



Report



REFERENCES TO PARAGUAY

FOREWORD

Each year, the International Narcotics Control Board (INCB) reports on the functioning of the international drug control system and developments in international drug control. Based on its findings, the Board makes recommendations to Governments and regional and international organizations to improve various aspects of drug control. Often, a cross-cutting aspect of the Board's recommendations is international or regional cooperation.

International cooperation to address the global drug problem is founded upon the principle of shared responsibility, a mutual commitment to common goals and a commitment to complementary policy and joint action. The overwhelming majority of States have developed and acceded to the three international drug control conventions that make up the international drug control system, which in turn is built upon the principle of shared responsibility. Those conventions are the best available tools for addressing the global drug problem and for protecting humanity from drug abuse and the impact of trafficking in and illicit cultivation and production of drugs. The conventions are based upon the fact that drugs can flow across borders and between continents, from producer to trafficker, from one society to another, and from trafficking to abuse. In signing the conventions, Governments agreed that this global problem requires a global solution and committed themselves to meeting their individual obligations under those conventions.

Given the importance of shared responsibility in drug control efforts, INCB has decided to highlight that principle in chapter I of the present report. That chapter describes the evolution and achievements of shared responsibility in drug control and presents examples of good practice in applying the principle of shared responsibility to drug control efforts in areas such as demand reduction, supply reduction, judicial cooperation and the control of licit trade in drugs. In the context of shared responsibility, all levels of government, civil society, local communities and the private sector must work together to ensure that the health and well-being of citizens are not undermined by drug abuse or by the impact of trafficking in or illicit

cultivation and production of drugs, such as drug-related crime and violence. The Board's recommendations in this regard include, inter alia, the need to maintain the delicate balance between supply and demand reduction efforts; the necessity of establishing comprehensive programmes for the prevention and treatment of drug abuse, as well as for reintegration; and the importance of coordination between the authorities responsible for health, education, justice, economic development and law enforcement, together with civil society and the private sector.

The principle of shared responsibility for the global drug problem is also reflected in the global debate on drug policy that is under way between Governments at the regional level and also within Governments. INCB welcomes and supports initiatives of Governments aimed at further strengthening international drug control within the framework of the international drug control conventions. We note with concern, however, that in this debate, some declarations and initiatives have included proposals for the legalization of the possession of drugs for non-medical and non-scientific use, that is, for "recreational" use, that would allow the cultivation and consumption of cannabis for non-medical purposes. Any such initiatives, if implemented, would violate the international drug control conventions and could undermine the noble objectives of the entire drug control system, which are to ensure the availability of drugs for medical purposes while preventing their abuse. Proponents of such initiatives ignore the commitment that all Governments have made to promote the health and well-being of their communities, and such initiatives run counter to the growing body of scientific evidence documenting the harm associated with drug abuse, including occasional use, particularly among young people during their formative years. Furthermore, such initiatives would create a false sense of security and would send a false message to the public, in particular children, regarding the health impact of abuse of drugs. Some have argued that these proposals would eliminate the illicit markets and organized crime associated with drugs of abuse. Yet, even if such initiatives were implemented, organized criminal groups would get even more deeply involved, for instance by creating a black market for the illicit supply of newly legalized drugs to young people. To target the organized crime and violence associated with the illicit trade in drugs, the most effective tool is primary prevention of drug abuse, coupled with treatment and rehabilitation, and complemented by supply reduction measures, as provided for in the conventions.

Primary prevention is also the key means of preventing the abuse of new psychoactive substances, which the Board addresses as a special topic in chapter II of the report. Controls are being circumvented by the manufacture and sale of substances that have been designed to be chemically different from controlled substances but have similar psychoactive effects. National controls, including generic controls, of such substances can help to address this growing phenomenon, as can monitoring and the exchange of information on trends of abuse. But ultimately, demand reduction is the most effective approach. A similar challenge is seen in the control of precursor chemicals, with the increasing use of non-scheduled chemicals as "pre-precursors" in the illicit manufacture of drugs. Illegal sales of controlled substances, as well as non-controlled substances of abuse, through Internet pharmacies is another growing problem. The present report outlines how this issue can be remedied through proper registration, licensing and supervision of such pharmacies at the national level, as well as international cooperation between Internet registrars and national regulatory authorities.

Strengthening the capacity of the competent authorities is essential to achieve the key objective of the international drug control conventions: ensure the availability of controlled medicines for the treatment of pain and suffering associated with illness, including mental disorders, and prevent their abuse. While the medical use of cannabis is permitted by the treaties under specific conditions, it poses a major challenge in some countries. If not adequately regulated, such “medical cannabis” schemes can contribute to increasing levels of abuse of the substance. That issue is elaborated on in this report.

While shared responsibility in international drug control is essential to addressing the global drug problem, so too is the responsibility of States to fulfil their obligations at the national level, as set out in the conventions. A prerequisite to effectively fulfilling these obligations at the national level is the adequate capacity of national drug regulatory authorities. Governments must ensure that their competent authorities have the appropriate resources and staff, and INCB calls on Governments and the international community, as appropriate, to provide technical assistance in this area so as to promote effective and sustainable national regulatory control of drugs for licit purposes.

Ultimately, we all have a shared responsibility to address the global drug problem, whether it be at the individual, community, governmental or international level. We must continue to strive to prevent and minimize the suffering and loss of potential caused by drug abuse and drug-related crime and violence.

A handwritten signature in black ink, consisting of stylized initials and a long horizontal stroke extending to the right.

Raymond Yans
President
International Narcotics Control Board

I. SHARED RESPONSABILITY IN INTERNATIONAL DRUG CONTROL

1. Common and shared responsibility is a principle of international law and is applied in many fields of cooperation. It is thus not specific to drug control. Whereas international treaties establish a set of rules creating individual obligations for States parties, the principle of common and shared responsibility goes much further. It provides the framework for a cooperative partnership among a community of parties, based on a common understanding of a shared problem, a common goal and the necessity of reaching that goal through common and coordinated action. Thus, the principle of shared responsibility can be seen as a joint undertaking involving government institutions, the private sector, civil society, local communities and individuals who have agreed to work together as partners and who have a shared mutual obligation for concerted action at different levels in response to the drug challenge. Consequently, the principle of common and shared responsibility commits parties to strengthening their cooperation not only to pursue their own interests but also to take into account the interests of others and to assist those parties that need help. However, shared responsibility in drug control at the international level will be effective when States fully meet their obligations at the national level.

2. This principle has evolved over the years from the concept of collective responsibility in drug control in the 1980s, shared responsibility in the 1990s and common and shared responsibility since the turn of the century. Addressing the elements of shared responsibility calls for the recognition of key criteria and principles, including how to apportion responsibility between multiple actors, the notion of mutual accountability and liability, the dimensions of capability and capacity, and role and resources of each partner.

3. The effective implementation of this principle today is all the more important since almost every country suffers from drug abuse and illicit production, trafficking or drug-related corruption and violence.

II. FUNCTIONING OF THE INTERNATIONAL DRUG CONTROL SYSTEM

E. Special topics

3. Abuse of pharmaceutical preparations containing narcotic drugs or psychotropic substances

283. One particular concern of the Board is the increase in recent years in the reported abuse of prescription drugs containing psychotropic substances. According to a recent CICAD report on drug abuse in the Americas, the past year prevalence of the abuse of tranquillizers obtained without a prescription among secondary school students was higher than 6 per cent in Bolivia (Plurinational State of), Paraguay and Colombia. In Singapore, the Government has reported a large increase in the abuse of sedatives and tranquillizers containing benzodiazepines. Increased deaths related to the abuse of psychotropic substances have been reported by a number of countries (P. 39)

III. ANALYSIS OF THE WORLD SITUATION

B. Americas

South America

1. Major developments

510. The region of South America suffers from the illicit cultivation of coca bush, opium poppy and cannabis plant, as well as the manufacture and production of and trafficking in the illicit drugs stemming from that cultivation. There is significant and growing abuse of these plant-based drugs among the region's population, as well as growing use of synthetic drugs of abuse, both those manufactured illicitly and those diverted from licit channels. In 2011, the total area of illicit coca bush cultivation significantly decreased in Bolivia (Plurinational State of) (27,200 ha) and slightly increased in Colombia (64,000 ha) and Peru (62,500 ha). The total area under illicit coca bush cultivation in South America in 2011 was estimated at 153,700 ha, indicating a minor decrease from the 154,200 ha reported in 2010. **(p. 71)**

511. As research is ongoing to determine the ratios for the conversion of coca leaf to cocaine in South America, UNODC did not provide any estimate of the global potential manufacture of cocaine in 2011. In 2010, UNODC estimated that the total global potential manufacture of cocaine ranged from 788 to 1,060 tons, indicating a decline in cocaine manufacture since the period 2005-2007. **(p. 71)**

512. Following the rejection of a proposal to amend article 49 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, concerning the abolishment of coca-leaf chewing by the parties to the Convention, the Government of the Plurinational State of Bolivia formally deposited with the Secretary-General an instrument of denunciation of the 1961 Convention as amended by the 1972 Protocol. The denunciation of the Convention took effect on 1 January 2012. In 2012, the Government launched an international campaign to solicit the support of States parties to the 1961 Convention for its strategy to re-accede to that Convention with a reservation. The Board expressed its concern in its annual report for 2011 that if the international community were to adopt an approach whereby States parties would 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. **(p. 71)**

513. The Board noted with concern that in August 2012, the Government of Uruguay presented to its national congress a proposed law to legalize the production and sale of cannabis in the country. According to the proposed law, the Government would assume control and regulation over the activities of importing, producing, acquiring title to, storing, selling and distributing cannabis herb and its derivatives. If adopted, the law could be in contravention of the international drug control conventions to which Uruguay is a party. The Board, in line with its mandate, has sought a dialogue with the Government of Uruguay to promote the country's compliance with the provisions of the international drug control treaties, in particular the 1961 Convention. **(p. 71)**

514. The Heads of State and Government of the Americas attending the Sixth Summit of the Americas held in Cartagena de Indias, Colombia, in April 2012 released a final communiqué in which they expressed concern that criminal organizations involved in drug trafficking continue their attempts to infiltrate societies and undermine democratic institutions. The Heads of State and Government also mandated OAS to prepare a report on the drug problem in the Americas. **(p. 72)**

515. The abuse of cocaine in the Americas is no longer confined to North America and a few countries in the Southern Cone, but has spread across Latin America and the Caribbean. According to a CICAD report entitled *Report on Drug Use in the Americas: 2011*, in the period 2002-2009 about 27 per cent of cocaine abusers in the hemisphere were found in South America. The report, released in March 2012, also warns about the adverse health effects of the abuse of a variety of smokeable substances that are produced during the processing of cocaine hydrochloride. **(p. 72)**

2. Regional cooperation

519. The issue of combating microtrafficking of illicit drugs received increased attention from experts from Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay and Venezuela (Bolivarian Republic of) who attended the meeting of the Union of South American Nations South American Council on the World Drug Problem, held in Asunción, on 22 and 23 March 2012. The participants in the meeting called for a major commitment at the international level to address the problem. **(p. 72)**

3. National legislation, policy and action

529. UNODC estimates that Paraguay is the largest illicit producer of cannabis in South America. In addition, large amounts of cocaine are trafficked through its territory from Bolivia (Plurinational State of), Colombia and Peru. The Board notes that in October 2011, the Government of Paraguay, in cooperation with UNODC, launched a four-year national integrated programme, to increase the responsiveness, effectiveness and efficiency of the Paraguayan State in facing the challenges posed by organized crime and drug trafficking in the country. **(p. 73)**

4. Cultivation, production, manufacture and trafficking

a) Narcotic drugs

533. In recent years, most countries in South America have registered increases in cannabis herb seizures. **(p. 74)**

534. In Brazil, seizures of cannabis herb increased by 12 per cent, from 155 tons in 2010 to 174 tons seized in 2011. Most of the seized cannabis originated in Paraguay. **(p. 74)**

536. Seizures of cannabis herb in Chile increased from 8.4 tons in 2010 to 14.6 tons in 2011; in Ecuador such seizures almost doubled, from 2.5 tons in 2010 to 4.6 tons in 2011. The 310 tons of cannabis herb seized in Paraguay in 2011 was more than three times as much as that seized

in 2009; the 2 tons of cannabis herb seized in Uruguay in 2011 was the largest amount seized in the country in the past decade; and in Peru, the 157 tons of eradicated cannabis plants was the largest amount eradicated in the country in the past decade. **(p. 74)**

549. In the Plurinational State of Bolivia, seizures of cocaine (base and salts) increased from 29.1 tons in 2010 to 34 tons in 2011. Seizures of cocaine (base and salts) also increased in Ecuador, from 15.5 tons in 2010 to 21.3 tons in 2011, and in Venezuela (Bolivarian Republic of), from 24.9 tons in 2010 to 26.3 tons in 2011. In Ecuador, microtrafficking in drugs has increased. In Chile and Paraguay seizures of cocaine remained relatively stable. **(p. 75)**

b) Psychotropic substances

557. According to the recent *CICAD Report on Drug Use in the Americas: 2011*, the past-year prevalence of the use of tranquillizers without a medical prescription among secondary school students in Bolivia (Plurinational State of), Colombia and Paraguay was higher than 6 per cent. The report also indicates that although the prevalence of non-medical use of pharmaceutical substances varies a great deal from country to country, many countries in the Americas that have relatively low rates of abuse of illicit drugs showed higher rates of misuse of pharmaceutical and prescription drugs. **(p. 76)**