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## Commission on Narcotic Drugs

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Item 4 of the provisional agenda\*

Follow-up to the twentieth special session of the General Assembly

## The world drug problem

### Fourth biennial report of the Executive Director

#### Addendum

### Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors\*\*

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\*\* The preparation of the present document was affected by the late submission of replies to the biennial reports questionnaire for the fourth reporting period (2004-2006).



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## I. Introduction

1. One of the key outcomes of the twentieth special session of the General Assembly, devoted to countering the world drug problem together, was the adoption of the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors (resolution S-20/4 A). In the Political Declaration adopted at the same session (resolution S-20/2), the States Members of the United Nations agreed to devote particular attention to the emerging trends in the illicit manufacture, trafficking and consumption of synthetic drugs, and called for the establishment or strengthening by the year 2003 of national legislation and programmes giving effect to the Action Plan. Member States also decided to establish the year 2008 as a target date for States to eliminate or significantly reduce the illicit manufacture, marketing and trafficking of psychotropic substances, including synthetic drugs, and the diversion of precursors.

2. The markets for amphetamine-type stimulants, after years of rapid growth in the 1990s, seem to be stabilizing, reflecting improved international law enforcement cooperation and improvements in precursor control. The quantities of precursors and the number of illicit laboratories seized have increased as awareness and law enforcement efforts intensified. End-product seizures have declined and the number of users of amphetamine-type stimulants remained roughly stable. However, manufacture of and trafficking in methamphetamine have spread beyond the traditional markets of Asia and North Africa (e.g. to Southern Africa), though the spread of the drug in Europe is still limited. An even stronger geographical spread has been observed with regard to “ecstasy” manufacture and trafficking, while amphetamine manufacture continues to be concentrated in Europe. Regional trends differ depending on the type of amphetamine-type stimulants. Some 25 million people used amphetamines in 2004, while 10 million people used “ecstasy”. More than 60 per cent of the world’s amphetamine and methamphetamine users live in Asia while more than 50 per cent of the world’s “ecstasy” users live in Western Europe and North America.<sup>1</sup>

3. The present report gives a summary of Member States’ efforts to implement the Action Plan as reported in their replies to the biennial reports questionnaire for the fourth reporting period (2004-2006). It focuses on progress made between the third reporting period (2002-2004) and the fourth reporting period. Reference is also made to the baseline reporting period (1998-2000).

### **Analysis of information**

4. The monitoring of the implementation of the Action Plan is done through the analysis of information provided by Member States in section VII of the biennial reports questionnaire.

5. The information provided through the questionnaire is qualitative in nature, mostly responding to questions requiring a “yes” or “no” answer. Though the responses to all individual questions in the questionnaire have been reviewed and analysed, it was felt that one could easily get lost in detail and miss an

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<sup>1</sup> United Nations Office on Drugs and Crime, *World Drug Report 2006* (United Nations publication, Sales No. E.06.XI.10).

understanding of the emerging overall picture if the detailed information taken from the questionnaires were simply reproduced in the present report. Therefore, an alternative approach was chosen by grouping selected questions and replies into five key areas with equal weight according to the main topics of the Action Plan, namely (a) policy and strategic responses; (b) capacity to collect and analyse information; (c) international and multisectoral cooperation; (d) measures to improve technical capacity to detect and monitor the problem of amphetamine-type stimulants, including capacity to better understand it; and (e) measures to raise awareness and reduce demand.

6. Each of these five aspects of the implementation of the Action Plan has been analysed separately at the regional and subregional levels, starting with the baseline period (1998-2000) and proceeding through the subsequent reporting periods (2000-2002, 2002-2004 and 2004-2006). In addition, it was considered useful to calculate the average of these five key areas at the global level to serve as a broad indication of the overall implementation of the Action Plan.

7. As the sample of countries differs slightly in size and structure from one reporting period to another, some caution is indicated in the comparison of data referring to different cycles and regions, notably if the number of countries in a given region is small.

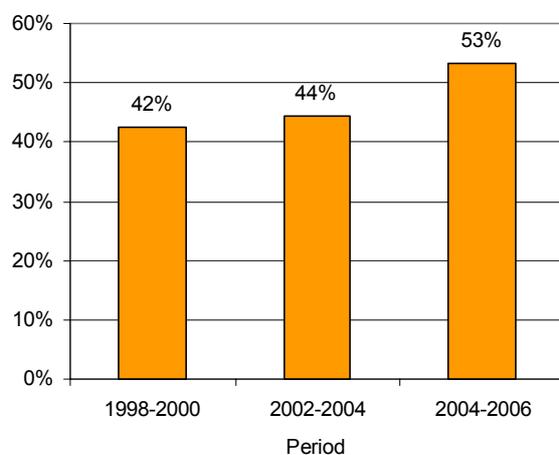
## **II. Implementation of the Action Plan on ATS**

### **A. Overview**

8. A total of 90 Member States replied to the questions in section VII of the biennial reports questionnaire for the fourth reporting period (2004-2006), compared with 88 in the third reporting period (2002-2004), 113 in the second reporting period (2000-2002) and 109 in the first reporting period (1998-2000).

9. Comparing the latest results (2004-2006) with the previous reporting period (2002-2004) and the baseline data (1998-2000) suggests that the implementation of the Action Plan at the national level has been making progress. While there was little progress between the baseline period and the period 2002-2004, data reported by Member States suggest that significant progress was made between the latter period and the most recent one (2004-2006), with the global implementation rate of the Action Plan rising from 44 to 53 per cent (see figure I).

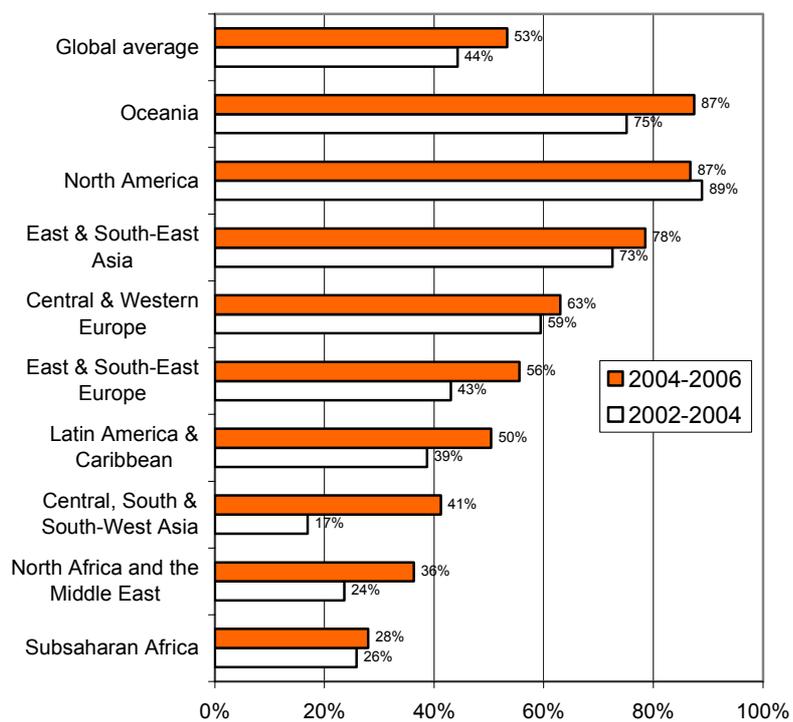
Figure I  
**Reported implementation of the Action Plan, 1998-2000, 2002-2004 and 2004-2006**



10. For the latest reporting period, the regional analysis of the responses received suggests that the highest levels of implementation were found in Oceania and North America (both 87 per cent), followed by East and South-East Asia (78 per cent), Central and Western Europe (63 per cent) and Eastern and South-Eastern Europe (56 per cent). The implementation of the Action Plan was thus strongly correlated with regions suffering from high levels of manufacture of, trafficking in or abuse of amphetamine-type stimulants. The lowest level of implementation continued to be found in sub-Saharan Africa (28 per cent), reflecting, in general terms, a weak institutional framework (see figure II).

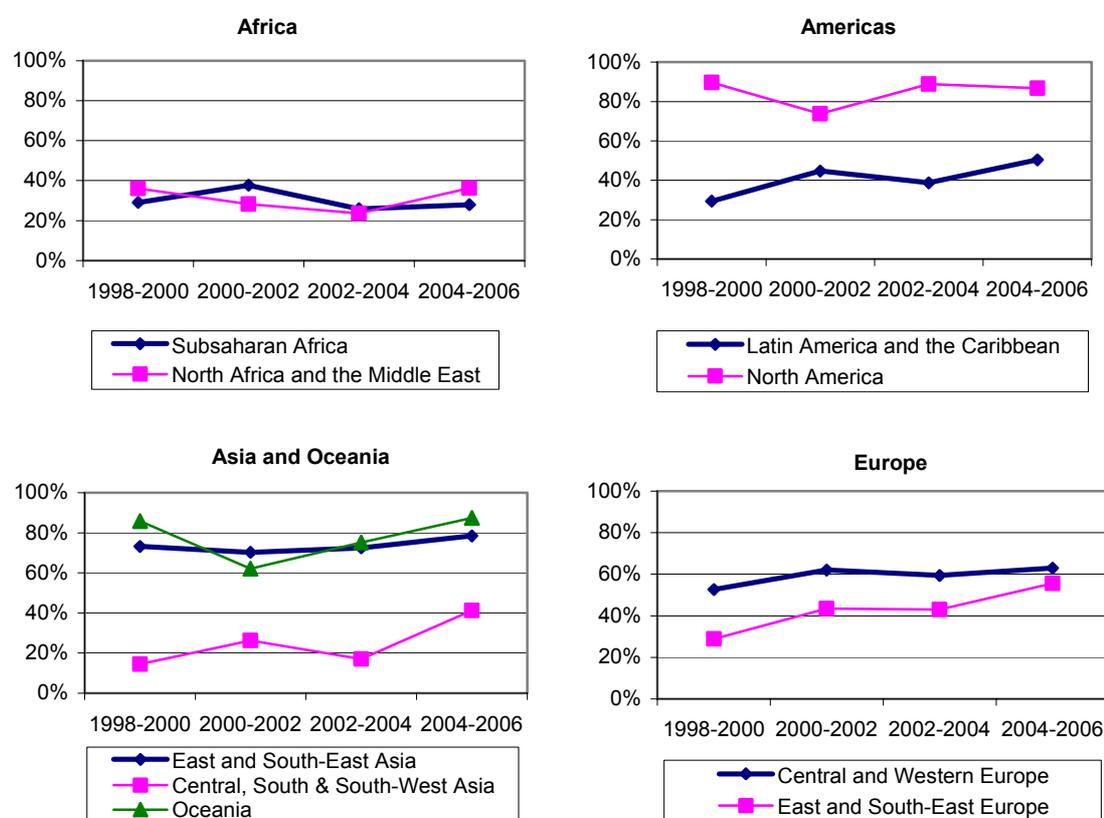
11. When changes from the previous reporting period are considered, significant improvements in the implementation of the Action Plan can be seen in most regions, notably Central, South and South-West Asia, Eastern and South-Eastern Europe, North Africa and the Middle East and Latin America and the Caribbean. Progress was thus strongest in regions which had had below-average implementation rates.

Figure II  
**Reported implementation of the Action Plan by region, 2002-2004 and 2004-2006**



12. Progress in the overall implementation of the Action Plan at the regional and subregional levels over four reporting periods from 1998 to 2006 is presented in figure III.

Figure III  
**Reported implementation of the Action Plan, by region, over four reporting periods, 1998-2006**



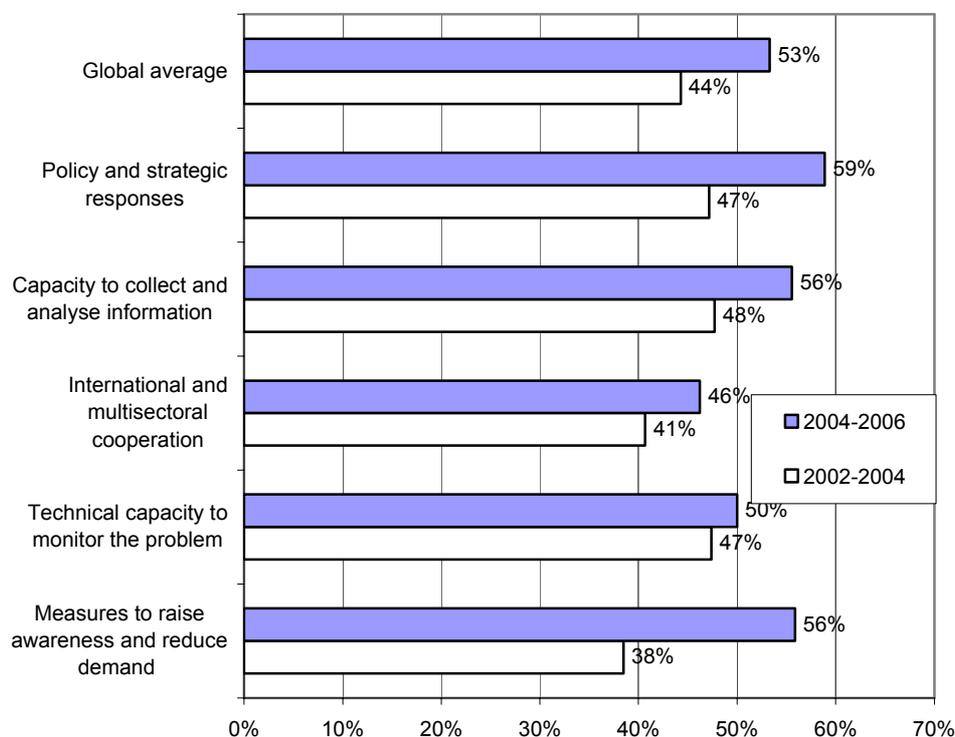
## B. The five key areas of implementation

13. The five key areas of implementation of the Action Plan are discussed in detail below.

14. The separate analysis of the five key areas shows that the highest levels of implementation at the global level in the period 2004-2006 were reported with regard to policy and strategic responses (59 per cent), capacity to collect information (56 per cent) and improvement of awareness and demand reduction (56 per cent) (see figure IV).

15. However, between the periods 2002-2004 and 2004-2006, improvements were made in all areas of the Action Plan, with the strongest improvements being reported for measures to raise awareness and reduce demand (+18 percentage points), followed by policy and strategic responses (+12 percentage points). Although international and multisectoral cooperation was still the least developed area in the period 2004-2006 (46 per cent), it had also improved over the period 2002-2004 (+5 percentage points).

Figure IV  
**Reported implementation of the Action Plan in five key areas, 2002-2004 and 2004-2006**



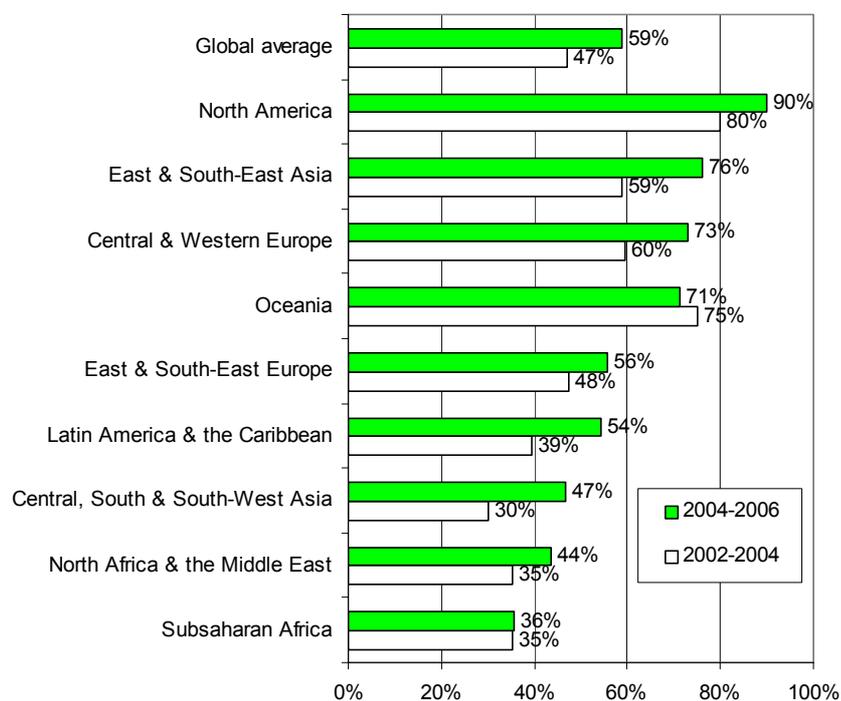
### 1. Policy and strategic responses

16. The analysis of the policy and strategic response to the problem of amphetamine-type stimulants was based on a group of seven individual questions selected from the biennial reports questionnaire. They relate to the implementation of international drug control treaties and resolutions and a number of measures that go beyond the treaties, such as those relating to non-scheduled substances, acceleration of the scheduling process, prevention of diversion and identification and assessment of new amphetamine-type stimulants.

17. The analysis of the responses shows that implementation of policy and strategic responses related to the Action Plan improved between the periods 2002-2004 and 2004-2006 in most regions. Strong improvements were reported from countries in Asia and Europe.

18. Overall, 59 per cent of the countries reported that they had taken measures in line with the Action Plan in those areas. The highest implementation rates were reported from North America (90 per cent), followed by East and South-East Asia (76 per cent) and Central and Western Europe, while the lowest implementation rates were found among the countries in sub-Saharan Africa (35 per cent) (see figure V).

Figure V  
**Policy and strategic responses: implementation by region, 2002-2004 and 2004-2006**



## 2. Capacity to collect and analyze information

19. The capacity to collect and analyse information was determined on the basis of the replies to two questions in the biennial reports questionnaire relating to the monitoring of illicit demand and abuse patterns of amphetamine-type stimulants and improving data collection.

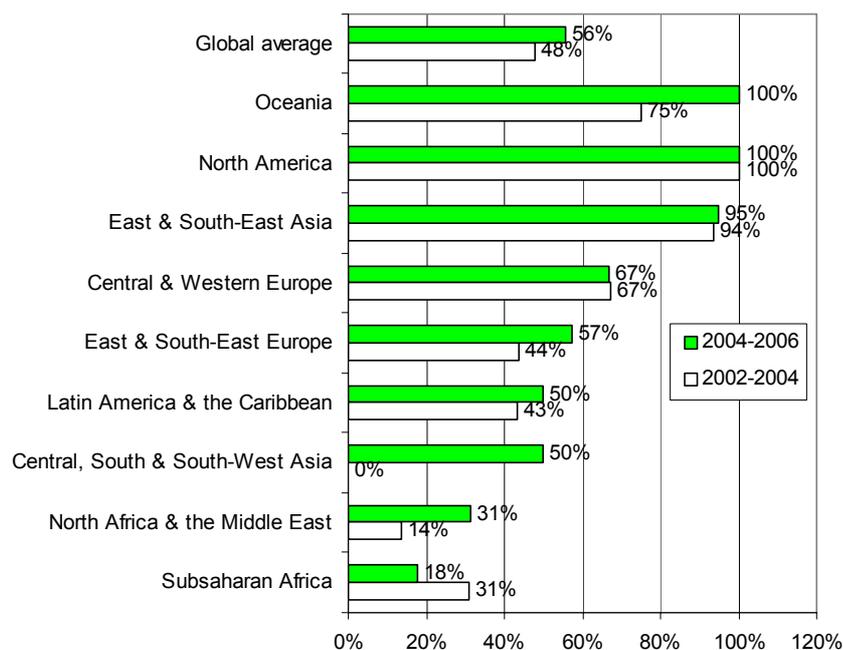
20. Overall, 56 per cent of the countries reporting stated that they had the capacity to collect and analyse data related to amphetamine-type stimulants. This capacity was reported to be very well established in Oceania (100 per cent), North America (100 per cent) and East and South-East Asia (95 per cent). High ratios were also reported from Europe and Latin America (see figure VI).

21. However, there is a major difference between a capacity to collect data on a limited or ad hoc basis and the existence of comprehensive monitoring systems. In fact, the actual capacity of Member States to reply to questions in the annual reports questionnaire of the United Nations Office on Drugs and Crime is quite limited. While progress is being made, a clear majority of the countries still lack sufficient infrastructure to undertake the routine collection of data and report on questions relating to clandestine laboratories, manufacturing methods, precursors used, prices, sources of amphetamine-type stimulants and their precursors and epidemiological issues, as prescribed in paragraph 23 (e) of the Action Plan.

22. Nonetheless, there have been improvements in the reporting capacity as well as in the actual reporting of data over the years. Thus, the reported improvements of data collection systems (from the baseline period 1998-2000) in Eastern and South-Eastern Europe, East and South-East Asia, Latin America and the Caribbean and Central and Western Europe were reflected in better reporting.

Figure VI

**Capacity to collect and analyse data: implementation by region, 2002-2004 and 2004-2006**



### 3. International and multisectoral cooperation

23. One key priority of the Action Plan is to foster and improve cooperation among Member States. This refers to strengthening regional cooperation, inter alia, through (a) multilateral exchanges of information among States about the adoption of amendments to national laws relating to the control of amphetamine-type stimulants; (b) regional arrangements for monitoring new developments in the clandestine manufacture of and trafficking in amphetamine-type stimulants; and (c) the establishment of rapid channels of communication. Moreover, the Action Plan calls for the provision of technical assistance to enable Member States having limited expertise to implement effective measures against the manufacture of, trafficking in and abuse of amphetamine-type stimulants. Finally, the Action Plan calls upon Member States to improve the exchange of information in order to strengthen the control system and apply the “know-your-customer” principle.

24. Judging from Member States replies to five relevant questions in the biennial reports questionnaire, the strongest international and multisectoral cooperation related to the control of amphetamine-type stimulants is to be found in North

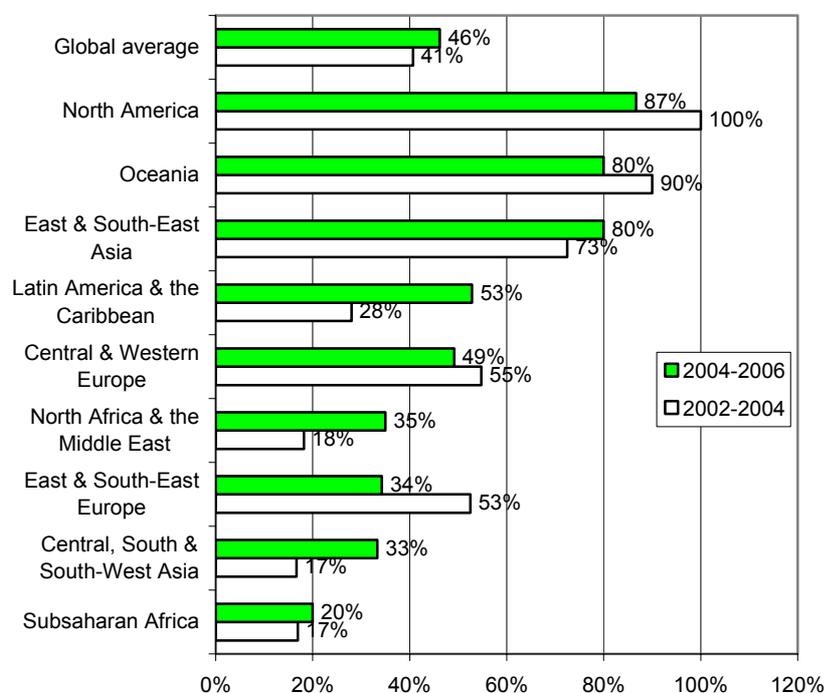
America, Oceania and East and South-East Asia. The lowest levels of cooperation are in sub-Saharan Africa (see figure VII).

25. There seems to have been a slight improvement overall in international and multisectoral cooperation between the periods 2002-2004 and 2004-2006. The proportion of countries responding positively in this respect rose from 41 to 46 per cent. However, the regional distribution shows a rather mixed picture. Improvements were registered among countries in Asia and in Latin America and the Caribbean. In contrast, cooperation appears to have declined in North America, Europe and Oceania.

26. When all four reporting periods from 1998 to 2006 are considered, improvements in cooperation can be identified for countries in East and South-East Asia and countries in Latin America and the Caribbean, while the trend for other regions is less conclusive.

Figure VII

**International cooperation: implementation by region, 2002-2004 and 2004-2006**



**4. Measures to improve technical capacity to detect and monitor the problem of amphetamine-type stimulants, including capacity to better understand it**

27. Another focus of the Action Plan is on concrete measures to improve countries' technical capacity to detect and monitor the problem of amphetamine-type stimulants as a prerequisite for effectively dealing with it. Reflecting the complexity of the problem, specific areas for improvement are identified in the Action Plan, such as the detection and monitoring of clandestine manufacture, drug signature and profiling and the development of procedures to differentiate between

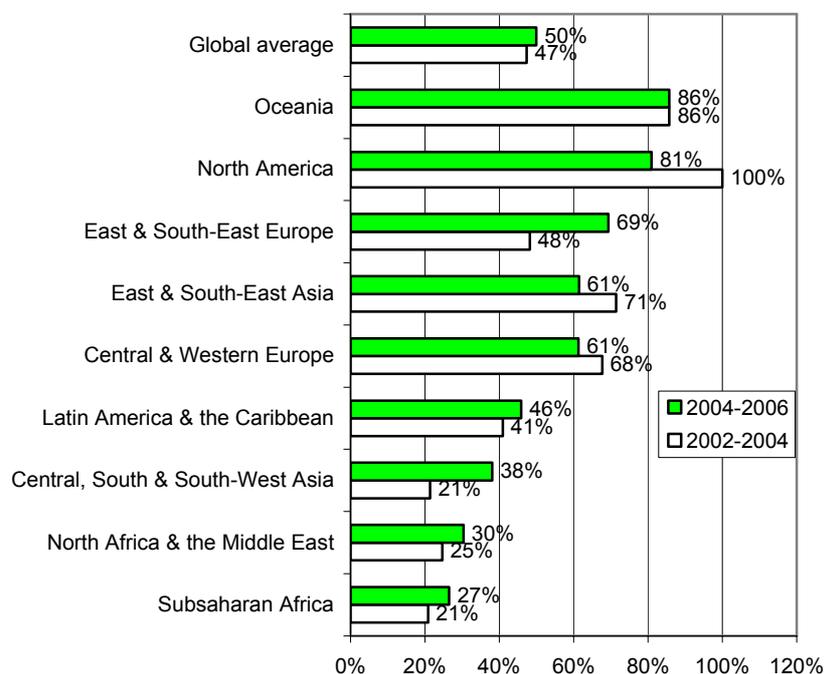
groups of closely related substances. A number of questions in the biennial reports questionnaire explore this issue further, dealing with the provision of scientific support to law enforcement and training activities.

28. The replies reveal that about half of all responding countries have taken measures to improve their technical capacity to detect and monitor the problem of amphetamine-type stimulants (see figure VIII). The data suggest that measures of scientific support to address the problem were most widely implemented in Oceania and North America. Significant improvements in technical capacities for monitoring were reported by countries in Eastern and South-Eastern Europe and Central, South and South-West Asia. The lowest level of technical capacity to deal with the problem is encountered among African countries, notably those in sub-Saharan Africa.

29. For several other regions (e.g. Central and Western Europe and East and South-East Asia), the results obtained were rather misleading and are likely to reflect differences in interpretation of the questions rather than substantial differences in technical capacity. The replies may give an idea of the existing pattern of technical capacity, but were not robust enough to draw final conclusions. In addition, as manufacture and trafficking methods become increasingly sophisticated and diversified, law enforcement agencies and Governments are confronted with new challenges that call for further improvements in technical capabilities.

30. At the global level, the overall improvement from 2002-2004 to 2004-2006 of the technical capacity to monitor the problem of amphetamine-type stimulants appears to have been less pronounced than improvements in other areas where efforts are being made to deal with the problem. There is clearly a need for further integration of scientific support in efforts to monitor the problem and to better understand it.

Figure VIII  
**Measures to improve technical capacity to monitor the amphetamine-type stimulants problem: implementation by region, 2002-2004 and 2004-2006**



## 5. Measures to raise awareness and reduce demand

31. This section analyses the progress reported by Member States in adopting new and enhanced measures to raise awareness and reduce demand for amphetamine-type stimulants in accordance with the Action Plan.

32. While supply reduction measures play a role, there is no doubt that the main focus of the Action Plan in addressing the problem of amphetamine-type stimulants is on the demand side. Thus, the Action Plan opens with a section on raising awareness of the problem, followed by a section on reducing demand. Member States are encouraged, inter alia, to run public awareness campaigns; to continuously monitor changing patterns of abuse; to investigate social, economic, health and cultural dimensions of the abuse of amphetamine-type stimulants, especially the long-term health effects; and to use all of this information for targeted prevention and treatment efforts.

33. Five of the questions in the biennial reports questionnaire dealt with awareness raising and curtailing demand for amphetamine-type stimulants. Specifically, Member States were asked whether they had taken measures to raise awareness and reduce the demand for amphetamine-type stimulants; whether they had instituted specific programmes to prevent youths from using amphetamine-type stimulants; and whether steps had been taken to prevent the exchange of drug-related information through the Internet and to disseminate information on the adverse

health, social and economic consequences of the abuse of amphetamine-type stimulants through modern information technology.

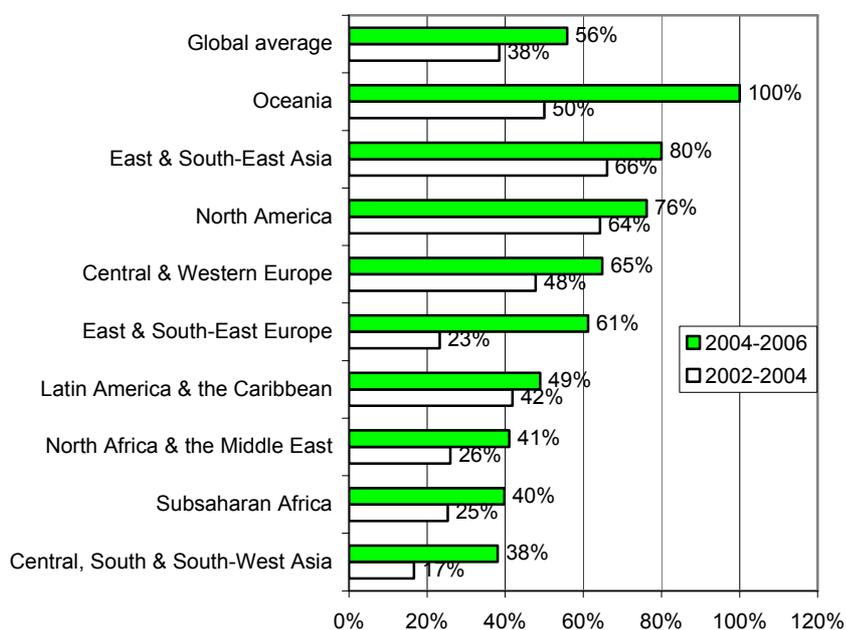
34. The analysis of Member States' replies to these questions shows that in the period 2004-2006, 56 per cent of countries were actively involved in awareness-raising and demand reduction activities, up from just 38 per cent in the period 2002-2004. More countries in all regions reported strengthened efforts in raising public awareness and demand reduction activities (see figure IX).

35. In particular, strong efforts were reported by countries in Oceania, followed by countries in East and South-East Asia, North America and Europe. Though improving, countries in Central, South and South-West Asia and in Africa seem so far to have been least involved in raising public awareness and demand reduction activities. It is understandable that rates of implementation would be lower in countries and regions with relatively low prevalence rates. However, it is important that all Member States remain vigilant in adapting their monitoring and response mechanisms, as the prevalence and patterns of use of amphetamine-type stimulants are variable, changing rapidly over time and differing from one region or country to another.

36. When all four reporting periods from 1998 to 2006 are considered, the improvements are less pronounced. Clear improvements can be identified for the countries of Central, South and South-West Asia, Latin America and the Caribbean and Eastern and South-Eastern Europe.

Figure IX

**Awareness-raising and demand reduction: implementation by region, 2002-2004 and 2004-2006**



### III. Conclusions and recommendations

37. The analysis of the data supplied by Member States in response to the biennial reports questionnaire suggests that the implementation of the Action Plan made clear progress from the period 2002-2004 to the period 2004-2006, with the implementation rate rising from 44 to 53 per cent, up from 42 per cent in the baseline period (1998-2000).

38. The countries reporting the highest levels of implementation of the Action Plan were found in Oceania (87 per cent) and North America (87 per cent), followed by East and South-East Asia (78 per cent) and Central and Western Europe (63 per cent). The implementation of the Action Plan was thus strongly correlated with regions suffering from high levels of manufacture of, trafficking in and abuse of amphetamine-type stimulants. The lowest levels of implementation are found among African countries, notably among countries of sub-Saharan Africa (28 per cent), reflecting, in general terms, a weak institutional framework.

39. In terms of changes between the reporting period 2004-2006 and the previous one, progress in the implementation of the Action Plan was reported by several regions, notably Asia, North Africa and the Middle East and Latin America and the Caribbean. Progress was thus strongest in regions which had below-average implementation rates.

40. The analysis of the five key areas shows improvements across the board, notably for awareness and demand reduction activities and for policy and strategic responses. The highest level of implementation was reported for policy and strategic responses (59 per cent), while international and multisectoral cooperation is still the least developed area (46 per cent).

41. Even though progress has been made towards implementing the Action Plan, albeit in different degrees across regions, it is clear that more has to be done to effectively curb the scourge of manufacture of, trafficking in and abuse of amphetamine-type stimulants at the national and international levels.

42. In terms of the capacity to collect data and analyse information, for instance, it is clear that there is a major difference between a capacity to collect some data and the existence of comprehensive monitoring systems. The latter are still lacking in a majority of Member States, as reflected in the quality of the data they supply in response to the annual reports questionnaire distributed by the United Nations Office on Drugs and Crime.

43. There is also scope for further development of technical cooperation to better control the illicit manufacture and diversion of licit pharmaceuticals containing amphetamine-type stimulants, and the diversion of their precursors.

44. There is also a need to improve the technical capacity of Member States to detect and monitor the amphetamine-type stimulants problem, including the capacity to better understand it. Specifically, there is a need for improved integration of forensic laboratories into national drug control systems to enable them to provide adequate scientific support to law enforcement, regulatory and health authorities dealing with the very complex problem of amphetamine-type stimulants.

45. Member States should also strive to continue the existing trend of implementation in the areas of raising public awareness and demand reduction and remain vigilant in adapting their monitoring and response mechanisms, as the prevalence and patterns of use of amphetamine-type stimulants tend to be variable, changing rapidly over time and differing from one region or country to another.

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