



INTERNATIONAL NARCOTICS CONTROL BOARD

2011

PRESS KIT

# Annual Report



## EMBARGO

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## MESSAGE FROM THE PRESIDENT

### Building on the Achievements of a Century of International Drug Control

The Annual Report of the International Narcotics Control Board for 2011 is dedicated to the centennial of the first international drug control treaty, the International Opium Convention of The Hague of 1912. In the late nineteenth and early twentieth centuries, governments and civil society recognized the grave danger to public health posed by the unregulated trade in drugs and high levels of drug abuse and addiction worldwide. In the United States at that time, around 90 per cent of consumption of narcotic drugs was for non-medical purposes, and in China, annual consumption of opiates was estimated at more than 3,000 tons of morphine equivalent—significantly more than the global consumption one hundred years later.



The signing of the 1912 Convention was a milestone that demonstrated the recognition that international cooperation and the principle of shared responsibility were essential to drug control. It recognized the importance of the availability of drugs for medical and scientific purposes and accorded priority to the protection of individuals and communities from drug abuse and addiction, and from the loss of freedom resulting from such drug dependence.

On this occasion, the Board recognizes the efforts and commitment of many non-governmental organizations (NGOs) who, through their work to protect people from drug abuse, uphold the legacy of the progressive NGOs who played such a momentous role in the lead up to the 1912 Convention.

There have been notable achievements during the first century of international drug control: the three international drug control conventions are almost universally adhered to; diversion of narcotic drugs and psychotropic substances has been almost fully eliminated at the international level; and an international system has been established for the control of precursor chemicals used in the illicit manufacture of drugs.

However, despite these successes, there are some significant challenges in contemporary drug control that are yet to be solved and which require comprehensive action. Many of these problems are highlighted in the Board's Annual Report for 2011. For instance, many countries around the world have marginalized communities that are vulnerable to drug problems, and this challenge, and the means of addressing it, is explored in the thematic chapter of the Board's report. There is still inequitable access to internationally controlled substances for medical and scientific purposes, meaning that many people are suffering unnecessarily from pain or mental illness due to inadequate availability, while in other countries many individuals face the health risks associated with overconsumption of internationally controlled medicines. Some individuals have expressed doubts regarding



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the effectiveness of the current international drug control conventions and proposed legalization of drugs. However, many arguments presented for legalization are deeply flawed, overlooking the complexity of the drug problem, and there is no better alternative to the present drug control system foreseeable.

The drug problem is global and interconnected and requires action at international, regional, national, and local levels. As we look back upon the successes and experiences of international drug control since the signing of the 1912 International Opium Convention, let us also strengthen our joint efforts to ensure that the next century of international drug control is even more successful than the last.

**Hamid Ghodse**

President

International Narcotics Control Board



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## **YOUTH HAVE A RIGHT TO BE PROTECTED FROM DRUG ABUSE AND DEPENDENCE**

### **INCB calls for more efforts to break vicious cycle of social exclusion and drug problems**

Helping marginalized communities experiencing drug problems must be a priority, according to the Annual Report for 2011 of the International Narcotics Control Board (INCB). In communities the world over, in developed and developing countries, drug abuse and drug trafficking has become virtually endemic, part of a vicious cycle involving a wide array of social problems such as violence, organized crime, corruption, unemployment, poor health and poor education. The President of the Board Hamid Ghodse, warned: “It is crucial that the needs of communities experiencing social disintegration are urgently tackled before the tipping point is reached, beyond which effective action becomes impossible.” Fractured communities, with little sense of social cohesion, are more likely to experience multiple problems, including drug abuse, and these problems can contribute to the social disorder and violence that have been seen in cities around the world and which can impact the wider society. Such communities not only place their own residents at risk but can also threaten the stability of the wider community.

In the Report, the Board outlines a number of threats to social cohesion—including social inequality, migration, political and economic transformation, emerging cultures of excess, shifts in traditional values, rapid urbanization, conflict, growth in individualism and consumerism, breakdown in respect for the law, and the local drug economy.

“Although it will be a challenge to meet the needs of the communities experiencing social disintegration and drug problems, the consequences of failure are too high for society and should be avoided at all cost,” said the President of the Board. Recommendations for action put forward include: drug abuse prevention, treatment and rehabilitation services; educational, employment and recreational opportunities at levels similar to the wider society; addressing the signs of financial success of criminals associated with the illicit drug market and promoting positive role models; community rehabilitation; and community policing.

According to the President of the Board, “Youth of these communities must have similar chances to those in the wider society and have a right to be protected from drug abuse and drug dependence”.



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## INCB regrets unprecedented step taken by Bolivia (Plurinational State of) to denounce the 1961 Convention on Narcotic Drugs, seeking to legalize the chewing of coca leaf

“Certain aspects of Bolivia’s drug control legislation and policy are in contravention of the international drug control conventions, specifically those which allow the cultivation and consumption of coca leaf for non-medical purposes, in particular, coca leaf chewing,” said the INCB President, noting the Board’s concern. As Bolivia (Plurinational State of) is a major producer of coca leaf, drug policy developments there may have repercussions in other countries.

Coca leaf is defined as a narcotic drug in the 1961 Convention and strict controls are applicable to it. In 2009, the Government of Bolivia made a proposal to remove certain provisions relating to coca leaf from the 1961 Convention. This proposal was rejected by other States parties to the Convention, and did not enter into force.

On 29 June 2011, the Government of Bolivia took the unprecedented step of formally depositing with the Secretary-General an instrument of denunciation of the 1961 Convention taking effect on 1 January 2012. At the same time, the Bolivian Government announced its intention to re-accede to the 1961 Convention with a formal reservation regarding coca leaf.

Mr. Ghodse said: “The Board notes with regret the step taken by the Government of Bolivia, which is contrary to the fundamental object and spirit of the 1961 Convention. The Board believes that if the international community was to adopt an approach whereby States parties use the mechanism of denunciation and re-accession with reservations to overcome problems in the implementation of certain treaty provisions, the integrity of the international drug control system would be undermined”. The Board is committed to an ongoing dialogue with the Government of Bolivia on this issue.

## Drug-facilitated crime is on the rise worldwide

“Available evidence on drug-facilitated crime is increasing, globally and in particular in Europe, due to better recognition of the problem by authorities”, said the President of INCB. Psychoactive substances have frequently been used for the commission of sexual assault or other crimes. In such cases, these substances, which are often odourless and tasteless, have been administered covertly to the victims in public places, such as bars or airport lounges, and also in private settings mainly disguised in drinks. According to INCB, this problem has been seen in many regions and countries. Worryingly, there are indications that young men and women have repeatedly been victims of such crimes, mainly with a view to committing sexual assault or forcing them into prostitution.

According to information available to the Board, only one Government requires routine analysis of blood and urine of all rape victims. Scientific research has indicated that drug-facilitated crimes are committed more frequently than generally assumed. Mr. Ghodse said: “Unfortunately, the information received so far remains indicative rather than comprehensive. We are encouraging all





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Governments to take measures to ensure that forensic proof is obtained whenever a drug-facilitated crime is suspected.” The Board has already alerted the international community to the misuse of “date-rape drugs” such as flunitrazepam to commit sexual assault. As a result of Government efforts, the use of this substance for such purposes has diminished. The Board is continuing to monitor the situation and will keep Governments and international bodies informed of developments.

## Ordering drugs online: illegal Internet pharmacies target young audiences via social media

Illicit drugs are being ordered online via illegal Internet pharmacies, along with prescription medicines. The enterprises seem to target a young audience: the President of INCB noted that “disturbingly, illegal Internet pharmacies have started to use social media to publicize their websites, which can put large audiences at risk of dangerous products, especially given that the World Health Organization has found that over half of the medicines from illegal Internet pharmacies are counterfeit.”

Key aspects of illegal Internet pharmacies’ activities include smuggling their products to consumers, finding hosting space for their websites and convincing consumers that they are, in fact, legitimate. INCB is calling on Governments to close down illegal Internet pharmacies and to seize substances which have been illicitly ordered on the Internet and smuggled through the mail.

The Board has received information on over 12,000 seizures of internationally controlled substances sent via the mail in 2010, including over 6,500 seizures of internationally controlled licit substances and over 5,500 seizures of drugs of illicit origin. India was identified as the leading country of origin for these substances, accounting for 58 per cent of the substances seized, while the United States, China and Poland were also identified as significant countries of origin.

The Board published “Guidelines for Governments on Preventing the Illegal Sale of Internationally Controlled Substances through the Internet” but, according to a recent survey on the implementation of the Guidelines, further progress is needed. Barriers to implementation that need to be addressed are inadequate legislative or regulatory frameworks, insufficient technology and lack of staff. Action to address the problem continues, with new initiatives being undertaken at international and national levels. “International cooperation in counteracting this issue is essential,” said the INCB President, “For instance, Governments that identify illegal Internet pharmacies operating within other territories should notify the relevant Government; and technical assistance cooperation should be strengthened.”



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## Criminals increasingly turning to “designer” chemicals for the illicit manufacture of amphetamine-type stimulants; shared responsibility as important as ever, says INCB

In its Annual Report for 2011, the Board draws attention to the increasing use by criminals of pre-precursors or “designer” precursors, for the illicit manufacture of amphetamine-type stimulants. Due to increased controls, trafficking of scheduled precursor chemicals has become more expensive and difficult. Traffickers have increasingly been forced to seek non-scheduled chemicals to avoid detection.

For example, phenylacetic acid—a precursor under international control—and some of its uncontrolled derivatives now play a far greater role in the manufacture of methamphetamine, particularly in Mexico. More than 183 tons of phenylacetic acid were seized globally in 2010, which if diverted into illicit drug manufacture could have yielded up to 46 tons of pure amphetamines. Over the course of 2011, the Board observed that many countries in Latin America had now expanded their control measures to include derivatives of phenylacetic acid.

Other countries are responding to the use of new precursors in illicit drug manufacture by enacting legislation which will allow them to proactively counter this new trend. For example, Canada broadened its legislation to prohibit the possession of anything that might knowingly be used for the illicit manufacture of methamphetamine and MDMA (“ecstasy”).

The Board has noted that the diversion of acetic anhydride from domestic distribution channels remains very important for illicit heroin manufacture. In addition, potassium permanganate, used in the manufacture of cocaine, is illicitly being produced or substituted with other substances.

The launch of the Board’s Pre-Export Notification (PEN) Online system in 2006 has been instrumental in limiting access to precursor chemicals by criminals. The number of Governments registered to PEN Online has grown to 126, with now more than 20,000 pre-export notifications sent annually. Recognizing the success of the system, the Board urges those countries who have not yet done so to register for PEN Online as soon as possible.



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## REGIONAL HIGHLIGHTS

### AFRICA

The trafficking of cocaine from South America through Africa and into Europe has emerged as a major threat in recent years. West Africa continues to be used for the trafficking of cocaine, with drug traffickers increasingly using shipping containers and commercial aircraft to smuggle cocaine into the region.

Heroin enters the continent through East Africa and is smuggled, either directly or via West Africa, into Europe and other regions. In 2011, record seizures of heroin were effected in Kenya and the United Republic of Tanzania. The Board is particularly concerned that the increasing flow of heroin into Africa has led to increased drug abuse throughout the region, particularly in East Africa and Southern Africa.

While cannabis grows wild all over Africa, it is illicitly produced in all subregions of the continent. Morocco remains a major producer of cannabis resin, most of which is destined for Europe or North Africa, although the area under cultivation has decreased significantly in recent years.

The smuggling of amphetamine-type stimulants from Africa into other regions has emerged as a new threat. West Africa is now one of the sources of the methamphetamine found on illicit markets in countries in East Asia. In particular, Nigeria is at risk of becoming a hub for the smuggling of methamphetamine.

Africa continues to be used by traffickers as an area for the diversion of precursor chemicals. East Africa and West Africa continue to be vulnerable to trafficking in precursors, especially those used in the illicit manufacture of amphetamine-type stimulants. In Southern Africa, large quantities of legally imported ephedrine and pseudoephedrine are diverted for the illicit manufacture of methamphetamine.

The availability of prescription drugs on unregulated markets remains a serious public health problem in Africa. This includes drugs that have been diverted or counterfeited, and contain controlled substances, possibly amphetamine-type stimulants, as well as sedatives and tranquillizers. In many African countries, the non-medical use of prescription drugs continues to cause considerable problems. In Mauritius, buprenorphine (Subutex), a drug for the treatment of heroin dependence, is abused more frequently than heroin itself.

Most countries in Africa still lack proper systems for monitoring drug abuse and are therefore unable to gather sufficient data on the extent and patterns of drug abuse. Cannabis remains the most widely abused drug in Africa, with annual prevalence rates between 3.8 and 10.4 per cent of the African population aged 15-64. In Africa, cannabis abuse accounts for 64 per cent of all treatment for drug-related problems—a higher proportion than in any other region.





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## AMERICAS

### Central America and the Caribbean

Central America and the Caribbean continue to be used as a major transit area for the trafficking of drugs from South America to North America. Drug trafficking organizations have increased their operations in the region, posing a serious threat to the security of the region. Some Mexican drug cartels, under pressure from Mexican law enforcement authorities, have moved their drug trafficking operations to Central America, employing increasing levels of violence. Central American countries have increased in importance as trans-shipment areas in recent years. In 2010, Honduras, Costa Rica and Nicaragua were identified, for the first time, as major transit countries for smuggling drugs primarily destined for the United States.

The escalating drug-related violence involving drug trafficking organizations, transnational and local gangs and other criminal groups in Central America has reached alarming and unprecedented levels, significantly worsening the subregion's security and making it one of the most violent areas in the world. Drug trafficking, youth-related violence and street gangs, along with the widespread availability of firearms, have contributed to increasingly high crime rates in the subregion. Drug trafficking has become an important driver of homicide rates in Central America and is the single main factor behind the rising levels of violence in the subregion. El Salvador, Guatemala and Honduras, the countries of the so-called "Northern Triangle", together with Jamaica, now have the world's highest homicide rates. Corruption and limited law enforcement capacity have facilitated the use of smuggling channels and drug trafficking activities in the region.

Approximately 90 per cent of the cocaine in the United States is trafficked via Mexico. Drugs continue to be smuggled into the Central American subregion primarily by sea, with drug traffickers making use of go-fast boats and submersible and semi-submersible vessels. Light aircraft are also increasingly used by criminal groups. The use of containers and cargo ships to smuggle drugs has become an increasing concern in this subregion. Several countries in Central America and the Caribbean reported seizures of "crack" cocaine, cocaine base or cocaine salts. The largest number of such seizures worldwide—4,173 cases—occurred in the Dominican Republic. Approximately 50 per cent of all demand for treatment for drug abuse in the region is reportedly related to cocaine abuse, while cocaine is also ranked as the main substance causing drug-induced or drug-related deaths. The prevalence of cocaine abuse in Central America (0.5-0.6 per cent) and the Caribbean (0.4-1.2 per cent) is above the global average.

### North America

North America remained the world's largest drug market with all three countries in the region continuing to have high levels of illicit drug production, manufacture, trade and consumption. Cannabis remains the most widely produced drug in the region, with vast amounts produced in all three countries.

In Mexico, widespread drug-related violence has continued despite vigorous efforts by the Government of Mexico to address this problem. In July 2011, the Government of Mexico announced the detection of



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the largest cannabis plantation ever discovered in the country, covering 120 hectares and with the potential to yield an estimated 120 tons of cannabis with an estimated street value of \$ US 160 million.

It is estimated that over 45,000 people in the region die of drug-related causes every year, the highest annual drug-related mortality rate in the world. Prescription drug abuse in North America has remained a significant problem and now constitutes the fastest growing drug problem in the United States.

## South America

In 2010, the total area under illicit coca bush cultivation in South America was 154,200 hectares, 6 per cent less than in 2009. The area under illicit cultivation significantly decreased in Colombia and slightly increased in Peru. There was no considerable change in coca bush cultivation in Bolivia.

Although global seizures of cocaine were stable in the period 2006-2009, the location of cocaine seizures has shifted from the consumer markets in North America and Europe to the source areas in South America, with South America accounting for 60 per cent of global cocaine seizures in 2009.

Cannabis has remained the primary drug of abuse throughout South America. The annual prevalence of cannabis abuse among the general population aged 15-64 was in the range of 2.9 to 3.0 per cent, or between 7.4 million and 7.6 million people, in 2009. Despite indications of stabilizing prevalence of cocaine abuse in South America, the prevalence of cocaine abuse in the region, at a level of between 0.9 and 1 per cent, was higher than the global average. Cocaine also continues to be the primary drug of abuse among persons treated for drug problems and ranks as the substance most frequently cited as cause of drug-induced or drug-related death in South America.

## ASIA

### East and South-East Asia

Illicit opium poppy cultivation and opium production continued to increase in Myanmar and the Lao People's Democratic Republic in 2010. Large-scale illicit trafficking in methamphetamine was reported in 2010, particularly in the area encompassing China, the Lao People's Democratic Republic, Myanmar and Thailand. Illicit trafficking in and growing abuse of ketamine, a substance not under international control, is a prominent problem in the region.

The abuse of methamphetamine is on the rise in many countries in the region, and especially among young people. Limited drug treatment services and the shortage of qualified health-care professionals have greatly restricted the development of programmes for the prevention and treatment of drug abuse in many countries in East and South-East Asia.

### South Asia

South Asia is experiencing increasing problems with abuse of prescription drugs and over-the-counter pharmaceutical preparations containing narcotic drugs and psychotropic substances. Many of these



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substances are obtained through pharmacies that do not respect prescription requirements or through illegally operating Internet pharmacies.

The illicit manufacture and trafficking of amphetamine-type stimulants and their precursors continues to take place in South Asia. Drug abuse by injection is rising in South Asia, contributing to an increase in HIV and hepatitis C infection rates.

## West Asia

West Asia remains the epicentre of illicit opium poppy cultivation and significant increases in opium production occurred in 2011. The combination of spreading opium poppy cultivation in provinces in Afghanistan, a substantial increase in the farm-gate price of opium, and planned decreases in the International Security Assistance Force could lead to even further increases in production beyond 2011. This is of great concern to the Board, particularly in a region which already suffers from some of the highest levels of abuse of opiates.

Drug seizures reported in West Asia have increased greatly for most classes of controlled drugs over the past decade with the tripling of opium seized to some 645 tons, and near doubling of heroin and cannabis resin seized. Stimulant trafficking and potential for abuse is of growing concern for the Board, as cocaine seizures have quadrupled and methamphetamine manufacture and trafficking in the region are becoming increasingly commonplace.

Related to this, the Board continues to witness considerable increases in the annual legitimate requirement for imports of ephedrine and pseudoephedrine—precursors that can be used in the illicit manufacture of methamphetamine—in many countries in West Asia. The Board urges the Governments of countries in West Asia to review their annual legitimate requirements for these and other precursor chemicals and to ensure they are based on legitimate end-use.

Countries in the Middle East, in particular Jordan and Saudi Arabia, continue to be affected by large-scale amphetamine trafficking. In 2010, the volume of amphetamines seized in those countries amounted to 10 tons, mainly reported by Saudi Arabia, which remains the main country of destination for fake Captagon tablets.

## EUROPE

Cannabis abuse is increasing in a small number of countries in Europe. The illicit cultivation of cannabis plants in Western and Central Europe has increased dramatically. Cannabis plants are increasingly cultivated on an industrial scale, mainly indoors, and with the involvement of organized criminal groups. The Board has noted that, while some countries in the region tolerate the indoor cultivation of cannabis plants for personal use, this is not in compliance with the international drug control conventions. Cannabis seizures in Europe decreased in recent years, possibly as a result of increased numbers of seizures in North Africa. Albania and Serbia remain the main source countries of cannabis herb seized by the customs authorities in Eastern and South-Eastern Europe. The amount of cannabis, both herb and resin, seized in countries along the Balkan Route increased in 2010 compared with 2009.



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Although the abuse of cocaine has stabilized in recent years in most countries in Western and Central Europe, levels of abuse are still relatively high. The diffusion of cocaine abuse from Western Europe into South-Eastern and Eastern Europe seems to continue and Europe remains the world's second-largest cocaine market. There has been diversification in the routes of cocaine trafficking to Europe, with increased trafficking via North Africa. The volume of cocaine seized by customs authorities in Eastern Europe rose dramatically in 2010. Ukraine and the Russian Federation were the main countries of destination for cocaine shipments in Eastern and South-Eastern Europe, and cocaine shipments from Ecuador to the Russian Federation appear to be an ongoing trend.

There is increasing diversity in the methods and routes used for smuggling heroin into Europe. For example, in 2010 the quantity of heroin seized in Europe that had been smuggled along the northern Balkan route via Turkey to Bulgaria, Romania, Hungary and then Austria decreased compared with the quantity that had been smuggled along the southern Balkan route into Italy via Greece, Albania or the former Yugoslav Republic of Macedonia. Europe accounts for the largest proportion of the global opiate market, and the abuse of heroin is the biggest drug problem in Europe in terms of morbidity and mortality. In the Russian Federation, an estimated 1.7 million people abused opiates in 2010, and consumed around 70 tons of the estimated 73 tons of opiates consumed in Eastern Europe.

In some countries in Europe, the abuse of amphetamine-type stimulants is increasing. Levels of abuse of MDMA ("ecstasy") have remained relatively stable, with decreasing levels of abuse apparent in some countries. The illicit manufacture of amphetamine is increasing. Seizures of methamphetamine in Western and Central Europe increased fivefold from 2004 to 2009, and methamphetamine appears to be replacing amphetamine in the northern part of Europe.

The Board remains concerned about the variety of substances abused in Europe, which continues to grow. Results of a 2011 survey of young people aged 15-24 showed that 5 per cent of respondents had abused substances that were not under control. In 2010, a record level of new substances were identified, many of which are not under international control. In response to the increased abuse of mephedrone, the Governments of States members of the European Union decided in December 2010 that mephedrone should be placed under national control.

## OCEANIA

The low rate of accession to the international drug control treaties remains a challenge for the region. Nine States (the Cook Islands, Kiribati, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu) are not yet parties to one or more of the treaties. Many of those countries have become trans-shipment areas and destinations for trafficked drugs and precursors. The abuse of cannabis and amphetamine-type stimulants has been reported in those countries.

In Australia, the abuse of amphetamine-type stimulants decreased while abuse of cocaine and pharmaceutical preparations containing narcotic drugs increased. The trafficking of cocaine into Australia is an emerging issue and organized criminal groups are actively involved in drug trafficking in Oceania.



## ABOUT THE INTERNATIONAL NARCOTICS CONTROL BOARD

The International Narcotics Control Board (INCB) is the independent monitoring body for the implementation of the United Nations international drug control conventions. It was established in 1968 in accordance with the Single Convention on Narcotic Drugs, 1961. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

### Membership

The International Narcotics Control Board (INCB) consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives.

### Functions

The functions of INCB are laid down in the following treaties: the Single Convention on Narcotic Drugs, 1961; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

INCB cooperates with governments to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels does not occur. INCB identifies weaknesses in national and international control systems and contributes to correcting such situations.

INCB has a secretariat that assists it in the exercise of its treaty-related functions. Based in Vienna, the INCB secretariat is an administrative entity of the United Nations Office on Drugs and Crime but is under the direction of the Board in all substantive matters relating to the exercise of powers and the performance of functions of the Board pursuant to the Conventions.

### Annual report

Based on its activities, INCB publishes an annual report that is submitted to ECOSOC through the Commission on Narcotic Drugs. The report provides a comprehensive survey of the drug control situation in various parts of the world. As an impartial body, INCB tries to identify and predict dangerous trends and suggests necessary measures to be taken.

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