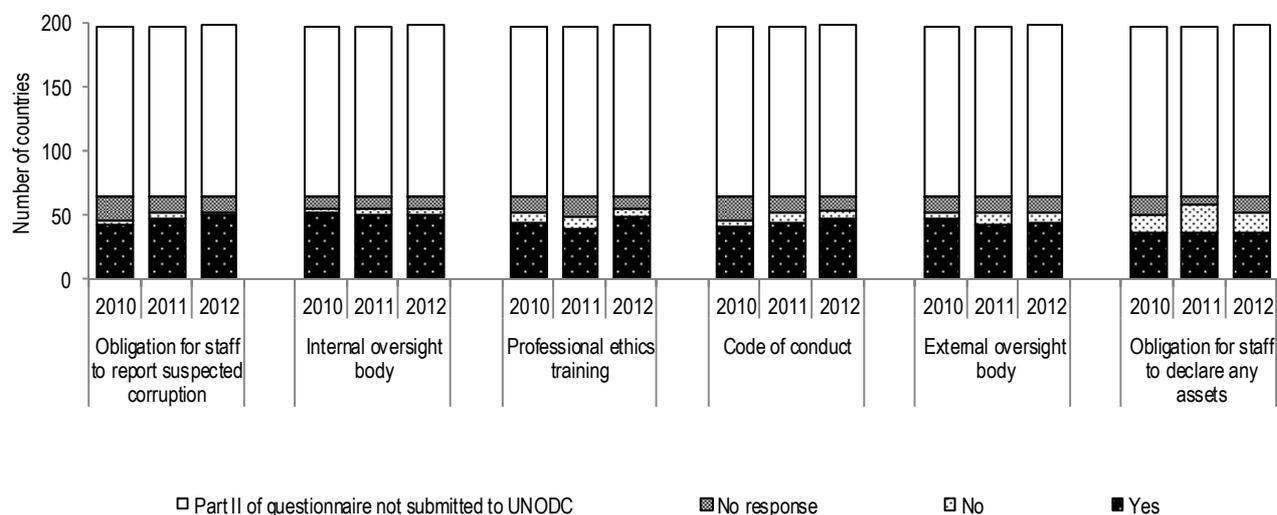
31. Between 2010 and 2012, an increasing percentage of responding Member States had established specialized national agencies dedicated to drug law enforcement with mandates to reduce drug supply. In 2012, 56 per cent of those States had such an agency (up from 53 per cent in 2010), while 71 per cent had an entity that was responsible for coordinating the activities of agencies mandated to reduce drug supply, broadly the same level as in previous years (72 per cent in 2010 and 2011). The types of coordinating agency varied and included secretariats for the prevention of drug addiction and drug trafficking, police services, national authorities responsible for the monitoring of chemical precursors, ministries of the interior or justice, organized crime bureaux, public prosecutor's offices, drug control and addiction councils, national drug intelligence bureaux, drug enforcement agencies and state commissions.

32. Between 2010 and 2012, the majority of responding Member States had a comprehensive set of measures in place to address the threat posed by corruption within domestic law enforcement agencies with a mandate to reduce drug supply (see figure XIX). The most common measures (in over 90 per cent of reporting Member States) included the obligation for staff to report suspected incidents of corruption and the existence of an internal oversight body.

33. Professional ethics training has become more common among law enforcement agencies. In 2012, 91 per cent of responding Member States had established professional ethics training to address the threat of corruption among staff of law enforcement agencies (up from 81 per cent in 2011). A code of conduct for law enforcement had been adopted and an external oversight body existed in over 80 per cent of responding Member States. A smaller percentage of such States (67 per cent) required staff of law enforcement agencies with a mandate to reduce drug supply to declare assets as a measure to counter the threat of corruption.

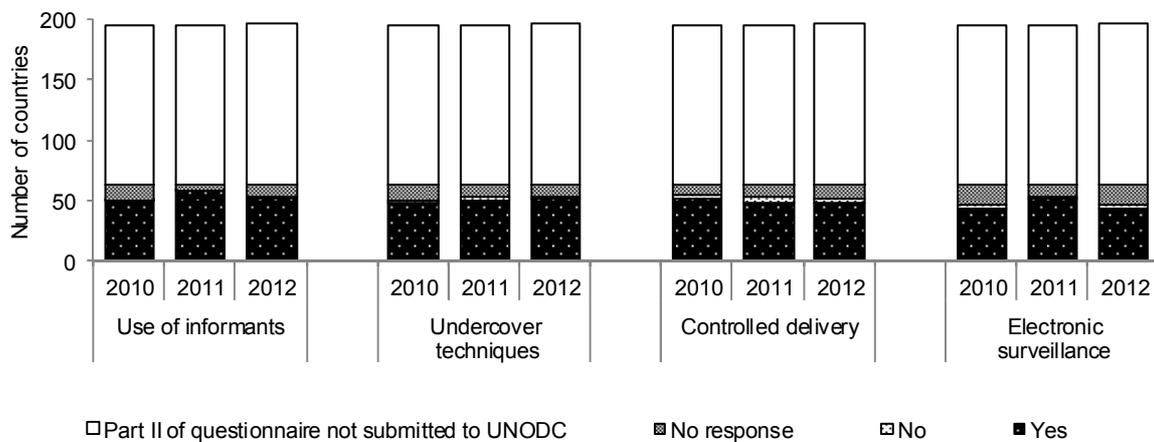
Figure XIX

Measures adopted/institutions established to address the threat of corruption within domestic law enforcement agencies mandated to reduce drug supply



34. The majority of responding Member States allowed for the use of special investigative techniques by law enforcement agencies (see figure XX). Over 90 per cent of them reported that law enforcement agencies used informants, undercover techniques, controlled delivery and electronic surveillance during 2010, 2011 and 2012. Some Member States reported employing other methods, such as anonymous witnesses, witness protection, monitoring of suspicious financial transactions, interception of telecommunications, covert surveillance or the establishment of companies through which to attract and engage trafficking groups.

Figure XX
Investigative techniques used by law enforcement agencies to gather evidence

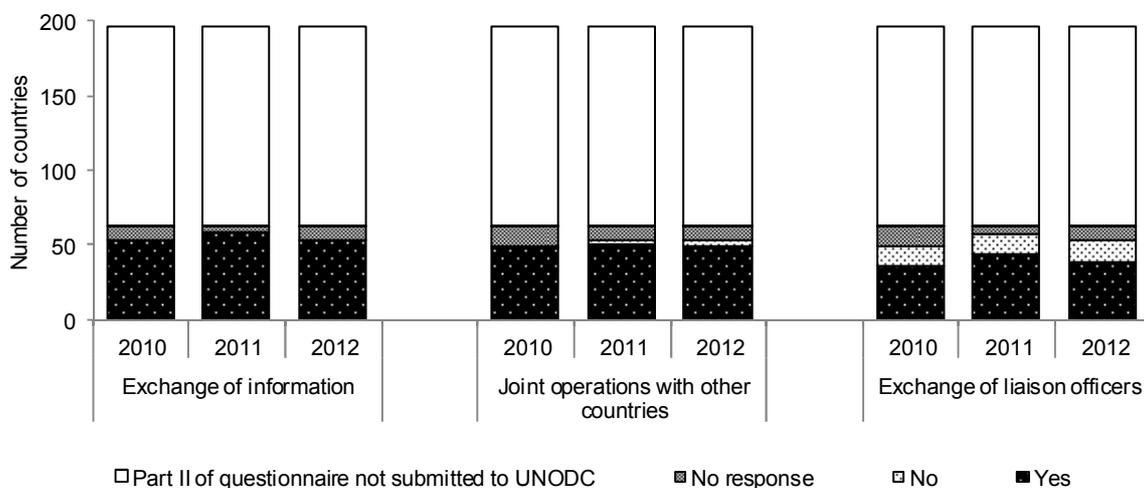


B. Cross-border and international cooperation

35. Member States continued to engage in a wide range of cross-border activities and international cooperation to reduce the supply of illicit drugs (see figure XXI). Between 2010 and 2012, all responding Member States reported that their law enforcement agencies exchanged information with their counterparts in other countries, which highlights the value law enforcement agencies place on the flow of information. Joint operations were also common and used by over 90 per cent of such States, and approximately three quarters of them reported exchanging liaison officers between 2010 and 2012. Member States also reported organized study visits, joint operational meetings, joint controlled deliveries, joint border surveillance and joint training activities.

36. The results of such cooperation included the recovery of large amounts of heroin, cocaine and amphetamine-type stimulants, closer cross-border cooperation between police services, customs services and prosecutors in combating drug trafficking, expert workshops for forensic staff, joint inter-agency training, better executed controlled deliveries and the dismantling of trafficking syndicates. Unsurprisingly, the majority of examples of joint operations involved neighbouring countries. However, examples of interregional cooperation were also provided, highlighting the fact that law enforcement agencies work on a global scale to combat the illicit trafficking of drugs.

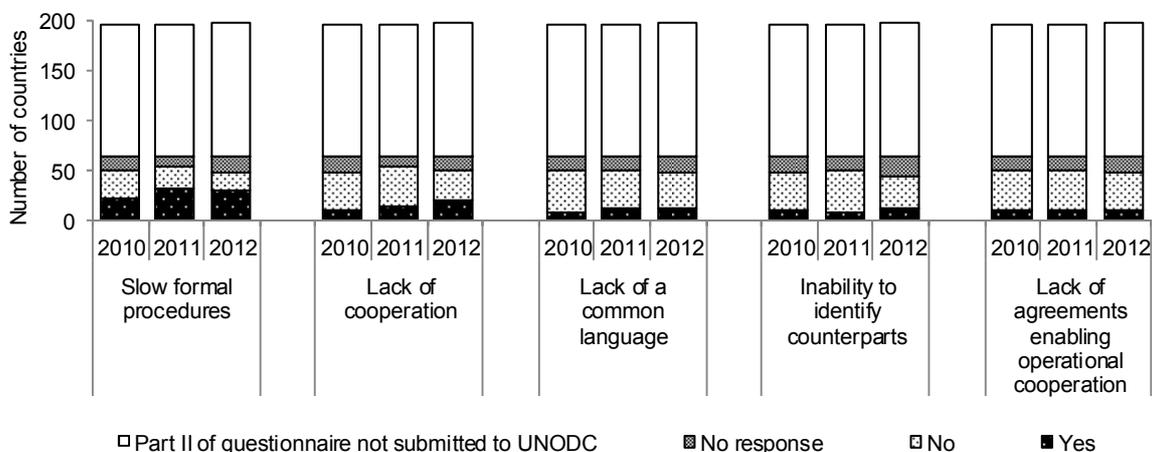
Figure XXI
**Activities to support cross-border cooperation between law enforcement agencies
 in different countries**



37. The number of Member States reporting that judicial or law enforcement personnel had lost their lives or gone missing in action in the fight against drugs decreased between 2010 and 2012, from 13 Member States in 2010, to 12 Member States in 2011, to 6 Member States in 2012.

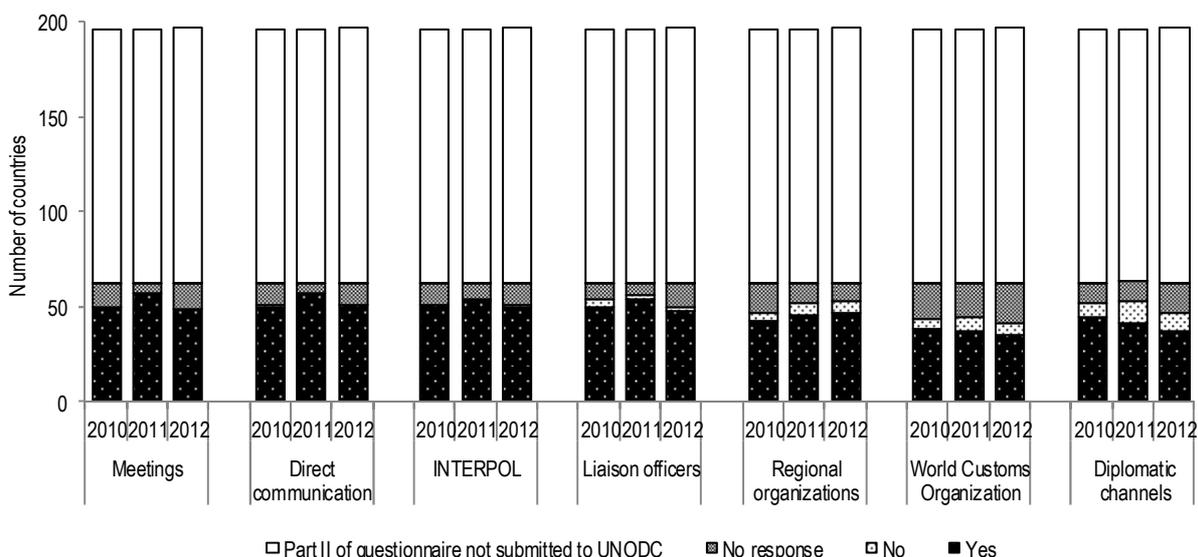
38. While cross-border cooperation between law enforcement agencies occurred in all responding Member States, many still faced challenges in cooperating with their counterparts in other countries (see figure XXII). An increasing percentage of law enforcement agencies (in 64 per cent of reporting countries in 2012) encountered problems with slow formal procedures, and a lack of cooperation was reported by 51 per cent of Member States (up from 21 per cent in 2010). Over the 2010-2012 period, between 15 and 25 per cent of Member States reported encountering problems with regard to cooperation between their judicial or law enforcement agencies and their counterparts in other countries as a result of the lack of a common language, an inability to identify the proper counterparts or a lack of agreements enabling operational cooperation.

Figure XXII
Problems encountered by judicial or law enforcement agencies in cooperating with counterparts in other countries



39. A range of communication platforms continue to be used extensively to exchange information between law enforcement agencies (see figure XXIII). The majority of responding Member States used multiple communication platforms, including both formal and informal channels. The most common ones included regional and international meetings, direct communication between law enforcement agencies, the International Criminal Police Organization (INTERPOL), liaison officers, regional organizations, the World Customs Organization and diplomatic channels. The level of usage of such channels remained relatively stable between 2010 and 2012. Other channels reported included the European Police Office (Europol) and the Judicial Cooperation Unit of the European Union.

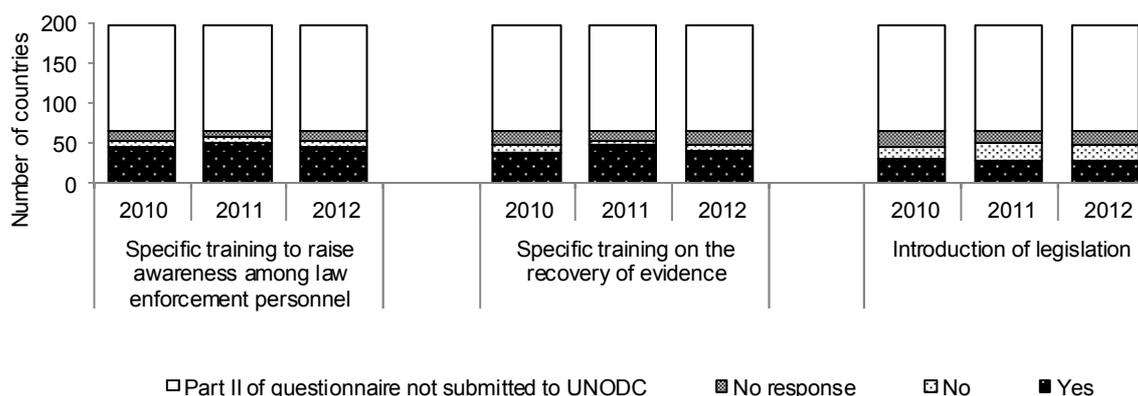
Figure XXIII
Entities or channels used by law enforcement agencies to exchange information with counterparts in other countries



40. To meet the challenges arising from new technologies (e.g. computers, mobile telephones and the Internet) in combating trafficking in narcotic drugs and psychotropic substances, responding Member States indicated that the steps most frequently taken in 2012 included organizing specific training sessions on the recovery of evidence (81 per cent of Member States) and introducing specific training to raise awareness among law enforcement personnel (86 per cent) (see figure XXIV). Specific legislation had been enacted in over half of responding Member States (57 per cent).

Figure XXIV

Steps taken to meet challenges arising from new technologies in combating traffic in narcotic drugs and psychotropic substances



C. International technical cooperation

41. Nearly two thirds (63 per cent) of Member States reported receiving technical assistance in the area of drug supply reduction from another country or from an international organization in 2012, down from 70 per cent in 2010. The most common form of assistance was training, followed by data sharing, with the percentage of States reporting the latter form of assistance increasing rapidly between 2010 and 2012. Less common forms of assistance included the provision of software and financial aid.

42. As to the sources of assistance, responses indicated that assistance provided from the United Nations and bilaterally were equally important, while assistance provided by relevant European Union bodies and initiatives was also significant. In particular, assistance was provided by the United Nations Office on Drugs and Crime (UNODC), the Drug Advisory Programme of the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific, the Organization of American States, Europol, INTERPOL and the World Customs Organization, as well as Australia, Austria, Canada, China, Finland, France, Germany, India, Italy, Lithuania, Norway, Poland, the Republic of Korea, the Russian Federation, Singapore, Spain, Thailand, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

43. Between 2010 and 2012, over half of the Member States receiving technical assistance reported that such assistance was sufficient for their needs. When asked about the types of additional assistance required, the most common requests were for training and capacity-building programmes for law enforcement officers. Other requests included for financial support, support in the identification of synthetic drugs and the provision of equipment. Several countries mentioned the need for X-ray equipment, surveillance equipment, financial analysis tools, laboratory equipment to detect illicit drugs, drug detection dogs and protective equipment for law enforcement officers.

D. Control of precursor chemicals

44. In 2012, 85 per cent of responding Member States reported that they had compiled a list of national companies authorized to manufacture, distribute and trade in precursors. Twenty-eight per cent of Member States had adopted new measures in collaboration with relevant industries on the supply of and trafficking in precursors and other chemicals not yet under international control. Measures adopted in 2012 included the following: sending information letters to chemical companies; revising memorandums of understanding between law enforcement agencies, relevant Government bodies and the chemical and pharmaceutical industry; and introducing voluntary monitoring programmes. Approximately half of responding Member States had taken steps to address the use of substances not under international control and of substitute chemicals for the manufacture of precursors used in the manufacture of heroin, cocaine or amphetamine-type stimulants. Those steps included risk analyses of the sale of non-regulated precursors, reviews of national legislation to assess its efficacy in chemical control, national lists of controlled chemical substances for domestic monitoring, outreach and awareness-raising measures for chemical industry representatives and manufacturers.

45. Most Member States indicated that their framework for the control of precursor chemicals included a system of pre-export notification. An increasing number of States utilized the Pre-Export Notification (PEN) Online system designed by the International Narcotics Control Board. In 2012, 91 per cent of responding Member States used the PEN Online system (up from 85 per cent in 2010), and 86 per cent of responding Member States were of the view that existing international cooperation on the control of precursor chemicals adequately met requirements. It was observed that the PEN Online system was widely subscribed to and that more countries should be encouraged to use it.

46. In 2012, 86 per cent of responding Member States indicated that they had systems in place to allow for the post-seizure analysis of precursor chemicals. Responses indicated that those systems made it possible to track the origin of seized precursor chemicals and to carry out controlled deliveries of precursor chemicals.

Table
Percentage of Member States that responded in 2010, 2011 and 2012 and answered “yes” to questions regarding control of precursor chemicals

	2010	2011	2012
	<i>(In percentage)</i>		
Has your country compiled a list of national companies authorized to manufacture, distribute and trade in precursors?	90	88	85
Has your country undertaken any new measures in collaboration with relevant industries on the supply of and trafficking in precursors and other chemicals not yet under international control?	30	35	28
Has your country taken any steps to address the use of substances not under international control and substitute chemicals for the manufacture of precursors used in the manufacture of heroin, cocaine or amphetamine-type stimulants?	50	47	51
Does your country’s framework for the control of precursor chemicals include a system of pre-export notification?	86	92	89
Does your country utilize the Pre-Export Notification (PEN) Online system designed by the International Narcotics Control Board?	85	89	91
Does existing international cooperation on the control of precursor chemicals adequately meet requirements in this regard?	91	86	86
Does your country have systems in place to allow for the post-seizure investigation of precursor chemicals?	92	84	85

E. Alternative development

47. A number of Member States⁸ affected by the cultivation of illicit drug crops reported that national alternative development strategies were in place, some as stand-alone plans, others as part of the national economic development plan. Nevertheless, some Member States, although recognized as seriously affected by the cultivation of illicit drug crops, did not have alternative development strategies in place.

48. The majority of Member States that reported implementation of alternative development strategies stated that more than one ministry was represented on the relevant central coordination body, including the agriculture, education, labour and economic sectors in most cases. Member States reported that measures were taken to appropriately involve relevant stakeholders at all stages of alternative development programmes.

49. Most of the Member States that had alternative development strategies and/or programmes in place reported that their programmes included a gender aspect. Many Member States reported that the participation of women in activities, projects and programmes was central to the implementation of such programmes and that

⁸ The analysis of responses in the present section is limited to those provided by relevant Member States that completed part II of the survey in 2012: Armenia, Bolivia (Plurinational State of), Canada, China, Colombia, Côte d’Ivoire, Denmark, Ecuador, Finland, Germany, Indonesia, Italy, Japan, Kazakhstan, Lithuania, Mexico, Morocco, New Zealand, Nigeria, Peru, Philippines, Saudi Arabia and Russian Federation.

some of the programme components specifically targeted support to women and families.

50. The majority of such Member States reported that those programmes included environmental conservation components. Reforestation interventions, recovery of degraded ecosystems, environmental education and good agricultural practices were reported by a number of countries as part of such efforts.

51. Several Member States reported positive effects of alternative development programmes, including in reducing the illicit cultivation of drug crops, stating that in a number of cases alternative development interventions had helped to halt the increase of cultivation of illicit crops in the areas of programme implementation and/or the spread of such cultivation to new areas. Some Member States reported the implementation of preventive alternative development programmes.

52. The majority of the countries with alternative development programmes reported that they also assessed the impact of the programmes against the Millennium Development Goals, particularly in regard to the eradication of extreme poverty, gender equality and women's empowerment, and environmental sustainability.

53. Member States that had a strategy to assist other Member States with alternative development reported that they supported programmes implemented by UNODC and/or through direct bilateral assistance in countries seriously affected by the cultivation of illicit drug crops.

54. Regarding market access for products stemming from alternative development, some Member States reported a favourable market situation for such products, including access to international and new markets. Other Member States reported difficulties with regard to maintaining stable markets in other countries for such products, which were destined instead for the domestic market. Most of the countries noted the central role of the private sector in the supply chain.

IV. Countering money-laundering and promoting judicial cooperation to enhance international cooperation

A. Countering money-laundering

1. Legislative framework and criminalization

55. Research by UNODC indicates that money-laundering is worth trillions of dollars annually and that less than 1 per cent of global illicit financial flows are seized and frozen. As such, money-laundering remains the modus operandi for transforming illicit criminal proceeds into licit gains, as well as a global threat to the integrity, reliability and stability of financial and trade systems. In order to address this, the international community recognized the need to remove the profit from crime and, as a first step, Member States established legislative frameworks to criminalize money-laundering.

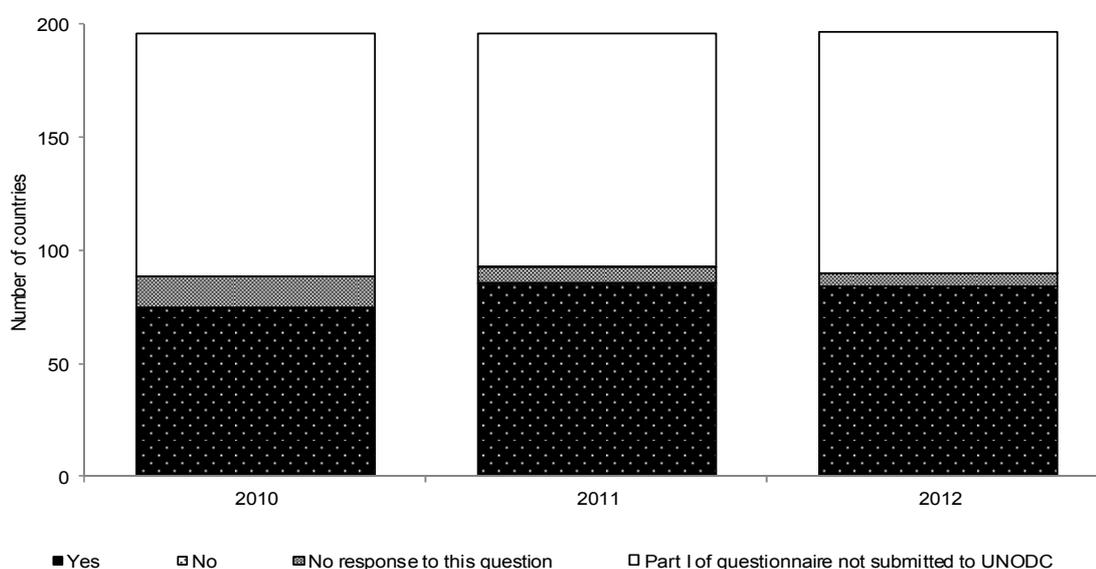
56. Data analysed from part I of the annual report questionnaires for 2010, 2011 and 2012 show that the majority of Member States have the necessary legislative frameworks in place to criminalize money-laundering (see figure XXV). It should

be noted, however, that in all three years less than half of Member States submitted part I of the questionnaire. A significant portion of the legislation was reported as taking into consideration international requirements, such as the international conventions applicable to money-laundering, and standards such as those established by the Financial Action Task Force.

57. In 2010, 89 Member States submitted responses to UNODC on money-laundering, compared with 93 in 2011 and 90 in 2012. In 2010, 75 reporting Member States indicated that money-laundering was a criminal offence in their country compared with 85 Member States in 2011 and 84 in 2012. There was a marginal increase in the number of reporting Member States that criminalized money-laundering in 2012 (22) compared with 2011 (20).

Figure XXV

Number of States that criminalize money-laundering

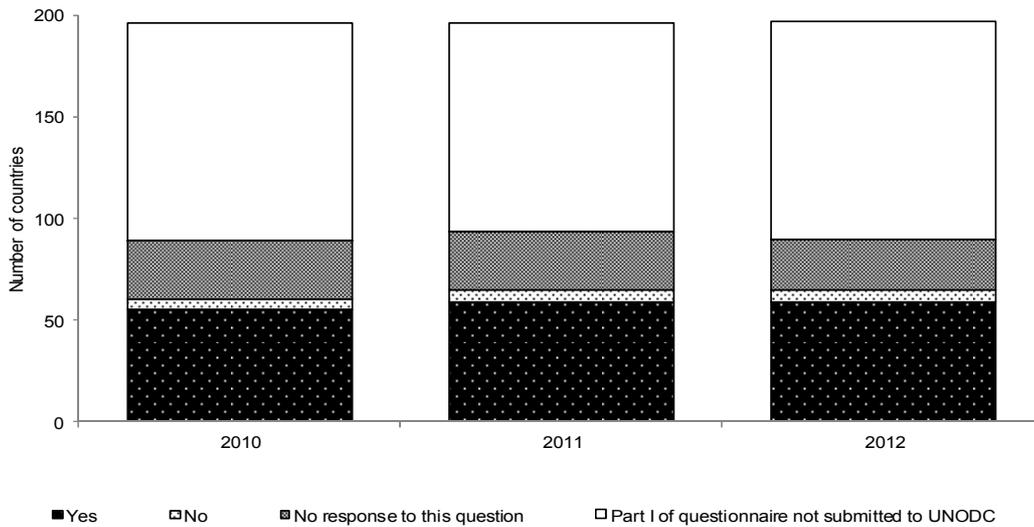


58. In 2010, 56 reporting Member States indicated that they had taken preventive and enforcement measures to combat money-laundering linked to trafficking in narcotic drugs, compared with 60 in 2011 and 56 in 2012.

2. Financial and regulatory regimes for banks and other financial institutions

59. In 2010, 55 reporting Member States indicated that banks and other financial institutions in their jurisdictions had undertaken measures to identify their customers and beneficial owners as legal persons, require financial record keeping, require mandatory reporting of suspicious transactions, implement mechanisms to detect and monitor the cross-border transportation of cash and negotiable bearer instruments, and employ enhanced due diligence measures when dealing with domestic and foreign politically exposed persons (see figure XXVI). In both 2011 and 2012, 59 Member States reported undertaking such measures, meaning that there was a marginal increase between 2010 and 2011-2012.

Figure XXVI
Financial and regulatory regimes for banks and other financial institutions

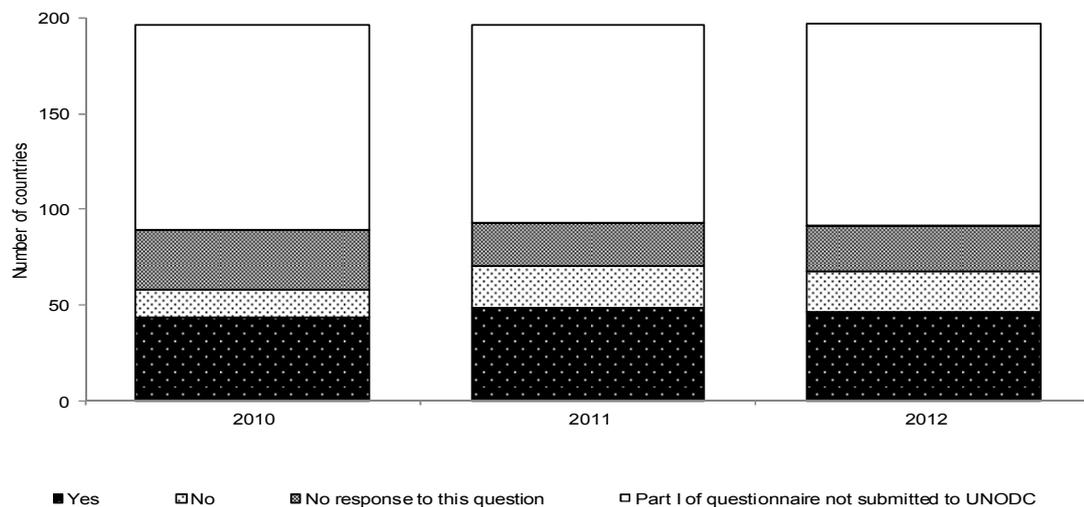


3. Domestic and international cooperation

60. In order to have an effective regime to counter money-laundering, it is vital that domestic authorities collaborate, exchange information and conduct joint operations; however, Member States should also cooperate internationally, with the ultimate aim of confiscating proceeds of crime and sharing assets.

61. In 2010, 42 reporting Member States implemented measures to trace, seize, freeze and confiscate proceeds of crime, compared with 48 in 2011 and 46 in 2012 (see figure XXVII).

Figure XXVII
Measures to trace, seize, freeze and confiscate proceeds

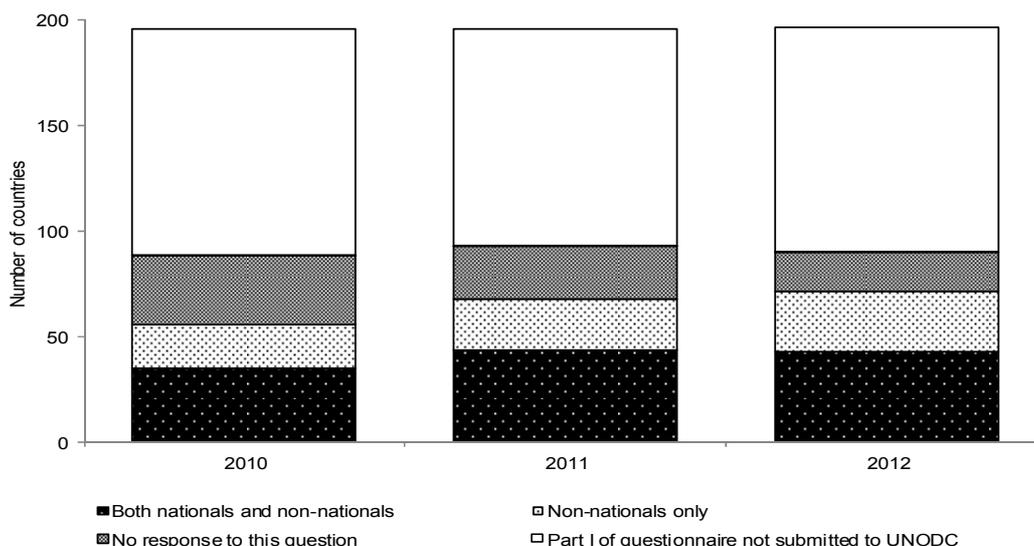


62. In 2010, 61 reporting Member States indicated that money-laundering was an extraditable offence in their jurisdictions, compared with 74 in 2011 and 75 in 2012. A small increase was noted between the baseline reporting year and 2012.

63. In 2010, 35 reporting Member States indicated that both nationals and non-nationals could be extradited for money-laundering, compared with 44 in 2011 and 43 in 2012 (see figure XXVIII). In 2010, 21 reporting Member States indicated that only non-nationals could be extradited for money-laundering, compared with 24 in 2011 and 29 in 2012.

Figure XXVIII

Persons who can be extradited for money-laundering



B. Judicial cooperation

64. As recognized in the Political Declaration and Plan of Action, progress has been achieved in recent years with regard to the adoption of bilateral, regional and international agreements on extradition, mutual legal assistance and illicit traffic by sea. Most agreements appear to have been concluded by European States, as well as those in Latin America and the Caribbean, where, in addition to bilateral agreements, multilateral arrangements of a regional and subregional scope were widely utilized. According to the information provided by States, regional agreements or arrangements (notably those adopted in the framework of intergovernmental regional organizations) had proven to be instrumental in facilitating and expediting extradition proceedings, as well as in providing legal assistance.

65. According to the data provided, the increase in the number of Member States that reported having concluded bilateral or multilateral agreements or arrangements in relation to extradition, mutual legal assistance and illicit traffic by sea had not led to a corresponding increase in the number of States taking action in that regard.

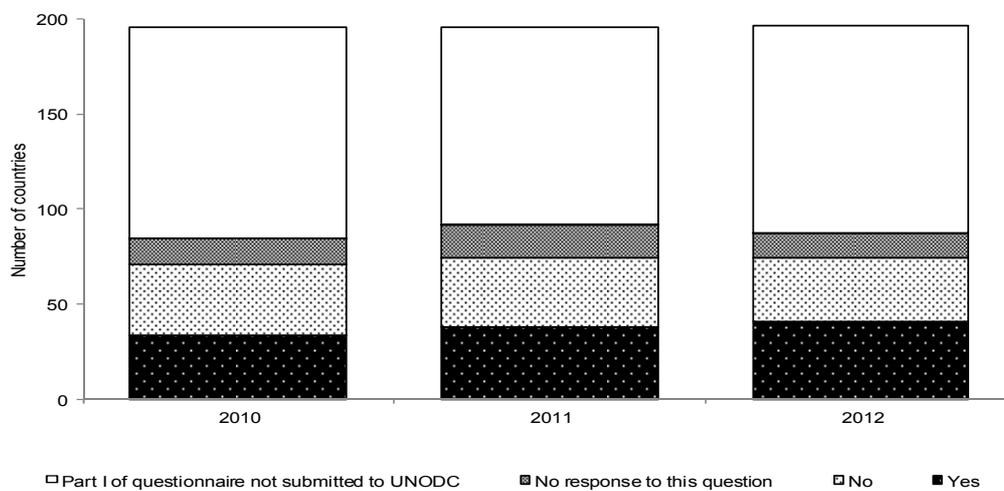
During the reporting period, a trend towards a decrease in the number of States taking such action had emerged.

1. Extradition

66. During the 2010-2012 period, there was a small increase in the number of Member States that had concluded bilateral or multilateral agreements or memorandums of understanding on extradition with other countries (see figure XXIX). The percentage of those States that responded positively to this question increased from 40 per cent in 2010 to 48 per cent in 2012. In 2010, 34 States reported having concluded such agreements, while in 2012 the number of States was 41.

Figure XXIX

Member States with bilateral or multilateral agreements or memorandums of understanding with other countries in relation to extradition



67. Despite the slight increase in the number of States that had concluded such agreements, the number of those providing additional information (with figures) remained unchanged from previous years.

68. Similarly, the number of countries that reported having taken action pursuant to those agreements remained stable, with a minimal decrease, from 13 in 2011 to 11 in 2012. According to the responses provided by this group of States, the number of counterpart countries that were involved in such actions ranged from 1 to 23 in 2011, and from 1 to 22 in 2012. Data provided for this reporting period showed that Europe was the region where the highest number of countries had cooperated in the framework of bilateral or multilateral agreements, followed by the Americas, Asia and Oceania. Of the 11 positive responses to this question, six came from States in Europe, two from States in Central America, two from Asia and one from Oceania.

69. An increased number of States, notably in Europe (both Western and Eastern) and Latin America (both Central and South America), reported being part of multilateral extradition-related agreements and mechanisms with a regional and/or

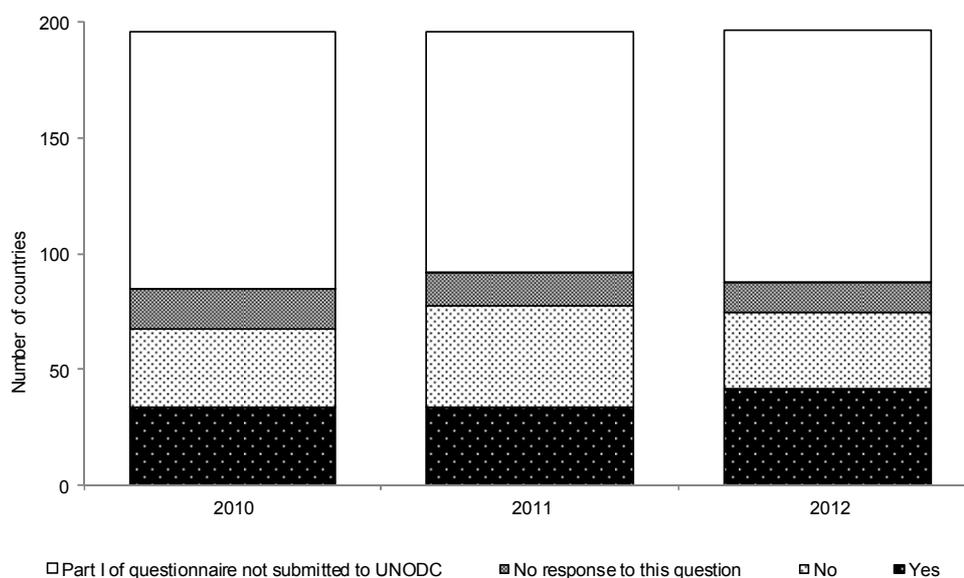
subregional scope. A limited number of those States also referred to their participation in multilateral conventions containing provisions on extradition, such as the United Nations Convention against Transnational Organized Crime, the United Nations Convention against Corruption and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. While data regarding the extent to which these multilateral conventions are being utilized as legal bases for requesting and granting extradition remain scarce, available information appears to suggest rather limited use.

2. Mutual legal assistance

70. Responses indicated that nearly half (48 per cent) of reporting Member States had concluded bilateral or multilateral agreements or memorandums of understanding on mutual legal assistance (see figure XXX). Nearly half of those responses came from Western and Eastern European States, and about one quarter from the Latin American and Caribbean region. Very few responses were received from countries in other regions.

Figure XXX

Member States with bilateral or multilateral agreements or memorandums of understanding in relation to mutual legal assistance



71. Throughout the years covered by the present report, the number of Member States that reported having entered into such agreements has remained low. In 2010, most of those States were in Asia and South America, whereas in 2012 the majority of them were in Western and Eastern Europe and in Central and South America.

72. In 2010, the responses showed that the number of countries that had taken action pursuant to such agreements ranged from 2 to 76, whereas in 2011 and 2012, the range was from 2 to 68 and from 3 to 88, respectively.

73. In order to simplify mutual legal assistance proceedings, some Member States suggested: (a) face-to-face contact between competent national authorities;

(b) informal contacts, such as e-mail correspondence; and (c) the use of videoconferencing.

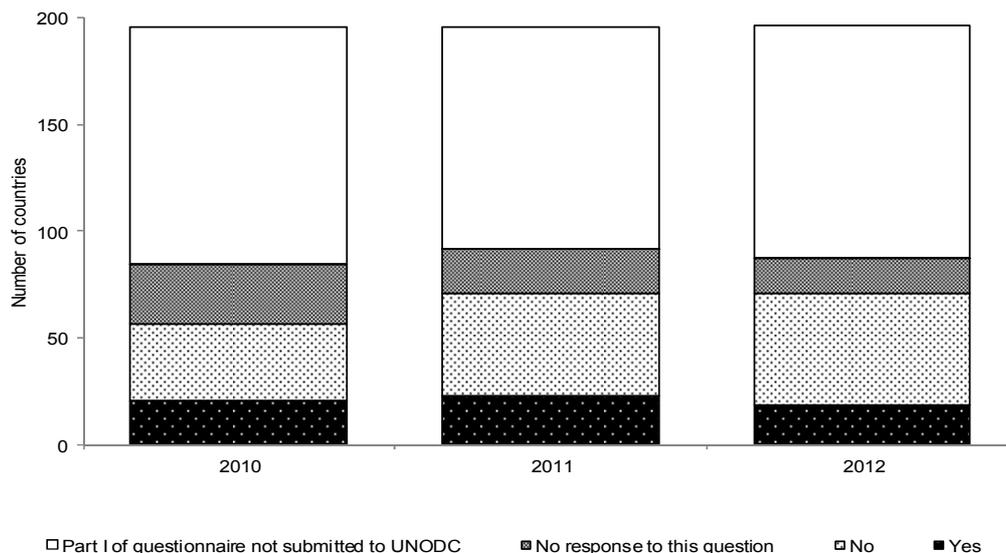
74. Regional and subregional cooperation networks have proven to be instrumental in facilitating the provision of mutual legal assistance. Some States emphasized the role of those networks in enhancing personal contact and building trust between officials, thus leading to a better understanding of their respective legal and procedural/operational requirements.

3. Witness protection

75. The overall percentage of positive responses received to the question related to the establishment of new legislation and rules or procedures for the protection of victims and witnesses increased from 22 per cent in 2010 to 28 per cent in 2012 (see figure XXXI). In contrast, the percentage of countries that responded negatively to this question remained relatively stable, at 55 per cent in 2010 and 58 per cent in 2012. The submission of copies of the relevant laws to UNODC together with responses to the questionnaire remained limited and appeared to be decreasing, with four copies submitted in 2011 and only one in 2012.

Figure XXXI

Member States with new legislation rules or procedures for the protection of victims and witnesses

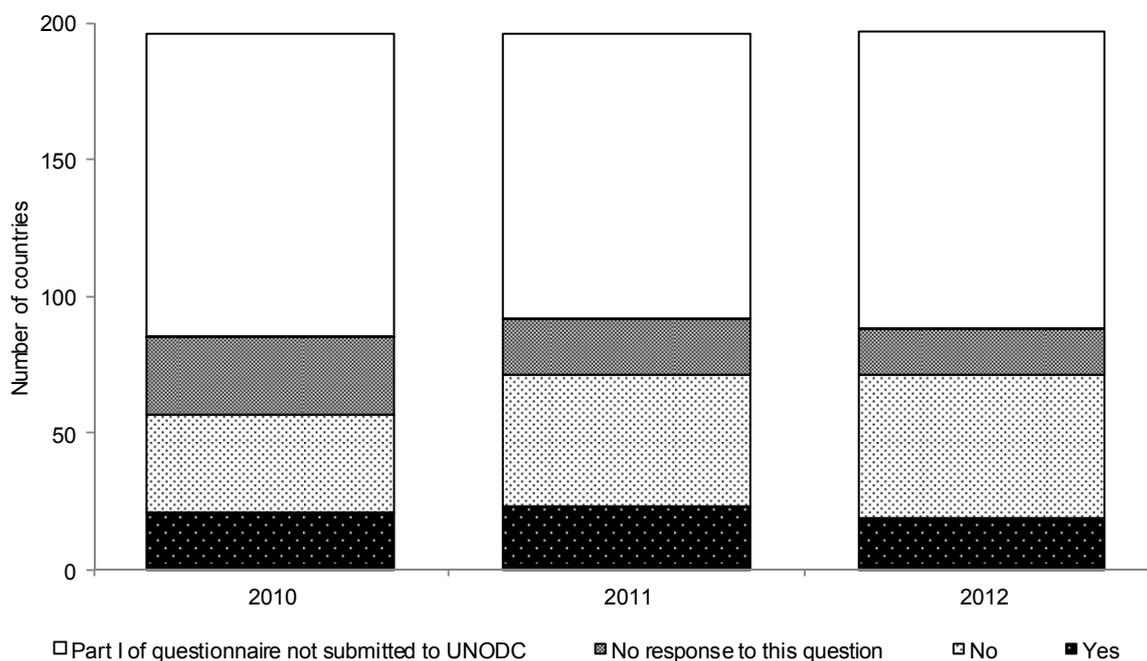


4. Complementary measures

Illicit traffic by sea

76. The percentage of reporting States that had in place bilateral or multilateral agreements or memorandums of understanding with other countries on illicit traffic by sea remained largely stable over the reporting period: 25 per cent in 2010, 25 per cent in 2011 and 22 per cent in 2012 (see figure XXXII). The largest number of responses came from States in Europe and Latin America and the Caribbean; only three States in Asia and one in Africa responded to the relevant question.

Figure XXXII
Member States with bilateral or multilateral agreements relating to illicit traffic by sea



77. While in 2011 just over 50 per cent of Member States did not have any agreements or memorandums of understanding on illicit traffic by sea, that percentage had increased to 60 per cent by 2012. Responses concerning action taken pursuant to those agreements during the reporting year remained scarce: in 2011, only three Member States reported that they had taken such action, with a number of countries ranging from six to eight, while in 2012 two States reported having taken such action, with a number of countries ranging from two to six.

V. Recommendations

78. The availability, coverage and quality of drug prevention, drug dependence treatment and rehabilitation systems, interventions and policies based on scientific evidence, as described in the International Standards on Drug Use Prevention and in the March 2008 discussion paper of UNODC and the World Health Organization (WHO) on principles of drug dependence treatment, should be expanded, with particular attention to a science-based monitoring and evaluation component.

79. Planning of the development of drug prevention, treatment and rehabilitation services, including the prevention of health and social consequences, needs to be based on a comprehensive and accurate assessment of drug use and dependence, including of vulnerabilities and of health (especially HIV and hepatitis C) and social status.

80. National AIDS and drug policies, strategies and programmes will need to be revised to allow for the implementation of all nine comprehensive package

interventions of UNODC, WHO and Joint United Nations Programme on HIV/AIDS (UNAIDS) for people who inject drugs. Programmes should be increased in scale, and multiple delivery models should be utilized (including outreach, low-threshold drop-in centres and peer education), and barriers to accessing the services should be identified and removed. The meaningful involvement of civil society organizations representing and including people who use drugs and the building of the capacity of such organizations should be intensified. Addressing the HIV epidemic driven by injecting drug use in the Eastern European and Central Asian subregions is a key priority.

81. People using drugs in prisons should have access to health services, including drug dependence treatment and harm reduction measures, as outlined in the policy brief of UNODC, WHO, UNAIDS, the International Labour Organization and the United Nations Development Programme on “HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions”.

82. Action to ensure access to controlled drugs for medical purposes while preventing diversion and abuse should be scaled up.

83. Border agencies should develop strategies that support joint operations and so leverage advantage through the pooling of legislative powers, access to information, greater human resources and broader technical support.

84. Governments should ensure that their law enforcement agencies have established and promulgated procedures to follow up in response to threats received against officers undertaking their drug enforcement duties.

85. Governments should ensure that there is coordination among their national authorities who are responsible for precursor chemical control to prevent the diversion of chemicals to the illicit manufacture of drugs.

86. Governments must continue to encourage well promulgated and systematically applied controls over companies trading in chemicals, including pre-registration, the monitoring of quantities and types of chemicals sold and the provision of concise details regarding suppliers and accurate details regarding their customers, that provide an effective way of maintaining domestic control over chemicals that could be used as precursors.

87. Governments should take steps to further strengthen mechanisms for the timely identification, collection and exchange of information on non-scheduled substances, including derivatives specifically designed to circumvent existing controls, especially by making use of the updated international special surveillance list of non-scheduled substances.

88. Member States should consider improving data collection and monitoring with regard to the impact of alternative development programmes.

89. Member States should consider proper sequencing when designing alternative development programmes.

90. Member States need to take into consideration United Nations international guiding principles when designing alternative development programmes.

91. Money-laundering deficiencies should be addressed by establishing and fully implementing comprehensive legal and regulatory frameworks in compliance

with United Nations conventions and internationally accepted standards to (a) criminalize the laundering of money derived from transnational organized crime, (b) strengthen financial regimes, (c) enhance regulatory and reporting requirements and (d) support the effective freezing, confiscation and recovery of illicit assets.

92. Member States should engage in effective cooperation for countering money-laundering and in prosecuting money-laundering cases by strengthening mechanisms for domestic inter-agency coordination and information-sharing.

93. Member States should strengthen existing regional and international networks for the exchange of operational information among competent authorities, particularly between financial intelligence units.

94. Member States should enhance legislation and operational cooperation mechanisms to support joint operations and cross-border law enforcement activities to identify, trace and interdict illicit financial flows.

95. Member States should conclude, where applicable, bilateral or multilateral agreements or arrangements in relation to extradition, mutual legal assistance and illicit traffic by sea. Member States that already have in place such agreements or memorandums of understanding should take measures towards their implementation.

96. As regards illicit traffic by sea, Member States should make full use of the international cooperation-related provisions of existing multilateral treaties, such as the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, the United Nations Convention against Transnational Organized Crime and the United Nations Convention against Corruption.

97. Member States should use those multilateral instruments as a legal basis for requesting and granting extradition, as well as for establishing dual criminality required for drug offences.

98. Member States should promote and facilitate the establishment and strengthening of regional and subregional networks and platforms of central and other competent authorities.