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Simulating a Session of the Commission on Narcotic Drugs

**"Discussing Measures to Prevent Unintended Effects of the Worldwide
Activities of the Drug Control Regimes "**

Introduction

The United Nations Office on Drugs and Crime (UNODC) is a global leader in the multilateral effort against illicit drugs and international crime. The three pillars of its work programme are:

- Research and analytical work to increase knowledge and understanding of drugs and crime issues and expand the evidence-base for policy and operational decisions;
- Normative work to assist states in the ratification and implementation of the international treaties, the development of domestic legislation on drugs, crime and terrorism, and the provision of secretariat and substantive services to the treaty-based and governing bodies; and
- Field-based technical cooperation projects to enhance the capacity of Member States to counteract illicit drugs, crime and terrorism.

Recognizing the importance of comprehensive, factual and objective information in the field of international drug control, the General Assembly entrusted UNODC with the mandate to publish "comprehensive and balanced information about the world drug problem" in 1998. UNODC has been publishing such assessments annually since 1999. The direct participation of UNODC in the national monitoring systems ensures transparency in the surveys and gives additional credibility to the results.

International Drug Control Board

The International Narcotics Control Board (INCB) is the independent and quasi-judicial 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 Drug, 1961. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

In order to further the aims of the treaties, the Board maintains ongoing discussions with governments. Such dialogues are pursued through regular consultations and through missions arranged in agreement with the governments concerned. As a result, for example, countries became parties to the conventions and have strengthened their legislation, particularly concerning psychotropic substances, or have improved coordination of national drug control efforts.

The Board has repeatedly stressed that real and lasting progress in the fight against drug abuse and trafficking depends on the strong commitment of governments, the establishment of priorities and the allocation of adequate resources by national authorities, since they and they alone are able to take the necessary measures within their countries. To achieve maximum impact, all such national endeavors must be coordinated at both regional and worldwide levels.

Functional Commission of the Economic and Social Council

As a functional Commission of the Economic and Social Council, the Commission on Narcotic Drugs assists the Council in supervising the application of international conventions and agreements dealing with narcotic drugs. It also advises the Council on all matters pertaining to the control of narcotic drugs, psychotropic substances and their precursors.

Treaty and normative functions: the Drug Control Conventions (1961, 1971, 1988) and instruments

The Commission performs the functions assigned to it by the international drug control treaties and in particular those under article 8 of the Single Convention on Narcotic Drugs of 30 March 1961, the Convention as amended by the Protocol of 25 March 1972; under article 17 of the Convention on Psychotropic Substances of 21 February 1971, and under article 21 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 19 December 1988. Pursuant to these provisions, the Commission is inter alia authorized to consider all matters pertaining to the aims of the Conventions and see to their implementation.

As a treaty organ under the 1961 and 1971 Conventions, the Commission decides, on the basis of recommendations by the World Health Organization (WHO), to place, remove or transfer narcotic drugs and psychotropic substances under international control. Pursuant to the 1988 Convention, the Commission decides, upon the recommendation of the International Narcotics Control Board (INCB), to place or transfer

precursor chemicals frequently used for the manufacture of illicit drugs in Table I or Table II of the 1988 Convention.

Evolution of the world drug problem

The world's drug problem is being contained. In 2005/06, the global markets for the main illicit drugs – the opiates, cocaine, cannabis, and amphetamine-type stimulants – remained largely stable. Particularly notable is the stabilisation seen in the cannabis market, which had been expanding rapidly for some time. In line with a long-term trend, the share of total drug production that is seized by law enforcement has also increased – some 42 per cent of global cocaine production and 26 per cent of global heroin production never made it to consumers. Of course, within this aggregated picture, there remains considerable variation. Most notably, heroin production continued to expand in the conflict-ridden provinces of southern Afghanistan. While global heroin consumption does not appear to be growing, the impact of this surge in supply needs to be monitored carefully.

How is drug production changing?

Most of the world's drug markets start with the farmer. Unlike other crops, however, the cultivation of opium poppy, coca leaf and cannabis take place under threat of eradication, and so the location and the number of hectares tilled vary substantially from year to year. UNODC, in cooperation with the relevant national authorities, conducts drug crop monitoring surveys in all of the world's major opium poppy and coca producing countries. Changes in the number and location of hectares under cultivation, as well as crop yields, can thus be tracked with some precision. Around 92 per cent of the world's heroin comes from poppies grown in Afghanistan. Despite a massive increase in opium poppy cultivation in Afghanistan in 2006, the global area under poppy was actually 10 per cent lower than in 2000. This decline was mainly due to sustained success in reducing cultivation in South-East Asia. Poppy cultivation in the Golden Triangle has fallen by some 80 per cent since 2000.

Most of the world's cocaine comes from coca leaf cultivated in Colombia, Peru and Bolivia. The global area under coca cultivation fell by 29 per cent to some 156,900 hectares between 2000-2006, largely due to reductions of coca cultivation in Colombia. The areas under coca cultivation in Peru and Bolivia increased over this period but remained significantly below the levels reported a decade earlier. As discussed in last year's *World Drug Report*, it is impossible to accurately estimate the location and total number of hectares under cannabis, because it is grown in at least 172 countries, often in small plots by the users themselves. The one country where reliable estimates are available is Morocco, the source of about 70 per cent of the hashish consumed in Europe. UNODC and the Government of Morocco have been monitoring largescale hashish production since 2003. Based on these surveys, cannabis cultivation in Morocco has declined in recent years, from a peak of 134,000 hectares in 2003 to just 76,400 hectares in 2005. Outside Morocco, there have been few national or regional studies of the extent of cannabis cultivation. There is an important distinction between the extent of drug crop cultivation and the extent of drug production, however. Crop yields can be affected by weather conditions and changes in production technology, among other things.

As a result, long-term declines in cultivated area do not necessarily translate into declines in total production. Opium production in Afghanistan rose almost 50 per cent in 2006, bringing global heroin production to a new record high of 606 mt in 2006, exceeding the previous high (576 mt in 1999) by 5 percent. Similarly, the success in the reduction of coca cultivation from 2000 to 2006 has not led to a commensurate decline in cocaine production, apparently due to improvements in coca cultivation and cocaine production technology. Cocaine production has remained largely stable over the last few years, estimated at 984 mt in 2006.

Amphetamine-type stimulants are manufactured illicitly using legally-produced precursors, and thus global production can only be estimated indirectly. This production appears to be stable, however, at about 480 mt in 2005. At the same time, seizures of ATS labs and precursors declined dramatically, likely a result of improved precursor control and significant reductions in domestic production operations in key markets such as the USA.

How is drug interdiction changing?

An increasingly large share of the world's drug supply is being seized by law enforcement agencies each year. In 2005, 42 per cent of global cocaine production and 26 per cent of global heroin production was intercepted by the authorities. With regard to heroin, this means that the amount available to the consumer in

2005 was actually 5 per cent lower than in 2000 and 8 per cent lower than a decade before. Cocaine seizures have increased even more markedly, up from just 24 per cent of production in 2000.

Improved cooperation among law enforcement bodies has led to improved seizures close to the source. In fact, 58 per cent of global cocaine seizures took place in South America, the Caribbean and Central America in 2005. In the last decade, the most significant seizure trend has been the increase in the number of seizures of amphetamine- type stimulants (ATS). These seizures peaked in 2000 at 49 mt, before dropping over the following four years. In 2005, they began to rise again, to 43 mt. Herbal cannabis seizures, in contrast, were down in 2005, a trend seen across continents.

The reasons for this decline are due to increased eradication and are occurring in the context of stabilised demand and may be related to decreased transnational trafficking due to a growing reliance on domestic cultivation. Cannabis resin seizures were also down, but this can be directly tied to the decline in hashish production in Morocco.

Opium/Heroin Market

At least in the short-term, conditions in the world's heroin markets will be determined by what happens in southern Afghanistan, as the country was responsible for 92 per cent of global opium production in 2006. For no other drug is production so concentrated in a single area. This concentration went hand in hand with a remarkable long-term progress in eliminating other sources of supply, principally in South-East Asia. Poppy cultivation in South-East Asia is down by more than 85 per cent over the last decade. Between 2005 and 2006 alone, poppy cultivation in South East Asia declined from 35,000 hectares to 24,000 hectares.

The significance of the contraction in opium cultivation in Myanmar and Laos cannot be overstated. Although opium poppy cultivation in Afghanistan increased massively in 2006, the global area under illicit poppy cultivation was still 10 per cent lower in 2006 than in 2000, due to reduction in South-East Asia. But despite the reduction in the area under cultivation, potential heroin production is up, because Afghan fields are more productive than fields in South-East Asia. In 2006, global opium production soared to a new record high of 6,610 mt, a 43 per cent increase over 2005.

Under these conditions, with a surge in supply and stable demand, a price decline would be expected near the source, but opiate prices are not easy to predict, because the global dynamics of this market are not well understood. Despite the 49 per cent increase in production in Afghanistan in 2006, opium prices actually fell by just 17 per cent in the country. This could suggest that there is substantial stockpiling, but there is little evidence as to where and how it is occurring. In recent years, the world heroin market has been divided into three regional submarkets.

Afghan opiates have supplied the markets of neighbouring countries, Europe, the Near and Middle East, and Africa. Opiates produced in South-East Asia have supplied the markets of China and other South-East Asian countries, as well as Oceania. Opiates produced in Latin America supplied the North American market. However, it appears that cross-regional trafficking is gaining in importance.

For example, there are indications that a small but increasing proportion of opiates from Afghanistan are being trafficked to North America, either via eastern and western Africa, or via Europe. Overall, the consumer market has remained encouragingly stable, despite important increases in the countries along major trafficking routes. Countries experiencing an increase in heroin usage include those surrounding Afghanistan (Pakistan, Iran and Central Asia), as well as Russia, India and parts of Africa. Many of these areas have high levels of poverty and HIV, leaving them vulnerable to the worst effects of this drug. It is important that these trends are carefully monitored over the coming years.

Coca/Cocaine Market

The global cocaine market is largely stable in terms of both supply and demand. Supply stability has been achieved only through intensive eradication efforts, especially in Colombia. The area under coca cultivation fell by 29 per cent between 2000-2006, including a 52 per cent reduction in the area under coca cultivation in Colombia. The areas under coca cultivation in Peru and Bolivia increased over this period but remained significantly below the levels reported a decade earlier, reflecting long-term supply reduction. Though contained, there are indications that the supply side of this market remains adaptive.

The success in the reduction of coca cultivation from 2000 to 2006 did not lead to a decline in cocaine production. In recent years, the use of fertilizers and pesticides, and better production technology, have improved coca yields, leaving cocaine production largely stable over the last few years (1,008 mt in 2004, 980 mt in 2005, 984 mt in 2006). With production largely stable, there are encouraging signs that progress is being made at reducing supply through growing rates of interdiction. Overall, the interception rate rose from 24 per cent in 2000 to 42 per cent in 2006. Improved cooperation among law enforcement bodies in and

across countries appears to have led to an increase in seizures in and around the producer countries. In fact, 58 per cent of global cocaine seizures took place in South America, the Caribbean and Central America in 2005.

North America and Western/Central Europe, the two main cocaine consumption regions, also continued to seize large amounts of the drug (28 per cent and 14 per cent of global seizures respectively). The world's largest cocaine seizures in 2005 were, once again, made by Colombia, followed by the USA, Venezuela, Spain, Ecuador and Mexico. Cocaine is frequently trafficked to Europe via the Caribbean region and, increasingly, via Africa. Over the 2000-2005 period, the largest increases in cocaine seizures were reported by countries in Africa and Western/ Central Europe. In Africa, seizures rose sixfold, and in West and Central Europe they rose fourfold. The largest cocaine seizures in Europe in 2005 were made by Spain, followed by Portugal and the Netherlands, reflecting both strong national law enforcement activities and the increase in trafficking towards these countries – which contain vibrant consumer markets and which are the main entry points of cocaine into the European Union. Similarly, rising levels of seizures in Africa reflect the fact that this continent, notably countries along the Gulf of Guinea and off the coast of Cape Verde, is increasingly being used as a transshipment point for cocaine from South America to markets in Western Europe. While the consumer market in North America has ceased to expand, cocaine is making worrying inroads into new and growing markets.

Consumption increased significantly in Europe, doubling or tripling in several countries over the last decade. In Africa, notably in the countries of western Africa, cocaine use has also increased. Overall cocaine consumption levels in Europe are still significantly lower than in North America. However, Spain recently reported that, for the first time, cocaine annual prevalence levels exceeded those of the USA in 2005. High and rising levels of cocaine use have also been reported from the UK and Italy.

Cannabis Market

Cannabis is the largest illicit drug market by far, including roughly 160 million annual consumers. The widespread nature of production and consumption make it very difficult to define and quantify. Reports received by UNODC suggest that cannabis production is taking place in at least 172 countries and territories.¹ Indications of an overall stabilisation in the market in 2005 are extremely encouraging but it remains to be seen whether this will emerge as a long-term trend.

The production of cannabis resin (also known as hashish) is concentrated in North Africa (Morocco) and in the South-West Asia/Middle East region, particularly in Afghanistan and Pakistan. UNODC surveys conducted in collaboration with the Moroccan authorities revealed a fall in the area of cannabis resin cultivation in that country in recent years, from a peak of 134,000 ha in 2003 to 76,400 ha in 2005. Resin production declined even more strongly, from 3,070 mt in 2003 to 1,070 mt by 2005. Most of this production is consumed in Europe. Cannabis herb seizures continue to be mainly concentrated in North America (66% of global seizures in 2005), followed by Africa (16%).

Global seizures of cannabis herb showed a strong increase over the 2000- 2004 period, a probable reflection of rising cannabis herb production, trafficking and consumption. However, in 2005, cannabis herb seizures declined substantially to the levels reported back in 2000. The decline was reported across all continents. Eradication played a role but other factors are not yet fully known. Sustained declines could also indicate a growing reliance on domestically produced cannabis. Global cannabis resin seizures also declined in 2005 due to lower production of cannabis resin in Morocco.

The world's largest cannabis resin seizures continued to be reported by Spain (52% of global hashish seizures in 2005), followed by Pakistan (7%) and Morocco (7%). The consumer markets in North America appear to have contracted somewhat. A decline of cannabis use was also found in the Oceania region, which has the world's highest levels of prevalence rates for cannabis. But there has been a reported increase of cannabis use in Africa and in most countries of South America. The situation in Europe and Asia is mixed. The number of all countries reporting increases in cannabis use fell from 58 per cent of all countries reporting in 2000 to 45 per cent in 2005, while the number of countries reporting declines increased from 7 per cent in 2000 to 21 per cent in 2005.

Amphetamine-type Stimulants Market there has been an overall stabilisation of the ATS (Amphetamine-type stimulants) market. The alarming increases in the production of ATS throughout the 1990s seem to have levelled off over the last few years. This is likely a result of recent efforts to monitor and improve precursor control. The largest production areas for methamphetamine continue to be in South-East Asia (including Myanmar, China and the Philippines) and in North America. Traditionally, the majority of methamphetamine in the USA was produced domestically, with the precursor chemicals smuggled into this country via Canada or Mexico. Improved controls in Canada and further tightening of controls in the USA have led to a decline in

the number of clandestine laboratories operating within the USA and a shift of production across the border to Mexico. However, Mexico has now also improved its precursor control regime, prompting drug trafficking organizations to exploit other areas, such as Central America and possibly Africa. In South Africa, where methamphetamine is produced for the domestic market, both production and consumption have increased.

The Oceania region, notably Australia and New Zealand, continue to be important producers and consumers of methamphetamine, but there are no indications that these drugs are exported from there. Amphetamine production continues to be primarily located in Europe, notably in the Netherlands and Poland, followed by the Baltic region and Belgium. Amphetamine production also takes place in North America (notably in the USA) and in South-East Asia. Ecstasy production also continues to be largely concentrated in Europe, though the expansion of ecstasy production, in recent years, has mainly taken place outside Europe, notably in North America and in East and South-East Asia. Global seizures of ATS continue to be dominated by seizures of methamphetamine. Over the 2000-2005 period, 49 per cent of ATS seizures were in the form of methamphetamine, 15 per cent in the form of amphetamine, and 14 per cent in the form of ecstasy.

The trend in recent years, however, has been towards rising proportions of amphetamine and falling proportions of methamphetamine, reflecting improved control over the two main methamphetamine precursors, ephedrine and pseudo-ephedrine. Global demand for amphetamines (methamphetamine and amphetamine), which increased strongly in most parts of the world in the 1990s, is now showing signs of overall stabilisation. At close to 25 million people, the global amphetamines consumer market is larger than the markets for cocaine or heroin. Between 15-16 million of these users are thought to consume methamphetamine. Following the expansion of the consumer market throughout the 1990's, there have been consistent signs of slow down and stabilisation over the last few years, particularly in North America.

Geographical displacement (production, trafficking, consumption)

The *production* and trade in narcotics is one of the world's largest and most lucrative industries. The market for these substances is located mainly in the economically developed countries. However, drug dependence in the economically less developed countries is increasing since the option of growing alternative crops is limited for geographical and but mainly economic reasons.

The marketing of drugs conforms to the laws of supply and demand: as demand in the economically developed countries increases, production in the economically less developed countries expands. Due to a high rate of drug *consumption* in the economically developed countries these countries have been burdened with many of the negative side effects of the demand side of this phenomenon, including an increase in crime and pressure on health and welfare resources.

A main problem is the shifting of the trafficking routes. It is widely documented how Africa is currently under attack by traffickers of Colombian coca (on the Atlantic coast) and of Afghan opium (through the Gulf and the Indian Ocean), because of tighter controls along the traditional routes. The mission of the United Nations Office on Drugs and Crime (UNODC) is to contribute to the achievement of security and justice for all by making the world safer from crime, drugs and terrorism.

The present strategy translates this vision into a platform for action. It is based on the existing mandates of UNODC and links them to results and does not represent a modification of these mandates. The strategy grew out of extensive consultations with all the stakeholders of the Office.

Invisible empire or invisible hand?

Organized crime and transnational drug trafficking

Is transnational drug trafficking in the hands of large and organized criminal groups or is it mainly conducted by smaller and looser associations of smugglers? The answer to this question has implications for the way drug interdiction is approached. This question might be answered through existing indicators, particularly seizure figures, price data and drug use trends. In order to assess the potential of this approach, these indicators are explored in two of the world's largest value drug flows: the transshipment of cocaine via Central America to the USA and the trafficking of heroin through Central Asia to the Russian Federation.

Cocaine via Central America to the USA

This drug flow has surely become less centralised than it was during the days of the Cali and Medellin cartels, which dominated the cocaine market at all levels. But the size of the seizures made in this region, as well as low levels of drug use in the transit zone countries, suggest that cocaine trafficking remains highly organized and dominated by some very large organizations. The USA remains the world's largest cocaine

consumer, and some 88 per cent of the cocaine destined for the USA transits the Central America/Mexico corridor, about 50 per cent along the Pacific and 38 per cent along the Caribbean coast of Central America. Most of the cocaine flow today is maritime and given the cost and complexity of trafficking on the high seas, this fact alone suggests high levels of organization. The largest cocaine seizures, as reflected in the UNODC Individual Drug Seizure database, involve multiple tons of the drug and are worth tens or even hundreds of millions of dollars. Such shipments are clearly beyond the scope of small networks of individual traffickers. The share of large seizures in national seizure totals highlight the fact that, while smaller scale trafficking does take place, the backbone of the market remains in the hands of more sophisticated operators. For example, in 2004, more than 25 per cent of the cocaine seized in Honduras came from just one maritime seizure, while 42 per cent of that seized in Nicaragua came from two major seizures on the Atlantic Coast.

The presence of large loads can be inferred from the volatility of national seizure totals even where individual seizure details are not available. For example, El Salvador seized 32 kg in 2001 before increasing seizure totals to two or three tons annually between 2002 and 2004. In 2005, the country seized only 32 kg. It is unlikely that either the real flows of cocaine through the country or the enforcement efforts made to interdict drugs varied so greatly from year to year, so seizure totals likely reflect the presence or absence of a small number of large seizures. Since drug trafficking organizations would ideally like to deliver all the drugs produced to their highest value destinations, "spillage" of cocaine into the lower value markets of transit countries represents a kind of inefficiency, often associated with diffuse networks of body couriers who are paid in kind rather than cash.

Relatively low drug use levels among transit countries suggest that drug flows through this region remain highly organized. Finally, federal arrest figures in the USA show that the cocaine trafficking is dominated by syndicates of two nationalities: Mexican and Colombian. While this indicates less centralisation than would be the case if the drug producers controlled the entire supply chain, it demonstrates that the drugs are not simply percolating northward, exchanging hands multiple times. Arrest figures suggest that there is very little involvement within the USA of transit country (Central American) nationals.

Heroin via Central Asia to the Russian Federation

In contrast, trafficking through Central Asia appears to be relatively disorganized. Estimates suggest a small share of heroin bound for Russia is seized (perhaps 10%), leaving open the possibility that large shipments are occurring under cover of corruption. Most of the seizures that are made, however, are very small with 95 per cent totalling less than six kg. This amount can be purchased in Afghanistan for about US\$10,000, well within the reach of smaller syndicates. It would appear that Afghans are involved in bringing the drug out of Afghanistan. From there, the heroin may change hands to Kyrgyz or Kazakh nationals until reaching Kazakhstan, and thereafter Kazakh or Russian groups transport it to Russia. It would appear that Kyrgyz and Kazakh nationals are reliant on the Tajik and Uzbek groups to provide the drugs for further trafficking. In general, transport through the transit zone often appears to be controlled by the nationals of the transit zone, with border crossings involving groups of both states.

Few Tajik nationals are arrested in Kazakhstan for drug trafficking but a large share of major seizures in Russia involve Tajik nationals. Of 954 heroin seizures of over 100 grams reported to the UNODC between 1999 and 2004 in which the nationalities of the traffickers were specified, 252 involved Tajik nationals (26%), operating either alone or in concert with traffickers of other nationalities. However, while Tajik groups are important in both cross-border operations with Afghanistan and trafficking within Russia, the small numbers arrested in Kazakhstan leave open the possibility that they do not control the heroin during the intermediate trafficking period.

Finally, drug use rates have been growing rapidly in Central Asia, suggesting that the smuggling is indeed being conducted by a large number of small couriers, with the possibility that the heroin is sold on multiple times before reaching its final destination. The two examples discussed above highlight two extremes of a spectrum: on the one hand, the highly organized groups active in shipping multi-million dollar consignments of cocaine from Colombia to the USA; on the other, the many, uncoordinated players who, responding to market incentives, move heroin from Afghanistan to Russia. It appears that the two regions are vaguely converging, however - cocaine trafficking has become less organized since the days of the Medellin and Cali Cartels, and the heroin trade in Afghanistan, is growing increasingly and is getting more organized.

Outlook for world drug markets

Consolidating achievements

While there has been a long term geographical contraction of cultivation and production centers for opium/opiates and coca/cocaine, there has been a dispersion of production locations for cannabis and ATS. While the world has witnessed overall stabilization in the established consumer markets for each of the four illicit drugs, there are also indications of growing levels of abuse in some regions. It will be important to carefully monitor the markets to see whether this stabilization trend is being sustained. The goal, of course, is to move from containment to overall reduction. Understanding some of the threats and enabling conditions in relation to this goal will be critical to this achievement.

Development of new trafficking routes

The development of new trafficking routes is something which should be anticipated and monitored carefully. Illicit drug organizations, independent of their level of organization and sophistication, are adaptive and creative when it comes to distribution. Over the course of the last few years new routes have appeared in some regions. In particular Africa is increasingly being exploited by drug traffickers and this trend can be expected to continue. The trafficking routes from Afghanistan via Pakistan and Central Asia to China (in order to compensate for the lower production levels in Myanmar) are another potential growth area that will need more careful monitoring.

Development of new consumer markets

Within the context of overall stabilization of demand, incipient consumer markets can probably be identified for each of the four drug markets. In the case of opiates they seem to be forming along trafficking routes and in African countries, in the case of amphetamines and ATS, there are indications of some emerging markets in South-East Europe and the Near and Middle East, and cocaine continues to find new markets in South America, Europe and Africa. There have also been reports of the emergence of cocaine markets in some of the Asian countries. Opiate use is increasing in Africa, notably in countries of eastern Africa and in South Africa and cocaine use is increasing in countries of western and southern Africa.

Policy momentum at the national and international level

If one takes the Hague Opium Convention of 1912 as a starting point, the struggle against the drug problem has been long indeed. When it has been effective, and successes have been enumerated in previous editions of this Report, one of the pillars of success has been sustained political commitment and resource allocation at the national and international level. Trends revealed in the pages of this Report indicate that the current stabilization could be an important juncture for drug control.

Significant stabilizations have occurred and have been sustained in the short term. Continued commitment and momentum at the international level will be one element in continuing these trends and possibly effecting sustainable, long term contraction in each of these markets. In this context assistance, approaches and policy need to be appropriately holistic and sequenced. In 1998, at the General Assembly Special Session on Drugs (UNGASS), Illicit Trafficking, there was a general consensus among the international community that the drug problem could only be effectively addressed holistically. The first step to achieving this was to ensure that interventions were made both on the supply and the demand sides of the problem. Almost ten years on, it is apparent that this central tenet now forms the basis of much drug policy. Similarly, it has been increasingly recognised that drug policy and drug control interventions must be holistic in nature.

In order to address the problem of supply in Afghanistan, for example, demand in Europe and the neighbouring countries of Afghanistan needs to be controlled, as does the growing problem of use in Afghanistan itself, and the development of new trafficking routes through Central Asia – which, in turn, could address the increase in IDU related HIV infection rates in the region. Each of those problems, also need to be addressed in their proper context. In some cases this will mean ensuring that the drug problem is approached in the broader human security and development framework. This type of approach is more complex, and will need international coordination, but should yield sustainable benefits. As the international community moves increasingly toward this type of approach one of the main elements of its success is going to be ensuring that interventions are properly sequenced.

To ensure efficacy, the basis of this sequencing must be built on knowledge of drug market dynamics. As this knowledge advances, strategy can become more sophisticated. At what stage in a drug epidemic, for example, should treatment efforts be increased, or when would it be most effective to aim for a sharp

reduction in supply? None of these issues is straight forward. However, over the last ten years the steady accumulation of knowledge on the drug situation has led to the advancement of our understanding of drug market dynamics. If momentum on this continues, strategic policy of this nature could become an effective tool for reducing the drug problem rather than merely containing it.

Useful Links

<http://www.unodc.org/>

<http://www.unodc.org/unodc/en/commissions/CND/index.html>

http://www.unodc.org/pdf/research/wdr07/WDR_2007.pdf

http://www.unodc.org/pdf/resolutions/ga_ecosoc_cnd_2007/resolution-50-09.pdf

http://www.unodc.org/pdf/resolutions/cnd_2004_47-1.pdf

<http://www.unodc.org/unodc/en/commissions/CND/09-resolutions.html>

<http://www.who.int/en/>

<http://www.interpol.int/>

http://ec.europa.eu/justice_home/fsj/police/europol/printer/fsj_police_europol_de.htm

<http://www.usdoj.gov/dea/index.htm>

<http://www.un.org/ecosoc/about/subsidiary.shtml>

<http://www.incb.org/incb/index.html>

http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/unintendedconsequences_20030414

http://ec.europa.eu/external_relations/drugs/index.htm

<http://www.uncjin.org/>

<http://ncadi.samhsa.gov/>

<http://www.usdoj.gov/dea/index.htm>