



INTERNATIONAL NARCOTICS CONTROL BOARD

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Annual Report



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MESSAGE FROM THE PRESIDENT

In looking at the world's drug problem, two developments are of particular concern. First, criminal organizations are taking advantage of loopholes in the control systems in Africa and West Asia for chemicals used in illicit drug manufacture and are in the process of establishing trafficking hubs for chemicals in those regions. Numerous suspicious shipments of precursor chemicals to Africa and West Asia have been identified. Also of concern is the establishment of trafficking routes for cocaine between countries in South America and Africa. Countries affected by these developments should introduce appropriate measures to prevent their territories from being exploited as centres for criminal activity, possibly with the assistance of richer countries in a spirit of shared responsibility.

Almost 10 years after the adoption of the Declaration on the Guiding Principles of Drug Demand Reduction by the General Assembly, the time has come to reflect on investments made by Governments in reducing drug demand. Many Governments have made considerable efforts, but more needs to be done. Governments should recognize that reducing illicit demand and reducing illicit supply simultaneously are complementary and mutually reinforcing.

Suggestions that the legalization of drugs would “resolve” the world drug problem ignore historical facts. The first international controls over narcotic drugs introduced in 1912 helped to reduce the scourge of opium addiction in some Asian countries. Some sixty years later, accession to the 1971 Convention on Psychotropic Substances contributed to a significant decline in the abuse of these substances, which presented serious health problems in the 1950s and 1960s. Given these and other experiences, suggestions to legalize the use of illicit drugs appear rather simplistic and misplaced. There are no quick fix solutions to the drug problem. Governments should continue to take action to address drug abuse and illicit trafficking in a comprehensive, sustained and concerted manner. There lies the solution to the world drug problem. To fold our hands and do nothing should never be an option.



Dr. Philip O. Emafo

President of the International Narcotics Control Board

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DISPROPORTIONATE APPLICATION OF DRUG LAWS UNDERMINES THE CONVENTIONS, SAYS INCB

Vienna, 5 March (United Nations Information Service)—The Vienna-based International Narcotics Control Board (INCB) today called on Governments to apply the law proportionately when prosecuting drug offenders, as not doing so could undermine efforts to effectively implement the very conventions that these laws seek to enforce.

The principle of proportionality and drug-related offences is the focus of chapter one of the INCB Annual Report 2007, launched today (5 March 2008) in Vienna, Austria.

The Board notes that progress has been made since it last addressed the issue of proportionality in 1996. However, some countries still expend disproportionate effort in targeting low level offenders and drug users, as compared to the more pressing issues of identifying, dismantling and punishing those who control or organize major drug trafficking activities.

While highlighting the need to provide alternatives to imprisonment for drug users, including access to treatment, rehabilitation and reintegration programmes, the Board urges Governments to pay adequate attention to high profile cases of drug abuse.

Celebrity “endorsement” of drug-related lifestyles is particularly relevant when it comes to the issue of deterring drug use among youth, who are often most vulnerable to the cult of celebrity and its attendant glamour.

The fact is that when a celebrity uses drugs, he or she breaks the law, states the report. Young people are quick to pick up on and react to perceived leniency in dealing with such offenders. This raises questions about the fairness of the justice system and could undermine wider social efforts at reducing the demand for drugs. The same is true for higher level drug offenders.

The Report notes the wide differences between countries and regions when it comes to tolerance towards drug-related offences and offenders. Penalties for similar offences may seem severe in some places, but lenient in others.

The international drug control conventions, of which INCB is the custodian, encourage and facilitate proportionate responses by States to drug-related offences and offenders. However, they set minimum standards only. While this is not an issue when it comes to punishing large-scale drug trafficking, there is no universal “moral instinct” about what is right or wrong when it comes to punishment for less serious cases. Many states impose unconditional imprisonment on drug abusers for lesser offences, such as possession or purchase of drugs for personal use, and these typically make up a significant proportion of growing prison populations in some countries.

Citing the cases of Afghanistan and Colombia, INCB points out the growing complexity of drug trafficking operations and the still rampant flow of drug funds across international borders. In line with the United Nations Convention against Transnational Organized Crime, it calls on Governments to take “determined, secure, trusting and well coordinated action between...law enforcement agencies—particularly the sharing of intelligence and evidence with countries that can take effective confiscation action”.



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In the Report, INCB strongly urges Governments to take a number of remedial steps including giving high priority to enacting and implementing legislation allowing for freezing and seizure of assets of drug traffickers. It urges Member States to widen the availability of and access to drug treatment and rehabilitation programmes in custodial settings. It further asks Governments to increase the range of custodial and non-custodial remedies and possible use of drug courts with an emphasis on those with a high probability of relapse into a high-risk lifestyle, including where appropriate, mandatory treatment, as alternatives to imprisonment.

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REGIONAL HIGHLIGHTS

Africa

In its Annual Report, the International Narcotics Control Board states that West Africa is rapidly developing into a major smuggling route for cocaine from Latin America through and into Europe. Interpol estimates that 200-300 tons of cocaine make their way into Europe; mainly through West Africa, where it is stockpiled and repackaged for transport. West African countries do not have the means to counter this challenge. Traffickers are also using Africa, particularly Central Africa, as a trans-shipment area for precursors such as ephedrine and pseudoephedrine. Weak legislation against trafficking in precursor chemicals in most African countries makes it easy to obtain chemicals for illicit drug manufacture. Africa accounts for 7.6 per cent of all the cocaine abusers in the world, especially in countries in West and Southern Africa and the coastal area of North Africa.

Cannabis continues to be the most abused drug in Africa, and the region also shows an increase in the abuse of that drug. It is illicitly cultivated and smuggled through the region, into Europe and North America. The largest cannabis producers in the region are countries in West Africa (Benin, Ghana, Nigeria and Togo), Southern Africa (Malawi, South Africa, Swaziland and Zambia) and East Africa (Comoros, Ethiopia, Kenya, Madagascar, Uganda and United Republic of Tanzania). Morocco continues to be one of the main producers of cannabis resin, which is smuggled to Europe.

Some countries in Africa show an increase in heroin trafficking and abuse. Heroin is smuggled by air from South-West Asia through East Africa (Ethiopia, Kenya, United Republic of Tanzania) and West Africa (Côte d'Ivoire, Ghana, Nigeria) into Europe and through West Africa into North America. Heroin is also smuggled by parcel post into Nigeria and South Africa, as well as Côte d'Ivoire, the Democratic Republic of the Congo, Mali and Mozambique.

Another problem in the region is the misuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances, which are sold by street vendors and health-care providers without a prescription.

Governments in Africa should address the problem, which has severe adverse consequences on the health of their population and their social fabric.

Americas

Central America and the Caribbean

Drug traffickers continue to use the region as a transit and trans-shipment area for illicit drugs en route to the United States and Europe. Estimates show that 88 per cent of the cocaine entering the United States passes through Central America and 40 per cent of the cocaine entering Europe passes through the Caribbean, mainly transported through Caribbean and Pacific waters or the Central American corridor. Increased involvement of international and national criminal groups in drug trafficking undermines the rule of law in the region. In El Salvador, Guatemala and Honduras this is exacerbated by youth gangs or maras, which often control street-level sale of cocaine hydrochloride and "crack" cocaine.

Central America and the Caribbean show an increase in cannabis abuse and trafficking. Although production has decreased, Jamaica is still the main producer of cannabis and the major exporter of



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cannabis to other regions. Jamaica also reports the highest annual prevalence of cannabis abuse, 10 per cent of all persons aged 15-64.

Increased seizures of MDMA also show the region being used as a transit area, which results in growing drug abuse. The Board encourages countries in Central America and the Caribbean to strengthen the control of precursor chemicals to prevent the diversion and smuggling to other areas for use in illicit production of methamphetamine.

North America

A cause for concern in the region is the sharp increase in tetrahydrocannabinol (THC) content (10-fold) in cannabis potency, compared with the average cannabis potency in the 1960s. THC is the active ingredient in the cannabis plant.

North America is a large producer of cannabis. The United States of America, Mexico and Canada produce about 5,000 tons, 4,000 tons and 800 tons of cannabis respectively. Canadian demand for cannabis is satisfied by domestic production.

Ninety per cent of the cocaine smuggled into the United States is from Colombia and passes through the Mexico-Central America corridor. Every year, 15-25 tons of cocaine enter Canada mainly from Colombia via the United States or in shipments from the Caribbean.

Drug trafficking in all of North America is controlled by powerful, well-funded criminal organizations. These criminal groups are waging warfare against the Mexican authorities to keep Mexico's place as the main transit route for cocaine shipments to the United States. They also continue to profit from trafficking in heroin, methamphetamine and cannabis in the United States market.

It is estimated that about 6.4 million people in the United States abuse prescription drugs containing internationally controlled substances.

The Board calls upon the Government of Canada to end programmes, such as the supply of "safer crack kits", including the mouthpiece and screen components of pipes for smoking "crack", authorized by the Vancouver Island Health Authority, as they are in contravention of article 13 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The distribution of drug paraphernalia, including crack pipes, to drug users in Ottawa and Toronto, as well as the presence of drug injection sites is also in violation of the international drug control treaties, to which Canada is a party.

South America

Recent surveys in the region show a continued rise of cocaine abuse. Among drug users in treatment, cocaine-type drugs account for almost 50 per cent and cannabis for 26 per cent. Drug-related organized crime, violence and murder continued to plague South American countries. Strengthened cooperation among regional law enforcement authorities resulted in cocaine seizures representing about 40 per cent of global illicit cocaine manufacture.

The entire region is affected by large-scale illicit cultivation of coca bush, opium poppy and cannabis plant, along with manufacture of and trafficking in illicit drugs. According to the United Nations Office on Drugs and Crime, in 2006, Colombia accounted for 50 per cent of global coca bush cultivation; it was followed by Peru (33 per cent) and Bolivia (17 per cent). Illicit coca bush cultivation extended on a small scale to Ecuador and the Bolivarian Republic of Venezuela.

Estimates show a significant decrease in the total area (78,000 hectares) under illicit coca bush cultivation in 2006 in Colombia, about half of 163,000 hectares in 2000. In Peru, the total area under



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coca bush cultivation in 2006 increased to 51,400 hectares. In 2006, Bolivia had an increase of 8 per cent in the total area under coca bush cultivation (27,500 hectares). Projected manufacture of cocaine in South America was 800-1,000 tons annually from 1997 to 2006.

Eradication was intensified in Colombia in 2006 with a record total of 213,555 hectares of illicitly cultivated coca bush eradicated, 26 per cent over 2005. Eradication efforts, mainly in Colombia, were offset by improved cultivation techniques, the planting of new varieties of coca bush and increased efficiency in clandestine laboratories processing coca leaf. In Peru, 12,686 hectares of illicitly cultivated coca bush were eradicated. In Bolivia, 5,070 hectares of coca bush cultivation were eradicated in 2006.

The Board requests the Government of Bolivia and Peru to take measures to prohibit the sale, use and attempts to export coca leaf for purposes which are not in line with the international drug control treaties. The Board is concerned by the negative impact of increased coca leaf production and cocaine manufacture in the region.

Practically all countries in South America produce cannabis, with Paraguay being the largest producer. The illicit cannabis market in Brazil is partly supplied by Paraguay. In the Bolivarian Republic of Venezuela, seizures of cannabis reached over 21 tons in 2006, followed by Ecuador and Peru, among others. Estimates show cannabis abuse in the region at 2.3 per cent, below the global average.

In late 2006, UNODC and the Inter-American Observatory on Drugs published the first comparative study on drug use in the secondary school student population in Argentina, Bolivia, Brazil, Colombia, Chile, Ecuador, Paraguay, Peru and Uruguay. The study revealed that past-year prevalence of cannabis was highest in Chile (12.7 per cent). For cocaine, past-year prevalence was highest in Argentina (2.5 per cent).

Asia

East and South-East Asia

East and South-East Asia is no longer a major producer of illicit opium poppy but some illicit manufacture of heroin remains in the region. Myanmar is still the largest cultivator of illicit opium poppy with a total of 27,700 hectares in 2007, an increase from 2006. The Lao People's Democratic Republic recorded 1,500 hectares of illicitly cultivated opium poppy in 2007, the lowest figure since 1992.

Large seizures of precursor chemicals in Cambodia, China and Myanmar show an increase in the illicit manufacture of and trafficking in amphetamine-type stimulants (ATS) in the region. Several clandestine laboratories for converting cocaine hydrochloride to "crack" were dismantled. The abuse of ATS, especially methamphetamine, is increasing throughout East and South-East Asia. Another concern is the spread of HIV/AIDS due to injection of heroin and methamphetamine.

Illicit cultivation of cannabis remains a problem in Cambodia, Indonesia, the Philippines and Thailand.

The Republic of Korea has one of the world's highest rates of prescribed stimulants used as anorectics such as phendimetrazine. The Board encourages the Government to learn more about the reasons behind the extraordinarily high consumption of stimulants, by monitoring and analysing prescription patterns more closely. The Government should also educate the medical profession and the public on the rational use of narcotic drugs and psychotropic substances and promote sound medical prescription practices.



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South Asia

Cannabis and heroin are being increasingly trafficked and abused in South Asia. West African traffickers have targeted countries in South Asia, mainly India, for cocaine trafficking. South American cocaine is trafficked to India in small quantities where it is exchanged for South-West Asian heroin bound for Europe or North America. India is increasingly being used as a major transit country and also as a destination country for drug trafficking. Cross-border smuggling is relatively easy due to the porous borders between Bangladesh, Bhutan, India and Nepal. Illicit cultivation and abuse of cannabis continue to be a problem in most of the countries in South Asia.

Licently manufactured pharmaceutical preparations such as codeine-based syrups, benzodiazepines and buprenorphine are smuggled from India into Bangladesh, Bhutan, Nepal and Sri Lanka. In India, organized criminal groups traffic in amphetamine-type stimulants (ATS).

In South Asia, injection of heroin and pharmaceutical preparations is contributing to the spread of HIV/AIDS. In India, the areas with the highest incidence of drug-related HIV/AIDS continue to be the north-eastern border with Myanmar and large urban areas. Of those who abuse drugs in Maldives, 20-25 per cent inject them. Drug abuse by injection rose from 8 per cent in 2003 to 29 per cent in 2006 and three quarters of imprisoned drug offenders are drug abusers. The Board notes with concern that adequate data on drug abuse is not available in Bhutan and Nepal.

West Asia

In 2007, illicit opium poppy cultivation in Afghanistan increased by 17 per cent, despite the Government's efforts and assistance provided to the Government by the international community over the past five years. With the total area under cultivation at 193,000 hectares and estimated opium production at 8,200 tons, Afghanistan now accounts for 93 per cent of the global illicit market for opiates.

The Board is concerned about the continued availability of precursor chemicals, in particular acetic anhydride for the illicit manufacture of heroin in Afghanistan and reminds all Governments that Afghanistan has no legitimate need for that substance.

Afghan opiates are smuggled through the Islamic Republic of Iran, Pakistan and countries in Central Asia. Large-scale drug trafficking in those countries results in organized crime, corruption and high illicit demand for opiates. The Islamic Republic of Iran has the highest rate of abuse of opiates in the world.

Central Asia has seen an alarming rise in drug-related crime, the abuse of narcotic drugs and the spread of HIV/AIDS as a result of the increased availability of opiates. There has been a 30 per cent increase in the number of officially registered cases of HIV/AIDS in Central Asia, from 14,799 cases in 2005 to 19,197 in 2006, mainly due to injecting drug abuse.

The southern Caucasus is also used as a transit area for Afghan opiates, resulting in increased drug abuse. The drug trafficking and abuse situation is likely to deteriorate further in Armenia, Azerbaijan and Georgia. The Board recommends better information-sharing, more efficient border control and regional and national coordination of drug control activities.

Several countries in the region are used for drug trafficking, including the Syrian Arab Republic, which is used as a transit country for trafficking drugs (cannabis, cocaine, heroin, morphine) destined for Jordan and Lebanon as well as for counterfeit Captagon tablets (containing mainly amphetamine) destined for countries in the Persian Gulf.



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Another problem in the region is the abuse of amphetamine-type stimulants (ATS), which continues to spread in Iran (Islamic Republic of), Turkey and several countries on the Arabian peninsula.

Europe

Cannabis continues to be the most prevalent drug in Europe. Western Europe remains the world's largest market for cannabis resin, though seizures of cannabis resin have decreased in some countries in Europe. This may be linked to the decline in cannabis resin production in Morocco. Illicit cultivation of cannabis plants is reported in Albania, Belgium, Bulgaria, Germany, the Netherlands and Poland. In Germany, the illicit cultivation of cannabis plants in professionally equipped indoor sites has increased since 2002.

Italy and Spain have the highest annual prevalence rate for cannabis use in Western Europe. While annual prevalence of cannabis use among youth and adults in Italy increased, it remained stable in Spain. The United Kingdom reported a decrease in annual and monthly prevalence rates for cannabis abuse in England and Wales. Bulgaria, Greece, Malta and Romania reported the lowest annual prevalence rates for cannabis.

Europe remains the second largest market for cocaine in the world. Cocaine consignments increased significantly in Finland, Germany, Ireland, Portugal, Spain and Switzerland in 2006, while they declined in Austria. The highest rates of cocaine abuse are in Spain, the United Kingdom and Italy.

Practically all of the heroin in European illicit drug markets comes from Afghanistan. Turkey is the main corridor for heroin consignments destined for Western Europe and the start of the Balkan route. Heroin is also smuggled along the so-called "silk route" through Central Asia into the Russian Federation, for local consumption or further transport to European Union member States. Another heroin trafficking route is from Afghanistan to Pakistan and from there, by air or sea, to Europe. Most Western European countries report a decline in heroin seizures, with only Spain and Germany showing an increase. The southern branch of the Balkan route, which passes through Istanbul, Sofia, Belgrade and Zagreb, is being increasingly used to smuggle Afghan opiates into the Russian Federation and other countries in the region.

It is estimated that 3.3 million people abuse heroin in Europe. The abuse of opiates is stable or has declined in Western and Central Europe but has increased in the Russian Federation and in other countries in Eastern Europe, as well as in some countries in South-Eastern Europe along the Balkan route. In Eastern Europe, the demand for treatment for the abuse of opiates is higher (61 per cent) than in Western Europe (55 per cent).

Europe remains a major source of amphetamines. Germany, the Netherlands and the United Kingdom have recorded an increase in seizures of amphetamines. In 2006, the Russian Federation authorities detected 1,700 illicit manufacturing facilities, including 136 chemical laboratories used to manufacture illicit synthetic drugs. Seizures of MDMA seem to be declining in Europe with Germany and Spain showing a significant decrease. Although the annual prevalence rate has declined, the abuse of MDMA is highest in the United Kingdom (Northern Ireland and Wales) and in Spain.

Oceania

The abuse of cannabis and amphetamine-type stimulants (ATS) in Oceania is among the highest in the world. Cannabis continues to be the most abused drug in Australia and New Zealand. Micronesia



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(Federated States of) and Papua New Guinea each reported a rate of abuse of over 29 per cent. In Australia, 11 per cent of the population aged 14 years and older abuse cannabis. Illicit cultivation of cannabis is found in Australia and New Zealand.

Australia and New Zealand report a high rate of abuse of ATS. Illegal manufacture of ATS, including methamphetamine, continues in Oceania. In Australia, Queensland seems to be the base of ATS clandestine manufacturing, which supplies the entire country. In Australia and New Zealand, recent seizures of pseudoephedrine and ephedrine, precursor chemicals used in the illicit manufacture of ATS, show that criminals are smuggling pharmaceutical preparations containing precursor chemicals for use in the clandestine manufacture of ATS. Trafficking in substances not under international control, such as *gamma*-butyrolactone (GBL) and ketamine, is still a problem in the region.

The island States in Oceania are increasingly being used as trans-shipment areas for the smuggling of ATS and other illicit drugs. The Board is concerned about the lack of adequate information and data on the drug situation in Oceania.

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ENSURING ACCESS TO PAIN TREATMENT MEDICINES IS VITAL AND POSSIBLE, SAYS INCB

Vienna, 5 March (United Nations Information Service)—Millions of people around the world are suffering from acute and chronic pain, as essential narcotic drugs are being insufficiently used for treatment of pain in many countries around the world, warns the International Narcotics Control Board (INCB) in its Annual Report (5 March 2008). It calls on Governments to support a new programme of the World Health Organization (WHO), which aims at improving access to those medicines.

INCB notes that the low consumption of morphine and other opioid analgesics in many countries is not due to the lack of supply of raw materials needed for their manufacture. On the contrary, the stocks of raw materials used for the manufacture of morphine increased to record levels after 2000, as production of those materials was higher than demand for their use.

“Suggestions to further increase the supply of raw materials by using opium from the illicit production in Afghanistan do not address the cause of the problem. Governments should focus on measures to increase demand for pain-relief medication in line with the recommendations of INCB and WHO,” said INCB President Philip O. Emafo.

Millions of people throughout the world needlessly suffer acute and chronic pain caused by childbirth, surgery, trauma and diseases such as cancer and AIDS. While global consumption of opioid analgesics for the treatment of moderate to severe pain has more than doubled over the past decade, that increase occurred mainly in Europe and North America. In 2006, those two regions together accounted for 89 per cent of global consumption of morphine. In terms of population share, 80 per cent of the world population lives in developing countries and consumes only 6 per cent of the morphine distributed worldwide. In some developing countries, access to this opioid analgesic is extremely low and almost non-existent for most of the population.

The situation is similar for some other opioids such as fentanyl and oxycodone, for which new treatment forms (transdermal patches, controlled-release tablets) have been developed in recent years. The consumption of these drugs is limited almost exclusively to Europe and North America, which in 2006 accounted for almost 96 per cent of global consumption of fentanyl and 97 per cent of global consumption of oxycodone.

Analyses undertaken by INCB and WHO have revealed that difficulties in ensuring access to opioid analgesics are due to diverse interrelated factors such as inadequate medical education of health professionals and lack of knowledge and skills in pain treatment, public attitude, regulatory impediments or economic constraints. INCB has requested Governments to identify impediments in their countries and to take steps to improve the availability of these medicines.

To assist Governments in removing obstacles to access of these medicines, WHO, in consultation with INCB, has prepared the Access to Controlled Medications Programme, an assistance programme which addresses all identified impediments. The programme will be implemented by WHO. INCB encourages all Governments and international organizations concerned to cooperate with WHO in its implementation. INCB has also called on Governments to provide resources to WHO for the same.

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AFGHANISTAN MUST DO MORE TO ADDRESS ITS ESCALATING DRUG PROBLEM, SAYS INCB

Vienna, 5 March (United Nations Information Service)—The International Narcotics Control Board (INCB) sounded the alarm on the continued and ready availability of acetic anhydride in Afghanistan, in its Annual Report released today (5 March 2008). Acetic anhydride is the main chemical used in the illicit manufacture of heroin. Afghanistan has no legitimate need for the chemical, which is controlled by the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. However, traffickers in Asia continue to divert acetic anhydride and other chemicals required for illicit drug manufacture from licit trade, and are smuggling them across borders to heroin-manufacturing areas in Afghanistan.

Seizures of the substance in Afghanistan, as well as in the countries bordering Afghanistan, have remained negligible and little is known about the sources, methods and routes used to divert the substance.

INCB has called on Governments in Asia to establish and strengthen controls over the domestic movement of acetic anhydride and to assist the Government of Afghanistan in intercepting consignments of acetic anhydride that are smuggled into its territory. All relevant Governments must join forces to stop the smuggling of acetic anhydride and of other substances used in the illicit manufacture of heroin into countries in the region, particularly Afghanistan.

The continued widespread cultivation of opium poppy in Afghanistan also remains a concern for INCB. In 2007, some 193,000 hectares in the country were devoted to the illicit cultivation of opium poppy, and Afghanistan now supplies an estimated 93 per cent of the global illicit market for opiates.

Afghan opiates are smuggled to the Islamic Republic of Iran, Pakistan as well as to countries in Central Asia. Large-scale drug trafficking results in organized crime, corruption and high illicit demand for opiates and seriously endangers the aims of the international drug control treaties.

Over the recent past, Afghanistan has also become a major source for cannabis resin (hashish) and an estimated 70,000 hectares were devoted to cannabis cultivation in 2007, up from 50,000 hectares in 2006.

The abuse of opiates continues to be a major problem in Afghanistan and neighbouring countries such as the Islamic Republic of Iran, which has the world's highest abuse of opiates, with an estimated prevalence rate of 2.8 per cent. Pakistan and many Central Asian countries also have high abuse levels, with heroin abuse having replaced cannabis and opium as the main problem.

INCB reiterates its call to the Government of Afghanistan to address the ever-increasing drug problem in its country and continues to consult with the Government pursuant to article 14 of the Single Convention on Narcotic Drugs of 1961, an article invoked only in exceptional cases of severe and persistent treaty violations. Under article 14, INCB can recommend an embargo against a country to the Economic and Social Council if the Government fails to take remedial action or cooperate.

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WEST ASIA, AFRICA EMERGING AS MAJOR TRANS-SHIPMENT AREAS FOR CHEMICALS, SAYS INCB

Vienna, 5 March (United Nations Information Service)—The International Narcotics Control Board (INCB) today warned that Africa and West Asia have become major trans-shipment areas for the diversion of precursors of amphetamine-type stimulants (ATS). In its Annual Report released today (5 March 2008), the Board calls on West Asia and Africa to strengthen their control systems to monitor the diversion of these chemicals. It also requests neighbouring countries in the respective regions to take urgent action to combat this problem.

Operation Crystal Flow, a targeted six-month operation used to track orders for shipments of the precursors ephedrine and pseudoephedrine to countries in Africa, the Americas and West Asia, revealed that traffickers are taking advantage of the often non-existent controls over pharmaceutical preparations containing ephedrine or pseudoephedrine to traffic such consignments to African countries or West Asia.

INCB recommends that countries and territories exporting ephedrine and pseudoephedrine confirm the legitimacy of these shipments with importing countries or through the Board to any country before releasing such shipments.

As regards pharmaceutical preparations containing ephedrines, INCB urges vigilance and requests Governments to control such preparations in the same way as they control the raw material. The monitoring of transactions in international trade has assisted in preventing the diversion of ephedrine and pseudoephedrine and Governments are invited to continue to use PEN Online, the online system for the exchange of pre-export notifications.

The Board announced that it has taken steps to initiate increased control measures over phenylacetic acid, a chemical frequently used in the illicit manufacture of ATS. Strengthened control over ephedra in the European Union is expected to lead to a decline in attempted diversions of ephedra from licit trade.

International initiatives on precursor control such as Project Prism (targeting chemicals frequently used in the illicit manufacture of ATS) and Project Cohesion (focusing on potassium permanganate and acetic anhydride), as well as the newly established estimates system of legitimate requirements for precursors used in the illicit manufacture of ATS, have all contributed to preventing the diversion of precursor chemicals during the year.

With the accession of the Democratic People's Republic of Korea and Liechtenstein to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and only 12 States that are not yet parties, the Convention is one step closer to becoming a truly universal instrument for the control of precursor chemicals, according to the Board.



THE ROLE OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

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

Composition

INCB is independent of Governments as well as of the United Nations. Its 13 members are elected by the Economic and Social Council and serve in their personal capacity, not as government representatives. Three members with medical, pharmacological or pharmaceutical experience are elected from a list of experts nominated by the World Health Organization (WHO) and 10 members are elected from a list of experts nominated by Governments.

INCB collaborates with the United Nations Office on Drugs and Crime and also with other international bodies concerned with drug control including the Commission on Narcotic Drugs, WHO, Interpol and the World Customs Organization.

Functions

The functions of INCB are laid down in the following treaties: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Broadly speaking, INCB:

- Monitors Governments' compliance with the international drug control treaties and recommends, where appropriate, technical or financial assistance
- Works in cooperation with Governments to ensure that adequate supplies of drugs are available for medical and scientific uses and that drugs from licit sources are not diverted to illicit channels
- Identifies weaknesses in national and international control systems
- Assesses chemicals used in the illicit manufacture of drugs to determine whether they should be placed under international control
- Administers a system of estimates of narcotic drugs and a voluntary assessment of psychotropic substances and monitors licit activities through an international reporting system established by the conventions
- Monitors and promotes measures taken by Governments to prevent the diversion of chemicals used in the illicit manufacture of drugs
- In the event of apparent treaty violations, demands explanations and proposes remedial measures to Governments



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It can also draw attention to treaty violations to the Commission on Narcotic Drugs and the Economic and Social Council.

Reports

The international drug control treaties require INCB to prepare an Annual Report on its work. The Annual Report contains an analysis of the drug control situation, draws attention to gaps and weaknesses in national control and in treaty compliance and recommends improvements at the national and international levels. The Reports are based on information provided by Governments and international bodies to INCB. The Annual Report is supplemented by detailed technical reports on narcotic drugs, psychotropic substances and on precursor chemicals, which can be used in the illicit manufacture of such drugs.

