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EMBARGO: Wednesday, 5 March 2008, 0001 hours GMT

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 inSouth 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.

Licitly 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.

