



Report



REFERENCES TO ARGENTINA

FOREWORD

The present report is being published in the year 2012, which marks the centennial of the adoption of the first international drug control treaty, the International Opium Convention signed at The Hague on 23 January 1912¹. The 1912 Convention, as it came to be known, can be thought of as the cornerstone of international drug control. The present report of the International Narcotics Control Board is dedicated to the hundredth anniversary of the adoption of that historic convention.

Prior to the adoption of the 1912 Convention, the world was experiencing an abysmal situation with regard to drugs. In most countries, trade in drugs was not regulated and substance abuse was widespread. In the United States of America, for example, about 90 per cent of the narcotic drug consumption at that time was for non-medical purposes. In China, the amount of opiates consumed each year at the beginning of the twentieth century is estimated to have averaged more than 3,000 tons in morphine equivalent — significantly more than global consumption (both licit and illicit) 100 years later. The signing of the 1912 Convention reflected the recognition at that time of the need for international cooperation in drug control.

At the end of the nineteenth century and the beginning of the twentieth century, nongovernmental organizations worked tirelessly to promote the well-being and welfare of the general population in the face of powerful business interests in the then internationally legalized drug trade. Those non-governmental organizations succeeded in bringing Governments together, first in Shanghai (in 1909) and then in The Hague (in 1912), to agree that priority must be given to the protection of individuals and communities against drug abuse and addiction, which at the time afflicted a very large proportion of the population.

The centennial of the adoption of the 1912 Convention is an appropriate occasion for recalling the tremendous efforts by those progressive non-governmental organizations and to

¹ League of Nations, Treaty Series, vol. VIII, No. 222.

acknowledge the positive response of Governments at that time. It is important to note that, also today, many non-governmental organizations promote the right of people to be free from drug abuse.

In signing the 1912 Convention, Governments recognized the importance of drugs being available for medical and scientific purposes and, at the same time, acknowledged that people must be protected against the risk of becoming dependent on dangerous drugs and losing their freedom as a result of drug dependence. Subsequent conventions reinforced that principle, highlighting the importance of providing for treatment, rehabilitation and social reintegration programmes for drug-dependent persons to help them to overcome their dependence and regain their freedom, recognizing that being free from drug addiction is a human right.

Over the past 100 years, significant achievements have been made in international drug control, which is now based on the three international drug control conventions: the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol²; the Convention on Psychotropic Substances of 1971³; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988⁴. Those conventions enjoy almost universal adherence, demonstrating the confidence that Governments have in them and in the international drug control system. The international drug control system is a great example of how multilateralism can succeed in bringing benefits to humanity, preventing the abuse of drugs, as well as the harm caused by such abuse, while ensuring adequate availability of drugs for medical and scientific purposes, including the treatment of pain and mental illness.

The diversion of narcotic drugs and psychotropic substances has been almost completely eliminated at the international level. Drug traffickers and illicit drug users now resort primarily to illicitly manufactured drugs. Implementation of the 1988 Convention has led to a well-functioning international system for the control of precursor chemicals, preventing their diversion for use in illicit drug manufacture. The control of some precursors has been so effective that drug traffickers and illicit drug manufacturers have now resorted to using non-scheduled substances as substitutes for the more closely monitored precursor chemicals.

While much has been achieved in international drug control over the past century, significant challenges lie ahead, many of which are highlighted in the present report. Countries throughout the world are faced with the challenge posed by marginalized communities, which are vulnerable to drug-related problems. That subject is addressed in the present report in chapter I, entitled "Social cohesion, social disorganization and illegal drugs".

In that chapter, the Board, while recognizing the importance of personal responsibility, describes how, in some communities, drug abuse has become almost endemic, part of a vicious cycle involving a wide array of social problems relating to violence, organized crime, corruption, unemployment, poor health and poor education. Those communities pose a risk not only to the persons living in them, but also to the wider society of which the communities are a part.

² United Nations, Treaty Series, vol. 976, No. 14152.

³ Ibid., vol. 1019, No. 14956.

⁴ Ibid., vol. 1582, No. 27627

Social cohesion — the ties that bind people together in communities and society — can be an indicator of the health of communities, and drug abuse and criminality can be a symptom of a “fractured” society — a society suffering from lack of cohesion. Threats to social cohesion can include social inequality, migration, political and economic transformation, an emerging culture of excess, the growth of individualism and consumerism, shifting traditional values, conflict, rapid urbanization, a breakdown in respect for the law, and the existence of an illicit drug economy at the local level. While a combination of those threats can be seen in many communities throughout the world, their existence does not mean that marginalization and drug problems are inevitable. It is important to respond to the needs of communities experiencing social disintegration before a tipping point is reached, beyond which the capacity for effective counteraction becomes insufficient.

Much is being done by Governments to address the causes and meet the needs of marginalized communities experiencing drug problems. However, much more can be done to address those problems. In this report, the Board provides some examples of efforts under way to deal with these problems and makes a number of cross-cutting and multidisciplinary recommendations. Key to such efforts is involving local people at every stage of any intervention. Addressing the needs of marginalized communities experiencing drug problems can be challenging for Governments and local organizations, but the consequences of not doing that are much more significant and should be avoided at all cost.

Ensuring appropriate access to internationally controlled substances used for medical purposes is another challenge. About 80 per cent of the world’s population has limited or no access to controlled substances; that means that in most countries many people are suffering unnecessarily. In some countries and regions, however, overconsumption of certain controlled substances is a growing concern, as it may lead to additional health problems. Recently, the international community joined in recognition of the challenge of non-communicable diseases at the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, held in New York in September 2011. As a participant in that meeting,

I emphasized the importance of the appropriate availability of internationally controlled substances for the relief of pain and treatment of mental illness. I also emphasized that substance use disorders were preventable and treatable, and I stressed the need for primary prevention programmes.

World drug problems are particularly affected by globalization. Drug control action in one country or region can have an impact on individuals or society as a whole in other countries or regions. The present report includes an analysis of the world drug control situation, considering national drug control action, policy and legislation, regional cooperation, illicit drug crop cultivation and illicit drug production, trafficking and abuse, as well as treatment and rehabilitation for drug abusers. In many countries, data on the extent of drug problems are clearly lacking, which makes it difficult to decide on the appropriate action to be taken.

One major challenge to the international drug control system is the recent decision by the Government of the Plurinational State of Bolivia to denounce the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol. At the same time that it announced its decision, the Government made known its intention to reaccede to the Convention with a

reservation. The Board has noted with regret that unprecedented step taken by the Bolivian Government and is concerned that, inter alia, while the denunciation itself may be technically permitted under the Convention, it is contrary to the fundamental object and spirit of the Convention. If the international community were to adopt an approach whereby States parties would use the mechanism of denunciation and reaccession with reservations, the integrity of the international drug control system would be undermined and the achievements of the past 100 years in drug control would be compromised.

In its report for 2011, the Board outlines many of today's challenges in drug control. As we celebrate the centennial of the signing of the International Opium Convention at The Hague in 1912, let us also celebrate the achievements of the international drug control system in the past century and bolster our efforts to make the next century of drug control even more successful than the last one.

A handwritten signature in black ink, appearing to read "Hamid Ghodse", with a long horizontal flourish extending to the right.

Hamid Ghodse
President
International Narcotics Control Board

I. Social cohesion, social disorganization and illegal drugs

1. The abuse of illegal drugs is one of the greatest challenges that the world is facing today. Occurring in all countries, from the richest to the poorest, it is a problem that involves all groups and, increasingly, all ages, fuelling global crime, corruption and terrorism, generating unimaginable wealth for the few and limitless harm for the many, costing millions of lives and threatening the very sustainability of communities the world over.
2. The scale and impact of the world's drug problem are challenging health, educational, criminal justice, social welfare, economic and, in some instances, political systems in countries around the globe. It is a problem that has gathered enormous momentum and that, with new technologies, including the Internet, has found new means of increasing its influence and profitability.
3. The focus of the present chapter, however, is not on the general pattern of drug abuse in different societies but rather on the development within many countries of communities of varying size — some large, some small — in which drug abuse has become virtually endemic, driving and in turn being driven by a whole host of social problems, including violence, organized crime, corruption, unemployment, poor health and poor education, in a vicious spiral of individual and collective harm. These communities present enormous challenges, not only in terms of meeting their own needs but also in terms of the risk that they may in time come to pose to the wider societies of which they are a part.
4. The problems that these communities are facing and the trend towards increasing levels of drug abuse, criminality and social disintegration are disheartening. There are, however, initiatives already under way within many of these communities through which governmental and non-governmental agencies are working with commitment and determination to bolster the capacity of local people and to tackle the multiple social problems that have become so endemic in these areas.
5. The importance of meeting the needs of the residents within these communities can hardly be in doubt. The Millennium Development Goals of eradicating extreme poverty, ensuring the provision of universal primary education for all children, promoting gender equality, promoting global public health, reducing child mortality, improving maternal health, combating HIV/AIDS, ensuring environmental sustainability and facilitating global partnerships for development provide a political consensus for action designed to tackle the needs of these high-risk and highly vulnerable communities.
6. It is important to recognize that, while many of these marginal communities pose a major risk to the health and welfare of those who live within them, in the course of time they could come to pose a major risk to the wider societies of which they are a part. These are not communities that can or should be ignored, either in terms of their own needs or the challenges that they may pose more broadly.
7. Societies are by their very nature more than the accumulation of a large number of discrete individuals. Key within the very notions of community and society are the ties that bind people together and provide a common sense of identity and purpose. When individuals and families have a clear sense of being connected to their neighbors, a shared investment in

the future, a common language, mutual respect and a deep sense of trust, there is likely to be a strong sense of community.

8. However, where individuals feel that they have little vested interest in the wider society and, crucially, when they feel that the wider society has little regard for their welfare, there is a real danger that the ties that would otherwise bind people together will weaken, creating a deeply fractured sense of community and providing an enormous impetus to a wide range of social problems. The degree of social cohesion within communities and societies is very much a barometer of the health of those societies. When societies are fractured, with little sense of cohesion, there are likely to be multiple problems, of which drug abuse and criminality may be only the most visible signs. Those problems can give rise to a higher level of social disorder and violence, as has been experienced in cities throughout the world, and the social disorder and violence can spill over into the wider society, well beyond the boundaries of those communities.

III. Analysis of the world situation

B. Americas

North America

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

452. Cocaine seizures in North America declined by approximately 43 per cent from 2005 to 2009, reflecting the decreased prevalence of the drug in the region. Of the three countries in the region, Mexico has seen by far the steepest decline in cocaine seizures, with seizures dropping from a high of over 48 tons in 2007 to 9.4 tons in 2010, the latter figure representing a decrease of over 12 tons from the 2009 level. With the exception of a spike in 2007, cocaine seizures in Canada from 2005 to 2010 declined sharply, from approximately 2,352 kg in 2005 to 1,131 kg in 2010. However, in the same period, the annual amount of cocaine seized entering Canada from the United States more than doubled, making the United States the primary transit area for cocaine smuggled into Canada. According to the Canadian Border Services Agency, the other primary countries of origin/transit for cocaine intercepted at points of entry into Canada in 2010 were **Argentina**, Chile, the Dominican Republic and Mexico. Canadian law enforcement sources have identified a variety of organized criminal groups involved in the smuggling of cocaine into Canada, including motorcycle gangs, Asian drug gangs, and “Italian based” organizations. In addition, there is mounting evidence to suggest that Mexican organized criminal groups, already established in Canada, are expanding their activities in the country. Reflecting decreased demand, cocaine seizures in the United States have also seen a sharp decline, from a peak of over 382 tons in 2007 to 66 tons in 2010, a 25 per cent reduction from 2009 figures. **(PAG 62)**

South America

1. Major developments

479. In 2010, the total area under illicit coca bush cultivation in South America was 154,200 ha, 9,600 ha or 6 per cent less than in 2009 (163,800 ha). The area under illicit cultivation in Colombia decreased by 11,000 ha from 2009, to 62,000 ha (a decrease of 15 per cent). In Peru, the area under illicit coca bush cultivation increased by 1,300 ha to 61,200 (an increase of 2 per cent). There was no significant change in coca bush cultivation in the Plurinational State of Bolivia: in 2010, the area under illicit coca bush cultivation in the country was 31,000 ha, accounting for 20 per cent of illicit coca bush cultivation in South America. **(PAG 65)**

480. INTERPOL and UNODC estimate the global illicit cocaine market to be worth more than \$80 billion. In the past decade, there has been a significant change in the size of the main illicit markets for cocaine. In 1998, the value of the illicit market for cocaine in the United States was four times that of Europe's. Since then, the size of the illicit cocaine market in North America as a whole has declined, while illicit demand for cocaine in Europe has increased; as a result, the difference in the values of those two cocaine markets has narrowed. **(PAG 65)**

481. In recent years, the main cocaine-manufacturing countries, in particular the Plurinational State of Bolivia, have reported increasing seizures of cannabis. In 2010, total seizures of cannabis herb/plant in that country amounted to about 1,100 tons. In the past few years, increased seizures of cannabis herb were reported by Colombia and Peru. The Board calls upon the Governments of those countries to determine, to the extent possible and in cooperation with UNODC, the magnitude of and current trends in the illicit cultivation of cannabis plant in their territories and to further strengthen their efforts to combat such cultivation. **(PAG 65)**

482. Trafficking organizations operating in South America have continued to use self-propelled submersible and semi-submersible vessels to minimize the risk of detection of the smuggling of cocaine from the region. The Board noted with satisfaction that in 2011 the CICAD Group of Experts on Maritime Narcotrafficking drafted model legislation on self-propelled submersible and semi-submersible vessels in order to assist the Governments of the countries in the region to address the problem. **(PAG 65)**

483. The Plurinational State of Bolivia made a proposal to amend article 49 of the 1961 Convention as amended by the 1972 Protocol, concerning the abolishment of coca leaf chewing. Following the rejection of its proposal by the parties to the Convention, the Bolivian Government in June 2011 deposited with the Secretary-General an instrument of denunciation of the Convention, to which it had acceded in 1976. The denunciation will come into force in January 2012. The Bolivian Government has announced its intention to accede again to the Convention, with a reservation. The Board's concern about this development is heightened by reports that in 2010 coca leaf prices increased by 22 per cent in authorized markets and by 37 per cent in illicit markets in the country (see paras. 270-280 in the INCB 2011 report). **(PAG 65)**

484. The Board welcomes the adoption by CICAD of the Hemispheric Plan of Action on Drugs, 2011-2015, at its forty-ninth regular session, held in Paramaribo, Suriname, in May 2011. The Plan of Action is aimed at supporting implementation of the Hemispheric Drug Strategy adopted by CICAD in 2010. In the area of demand reduction, the Plan of Action, inter alia, proposes the strengthening of the relationship between national authorities, academic institutions, research and specialized non-governmental organizations in order to generate evidence regarding demand for drugs. Developing effective and sustainable measures to reduce illicit drug crop cultivation and promoting alternative development and environmental protection programmes were among the objectives of the Plan of Action in the area of reducing drug supply. **(PAG 65)**

2. Regional cooperation

485. In 2010, CICAD, UNODC and the subregional system for information and research on drugs, comprising **Argentina**, Bolivia (Plurinational State of), Chile, Colombia, Ecuador, Peru and Uruguay, jointly published a comparative study on the relationship between drugs and crime among adolescent law offenders. The study presented, for the first time in the region, an assessment of the problem of drug use in relation with criminal offences committed by the adolescent population in Bolivia (Plurinational State of), Chile, Colombia, Peru and Uruguay. The study underlined the lifetime prevalence of drug use among juvenile law offenders, which is significantly higher than the lifetime prevalence of drug use among youth in general. The highest lifetime prevalence of cannabis use among juvenile law offenders (80 per cent) was reported in Chile and Peru. **(PAG 66)**

490. A technical coordination meeting, organized by CICAD and UNODC, was held in Santiago in March 2011. **Argentina**, Chile and Uruguay were among those represented at the meeting. Participants in the meeting reviewed the situation with respect to trafficking in and abuse of amphetamine-type stimulants, available data on the phenomenon and strategies to enhance existing structures for sharing pertinent information. While the problem of illicit manufacture of, trafficking in and abuse of amphetamine-type stimulants had not yet reached large proportions in those countries, participants in the meeting agreed that it was necessary to closely monitor the situation. The Board supports the efforts of UNODC and CICAD to assist Governments in their efforts to generate, manage, analyse and report data on the illicit manufacture of, trafficking in and abuse of amphetamine-type stimulants. The Governments of the countries in South America are encouraged to commit adequate resources to support their capacity to identify synthetic drugs, including psychoactive substances that are not currently internationally controlled. **(PAG 67)**

491. In December 2010, the European Commission approved the Cooperation Programme on Drug Policies between Latin America and the European Union (COPOLAD). The 42-month programme supports a number of complementary activities, including training in the areas of farming and integrated rural development; prevention and investigation of the diversion of precursors; drug abuse prevention; and treatment of drug abusers. At the coordination meeting held in Buenos Aires in May 2011, **Argentina**, Brazil, Chile, Peru and Uruguay adopted a work agenda for 2011 aimed at the development of the Programme's component on strengthening national drug observatories. **(PAG 67)**

492. In the period 2010-2011, UNODC, through its project on prevention of the diversion of drug precursors in Latin America and the Caribbean, promoted cooperation between the private sector and competent national authorities and supported the implementation of a training programme on investigation and cross-border cooperation among the law enforcement authorities of the countries in the region, including **Argentina**, Bolivia (Plurinational State of), Brazil, Colombia, Ecuador and Venezuela (Bolivarian Republic of). **(PAG 67)**

494. In 2011, the Governments of **Argentina**, Brazil, Paraguay and Venezuela (Bolivarian Republic of) participated in Operation PAAD, focusing on monitoring trade in precursors of amphetamine-type stimulants, including phenylacetic acid and its derivatives. **(PAG 67)**

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

519. In 2010, seizures of cocaine (base and salts) decreased in several countries in the region, including **Argentina**, Colombia, Ecuador, Uruguay and Venezuela (Bolivarian Republic of), compared with the previous year. The total amount of seized cocaine decreased from 253 to 211 tons in Colombia and from 65.1 to 15.5 tons in Ecuador. From 2009 to 2010, the total amount of seized cocaine (base and salts) in Peru increased by almost 50 per cent, from 20.7 to 30.8 tons. In 2010, an increase in the amount of cocaine seized was also reported by Bolivia (Plurinational State of) (29.1 tons), Brazil (27.1 tons), Chile (9.9 tons) and Paraguay (1.4 tons). **(PAG 70)**

523. In 2009, 319 laboratories illicitly manufacturing cocaine hydrochloride were dismantled in Bolivia (Plurinational State of), Colombia and Peru. Clandestine cocaine laboratories were also reported in other countries in South America, including **Argentina** (36 laboratories), Ecuador (10 laboratories) and Venezuela (Bolivarian Republic of) (26 laboratories). **(PAG 70)**

529. In South America, seizures of both opium and heroin declined from 2005 to 2009. Laboratory analysis of heroin seized in Colombia in 2009 indicates that a portion of the 735 kg seized that year came from the stocks accumulated in past years in the country. In 2010, seizures of heroin were reported by **Argentina** (6 kg), Colombia (337 kg) and Venezuela (Bolivarian Republic of) (53 kg). In Ecuador, a total of 853 kg of heroin was seized — the largest total amount of seized heroin reported in the region in 2010. According to the Ecuadorian authorities, about 50 per cent of the heroin seized in the country had been destined for the United States and a further 20 per cent had been destined for Spain. **(PAG 71)**

(b) Psychotropic substances

530. In South America, the drug problem is mostly associated with the illicit manufacture of plant-based drugs, in particular cocaine. However, in recent years, authorities of countries in South America have detected attempts by traffickers to illicitly manufacture amphetamine-type stimulants, including MDMA (“ecstasy”) and methamphetamine, in the region. The most recent seizure of a laboratory illicitly manufacturing “ecstasy” in the region was reported in **Argentina** in 2010. In 2008, the World Customs Organization reported that South America was

not only the destination of amphetamine-type stimulants smuggled from other regions but also the source of amphetamine-type stimulants seized in Europe. Although currently there is insufficient information to confirm that the illicit manufacture of amphetamine-type stimulants in the region has continued, seizures of methamphetamine, purportedly smuggled out of South America, via Europe, for a destination in East Asia in 2010, indicate that the threat of the illicit manufacture of and trafficking in amphetamine-type stimulants in South America cannot be underestimated. **(PAG 71)**

531. The Board continues to be concerned over the unusually high levels of consumption of licitly manufactured stimulants (anorectics) and benzodiazepines in some countries in South America particularly **Argentina** (stimulants and benzodiazepines) and Uruguay (benzodiazepines). There are indications that pharmaceutical preparations containing such substances not only are abused in those countries but are also smuggled into neighbouring countries. The Board requests the Governments concerned to remain vigilant, ensure the implementation of the prescription requirement, educate doctors about the rational use of controlled drugs and use prescription monitoring programmes to identify unethical behaviour by doctors or patients. **(PAG 71)**

(c) Precursors

536. The diversion of ephedrine and pseudoephedrine, in the form of raw material as well as pharmaceutical preparations, continues to present a risk in the Americas. Since 2009, seizures of ephedrine or pseudoephedrine have been reported by **Argentina**, Brazil, Chile, Colombia and Venezuela (Bolivarian Republic of). Pursuant to the CICAD Hemispheric Plan of Action on Drugs, 2011-2015, countries in the Americas committed themselves to adopt measures to prevent the diversion of pharmaceutical preparations used in the illicit manufacture of amphetamine-type stimulants. **(PAG 71)**

5. Abuse and treatment

538. The prevalence of cocaine abuse in South America is higher than the global average. The latest data indicate that following years of increases, the abuse of cocaine in the region has started to stabilize, although at a higher level. In 2009, UNODC estimated the annual prevalence of cocaine abuse among the general population worldwide aged 15-64 years to be between 0.3 and 0.5 per cent. In South America, the annual prevalence of cocaine abuse was in the range of 0.9-1.0 per cent, corresponding to about 2.4 million cocaine abusers. According to UNODC, the highest rates of annual prevalence of cocaine abuse in South America were reported by **Argentina** (2.6 per cent in 2006), Chile (2.4 per cent in 2008) and Uruguay (1.4 per cent in 2006). **(PAG 72)**