

21 February 2014

English only

---

**Commission on Narcotic Drugs****Fifty-seventh session**

Vienna, 13-21 March 2014

Item 5 of the provisional agenda\*

**Round-table discussions of the high-level segment****Background documentation for the round-table discussions of the high-level segment**

1. In the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted by the Commission on Narcotic Drugs at its fifty-second session, in 2009, Member States decided that the Commission on Narcotic Drugs, at its fifty-seventh session, in 2014, should conduct a high-level review of the implementation by Member States of the Political Declaration and its Plan of Action.
2. In its resolution 56/12, the Commission decided that the high-level review should consist of a general debate on “Progress achieved and challenges in implementing the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem” and round-table discussions on the three pillars of the Plan of Action;
  - (a) Demand reduction: reducing drug abuse and dependence through a comprehensive approach;
  - (b) Supply reduction: reducing the illicit supply of drugs, control of precursors and of amphetamine-type stimulants, and international cooperation on eradicating the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances and on alternative development;
  - (c) International cooperation: countering money-laundering and promoting judicial cooperation.
3. At its reconvened fifty-sixth session, the Commission endorsed, on the recommendation of the extended Bureau, the organizational arrangements for the round-table discussions as set out in document E/CN.7/2014/13, annex IV.

---

\* E/CN.7/2014/1.



4. At its second meeting, held on 13 February 2014 the extended Bureau of the fifty-seventh session of the Commission on Narcotic Drugs agreed that the non-papers, which had been prepared by the Secretariat — pursuant to CND resolution 56/12 — on the three Parts of the Plan of Action, be used as background documentation in preparation for the round-table discussions. Those non papers had been made available at the webpage of the high level review: [www.unodc.org/hlr](http://www.unodc.org/hlr).

5. The present document contains the non-papers prepared by the Secretariat as part of the preparations for the high-level review on the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem mentioned in the above paragraph.

## **A. Non-paper on Part I of the Plan of Action: Demand reduction and related measures**

### **Introduction**

At the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, held in March 2009, heads of States, ministers and government representatives from 132 States adopted the Political Declaration and Plan of Action on International Cooperation towards an integrated and Balanced Strategy to Counter the World Drug Problem.<sup>1</sup> Part I of the Plan of Action focuses on Demand reduction and related measures.

In the Plan of Action, Member States committed themselves to reducing drug abuse and dependence through a comprehensive approach by enhancing international cooperation; developing a comprehensive approach to drug demand reduction; ensuring human rights, dignity and fundamental freedoms in the context of drug demand reduction; applying measures based on scientific evidence; increasing the availability of and accessibility to drug demand reduction services; mainstreaming community involvement and participation; targeting vulnerable groups and conditions; addressing drug use and dependence care in the criminal justice system; developing and adopting quality standards and training of staff; and increasing data collection, monitoring and evaluation.

### **General information**

In 2011, between 167 and 315 million people aged 15-64 were estimated to have used an illicit substance in the last 12 months. This corresponds to between 3.6 and 6.9 per cent of the adult population. The prevalence of illicit drug use and the numbers of people suffering from drug use disorders or dependence have remained stable since 2009, although the quality of available data varies widely and there are significantly differing trends in terms of different regions and different substances.<sup>2</sup>

---

<sup>1</sup> See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

<sup>2</sup> UNODC (2013), *World Drug Report*, United Nations Office on Drugs and Crime, Vienna, Austria.

The limited available data suggest that opioid use (opium, heroin, prescription opioids) has gone up in parts of Asia (East and South-East Asia, as well as Central and West Asia) and Africa since 2009. Overall, the use of opiates (heroin and opium) remains stable (around 16.5 million people, or 0.4 per cent of the population aged 15-64), with a high prevalence for opiate use reported from South-West and Central Asia, Eastern and South-Eastern Europe and North America. In Europe, while non-medical use of prescription opioids continues to be reported from some parts, there are indications that heroin use is declining.<sup>3</sup>

While, earlier, North America and Central/Western Europe dominated the demand for cocaine, today they account for approximately one half of users globally, a reflection of the fact that use seems to have stabilized in Europe and declined in North America. Significant increases have been noted in Asia, Oceania and Central and South America and the Caribbean.<sup>4</sup>

The use of amphetamine-type stimulants (ATS), excluding “ecstasy”, remains widespread globally, and appears to be increasing in most regions. In 2011, an estimated 0.7 per cent of the global population aged 15-64, or 33.8 million people, had used ATS in the last 12 months. The prevalence of “ecstasy” use in 2011 (19.4 million, or 0.4 per cent of the population) was lower than in 2009. While use is steady in the traditional markets of North America and Oceania, there seems to be an increase in the market in Asia’s developed economies, notably in East and South-East Asia, and there is also an emerging market in Africa.<sup>5</sup>

Cannabis remains the most widely used illicit substance. There was a minor increase in the prevalence of cannabis users (180.6 million or 3.9 per cent of the population aged 15-64) as compared with previous estimates in 2009.

The number of new-psychoactive substances (NPS) reported by Member States to UNODC rose from 166 at the end of 2009 to 251 by mid-2012, an increase of more than 50 per cent. For the first time, the number of NPS actually exceeded the total number of substances under international control (234).<sup>6</sup>

Of those identified as problem users suffering from drug use disorders or dependence, approximately one in six globally receives treatment each year. However, there is a greater than six fold variation between the regions and much variety exists in terms of the form and quality of available treatment.<sup>7</sup>

UNODC estimates that there were between 102,000 and 247,000 drug-related deaths in 2011, corresponding to a mortality rate of between 22.3 and 54.0 deaths per million population aged 15-64. This represents between 0.54 per cent and 1.3 per cent of mortality from all causes globally among those aged 15-64. The extent of drug-related deaths has essentially remained unchanged globally and within regions. It should be noted, however, that drug-related deaths are generally under-reported. These deaths occur at a relatively younger age (e.g. the mean age for drug related

---

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

deaths for countries in Europe varies from 26 to 44 years), and such deaths can largely be prevented.<sup>8</sup>

Injecting drug use continues to drive the expansion of the HIV epidemic in many countries around the world. In 2013, UNODC estimates that there are 14.0 million (range: 11.2 million to 22.0 million) people who inject drugs worldwide, and of these, 1.6 million (range: 1.2 million to 3.9 million) are living with HIV, representing a global prevalence of HIV of 11.5 per cent among people who inject drugs.<sup>9</sup> These estimates are lower than the previous global estimates reported in 2008 by Mathers et al<sup>10</sup> — unfortunately, not necessarily representing a decrease in the epidemic itself, but rather the improved availability of more reliable data. There is an urgent need for intensified efforts and particularly domestic investments in monitoring and research among this key population.

Very high prevalence of injecting drug use is found in Eastern and South-Eastern Europe and in Central Asia — 1.3 per cent of the population aged 15-64 (i.e. four times greater than the global average). HIV is also concentrated among people who inject drugs in Eastern Europe and Central Asia, as well as East and South-East Asia. While HIV in sub-Saharan Africa is transmitted mainly via heterosexual contact, injecting drug use and HIV transmission have emerged as major concerns in East Africa, and is reported in multiple other African countries.<sup>11</sup>

The use of ATS and “ecstasy” remain widespread globally with over 53 million people having used these substances over the past 12 months in 2011.<sup>12</sup> The most common HIV risk faced by people who use ATS and/or “ecstasy” involves unprotected sexual behaviours with partners from groups with high HIV prevalence and incidence, defining this is major issue to consider with regard to eliminating HIV transmission in this group. People who inject ATS and do not use a clean needle every time face HIV transmission risks similar to those faced by people who inject opiates who use non-sterile injection equipment.

Hepatitis C, also transmitted through contaminated injection equipment, represents another major health challenge for people who inject drugs. Globally, approximately 150 million people are infected with hepatitis C.<sup>13</sup>

HIV and hepatitis C transmission are further fuelled by incarceration. Globally each year at least 30 million men, women and children go through prison systems, where high-risk behaviours and HIV transmission are highly prevalent. The prevalence of HIV, sexually transmitted infections, hepatitis B and C and tuberculosis (TB) is 2 to 20 times — and up to 50 times — higher in prison populations than in the general

---

<sup>8</sup> UNODC/WHO (2013), Opioid overdose: preventing and reducing opioid overdose mortality, Discussion Paper, United Nations Office on Drugs and Crime, Vienna, Austria.

<sup>9</sup> UNODC (2013), World Drug Report, United Nations Office on Drugs and Crime, Vienna, Austria.

<sup>10</sup> Bradley M. Mathers and others, “Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review”, *The Lancet*, vol. 372, No. 9651 (2008), pp. 1733-1745.

<sup>11</sup> UNODC (2013), World Drug Report, United Nations Office on Drugs and Crime, Vienna, Austria.

<sup>12</sup> UNODC (2013), World Drug Report, United Nations Office on Drugs and Crime, Vienna, Austria.

<sup>13</sup> WHO Fact sheet N°164 (2013).

population. The proportion of people who use and inject drugs in prisons can reach half the incarcerated population, especially among women in closed settings. In some countries up to 50 per cent of people who inject drugs go through prison and pretrial detention once or several times in their life, and a large proportion of the people who inject drugs and living with HIV are found in prisons and closed settings.<sup>14,15</sup> Access to health services, and in particular drug and HIV services, is largely absent.

## Specific information

### I. Achievements

More and more countries recognize drug use as a health issue and drug dependence as a multi-factorial health disorder which needs to be treated and not punished.

Many countries have reported adopting written national strategies that covers components of drug prevention, treatment, care and rehabilitation, including prevention of health and social consequences (or “harm reduction”)<sup>16,17</sup> as part of a balanced response alongside supply reduction. These strategies were reported to cover prevention, treatment, rehabilitation and social reintegration services, services to prevent the health and social consequences of drug use and drug monitoring and research.

A wide range of drug prevention interventions are reported to be implemented by Member States and a majority of Member States report the implementation evidence-based interventions such as: life skills education in schools, family and parenting skills training, screening and brief interventions and workplace prevention programmes,<sup>18</sup> although this is often on a pilot basis.

<sup>14</sup> UNODC/ILO/UNDP/WHO/UNAIDS (2013) Policy Brief on “HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions” [www.unodc.org/documents/hiv-aids/HIV\\_comprehensive\\_package\\_prison\\_2013\\_eBook.pdf](http://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf).

<sup>15</sup> UNODC (2007) Drug dependence treatment: interventions for drug users in prisons [www.unodc.org/docs/treatment/111\\_PRISON.pdf](http://www.unodc.org/docs/treatment/111_PRISON.pdf).

<sup>16</sup> In this document the term “harm reduction” refers to the set of nine interventions for HIV prevention, treatment and care for people who inject drugs, as initially set out in the WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users (World Health Organization, Geneva, 2009), namely: 1 Needle and syringe programmes (NSPs); 2 Opioid substitution therapy (OST) and other evidence-based drug dependence treatment; 3 HIV testing and counselling (HTC); 4 Antiretroviral therapy (ART); 5 Prevention and treatment of sexually transmitted infections (STIs); 6 Condom programmes for people who inject drugs and their sexual partners; 7 Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners; 8 Prevention, vaccination, diagnosis and treatment for viral hepatitis; 9 Prevention, diagnosis and treatment of tuberculosis (TB).

<sup>17</sup> UNODC (2009) Reducing the adverse health and social consequences of drug abuse: a comprehensive approach — Discussion paper. [www.unodc.org/docs/treatment/Reducing\\_the\\_Adverse\\_Health\\_and\\_Social\\_Consequences\\_of\\_Abuse.pdf](http://www.unodc.org/docs/treatment/Reducing_the_Adverse_Health_and_Social_Consequences_of_Abuse.pdf).

<sup>18</sup> The reference for these statements is E/CN.7/2012/14, 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.

A relatively wide range of drug dependence treatment, care and rehabilitation services as described in the UNODC/WHO Discussion Paper “Principles of drug dependence treatment” are reported to be implemented by Member States, including both residential and outpatient.<sup>19</sup>

HIV prevention, treatment, care and support services, including needle-syringe programme, opioid substitution therapy and antiretroviral therapy, for people who inject drugs and people in prisons and other closed settings have been scaled up in countries which have adequately invested in these services.

Significant progress has been made in several countries in improving gender responsive drug dependence and HIV services, including the prevention of mother-to-child transmission of HIV (PMTCT) and the provision of gender-specific treatment facilities for female drug users, as well as programmes for women living in prisons and other closed settings, for example in Afghanistan, Pakistan and Nepal.

Civil society organizations (CSOs) have been more closely engaged in different aspects of the response with regard to drug dependence treatment, drug use prevention, HIV and drug use, and HIV in prison settings.

In countries, where adequate investments in research, monitoring and evaluation have been made, and related human resources and systems of government and civil society enhanced, more strategic, effective and efficient responses to HIV among people who inject drugs have been put in place.

Some countries are considering reducing or ending compulsory treatment for drug users.

## **II. Challenges**

A health-centred approach to drug use and dependence is still not sufficiently implemented: many national drug control systems over-rely on sanctions and imprisonment, not health care; compulsory treatment and punitive practices in the name of treatment are widespread; stigma, discrimination and violation of human rights towards people using drugs, people dependent on drugs and living with HIV/AIDS are common.

The coverage and quality of drug prevention interventions and policies implemented by Member States is not known, many interventions and policies that are not based on scientific evidence are still being implemented, and very limited evaluation of the impact of interventions and policies is undertaken.<sup>20</sup>

The coverage of drug dependence treatment, care and rehabilitation services as described in the UNODC/WHO Discussion Paper “Principles of Drug Dependence Treatment” is of great concern. The vast majority of patients are not reached and, where services exist, they are not appealing and there remain multiple barriers to access. In particular, the availability of outpatient services in the community is very limited in some regions;<sup>21</sup> on average, one-third of Member States did not offer treatment as an alternative to criminal justice sanctions, with percentages much

---

<sup>19</sup> E/CN.7/2012/14.

<sup>20</sup> E/CN.7/2012/14.

<sup>21</sup> E/CN.7/2012/14.

higher in some regions;<sup>22</sup> and, services in prison settings are not as available in the community.<sup>23</sup>

There exist few evidence-based drug prevention, treatment, care and rehabilitation interventions and services that reach some of the most vulnerable groups,<sup>24</sup> including young people, children and youth exposed to drugs at a very young age, women, sex workers, street children, women with children, pregnant women, Lesbian, Gay, Bisexual and Transgender (LGBT) populations, refugees and displaced populations, and people living in post-conflict or fragile countries.

Many countries do not appear to have a comprehensive and detailed overview of drug use and dependence, including of vulnerabilities, to allow for or data-driven planning of the development of drug prevention, treatment, care and rehabilitation services, including the prevention of health and social consequences, especially HIV/AIDS.

Most countries do not appear to have adopted standards with regard to drug prevention, treatment, care and rehabilitation interventions and services, including the prevention of health and social consequences, especially HIV/AIDS, as well as to the competencies of the policymakers, practitioners, and researchers involved. Training is not institutionalized on an on-going basis.

The role of the CSOs, including those representing affected populations (people using drugs, people who used to use drugs, parents, partners, etc.), in the development of policy and in accessing funding mechanisms remains limited, in spite of their substantial involvement in the delivery of drug prevention, treatment, care and rehabilitation interventions.

There is a grave need to increase domestic investments in HIV services for people who inject drugs. Globally, fewer than 8 in 100 people who inject drugs have access to opioid substitution therapy (OST), and only 2 clean needles are distributed per month to people who inject drugs. Only 4 in every 100 eligible people who inject drugs are receiving antiretroviral therapy (ART).<sup>25</sup>

HIV services are often not responsive to the specific needs of particularly vulnerable groups of drug users, in particular women and young people.

In many countries, there is an overuse of incarceration of people instead of putting in place alternative measures that are more effective. Prisoners and ex-prisoners who are drug users and/or are living with HIV continue to face multiple stigmas, and their rights to health care, education, employment, social integration, food and decent living conditions are often denied. Drug dependence treatment, care and rehabilitation services are scarce in prisons and other closed settings. Access to condoms, needle and syringe programmes (NSP), OST, HIV testing and counselling (HTC), ART and PMTCT remains limited in prisons and other closed settings. NSP is only available in some prisons in 7 countries and OST in prisons in only 20 countries. Screening and treatment for TB, hepatitis and sexually transmitted

---

<sup>22</sup> E/CN.7/2012/14.

<sup>23</sup> E/CN.7/2012/14.

<sup>24</sup> UNODC (2013), International Standards on Drug Use Prevention.

<sup>25</sup> Bradley M. Mathers and others, "HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage", *The Lancet*, vol. 375, No. 9719 (2010), pp. 1014-1028.

infections (STIs) are often unavailable. The absence or interruption of services has serious implications for treatment outcomes and risks for HIV/TB transmission.

New risks of HIV associated with injecting drug use are emerging in regions with already high rates of HIV infection, particularly in Africa.

Globally, the use of stimulant drugs is on the rise, particularly in South-East Asia, Latin America and Caribbean. Its link to HIV transmission among certain key population groups, through both sexual and injecting routes, is of great concern.

Many countries lack reliable data required for evidence-informed, comprehensive policy and programmatic response to the HIV epidemic among people living in prisons and other closed settings.

Availability of opioid agonist/antagonist maintenance treatment and naloxone remain very limited despite being recommended approaches to reduce overdose among people who use opioids.<sup>26</sup>

Access to controlled drugs for medical purposes is severely limited, particularly in low- and middle-income countries, in spite of clear input from the three drug Conventions.<sup>27</sup>

### **III. Priorities**

A health and human rights centred drug control system promoting a society where illicit drug use is not accepted as a way of life and where those needing services receive them. People using drugs should not be stigmatized and punished but receive support for recovery, social cohesion and integration.

Drug prevention, treatment, and rehabilitation interventions, including the prevention of health and social consequences and services that are based on scientific evidence and human rights, including an understanding of drug disorders as multi-factorial disease caused by a complex interplay of neurobiological, psychological and environmental vulnerabilities need to be expanded.

The coverage and quality of drug prevention systems, interventions and policies based on scientific evidence as described in the International Standards on Drug Use Prevention should be expanded, with particular attention to a scientific-based monitoring and evaluation component.

Basic drug dependence treatment, and rehabilitation services, including the prevention of health and social consequences, as described in the UNODC/WHO Discussion Paper “Principles of Drug Dependence Treatment “ should become accessible and appealing.

The coverage and quality of drug dependence treatment, and rehabilitation services, including the prevention of health and social consequences, that are voluntary and based on scientific evidence and medical standards of respect for the patient should be expanded, in particular outpatient treatment widely distributed in the territory and accessible in the community and treatment as an alternative to criminal justice

---

<sup>26</sup> UNODC (2013), Opioid overdose: preventing and reducing opioid overdose mortality, UNODC/WHO discussion paper, United Nations Office on Drugs and Crime, Vienna, Austria.

<sup>27</sup> E.g., see the Preamble of the 1961 Single Convention.



sanctions. Multiple pathways to recovery are essential to support the rehabilitation and reintegration of people suffering from drug disorders and dependence.

Existing recommended approaches to reduce overdose among people who use opioids (such as opioid agonist/antagonist maintenance treatment and making naloxone available to reverse opioid overdose) should be systematically implemented and additional approaches should be further investigated.<sup>28</sup>

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.

Evidence-based drug prevention, treatment and rehabilitation treatment, care and rehabilitation interventions and services that reach some of the most vulnerable groups (including young people, children and youth exposed to drugs at a very young age, women, sex workers, street children, women with children, pregnant women, Lesbian, Gay, Bisexual and Transgender (LGBT) populations, refugees and displaced populations, and people living in post-conflict or fragile countries) should be researched, expanded and implemented.

Detection and identification of new psychoactive substances is the first step in assessing potential health risks, and therefore scientific, epidemiological, forensic and toxicological information on these substances needs to be collected, maintained and disseminated.

Research on the pharmacological treatment of stimulants is a priority, as well as research about the aetiology and treatment of new psychoactive drugs use and dependence.

National standards based on scientific evidence, medical ethics and human rights need to be developed and adopted with regard to drug prevention, treatment and rehabilitation, including the prevention of health and social consequences, interventions and services, as well as to the competencies of the policymakers, practitioners, and researchers involved. Accordingly, training should be institutionalized on an on-going basis.

The role of the CSOs, including those representing affected populations (people using drugs, people who used to use drugs, parents, partners, etc.), in the development of relevant policy and in the delivery of drug prevention, treatment, care and rehabilitation interventions expanded and institutionalized.

National AIDS and drugs policies, strategies and programmes will need to be revised to allow all nine WHO/UNODC/UNAIDS comprehensive package<sup>29</sup> interventions for people who inject drugs to be implemented. Programmes should be increased in scale and multiple delivery models should be utilized (including outreach, low threshold drop-in centres, peer education) and barriers to access the services should be identified and removed. The meaningful involvement of CSOs

---

<sup>28</sup> UNODC (2013), Opioid overdose: preventing and reducing opioid overdose mortality, UNODC/WHO discussion paper, United Nations Office on Drugs and Crime, Vienna, Austria.

<sup>29</sup> WHO/UNODC/UNAIDS Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2012 revision.

representing and including people who use drugs and to build their capacity should be intensified. Addressing the HIV epidemic driven by injecting drug use in Eastern Europe and Central Asia region is a key priority.

Regarding prisons, people using drugs in prisons should have access to health services including drug dependence treatment and harm reduction measures, at least equivalent to the community, and priority should be given towards implementation of the fifteen interventions as outlined in the UNODC/ILO/UNDP/WHO/UNAIDS Policy Brief on “HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions”.<sup>30</sup>

Legislation that prevents the introduction, or inhibits the delivery of the key HIV prevention, treatment and care services to people who inject drugs and people in prisons and other closed settings should be revised to allow for and support these interventions.

It is critical to rapidly increase domestic funding for drug demand reduction and for the essential lifesaving HIV services recommended for people who use drugs and people in prisons and other closed settings.

Scale-up action to ensure access to controlled drugs for medical purposes while preventing diversion and abuse.

#### **IV. Further observations for consideration**

Member States could consider:

Building on the commitments made in the 1998 Political Declaration<sup>31</sup> and Declaration on the Guiding Principles of Drug Demand Reduction,<sup>32</sup> as well as in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted at the high-level segment in 2009.

Renewing commitment to a health and human rights centred drug control system promoting a society where illicit drug use is not accepted as a way of life and where those needing services receive them. People using drugs should not be stigmatized and punished but receive support for recovery, social cohesion and integration.

Developing prevention, treatment, and rehabilitation interventions, including the prevention of health and social consequences and services that are based on scientific evidence and human rights, including an understanding of drug disorders as multi-factorial disease as a result of a clinical history of disadvantages caused by a complex interplay of neurobiological, psychological and environmental vulnerabilities.

Expanding the coverage of drug prevention systems, interventions and policies based on scientific evidence as described in the International Standards on Drug Use Prevention, with particular attention to cultural adaptation as well as to a scientific-based monitoring and evaluation component.

---

<sup>30</sup> UNODC/ILO/UNDP/WHO/UNAIDS (2013) Policy Brief on “HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions”.

<sup>31</sup> A/RES/S-20/2.

<sup>32</sup> A/RES/S-20/3.

Significantly improving the coverage and quality of drug dependence treatment, care and rehabilitation services and prevention of health and social consequences (“harm reduction”)<sup>33,34</sup> that are voluntary and based on scientific evidence and medical standards of respect for the patient, including as outpatient treatment in the community and treatment as an alternative to criminal justice sanctions. Services should become accessible and appealing. Multiple pathways to recovery are essential to support the rehabilitation and reintegration of people suffering from drug disorders and dependence.

Eliminating all compulsory drug treatment that is without judicial process, medical evaluation, or ability to leave voluntarily.

Expanding evidence-based drug prevention, treatment and rehabilitation treatment, care and rehabilitation interventions and services that reach some of the most vulnerable groups, including young people, children and youth exposed to drugs at a very young age, women, sex workers, street children, women with children, pregnant women, Lesbian, Gay, Bisexual and Transgender (LGBT) populations, refugees and displaced populations, and people living in post-conflict or fragile countries.

Developing drug prevention, drug dependence treatment, care and rehabilitation services, including the prevention of health and social consequences, on the basis of a comprehensive and detailed overview of drug use and dependence, including of vulnerabilities.

Investing in developing additional evidence-based treatment, care and rehabilitation and HIV prevention approaches for people who use stimulant drugs.

Developing, adopting and implementing national standards based on scientific evidence and human rights with regard to drug prevention, treatment, care and rehabilitation interventions and services, including the prevention of health and social consequences, as well as to the competencies of the policymakers, practitioners, and researchers involved. Institutionalize training accordingly on an on-going basis.

Expanding and institutionalizing the role of the CSOs, including those representing affected populations (people using drugs, people who used to use drugs, parents, partners, etc.), in the development of relevant policy and in the delivery of drug prevention, treatment, care and rehabilitation interventions.

<sup>33</sup> In this document the term “harm reduction” refers to the set of nine interventions for HIV prevention, treatment and care for people who inject drugs, as initially set out in the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* (World Health Organization, Geneva, 2009), namely: 1 Needle and syringe programmes (NSPs); 2 Opioid substitution therapy (OST) and other evidence-based drug dependence treatment; 3 HIV testing and counselling (HTC); 4 Antiretroviral therapy (ART); 5 Prevention and treatment of sexually transmitted infections (STIs); 6 Condom programmes for people who inject drugs and their sexual partners; 7 Targeted information, education and communication (IEC) for people who inject drugs and their sexual partners; 8 Prevention, vaccination, diagnosis and treatment for viral hepatitis; 9 Prevention, diagnosis and treatment of tuberculosis (TB).

<sup>34</sup> UNODC (2009) Reducing the adverse health and social consequences of drug abuse: a comprehensive approach — Discussion paper. [www.unodc.org/docs/treatment/Reducing\\_the\\_Adverse\\_Health\\_and\\_Social\\_Consequences\\_of\\_Abuse.pdf](http://www.unodc.org/docs/treatment/Reducing_the_Adverse_Health_and_Social_Consequences_of_Abuse.pdf).

In order to achieve maximal impact, national HIV and drugs strategies should include implementation of all the nine interventions outlined in the WHO/UNODC/UNAIDS comprehensive package for people who inject drugs. In countries, where HIV epidemic is driven by injecting drug use, implementation of needle and syringe programmes and long-acting opioid maintenance therapy should be a priority. National drug control agencies, law enforcement agencies, ministries of justice, interior and health, and CSOs should work together. Increased resources, in particular domestic investments, to scale-up essential HIV interventions for people who inject drugs are urgently required.

Regarding prisons and HIV, countries should work towards implementation and scaling-up of drug dependence treatment and the interventions outlined in the UNODC/ILO/UNDP/WHO/UNAIDS Policy Brief on “HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions”. The interventions in prisons should be integrated into national drugs, AIDS and tuberculosis-related plans and programmes, and resources should be allocated for their implementation. National coordination mechanisms, involving prison authorities, ministries of health and labour, national AIDS committees, national tuberculosis programmes and CSOs should be established.

The global community needs to continue to build on the current gains to ensure that the countries receive adequate support to enable them to lead, manage and establish accountability for their HIV response, not only in the community, but also in prisons and other closed settings.

Scaling-up action to ensure access to controlled drugs for medical purposes while preventing diversion and abuse.

Share information on the potential adverse impacts and risks to public health and safety of new psychoactive substances through tailored prevention strategies, including awareness-raising to counter the public perception that new psychoactive substances not subject to drug controls are safe.

## **B. Non-paper on Part II of the Plan of Action: Supply reduction and related measures**

### **A. Supply reduction**

#### **Introduction**

At the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, held in March 2009, heads of States, ministers and government representatives from 132 States adopted the Political Declaration and Plan of Action on International Cooperation towards an integrated and Balanced Strategy to Counter the World Drug Problem.<sup>35</sup> Part II of the Plan of Action focuses on Supply reduction and related measures.

---

<sup>35</sup> See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

In the Plan of Action, Member States noted that, while the majority of States have adopted and implemented supply reduction policies and made supply reduction an important priority, the commitment made by Member States in 1998 to attain significant and measurable results in the area of supply reduction has been attained only to a limited extent, owing, inter alia, to the lack of effective implementation of drug supply policies, the lack of appropriate national legislative frameworks for international cooperation, 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.

Member States also recommended a series of actions in this regard, including enhancing cooperation, coordination and law enforcement operations to reduce supply; addressing new trafficking trends; reducing violence related to drug trafficking; addressing supply and demand reduction together; strengthening of anti-corruption measures and provision of technical assistance and capacity-building; and control of precursors and of amphetamine-type stimulants.

### **General information<sup>36</sup>**

Afghanistan remains, by far, the largest source country for opiates worldwide. As of 2011, global aggregate seizures of morphine and heroin increased by approximately one half (50 per cent) over a period of three years, in spite of the decreasing trend in production over the period 2007-2010. While heroin use was reportedly decreasing or stabilizing in established markets in North America and West and Central Europe, data on seizures and heroin use suggest that heroin markets were expanding in some parts of Africa and Asia.

Cocaine manufacture remained unchanged at year end 2011 and reported cocaine seizures declined during both 2010 and 2011. Geographic distribution of production and trafficking has remained stable in the major producing and transit regions of South America, Central America and the Caribbean. This region accounted for 71 per cent of global seizures in 2011. Markets in North America and Europe appear to have stabilized, while there are indications of emerging cocaine consumption in countries in Asia and Africa.

Cannabis is the world's most widely-used illicit substance. Given the relative ease with which cannabis herb (marijuana) can be produced, demand is often met through local production, resulting in a pattern of trafficking flows tending to be rather localized in comparison with other plant-based illicit drugs. In contrast, production of cannabis resin remains concentrated in a small number of countries, primarily Morocco and Afghanistan.

Amphetamine-type stimulants (ATS) remain a significant global threat, with increasing reports of use and seized quantities. Manufacture of ATS is spreading to new markets and there are increasing reports of precursor chemical diversion. ATS seizures reached new highs across all regions, with Asia, North America and Europe registering the most marked increases.

---

<sup>36</sup> Report of the Secretary-General on International cooperation against the world drug problem, A/68/126.

Furthermore, the latest data available to UNODC show that Member States continue to seize significant quantities of illicit substances on a regular basis. Seizures of ATS, in particular methamphetamine, have been increasing since 2008. The increase in seizures of ATS shows that Member States are responding to changes in the type of drugs being illicitly trafficked. In 2011, there was a stable trend<sup>37</sup> in seizures for most of the traditional illicit drugs (cannabis herb, cannabis resin, opium and cocaine), which indicates that law enforcement authorities are keeping pace with the ever-changing methods used by drug traffickers and organized criminal groups. Global seizures of heroin declined in 2011; this decrease is consistent with the stabilizing or decreasing trend<sup>38</sup> in the use of heroin in North America and Europe.

The emergence of new psychoactive substances (NPS) continues to pose major challenges to authorities worldwide. The increasing number of NPS appearing on the market has also become a major public health concern, not only because of increasing use but also because of the lack of scientific research and understanding of their adverse effects. The number of NPS reported by Member States to UNODC rose from 166 at the end of 2009 to 251 by mid-2012, thus exceeding for the first time the total number of substances under international control.

## **Specific information**

### **I. Achievements**

Member States continue to actively engage in drug supply reduction activities. During 2011, ninety-one per cent of countries which responded to Part II of the Annual Reports Questionnaire reported monitoring amphetamine-type stimulants and illicit substances. Nearly all countries (95 per cent) reported actively monitoring precursor chemicals, while over three quarters (76 per cent) reported actively engaging in forensic intelligence activities to reduce the supply of illicit drugs. Seventy-one per cent of Member States had undertaken research and evaluation activities, while fifty-nine per cent conducted programmes for the eradication of illicit drug crops.

Member States have provided many examples to UNODC of international cooperation among law enforcement agencies. These activities include cross-border information sharing, joint investigations and joint controlled delivery operations. As a result of this cooperation, Member States reported many arrests and the seizure of significant quantities of illicit drugs. The examples provided by Member States indicate that international cooperation between law enforcement authorities is causing considerable disruption to organized criminal groups.

Between 2010 and 2011, there has been an increase in the proportion of countries providing technical assistance in the area of drug supply reduction. In 2011, fifty-nine per cent of countries which responded to the Annual Reports Questionnaire provided technical assistance in the area of drug supply reduction (compared with fifty-two per cent in 2010). Between 2010 and 2011, the proportion of countries which reported receiving technical assistance in drug supply reduction

---

<sup>37</sup> Report of the Secretariat on the world situation with regard to drug trafficking E/CN.7/2013/4.

<sup>38</sup> Report of the Secretariat on the world situation with regard to drug abuse E/CN.7/2013/2.

from another country or from an international organization remained stable at seventy-one per cent.

In addition, the UNODC Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme, designed to improve the capacity of Member States to generate, manage, analyse, report and use information on illicit synthetic drugs has led to an improvement in the understanding of the phenomenon of ATS.

## **II. Challenges**

With the significant growth in volumes of international trade and passenger movements by sea, air and across land borders, it is incumbent upon authorities to develop an effective law enforcement response that maintains the security of their borders, but does not add an additional burden or delay to the transit of legitimate persons and trade through their borders.

There is a need to review current practices and procedures related to undertaking the investigation of illicit drug trafficking and related organized crime offences conducted in multiple jurisdictions, together with a similar review of procedures related to the formal gathering of evidence from these jurisdictions, as many existing practices fail to meet the operational needs of their criminal justice system.

Because of their mobility and anonymity, cyber-technologies are offering new assistance to criminals and creating new offences that challenge existing legislation.

Effective policing of the trading practices of internet pharmacies is also a significant challenge to law enforcement authorities.

The increasing involvement of gangs in many aspects of drug trafficking, from street sales and distribution to the enforcement of sales territories and the collection of drug-related debts and money-laundering, is reflected in related violence and rising homicide statistics in many countries.

Insurgency and insecurity are closely linked to illicit drug manufacture and trafficking in a number of countries, seriously challenging the ability of law enforcement agencies to combat these activities.

Factors which facilitate corruption and which require addressing include: inadequate salaries, high living costs, poor training and insufficient funding or resources to perform official duties by law enforcement and criminal justice officials.

There is a need to undertake a comprehensive evaluation of domestic legal needs and requirements of controlled chemicals, in order to arrive at a baseline figure that will assist in the identification of attempts at illicit diversion.

Weak focus of regulatory controls over pharmaceutical preparations for pain management increases the threat of abuse of highly addictive preparations.

The purchase of alternative precursor chemicals as a substitute for those subject to international control is creating a new challenge to authorities seeking to prevent the manufacture of illicit drugs.

The illicit manufacture of amphetamine-type stimulants does not necessarily involve sophisticated chemical processes. Therefore, small-scale operators can manufacture large quantities of such stimulants in so-called “kitchen laboratory” operations.

A number of potentially dangerous new psychoactive substances which may pose risks to public health and safety continue to be marketed as legal alternatives to internationally controlled substances and provides an increasingly lucrative market for criminal groups.

### **III. Priorities**

Access to well-developed intelligence is of key importance for authorities to be effective against traffickers, who remain quick to adapt to successful drug enforcement countermeasures through their flexible *modus operandi* and ready ability to access and utilize new and developing technologies.

To support the effectiveness of their law enforcement response, governments must ensure that a policy of inter-agency cooperation is supported as an integral part of their national strategy to combat illicit drug trafficking and organized crime.

To meet the challenge of new cybercrime offences, committed through the use of new communication technologies, steps should be taken to ensure that national legislation is adequate to secure the gathering of electronic evidence for successful prosecutions.

Many law enforcement agencies do not have the knowledge, training or technology to recover evidence or data to pursue investigations into trafficking offences from transmission or storage devices such as mobile phones and personal computers.

Agency guidelines, developed for their officers, should provide appropriate and practical steps on how to respond to threats occurring in the performance of their duties, in order to minimize the professional risks confronting staff.

Any threat against a drug law enforcement officer, while performing their official duties, should be treated as a high priority for investigation by their employer.

Law enforcement agencies have an important role to play in national demand reduction strategies, contributing their professional skills and experience to a comprehensive approach to addressing the challenge of reducing illicit drug use.

Procedures to enable drug abusers to obtain treatment and rehabilitation during imprisonment should be included within criminal justice systems.

Factors contributing to corruption affecting law enforcement agencies should be examined.

The support and funding provided for the training and professional development of drug law enforcement officers should be regularly reviewed, and investment should be made in developing good management and decision-making skills, in order to strengthen integrity and resistance to corruption and improper influence.

Controlled delivery procedures should be included in bilateral agreements concluded with neighbouring States and trade partners, so as to expedite the authorization of such requests.

Authorities should familiarize themselves with the limited international special surveillance list of non-scheduled substances covering substitute chemicals and implement control measures on non-scheduled substances and on substitute chemicals used in the manufacture of traditional precursors.



A proactive approach should be encouraged to building the capacity of and providing training to chemical regulatory authorities and drug law enforcement agencies so as to enhance their knowledge of scheduled and non-scheduled precursors and substances that may be diverted for use in the illicit manufacture of drugs. The establishment of a global early warning system, taking advantage of existing national and regional mechanisms, as appropriate, and providing monitoring of, and timely reporting on the emergence of new psychoactive substances, could benefit Member States' understanding of and responses to the complex and changing market for these substances.

#### **IV. Further observations for consideration**

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

Governments should encourage their law enforcement authorities to develop a digital evidence strategy, as a first step to ensuring an effective response to handling and recovering digital evidence gathered during the investigation of illicit drug trafficking cases.

Governments should ensure that their law enforcement agencies have established procedures in response to threats received against officers in the course of carrying out their duties.

Governments are encouraged to strengthen national anticorruption policies and to adapt measures for building confidence in their law enforcement authorities among the general public, including such measures as limiting the potential for the abuse of power which could lead to a subsequent loss of effectiveness in combating drug trafficking and organized crime.

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

In order to effectively maintain control over chemicals that could be used as precursors, governments must continue to encourage well-promulgated and systematically applied controls over companies trading in chemicals that include pre-registration, monitoring of quantities and types of chemicals sold, concise details of suppliers and accurate details of their customers.

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, utilizing updated international special surveillance lists of non-scheduled substances. Governments should monitor emerging trends in the composition, production and distribution of new psychoactive substances, as well as patterns of use of those substances within their own national borders, and based on the principle of common and shared responsibility, to further cooperate, in accordance with national law, in judicial and law enforcement activities to tackle the trade in and distribution and manufacture of those new psychoactive substances that have already been identified as posing risks to public health.

## **B. Alternative development**

### **Introduction**

In the Plan of Action, Member States resolved to strengthen international cooperation on eradicating the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances and on alternative development. In particular, Member States emphasized the need for strengthening research, data-collection and assessment tools; increasing international cooperation on development-oriented drug control; developing and implementing a balanced, long-term approach to addressing the illicit cultivation of crops used for the production of narcotic drugs and psychotropic substances; and identifying innovative strategies to support alternative development.

### **General information**

Alternative Development (AD) continues to be recognized by Member States as a fundamental pillar of a comprehensive drug control strategy and plays an important role as a development oriented drug control approach.

The 2009 Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem places AD within a framework of broad national rural development, emphasizing the need to address a multitude of factors, such as poverty and food insecurity, inter alia, as well as to use non-traditional approaches to assessing the effectiveness of development oriented drug control strategies.

Assistance provided by UNODC in the area of AD consists of programmes which are currently implemented in Afghanistan, Bolivia, Colombia, Laos, Myanmar and Peru.

In South East Asia, AD programmes in Lao PDR and Myanmar strive to reduce levels of poverty and ensure food security. AD programmes in this region count to a high degree on international donor assistance. Although national funding for the programmes has increased, donor assistance has not kept the same pace, thus perpetuating a low coverage rate for farming communities engaged in illicit crop cultivation.

In Latin America, AD programmes in Colombia and Peru focus largely on increasing production of agricultural products for export markets. AD projects in Colombia are almost entirely funded by the Government and Peru has increased its national investment substantially.

Many AD projects continue to primarily measure impact by the reduction in the cultivation of crops used for the production of narcotic drugs and psychotropic substances. Yet one question is whether this is the only appropriate method to measure impact, as it does not take into account the conditions under which these crops are cultivated and does not take into consideration the issue of replanting following eradication.

Poverty and food insecurity remain some of the key factors driving the illicit cultivation of crops used for the production of narcotic drugs and psychotropic

substances. Therefore, the focus of AD programmes should be oriented at addressing the underlying causes of poverty and food insecurity and improving the socioeconomic conditions of these communities. For example, an opium risk assessment was conducted in Afghanistan in early 2012, where the study found a strong association between insecurity, lack of agricultural assistance and opium cultivation. Villages with a low level of food security and that had not received agricultural assistance in the previous year were significantly more likely to grow poppy than villages that had good food security and had been targeted by an anti-poppy awareness campaign.

## **Specific information**

### **I. Achievements**

Over the past 3 years, in Peru and Colombia, AD programmes improved the social and economic situation of families in targeted coca bush-growing areas through farmer-led small business enterprises, which were able to increase revenues on the international markets. In Peru alone, exports of products stemming from AD reached in excess of \$150 million in 2012. In Colombia, many families acquired land titles, vast areas of coca plantations were voluntarily eradicated and large amounts of carbon dioxide were sequestered through reforestation programmes.

In Bolivia, the focus of the AD programmes was to generate jobs and legitimate income through productive forestry and agroforestry practices and to halt the deterioration in natural resources due to the coca monoculture.

In Myanmar and Lao Peoples' Democratic Republic, AD programmes targeted the improvement of food security in opium poppy growing communities. The programmes promoted advanced farming practices to increase basic food crops and the diversification of farm and off-farm income-generating activities.

In Afghanistan, illicit crop cultivation was addressed through strengthening of national policies and capacities to implement AD programmes and improve coordination between government and non-government stakeholders.

With a view to fostering South-South cooperation, the Government of Thailand, in association with the Government of Peru, organized the International Seminar/Workshop on Sustainable Alternative Development held in Thailand in November 2011. The outcome consisted of inputs for the draft international guiding principles on AD, which were developed at a follow up High-Level International Conference on Alternative Development in November 2012 in Lima organized by the Government of Peru. The outcome of the Conference was the adoption of the "Lima Declaration", including a set of International Guiding Principles on Alternative Development meant to provide both policy and technical guidance to Members States and international organizations on AD. At its fifty-sixth session in March 2013, the Commission on Narcotic Drugs recommended to the Economic and Social Council the adoption by the General Assembly of the International Guiding Principles, (as United Nations Guiding Principles on Alternative Development).

Furthermore, the Commission on Narcotic Drugs at its fifty-sixth session adopted resolution 56/15, which, inter alia, invited interested Member States, consistent with applicable international trade rules, to explore, in close cooperation with relevant

international organizations, international financial institutions, private sector partners, civil society and other interested parties, opportunities for international cooperation to expand their efforts with regard to the development of strategies on voluntary marketing tools for products stemming from alternative development, including preventive alternative development.

## **II. Challenges**

Poverty and food insecurity remain the key driving factors of illicit crop cultivation.

AD is a high-investment endeavour. It can only yield results if implemented over a long term with adequate funding. A serious problem facing AD programmes is that traditional sources of funding are becoming scarcer. Against this background, international financial institutions and relevant development organizations are encouraged to incorporate illicit crop control strategies into poverty reduction strategies, country assistance strategies and other forms of development assistance.

Promotion of value added AD products, access to markets for products stemming from AD projects and inclusion of environmental protection into AD programmes need to be further strengthened.

The focus on opportunities for legitimate income generation must be diversified and options outside of the traditional agricultural sector must be assessed.

Given that a small fraction of farming communities engaged in illicit crop cultivation are provided with AD assistance, more must be done to broaden the coverage.

## **III. Priorities**

There is a need to incorporate AD into broader national development strategies in order to mainstream actions and provide wider financial and technical support to achieve expected results and successfully contribute to poverty reduction and socioeconomic development.

New and innovative strategies are needed in order to ensure long-term success and sustainability of AD; this includes the need for a market-driven approach to product identification and development and the need to enhance market access and explore market niches for AD products.

New funding mechanisms must be identified so that programmes can be sustainable and farming communities requiring assistance can be supported.

Legitimate income generating opportunities offered to small rural farming communities must look at both on and off farm activities and seek to establish small farmer enterprise through the entire cycle, from production – value added – to market.

There is a need to strengthen international cooperation, including South-South cooperation for the sharing of best practices and lessons learned.

## **IV. Further observations for consideration**

It is recommended that AD programmes be designed in line with the United Nations Guiding Principles on Alternative Development to ensure that both a reduction in

illicit crop cultivation and an improvement in social and economic conditions in target areas are achieved.

Countries should be further encouraged to facilitate market access for products stemming from AD to contribute to long-term legitimate income generation for small farming communities.

It is also important to enlarge the concept of alternative development in order for AD to move from a rural development to a more market-oriented approach.

There is a need for long-term commitment to scale up AD programmes to achieve a long-term sustainable impact.

The need to understand the nexus between development and security is critical if programmes in areas with weak governance systems are to be successful.

## **C. Non-paper on Part III of the Plan of Action: Countering money-laundering and promoting judicial cooperation to enhance international cooperation**

### **A. Countering money-laundering**

#### **Introduction**

At the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, held in March 2009, heads of States, ministers and government representatives from 132 States adopted the Political Declaration and Plan of Action on International Cooperation towards an integrated and Balanced Strategy to Counter the World Drug Problem.<sup>39</sup> Part III of the Plan of Action focuses on countering money-laundering and promoting judicial cooperating to enhance international cooperation.

Member States committed themselves to implementing effectively the Plan of Action, and stressed the need to foster international cooperation by implementing the provisions against money-laundering contained in all relevant international and multilateral instruments, such as the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, the United Nations Convention against Transnational Organized Crime, the United Nations Convention against Corruption, the Financial Action Task Force Recommendations on Money Laundering in accordance with national legislation, and also by:

(i) Establishing new or strengthening existing domestic legislative frameworks to criminalize the laundering of money derived from drug trafficking, precursor diversion and other serious crimes of a transnational nature in order to provide for the prevention, detection, investigation and prosecution of money-laundering;

(ii) Establishing new or strengthening existing financial and regulatory regimes for banks and non-bank financial institutions, including natural and legal

<sup>39</sup> See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

persons providing formal or informal financial services, thus preserving the integrity, reliability and stability of financial and trade systems;

(iii) Implementing effective detection, investigation, prosecution and conviction measures; and

(iv) Promoting effective cooperation in strategies for countering money-laundering and in money-laundering cases.

## **General information**

Money-laundering and related illicit financial activities have devastating economic and social consequences. They continue to pose serious challenges to economies and governments. In addition to funding corrupt individuals and their networks, the illicit proceeds of money-laundering have also been used to finance organized crime, conflicts and terrorist activities.

The process of money-laundering is critical to the effective operation of virtually every form of transnational and organized crime, including the production and trafficking in illicit drugs, and should not be seen as an isolated financial crime

To successfully combat money-laundering, it is imperative that comprehensive and globally harmonized regulations be adopted and enforced. It has been shown that legal and operational obstacles inherent in many national frameworks further stretch the ability of some Member States to effectively implement anti-money-laundering legislation. In many cases, the proceeds of crime are raised in, or routed through countries which have weak or non-implemented legislation. The law enforcement abilities of Member States must be enhanced, and they must be able to effectively share information, improve the coordination within their national systems, and expand their cooperation on the regional and international stage.

## **Specific information**

### **I. Achievements**

Information currently available to UNODC, including a preliminary analysis of the responses received to date to the 2013 Annual Reports Questionnaires, shows that the implementation of measures to combat money-laundering increased marginally since 2011. There remain regional disparities in terms of legal and operational measures undertaken.

A majority of Member States already have some form of legislation criminalizing money-laundering, and a significant portion of this legislation is reported as taking into consideration international requirements and standards, such as those established by the Financial Action Task Force.

A significant portion of Members States has also carried out the following actions:

(a) Established legislation allowing the freezing, seizure and confiscation of the proceeds of illicit drug trafficking and other serious crimes;

(b) Incorporated measures into their financial systems to counter money-laundering;

- (c) Established Financial Intelligence Units (FIU).

## **II. Challenges**

While reporting from Member States indicates that efforts to combat money-laundering are recognized as important to undermining organized crime linked to the trafficking in narcotic drugs, further efforts need to be made.

Many Member States still need to implement practical measures to enhance their capacity to analyse financial information, to properly identify, trace and investigate illicit financial flows, and to confiscate the proceeds of crime. Member States must also continue to improve their ability to effectively coordinate at the national level and cooperate with their neighbours, as well as regional and international partners, to effectively share information, conduct joint operations, extradite money launderers, and provide mutual legal assistance on anti-money-laundering matters.

Despite several recent high-profile anti-money-laundering cases, the majority of laundered money goes undetected and those cases which are discovered often do not result in prosecutions. Along with the needed enhancements to legal frameworks and operational capacity, the political will of Member States to investigate and prosecute money-laundering cases also requires reinforcing.

Newly emerging and more complex money-laundering techniques, involving the use of the international trade system, cash couriers, alternative remittance systems, new payment methods, and complex corporate structures, are increasingly used by criminals to exploit vulnerabilities in national anti-money-laundering capabilities.

Additionally, the use of the Internet for money-laundering and the illicit transport of cash and value commodities across borders are growing practices. The relatively easy use of modern technology and the apparent lack of borders in criminal operations are often in direct contrast to the capabilities of Member States, many of which lack human and I.T. resources and continue to struggle with cross-border operations and information sharing.

Current statistics indicate that money-laundering is worth trillions of dollars annually and less than one percent of global illicit financial flows are seized and frozen. As such, money-laundering remains an incentive for criminal activities, as well as a global threat to the integrity, reliability and stability of financial and trade systems.

## **III. Priorities**

In adopting the 2009 Political Declaration and Plan of Action, Member States committed themselves to implementing effectively the three international drug control conventions, the United Nations Convention against Transnational Organized Crime and the United Nations Convention against Corruption through resolute international cooperation, in collaboration with relevant regional and international organizations, with the full assistance of the international financial institutions and other relevant agencies and in cooperation with civil society, including non-governmental organizations, and the private sector. This remains a priority for future work, and it is imperative that these comprehensive and globally harmonized regulations for anti-money-laundering be adopted and enforced.

The abilities of Member States must also be enhanced so they can effectively share information, improve the coordination within their national systems, and expand their cooperation on the regional and international stage.

States should make concerted effort to ensure that administrative, regulatory, law enforcement and other authorities dedicated to combating money-laundering (including, where appropriate under domestic law, judicial authorities) have the ability to:

- (a) Effectively trace the proceeds of crime;
- (b) Effectively freeze, seize, and confiscate the proceeds of crime;
- (c) Extradite money launderers for prosecution;
- (d) Exchange information at the national and international levels for the identification, tracing, and interdiction of laundered monies;
- (e) Conduct joint investigations;
- (f) Conduct cross-border operations;
- (g) Engage in FIU to FIU cooperation and information sharing;
- (h) Monitor the cross-border movement of cash and value commodities;
- (i) Conclude, where necessary, bilateral or multilateral agreements or arrangements for using special investigative techniques such as electronic or other forms of surveillance and undercover operations in the context of cooperation at the international level;
- (j) Submit action requests for mutual legal assistance and extradition in a timely manner.

The regulatory capacity of financial institutions should be further supported to ensure that:

- (a) Customer identification and verification requirements (Know Your Customer/KYC) are implemented for all clients;
- (b) Beneficial ownership is established for all accounts;
- (c) Records are properly kept;
- (d) Reporting of suspicious transactions is performed and penalties for non-reporting are known and levied.

#### **IV. Further observations for consideration**

Member States could consider:

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 crimes, (b) strengthen financial regimes, (c) enhance regulatory and reporting requirements, (d) support the effective freezing, confiscation and recovery of illicit assets;



Implementing effective detection, investigation, prosecution and conviction measures for money-laundering and related illicit financial crimes;

Engaging in effective cooperation for countering money-laundering and in prosecuting money-laundering cases by strengthening mechanisms for domestic inter-agency coordination and information-sharing;

Strengthening existing regional and international networks for the exchange of operational information among competent authorities, particularly between Financial Intelligence Units;

Enhancing legislation and operational cooperation mechanisms to support joint operations and cross-border law enforcement activities to identify, trace, and interdict illicit financial flows;

Using the international cooperation tools developed by UNODC such as the MLA Request Writer Tool, model laws, the IMOLIN network, the online legal library and other reference materials and studies which are available on the UNODC website.

## **B. Judicial cooperation**

### **Introduction**

While recognizing the existence of various legal and procedural impediments in connection to extradition and mutual legal assistance procedures, Member States committed to carrying out specific actions to overcome the difficulties in the Plan of Action, including by:

(a) Making full use of multilateral treaties, notably the 1988 Convention, the Organized Crime Convention and the Convention against Corruption, as legal basis for requesting and granting this type of judicial assistance;

(b) Adopting measures to expedite extradition procedures; and

(c) Adopting a more flexible approach to judicial cooperation, in order to facilitate the provision of the widest possible range of mutual legal assistance.

### **General information**

According to data collected by UNODC through the Annual Reports Questionnaire during 2012, roughly 35 per cent of countries had concluded bilateral or multilateral agreements or memoranda of understanding on extradition with a number of countries ranging from one to 70. Eight Member States reported that they had entered into such agreements during the period under review. As regards action taken pursuant to those agreements, seven Member States reported that between one and 30 countries had been involved in such action during the reporting period. Thirty-nine per cent reported having bilateral or multilateral agreements or memoranda of understanding with other countries in relation to mutual legal assistance, with the number of countries ranging from one to 70. Six Member States reported that they had entered into such agreements during the period under review. As regards action taken pursuant to those agreements, eight Member States reported

that between one and 44 countries had been involved in such action during the reporting period.

Approximately 28 per cent reported having bilateral or multilateral agreements or memoranda of understanding with other countries relating to illicit traffic by sea with the number of countries ranging from one to 21.

Between 2011 and 2012, there was an increase in the proportion of countries having bilateral or multilateral agreements or memoranda of understanding on extradition, mutual legal assistance and illicit traffic by sea, as well as new legislation, rules or procedure for the protection of victims and witnesses.

More than a third of reporting countries stated having new legislation, rules or procedures for the protection of victims and witnesses.

A key component for judicial cooperation is a country's ability to cooperate effectively with its neighbours, as well as with regional and international partners. Many Member States indicated that their legislation enabled them to conclude bilateral or multilateral agreements for extradition and mutual legal assistance and illicit traffic by sea of which some had adopted new legal instruments during the reporting period to permit the conclusion of such agreements.

## **Specific information**

### **I. Achievements**

During the past years, certain regions have witnessed the establishment and strengthening of regional and subregional networks aimed at fostering judicial cooperation in transnational organized crime-related cases.

In 2011-2012, two specialized networks were established: 1) The Network of Prosecutors against Organized Crime (REFCO) in Central America and Mexico was set up in March 2011 and 2) the West African Central Authorities and Prosecutors Network (WACAP) was established in November 2012. Both mechanisms have contributed to strengthening knowledge and to build capacity of national authorities to prosecute illicit drug trafficking and other transnational crimes. During the past years, REFCO organized regional workshops, involving more than 700 prosecutors. It also supported a closer cooperation between prosecutors and police officers responsible for the investigation of high profile cases, allowing them to exchange information and establish a common strategy to dismantle organized criminal groups. These two networks were established with the support of UNODC.

Another recent development of regional cooperation is the agreement between the Conference of Ministers of Justice of Ibero-American Countries (COMJIB) and the International Police Organization (INTERPOL) which was signed in October 2012 to promote judicial and police cooperation at the national, regional and international levels.<sup>40</sup>

Since 2008 the European Union's Judicial Cooperation Unit (EUROJUST) has enhanced its work in drug trafficking cases, including by implementing a strategic project aimed at identifying the main challenges and related solutions in

---

<sup>40</sup> [www.interpol.int/en/Internet/News-and-media/News-media-releases/2012/PR079](http://www.interpol.int/en/Internet/News-and-media/News-media-releases/2012/PR079).

EUROJUST coordination meetings involving drug trafficking. Similarly, in 2012, the EU commissioned the Fundación Internacional y para Iberoamérica de Administración y Políticas Públicas (FIIAPP), to prepare a study on judicial cooperation, mutual legal assistance and extradition of drug traffickers between the EU and its members and Latin American and Caribbean countries. The draft study was presented in May 2013 during a workshop that gathered together representatives from different international organizations, including UNODC. Mutual legal assistance and extradition agreements have continued to be at the core of the judicial cooperation between the EU and third countries. The EU has recently entered into the first of such international agreement with the US (in 2010) and with Japan (in 2011).

During the past years, the use of UNODC tools has also led to increased judicial cooperation. The number of competent national authorities (CNA) designated by Member States has expanded. The “Directory of CNAs under the United Nations Convention against Transnational Organized Crime and the Protocols thereto and articles 6, 7 and 17 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988” now contains the contact information of 478 CNAs from 168 Member States and the Secretariat has recorded 445 registered users of the online directory.

In addition, the Mutual Legal Assistance Request Writer Tool was developed by UNODC to assist States in drafting mutual legal assistance requests to facilitate and strengthen international cooperation. This tool guides the casework practitioner through the request process, prompting the drafter if essential information has been omitted. The tool generates a complete request for final editing and signing. To date, 613 users have requested and received copies of the tool, up from 380 in 2010.<sup>41</sup>

In 2012, UNODC published three manuals, which will help spread knowledge and awareness of mechanisms for international cooperation in criminal matters: The Manual on Mutual Legal Assistance and Extradition, The Handbook on the International Transfer of Sentenced Persons and The Manual on International Cooperation for the Purposes of Confiscation of Proceeds of Crime.

## II. Challenges

The most frequent problem faced by judicial or law enforcement agencies in cooperating with counterparts in other countries is the slowness of formal procedures in the response time from the requested State. Reasons for this may include linguistic difficulties or differences in procedure, which complicate responding.

Additional challenges are linked to the absence of channels of communication between relevant national authorities for the exchange of basic information and criminal intelligence. In addition, lack of information and formal mechanisms of cooperation between law enforcement agencies and victim service providers prevent victims from being properly assisted and protected. This in turn, leads to less chances of the victim cooperating in the criminal proceedings. Processes move slowly in international judicial cooperation through mutual legal assistance, extradition or international cooperation for purposes of confiscation, which are also

---

<sup>41</sup> CTOC/COP/2012/9.

impeded by differences in national legislation of countries regarding procedures and protection measures.<sup>42</sup>

Other important problems include the absence of a common language for communication and the lack of cooperation from counterparts, as well as an insufficient exchange of information, compounded by the lack of agreements enabling operational cooperation or mutual legal assistance, and the inability of authorities to identify contact persons to expedite communication.

The issue of non-extradition of nationals continues to pose difficulties for a number of requesting and requested States. This is an issue requiring continuous dialogue and discussion among States parties, with the view to improving the understanding of the differences in legal systems and finding ways to mitigate the difficulties.

The duration of extradition proceedings has also continued to be a challenge for States, as extradition can be both time-consuming and expensive. The sheer size and scope of domestic variations in substantive and procedural extradition law present the most serious obstacles to just, quick and predictable extradition. Moreover, extradition remains a highly technical and specialized area of the law for which countries do not always have the required capacity.<sup>43</sup> The use of videoconferencing to facilitate mutual legal assistance is also considered to overcome such technical obstacles.<sup>44</sup>

### **III. Priorities**

Effective regional and international cooperation is required, and there is a need for increased bilateral and multilateral efforts in judicial cooperation, including through mutual legal assistance, extradition and controlled deliveries.

Furthermore, Member States which have not yet done so should seek to conclude, where applicable, bilateral or multilateral agreements or arrangements in relation to extradition, mutual legal assistance and illicit traffic by sea with more countries, in accordance with the relevant provisions of the 1988 Drug Convention, the Convention against Transnational Organized Crime and the Convention against Corruption, especially if they do not grant extradition and/or mutual legal assistance in the absence of a treaty or based on the principle of reciprocity.<sup>45</sup>

One of the most effective means of facilitating international cooperation is through regional and international coordination mechanisms and networks.<sup>46</sup> It should be noted that regional networks enhance personal contacts which build trust among officials and lead to a better understanding of their respective legal and procedural/operational requirements. These are crucial for law enforcement agencies in the context of sharing criminal intelligence, as well as for investigators, prosecutors and magistrates when they develop cases or request and respond to requests for mutual legal assistance and extradition, since timeliness and confidentiality are always a concern. For example, although mutual legal assistance and extradition processes can be lengthy, they can be expedited by such judicial

---

<sup>42</sup> CTOC/COP/WG.4/2011/5.

<sup>43</sup> CTOC/COP/WG.3/2012/2.

<sup>44</sup> CTOC/COP/WG.3/2012/2.

<sup>45</sup> E/CN.7/2012/14.

<sup>46</sup> CTOC/COP/WG.3/2012/2.

platforms/networks, because knowing your counterpart can sometimes determine success or failure.<sup>47</sup>

The use of the United Nations Transnational Organized Crime Convention, as the legal basis for international judicial cooperation in drug-related cases, should be further promoted. Reference can be made to the fact that this Convention, unlike most of the existing bilateral treaties, includes a wide range of cooperation measures that are of particular relevance for these types of cases (i.e. international cooperation for the purposes of confiscation, disposal of confiscated proceeds of crime, joint investigations and special investigative techniques).

The world drug problem remains a common and shared responsibility which requires effective and increased international cooperation and necessitates an integrated, multidisciplinary, mutually reinforcing and balanced approach to supply and demand reduction strategies.

---

<sup>47</sup> CTOC/COP/WG.3/2012/2.