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Thematic debate on the follow-up to the twentieth special session of the General Assembly: general overview and progress achieved by Governments in meeting the goals and targets for the years 2003 and 2008 set out in the Political Declaration adopted by the Assembly at its twentieth special session

The world drug problem

Fifth report of the Executive Director

Addendum

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

Summary

The present report contains the analysis of the data supplied by Member States in response to section VII of the biennial reports questionnaire, which suggests that clear progress has been achieved in the implementation of the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors between the first reporting period (1998-2000) and the fifth reporting period (2006-2007). The overall rate of implementation of the Action Plan reached 55 per cent in the fifth reporting period, up from 44 per cent in the first reporting period.

In general, the most developed key areas of the Action Plan over all five

* Reissued for technical reasons.

** E/CN.7/2008/1.



reporting periods were: “capacity to collect and analyse information”, followed by “policy and strategic responses”, “measures to improve awareness and reduce demand” and “measures to improve technical capacity to detect and monitor the problem of amphetamine-type stimulants, including capacity to better understand it”. At the low end is “international and multisectoral cooperation”.

At the subregional level, the States with the most success in the implementation of the Action Plan between 1998 and 2007 were found in Oceania, North America, East and South-East Asia, and Central and Western Europe. The analysis also shows that there is a difference between Member States with long experience in the implementation of sustained programmes and action plans and those with a lack of resources and limited experience in that regard. This applies to countries in Africa and, to a lesser extent, to countries in Latin America and the Caribbean.

Improvements in the implementation were strongest in those subregions that had shown rather low implementation rates in the baseline period.

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I. Introduction

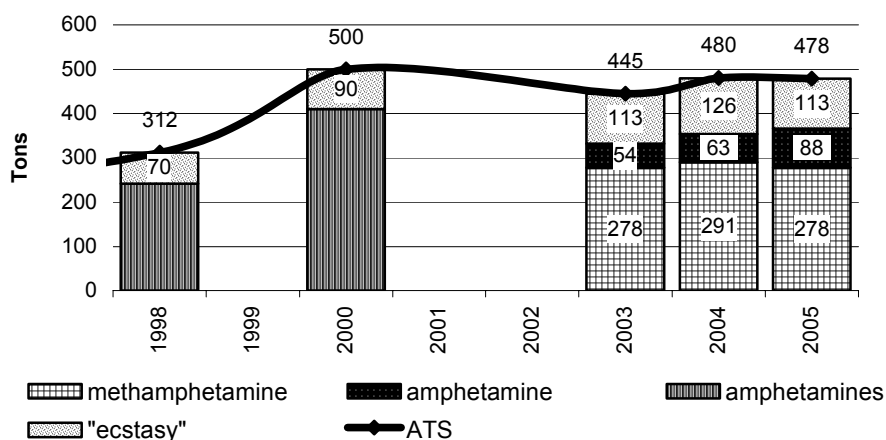
1. At its twentieth special session, devoted to countering the world drug problem together, the General Assembly adopted the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors (resolution S-20/4 A). In the Political Declaration adopted at the same session (resolution S-20/2), Member States decided 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. The year 2008 was established as the 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. The fifth report of the Executive Director on the world drug problem covers the period June 2006 to June 2007 and presents a final assessment report covering the period 1998-2007 combined in one document. The report has been prepared in response to resolution 42/11 of the Commission on Narcotic Drugs and completes the reporting by Member States on the implementation of the Action Plan. The present report also incorporates complementary drug-related data obtained from relevant international organizations pursuant to Commission resolutions 49/1 and 50/12.

2. Globally, the market for amphetamine-type stimulants (ATS) has entered a phase of stabilization after experiencing rapid growth in the 1990s (see figure 1). As action to control precursors is beginning to show results in reducing the supply of raw material to clandestine ATS laboratories, pre-precursors (such as ephedra extracts) are increasingly being trafficked. ATS production continues to be concentrated in North America, East and South-East Asia, Europe and Oceania, as well as in South Africa. Most methamphetamine production continues to occur in North America and in East and South-East Asia. The production of amphetamine takes place mainly in Europe. Similarly, most “ecstasy” production occurs in Europe and North America, although it has increasingly also been found in East and South-East Asia. Although prevalence studies and other data required to estimate demand are limited in respect of developing countries, the United Nations Office on Drugs and Crime (UNODC) estimates that some 25 million people, equivalent to 0.6 per cent of the world population aged 15-64, had used amphetamines¹ in 2005 (or in the latest year for which data was available). More than 14 million people, or 55 per cent of the world’s users of amphetamines, are thought to live in Asia. The global consumer market for amphetamines is larger than the markets for cocaine or heroin. The number of “ecstasy” users is estimated at around 8.6 million people.²

¹ Methamphetamine, amphetamine and other synthetic stimulants (excluding “ecstasy”).

² *World Drug Report 2007* (United Nations publication, Sales No. E.07.XI.5).

Figure 1
Estimates of manufacture of amphetamine-type stimulants, 1998-2005³



3. Global seizures of ATS continue to be dominated by seizures of methamphetamine. Over the period 2000-2005, 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". South-East Asia continues to be the main market for amphetamines, accounting for 42 per cent of total seizures in 2005, followed by North America (17 per cent of total seizures) and Central and Western Europe (16 per cent). In 2005, over 95 per cent of ATS laboratories dismantled worldwide were producing methamphetamine. Methamphetamine production is highly dispersed and the drug can be produced in sophisticated "super" laboratories and in kitchen laboratories. These small, easily improvised kitchen laboratories form the overwhelming proportion of dismantled methamphetamine laboratories.⁴

4. The present report contains an analysis of the efforts of Member States to implement the Action Plan, as reported in their replies to section VII of the biennial reports questionnaire, and provides information on overall achievement of the goals and targets set by the General Assembly at its twentieth special session, drawing together all five reporting cycles (1998-2000, 2000-2002, 2002-2004, 2004-2006 and 2006-2007) together with complementary drug-related data and information.

³ Ibid.

⁴ Ibid.

Table
States responding to section VII of the biennial reports questionnaire, by reporting period

<i>Reporting period</i>	<i>Number of States</i>
1998-2000	109
2000-2002	123
2002-2004	104
2004-2006	100
2006-2007	107

Analysis of information

5. Monitoring of the implementation of the Action Plan has been carried out through analysis of responses provided by Member States in section VII of the biennial reports questionnaire. The replies to the questions were coded into a dichotomous variable (“yes” or “no”).

6. The questions included in the questionnaire were grouped into five key areas according to the main topics contained in 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 ATS, including capacity to better understand the problem; and (e) measures to raise awareness and reduce demand. The average of these five key areas (giving equal weight to each area) was calculated at the global level so as to serve as a broad indication of the overall implementation of the Action Plan. This analysis is presented in chapter II, section A, of the present report.

7. In addition, the five key areas were analysed separately at the subregional level over the five reporting cycles. This analysis is presented in chapter II, section B, of the report.

8. Some caution is indicated for the comparison of data referring to different cycles (as the number of reporting countries differs) and regions, notably if the number of countries in a subregion is small.

9. As requested in resolution 49/1 of the Commission on Narcotic Drugs, the present report also takes into account complementary drug-related data and draws on complementary expertise, which contributed significantly to the assessment. In compliance with that mandate, UNODC organized a round of informal expert consultations with individual experts and experts from relevant international organizations, which were held from 6 to 8 February 2007 and 18 to 20 September 2007 in Vienna.⁵ The consultations focused, *inter alia*, on the existing framework for analysing drug-related trends at the global level and the comparative analysis of the key components of different monitoring systems and of other sources of complementary information.

⁵ See E/CN.7/2008/8.

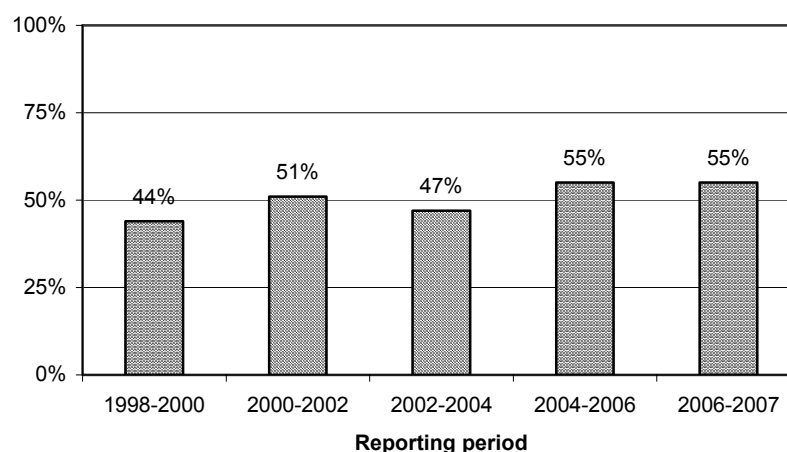
II. Implementation of the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors

A. Overview

10. The fifth reporting cycle brought to an end the overall reporting period (1998-2007) on the implementation of the Action Plan. The calculated global index showed an implementation rate of 55 per cent.⁶ This was a clear improvement over the baseline period, which pointed to a global implementation rate of only 44 per cent. Implementation improved to 51 per cent in the second reporting period and 55 per cent in the fourth period. Thus, significant but insufficient progress was made by Member States between the baseline reporting period (1998-2000) and the fifth reporting period (2006-2007) (an increase of 11 percentage points) to achieve the targets set in 1998. The fourth and the fifth reporting periods were the most successful ones. The overall upward trend in the implementation rate was interrupted only by a temporary decline between the second and third reporting periods (2002-2004) (see figure 2).

Figure 2

All regions: implementation of the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors, by reporting period
(Composite index)



⁶ The composite indices that have been developed summarize the responses provided by Member States through the questionnaire with regard to the reported implementation and estimated coverage of activities as requested under the Action Plan. An analysis has been conducted using the data provided by all those countries that responded to the questionnaire in each reporting period. The indices are presented as regional averages, ranging from a minimum of 0 per cent to a maximum of 100 per cent. For example, a region reaches 100 per cent when all the reporting countries indicate having all the requested measures in place, while a region where all reporting countries report having none of those measures in place has a rating of 0 per cent.

11. The average rate of growth in the implementation of the Action Plan amounted to around 3 per cent during each reporting cycle. The most significant improvement took place between the third reporting period (2002-2004) and the fourth reporting period (2004-2006), with an increase of 8 percentage points. Between the fourth and the fifth reporting periods no further improvement was observed. However, the time frame for data collection in the fifth reporting period (2006-2007) was shorter than for previous reporting cycles, which may have had an impact on the final results (see figure 2).

12. The analysis of all five reporting periods (see figures 3-6) shows that several subregions achieved their best implementation rates in different periods: the highest implementation rates in Oceania (96 per cent) and North America (94 per cent) were reported in the fifth period; East and South-East Asia reported its highest implementation rate (78 per cent) in the fourth period; Central and Western Europe reported its best implementation rate (65 per cent) in the second reporting period; while Eastern and South-Eastern Europe showed its highest level of implementation (56 per cent) in the fourth and fifth reporting periods. The highest implementation rate for Latin America and the Caribbean, while at the lower end of the ranking (51 per cent), appears in the fourth reporting period and the best implementation rate for North Africa and the Middle East (47 per cent) occurred in the fifth cycle. The highest implementation rate in Sub-Saharan Africa (43 per cent) was found in the fifth reporting cycle. The Central, South and South-West Asia region had its highest level of implementation (42 per cent) in the fourth and fifth reporting periods.

Figure 3

Africa and the Middle East: implementation of the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors, by reporting period
(Composite index)

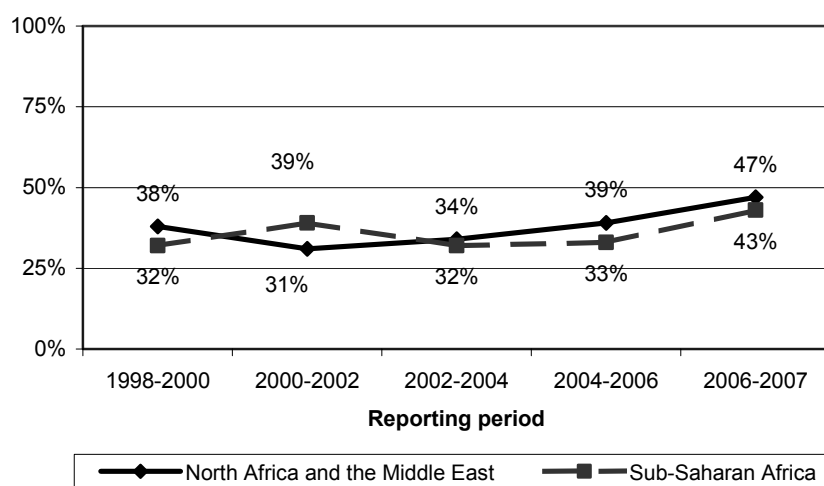


Figure 4

Americas: implementation of the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors, by reporting period
(Composite index)

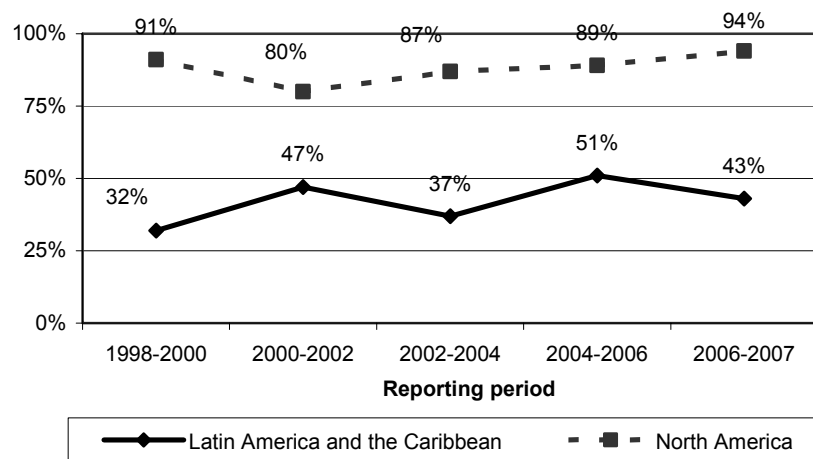


Figure 5

Asia and Oceania: implementation of the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors, by reporting period
(Composite index)

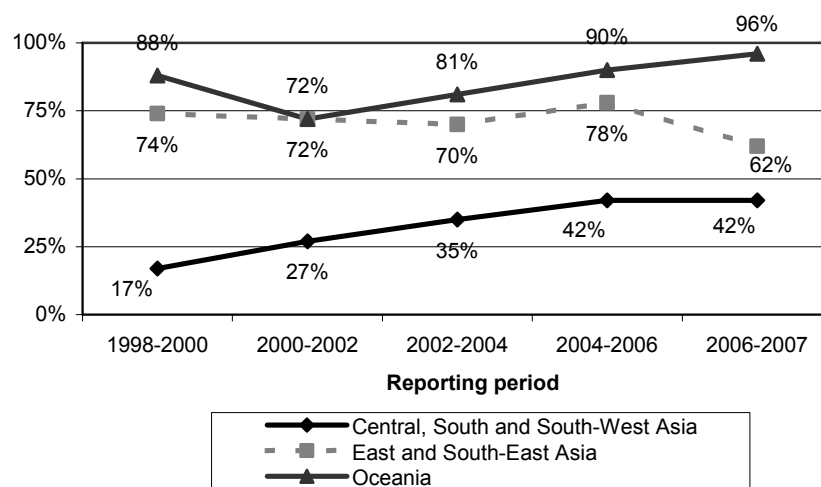
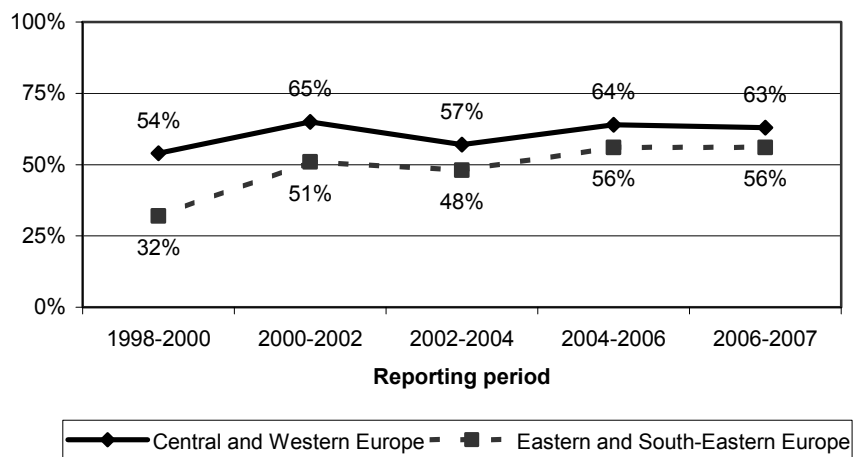


Figure 6

Europe: implementation of the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors, by reporting period
(Composite index)



13. In general, the progress made in implementing the Action Plan was best in subregions that had shown rather low implementation rates in the baseline period. The comparison of the fifth reporting period with the baseline period shows that implementation of the Action Plan in Central, South and South-West Asia improved by 25 percentage points, in Eastern and South-Eastern Europe implementation improved by 24 percentage points, in Sub-Saharan Africa and Latin America and the Caribbean it improved by 11 percentage points each, in Central and Western Europe and North Africa and the Middle East it improved by 9 percentage points each, in Oceania it improved by 8 percentage points and in North America, where implementation had been high at the beginning, implementation improved by 3 percentage points.

14. In contrast, the implementation of the Action Plan in East and South-East Asia appears to have lost momentum in the fifth cycle, although most States from this subregion participate in a number of technical cooperation projects with UNODC. The implementation rate, based on the replies obtained, decreased from the rate in the baseline period by 12 percentage points. However, this trend was not consistent with other data available to UNODC. Additional information suggests that this may be the result of inter-institutional coordination problems within the subregion and of methodological difficulties in the interpretation of questions in the questionnaire.

Complementary drug-related data

15. Complementary drug-related data and expertise, acquired by specialized national or regional bodies and described below, contributed to the assessment and verification of the data reported by Member States and increased the quality of the present assessment. This applies in particular to East and South-East Asia, where the reported data by Member States, suggesting a strong decrease in the implementation of the Action Plan in the fifth reporting period, could not be confirmed.

16. In contrast, complementary data available to UNODC and provided by the Southern Caucasus Anti-Drug Programme confirmed that ATS were not a major problem in Central, South and South-West Asia, which may explain the rather low implementation rates reported to UNODC throughout all five reporting periods. Nonetheless, experts from toxicological clinics in the region considered that ATS use was on the rise.

17. For Latin America and the Caribbean, a fluctuating, although overall low, implementation rate was observed. Complementary drug-related information provided by the Inter-American Drug Abuse Control Commission of the Organization of American States confirmed that a number of countries had made progress in developing national drug observatories and establishing central offices for gathering information and statistics. However, the development and implementation of national information-gathering and management systems continued to face obstacles stemming from limited human, financial and technological resources and from inter-institutional coordination problems. These problems applied, in particular, to the countries of the Caribbean region, which showed very low response rates to the questionnaire throughout the five reporting periods.

18. The data reported through the questionnaire suggest that after Oceania and North America, Central and Western Europe and Eastern and South-Eastern Europe have been among the subregions that have been the most successful in implementing the Action Plan. Although the European consumer markets have not seen a shortage of ATS over the past decade, complementary information provided by the European Police Office (Europol) suggested that the introduction of intelligence-led law enforcement, the creation of multidisciplinary and specialized law enforcement teams and specific programmes (such as Project Synergy or the Collaborative Harmonised Amphetamine Initiative (CHAIN) and Comprehensive Operational Strategic Planning for the Police (COSPOL) initiative) have been successful.⁷ Moreover, two successive European Union drug strategies and their related action plans have been endorsed and implemented over the past decade. The new European Union Drugs Strategy (2005-2012) called for a measurable improvement in the effectiveness, efficiency and knowledge base of law enforcement interventions and actions by the European Union and its member States, targeting production and trafficking in drugs and precursors, including the diversion of synthetic drug precursors imported into the European Union.⁸ The Action Plan (2005-2008) for the Drugs Strategy calls, inter alia, for the development of a long-term solution at the level of the European Union for: (a) using the results of forensic profiling of synthetic drugs for law enforcement strategic and operational purposes; (b) combating serious criminal activity in the field of chemical precursor diversion; and (c) preventing the diversion of precursors, in particular synthetic drug precursors imported into the European Union, by implementing the European Community precursor legislation.⁹

⁷ See http://www.europol.europa.eu/publications/Serious_Crime_Overviews/EuropolUNGASSAssessment.pdf.

⁸ See note from the General Secretariat to the European Council (15074/04), available at <http://www.emcdda.europa.eu/html.cfm/index6790EN.html>.

⁹ *Official Journal of the European Union*, C 168 of 8 July 2005, available at <http://www.emcdda.europa.eu/index.cfm?nNodeID=10360>.

19. A low implementation rate of the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors and low response rates were observed for Africa. This suggests that political instability in certain countries, weak monitoring capabilities within many Government departments and lack of dedicated resources contributed to the weak performance of the subregions in Africa. This outcome was confirmed by additional data provided by Interpol, which pointed out that information and structures for the establishment of national drug strategies and action plans were not sufficiently developed. Structures for the handling of precursor chemicals and joint activities with either law enforcement or the chemical and pharmaceutical industries rarely existed. As a result, Africa was increasingly affected by precursor shipments and confronted with higher levels of production of synthetic drugs. Africa has also been identified as a trans-shipment point for precursor consignments destined for other regions.

20. Complementary data provided by the Association of Southeast Asian Nations (ASEAN) and China Cooperative Operations in Response to Dangerous Drugs (ACCORD) suggested, regarding both the supply and demand side of the Action Plan, that all 11 ACCORD countries¹⁰ had made progress in the implementation of the Action Plan, with many of the States reporting specific demand-reduction action plans. The majority of the ACCORD countries identified ATS as a priority in their national drug control policies. Guidelines for ATS treatment exist in some States, including Malaysia, the Philippines and Thailand. All countries work with community-based organizations in the provision of treatment. Thus, the decline in the implementation rate of the Action Plan, as reported by these States through the questionnaire, does not seem to reflect reality. However, the majority of States reported an increase in ATS abuse in the past three years. As a result, the severity of the impact and the entrenchment of the ATS problem remain matters of concern in this subregion.

B. The five key areas of implementation

21. A comparison of the calculated indices shows that the key areas rank as follows in terms of development: (a) capacity to collect and analyse information (60 per cent); (b) policy and strategic responses (57 per cent); (c) measures to improve awareness and reduce demand (55 per cent); (d) measures to improve technical capacity to detect and monitor the problem of ATS, including capacity to better understand the problem (52 per cent); and (e) international and multisectoral cooperation (49 per cent).

22. The analysis of the entire reporting period (1998-2007), shows a significant improvement in several key areas. The strongest improvements were reported in the context of the capacity to collect and analyse information (an increase of 21 percentage points), followed by measures to improve awareness and reduce demand (13 percentage points), international and multisectoral cooperation (10 percentage points), policy and strategic responses (6 percentage points) and measures to improve technical capacity to detect and monitor the problem of ATS,

¹⁰ Brunei Darussalam, Cambodia, China, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.

including capacity to better understand the problem (4 percentage points) (see figures 7-11).

Figure 7

All regions: implementation in the area of policy and strategic responses, by reporting period
(Composite index)

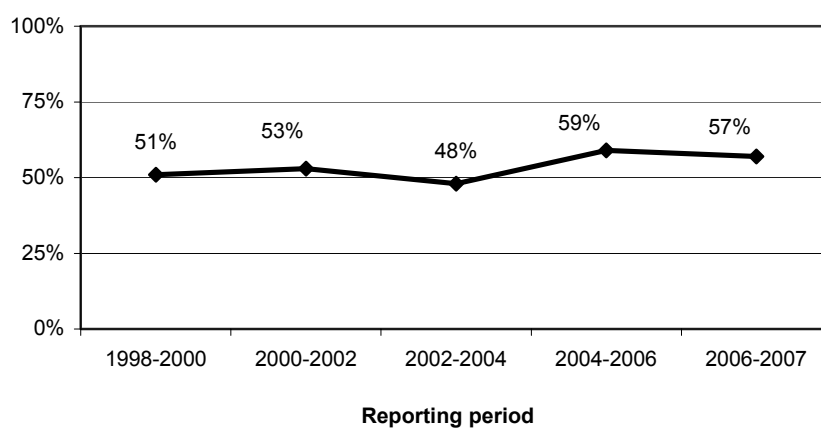


Figure 8

All regions: implementation in the area of capacity to collect and analyse information, by reporting period
(Composite index)

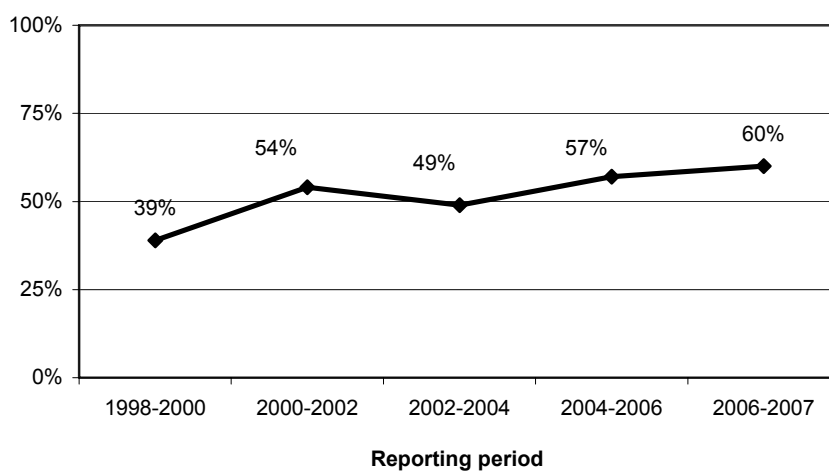


Figure 9

All regions: implementation in the area of international and multisectoral cooperation, by reporting period
(Composite index)

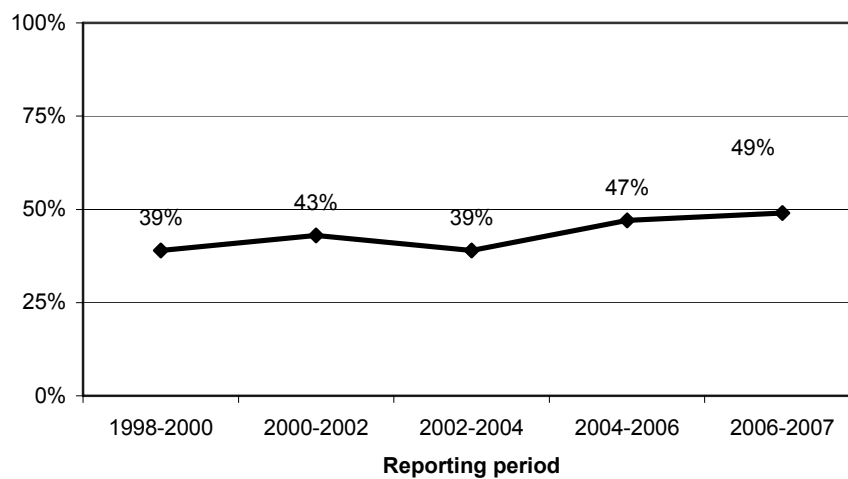


Figure 10

All regions: implementation in the area of measures to improve technical capacity to detect and monitor the problem of amphetamine-type stimulants, by reporting period
(Composite index)

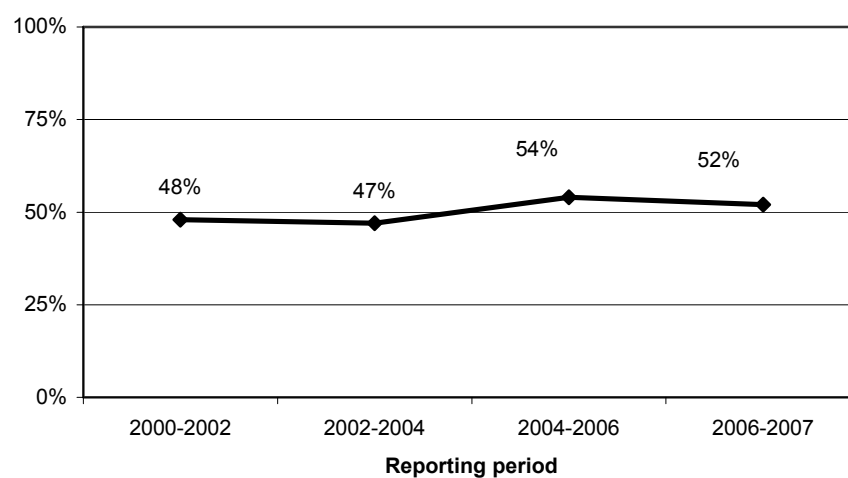
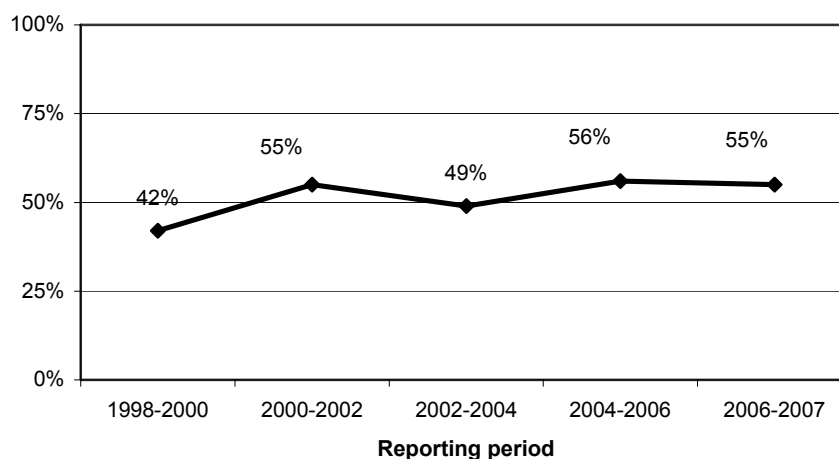


Figure 11

All regions: implementation in the area of measures to improve awareness and reduce demand, by reporting period
(Composite index)



1. Policy and strategic responses

23. The indicator for the first key area, policy and strategic responses, was taken from the replies to seven individual questions from section VII of the questionnaire. The questions related to: (a) implementation of international drug control treaties and resolutions and a number of measures that go beyond the treaties; (b) introduction of mechanisms to deal with non-scheduled substances; (c) prevention of diversion and irresponsible marketing and prescribing; (d) identification and assessment of new substances; (e) acceleration of the scheduling process; (f) introduction of appropriate sanctions and penalties; and (g) cooperative activities to strengthen the control system.

24. Analysing the individual questions of this key area in the fifth reporting period, 87 per cent of the responding States reported that they had implemented the international drug control treaties, the relevant resolutions of the Economic and Social Council and the Commission on Narcotic Drugs and the recommendations of the International Narcotics Control Board (INCB). Almost half (49 per cent) of the States indicated that they had introduced mechanisms to deal with non-scheduled substances, in particular those included in the limited special surveillance list established by INCB. About half of the States (48 per cent) had introduced measures to prevent the diversion of ATS and irresponsible marketing and prescribing of such substances. Again, about half of the States (51 per cent) had introduced measures to rapidly identify and assess new ATS found in the illicit market. Less progress was made in accelerating the ATS scheduling process, with only 26 per cent of respondents reporting having introduced measures to that effect. A total of 39 per cent of the countries reported having introduced appropriate sanctions and penalties for offences relating to ATS and having strengthened law enforcement efforts.

25. In comparison with the other areas, the index for the area of policy and strategic responses constituted the second most developed key area of the Action

Plan throughout all five reporting periods. The assessment of progress made between the baseline reporting period (1998-2000) and the fifth reporting period (2006-2007) points to an increase in the implementation rate of 6 percentage points (see also paras. 22 and 23 and figure 4).

26. The highest growth in the area of policy and strategic responses (see figures 12-15) was found in the subregion of Central, South and South-West Asia (up 23 percentage points), followed by Oceania (up 15 percentage points), Eastern and South-Eastern Europe (up 12 percentage points), Latin America and the Caribbean (up 10 percentage points), Central and Western Europe (up 8 percentage points) and Sub-Saharan Africa (up 7 percentage points). Only a slight increase in the implementation rate was observed for North America (up 4 percentage points). In the case of North America, however, the high implementation rate in the 1998-2000 baseline reporting period must be taken into account. Implementation in North Africa and the Middle East deteriorated by 2 percentage points; for this subregion the best implementation rate was reported in the baseline period.

27. The implementation rate for East and South-East Asia declined by 17 percentage points in the fifth reporting period compared with the baseline period. However, other data available to UNODC could not confirm this trend. The ACCORD documents, for instance, indicate that there is a strong commitment to make the ASEAN member States and China a drug-free region.

28. The highest implementation rates in the area of policy and strategic responses throughout all five reporting periods were found in Oceania and North America, while countries in Africa and in Central, South and South-West Asia had the lowest implementation rates. Other data available to UNODC (from the responses to the annual reports questionnaire) confirmed the trend for Africa, which suggests that the markets were supplied with ATS diverted from legitimate pharmaceutical trade. The high implementation rate reported by countries of North America was also confirmed by other data available to UNODC, which revealed that the United States and Canada had reduced the availability of over-the-counter pharmaceutical preparations containing ATS precursors, notably pseudoephedrine.

Figure 12
Africa and the Middle East: implementation in the area of policy and strategic responses, by reporting period
 (Composite index)

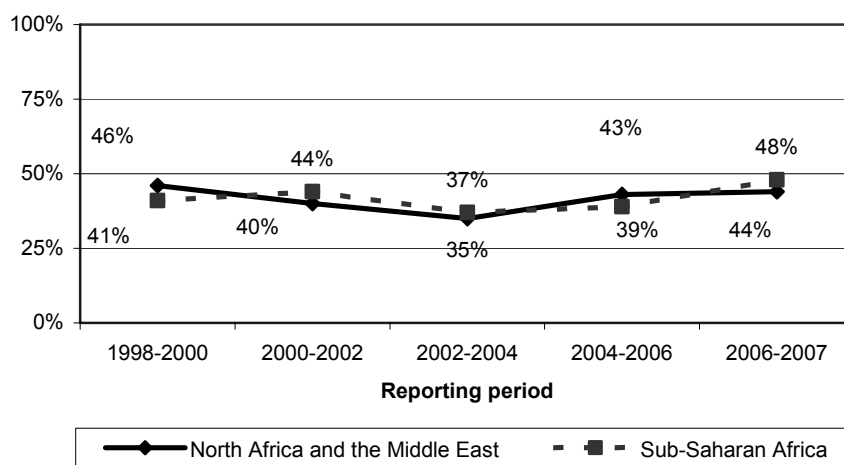


Figure 13
Americas: implementation in the area of policy and strategic responses, by reporting period
 (Composite index)

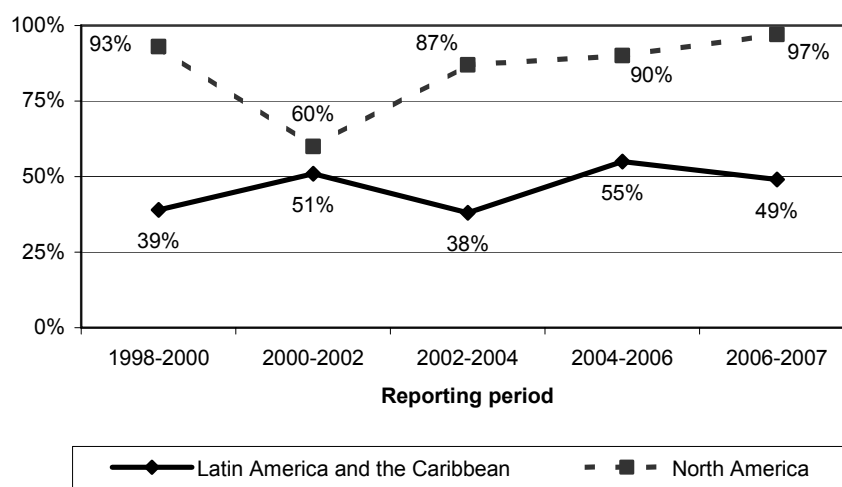


Figure 14
Asia and Oceania: implementation in the area of policy and strategic responses,
by reporting period
 (Composite index)

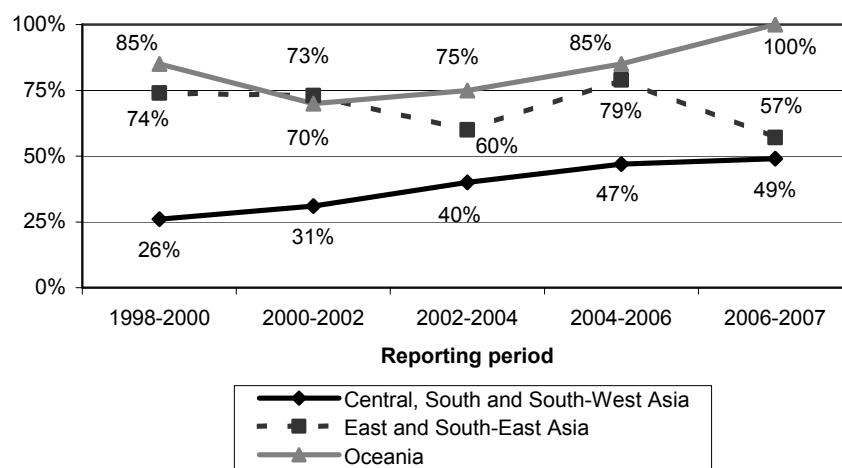
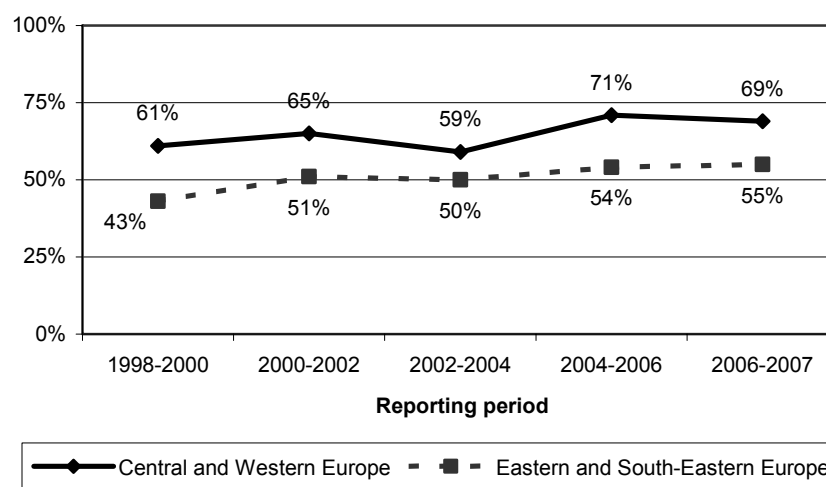


Figure 15
Europe: implementation in the area of policy and strategic responses,
by reporting period
 (Composite index)



29. Although the countries of Sub-Saharan Africa reported an increase in the implementation rate in the area of policy and strategic responses, this must be seen against the background of a very low response rate in the fifth reporting period and the lack of specific complementary data for this subregion.

2. Capacity to collect and analyse information

30. Information in the area of the capacity of States to collect and analyse information was derived from two questions in the biennial reports questionnaire. These questions related to: (a) implementation of measures taken by Member States to monitor continuously the illicit demand for and abuse patterns of ATS; and (b) improvement in data collection.

31. An analysis of the individual questions shows that in the fifth reporting period, 62 per cent of the responding States reported that they had taken measures to improve their data collection capacity, while 59 per cent reported that they were monitoring the illicit demand for ATS.

32. The index calculated for the capacity to collect and analyse information represents the most developed key area of the Action Plan. The growth rate between the baseline and the fifth reporting period constituted the highest increase among all the five key areas (see also paras. 22 and 23 and figure 4).

33. For seven out of nine subregions, significant increases were observed. The strongest improvements were reported by Eastern and South-Eastern Europe (by 45 percentage points) and Central, South and South-West Asia (by 36 percentage points), two subregions that had shown weak rates of implementation of the Action Plan in the baseline period. Other States reporting increases in implementation rates were found in Latin America and the Caribbean (by 27 percentage points), which had also shown very low baseline implementation rates. Improvements in implementation were also seen in Sub-Saharan Africa and North Africa and the Middle East (by 21 percentage points each), North America (by 17 percentage points) and Central and Western Europe (by 14 percentage points). Oceania showed no change in its implementation rate, having had a 100 per cent implementation rate in both the baseline and the fifth reporting periods (see figure 18).

34. For East and South-East Asia, analysis showed a decline of 8 percentage points in implementation. Additional data available to UNODC suggest that the capabilities of States in the subregion to collect, compile and disseminate accurate and timely data on the current drug abuse situation vary greatly. Some States have sophisticated and well-funded data systems, research infrastructure and survey programmes, while data collection activities in others are relatively undeveloped because of a lack of resources. However, ASEAN member States and China, participating in the Drug Abuse Information Network for Asia and the Pacific, supplied complementary data to UNODC that clearly indicated improvements in ATS monitoring and ATS data collection.¹¹

¹¹ UNODC has produced reports on patterns and trends of ATS in East and South-East Asia utilizing DAINAP data each year from 2004 to 2007.

Figure 16
Africa and the Middle East: implementation in the area of capacity to collect and analyse information, by reporting period
 (Composite index)

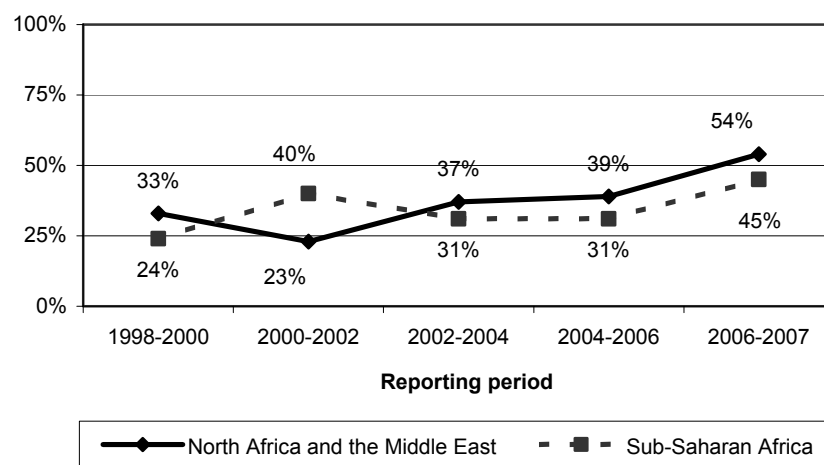


Figure 17
Americas: implementation in the area of capacity to collect and analyse information, by reporting period
 (Composite index)

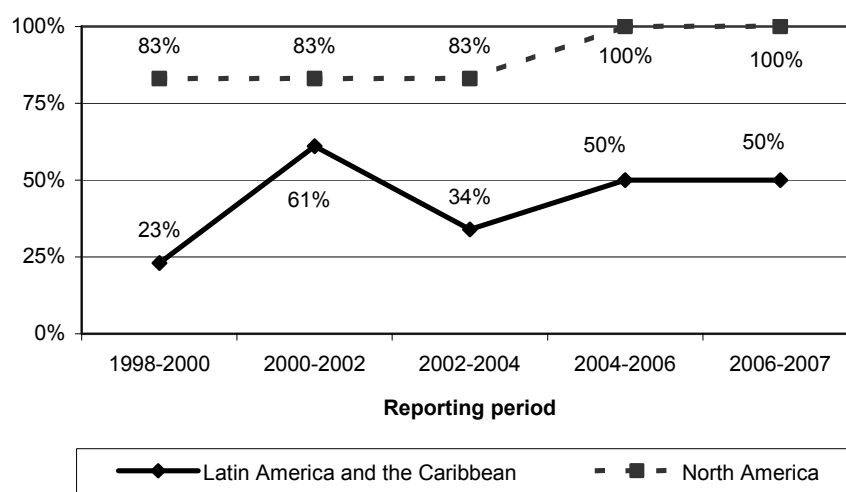


Figure 18
Asia and Oceania: implementation in the area of capacity to collect and analyse information, by reporting period
 (Composite index)

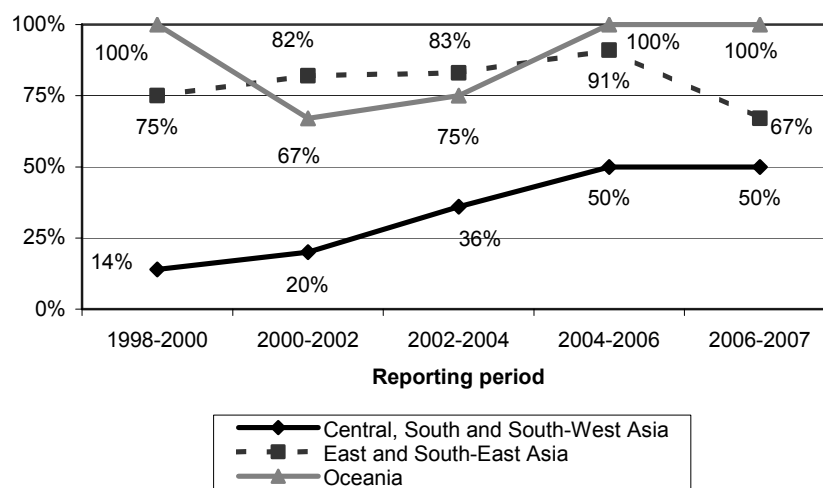
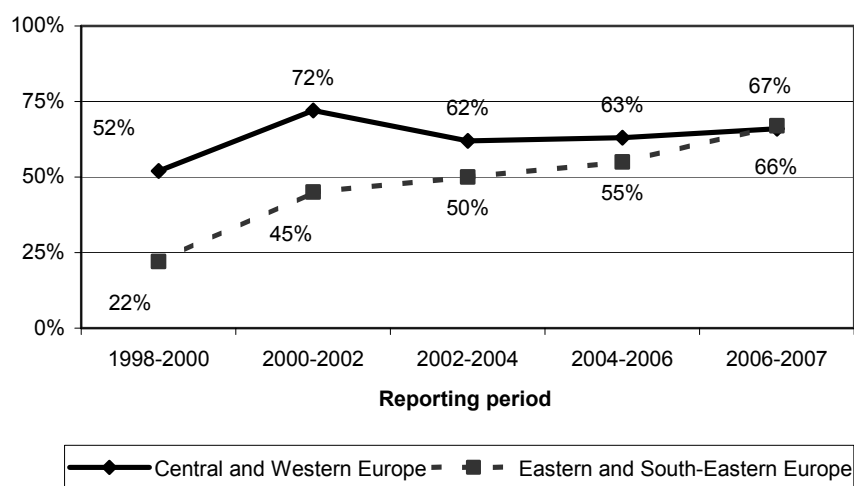


Figure 19
Europe: implementation in the area of capacity to collect and analyse information, by reporting period
 (Composite index)



35. Reviewing all five reporting periods in the area of capacity to collect and analyse information, the highest implementation of the Action Plan was found among countries in North America, Oceania and Central and Western Europe. Actual data supplied by Member States through the annual reports questionnaire confirmed that the most developed systems to collect and analyse information were found in those three subregions. Within the subregion of Oceania, Australia reported that in 2006 it had improved its capabilities to monitor and control the sale of

pharmaceutical preparations containing pseudoephedrine. Among other measures, a computer system that permitted pharmacists to track the purchases of pseudoephedrine products by their clients had been implemented across the country.

3. International and multisectoral cooperation

36. Five individual questions were selected from the biennial reports questionnaire to cover the key area of international and multisectoral cooperation. The questions focused on: (a) implementation of measures enhancing cooperation with the chemical industry to prevent diversion of precursors; (b) implementation of measures enhancing cooperation with the pharmaceutical industry to prevent diversion of licit pharmaceuticals containing ATS; (c) improvement of regional cooperation; (d) introduction of the “know-your-client” principle; and (e) assistance provided to other countries dealing with the problem of ATS.

37. The analysis of the individual questions showed that in the fifth cycle about 60 per cent of the reporting States had taken measures to enhance cooperation with the chemical industry in order to prevent the diversion of ATS precursors and with the pharmaceutical industry in order to prevent the diversion of licit pharmaceuticals containing ATS. The “know-your-client” principle, in contrast, had been introduced by just 32 per cent of the responding States. More than half of the States (52 per cent) stressed that they had improved ATS-related regional cooperation activities, while 40 per cent had actively assisted other countries in dealing with the ATS problem.

38. The index for the area of international and multisectoral cooperation represents the key area of the Action Plan that is the least developed. However, analysing the growth rate between the baseline period and the fifth reporting period reveals a substantial increase in the overall implementation for that area (up by 10 percentage points) (see also paras. 22 and 23 and figure 4). That result underlines the need for Member States to focus their efforts further in this key area.

39. The comparison of the baseline period with the fifth reporting period (see figures 20-24) indicates progress in Central, South and South-West Asia (27 percentage points). An increase was also registered for Oceania (20 percentage points), Eastern and South-Eastern Europe (16 percentage points) and Sub-Saharan Africa (11 percentage points). Less significant increases were reported by countries in the subregions of Central and Western Europe and Latin America and the Caribbean (10 percentage points each), North Africa and the Middle East (9 percentage points) and North America (6 percentage points).

40. A decline in implementation between the baseline and the fifth reporting period was again found in East and South-East Asia (of 8 percentage points) (see figure 22). However, other information suggests that cooperation among States of East and South-East Asia has improved since 1998. As an example, a concerted intervention by the Governments of Myanmar and Thailand in 2003 led to a shrinking of the methamphetamine market, illustrating the impact of measures taken in East and South-East Asia.

41. The highest levels of implementation in international and multisectoral cooperation throughout all five reporting periods were found in the subregions of Oceania, North America, East and South-East Asia and Central and Western Europe. The trend for Central and Western Europe is confirmed by Europol data, suggesting

that States have increased efforts to set up joint task forces for complex and large-scale investigations.

Figure 20

Africa and the Middle East: implementation in the area of international and multisectoral cooperation, by reporting period
(Composite index)

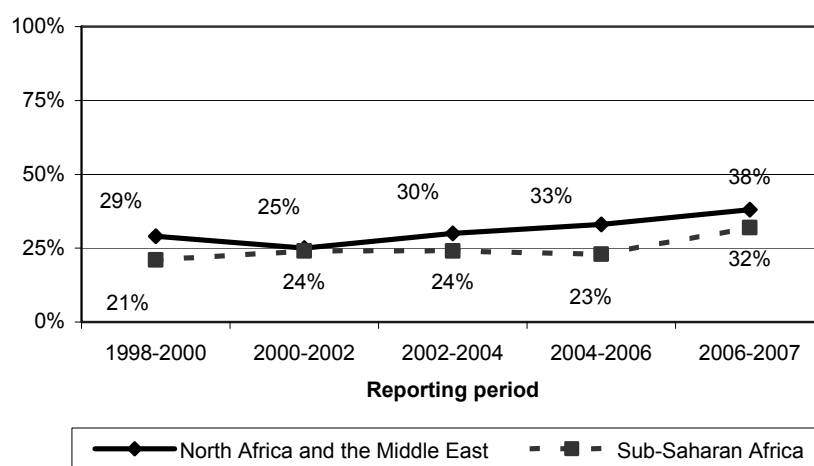


Figure 21

Americas: implementation in the area of international and multisectoral cooperation, by reporting period
(Composite index)

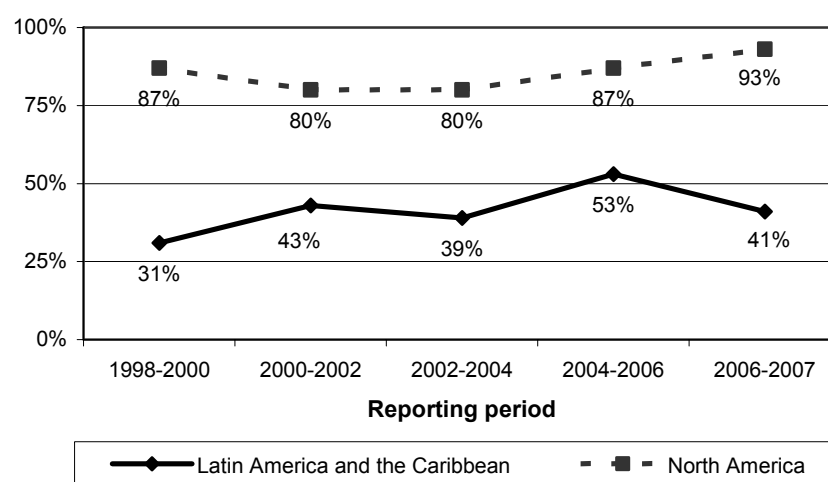


Figure 22

Asia and Oceania: implementation in the area of international and multisectoral cooperation, by reporting period
(Composite index)

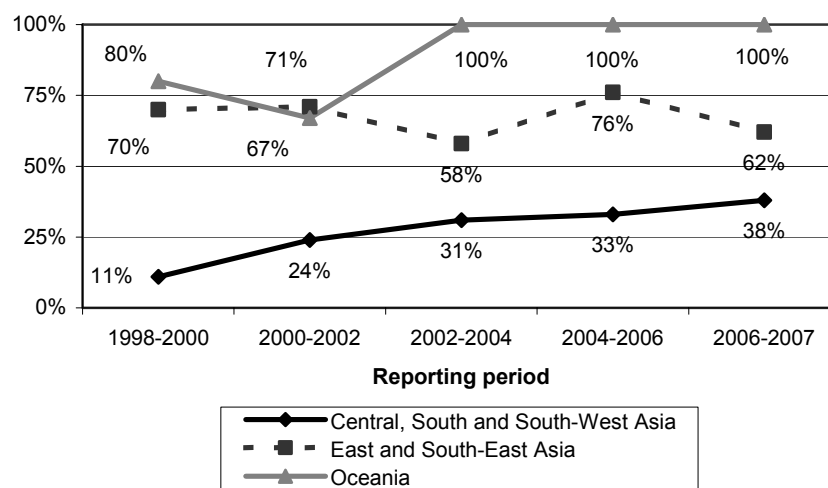
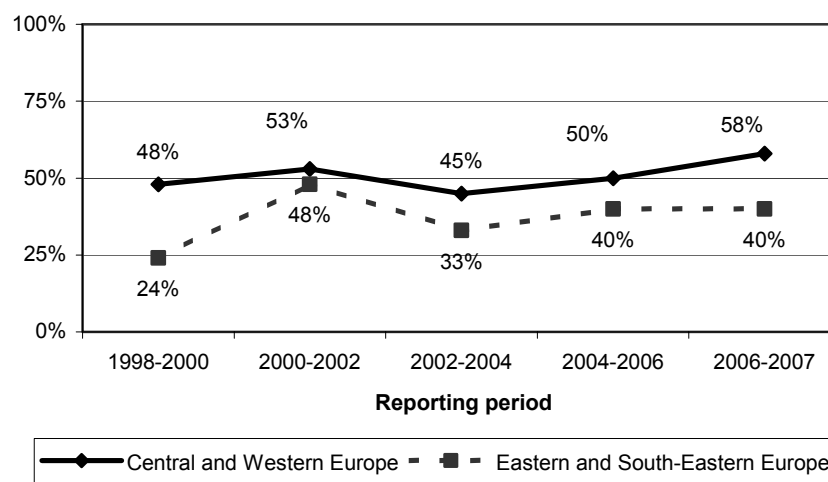


Figure 23

Europe: implementation in the area of international and multisectoral cooperation, by reporting period
(Composite index)



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

42. The key area relating to measures to improve technical capacity to detect and monitor the problem of ATS, including capacity to better understand the problem, was composed of six individual questions in the biennial reports questionnaire referring to: (a) detection of clandestine manufacture; (b) monitoring of

manufacturing methods used in clandestine laboratories; (c) improvement in operational capabilities to enable forensic laboratories to provide scientific support to law enforcement investigations; (d) measures to provide training related to ATS to law enforcement and regulatory personnel; (e) measures to investigate, develop and introduce procedures for use by law enforcement authorities to differentiate between groups of substances with closely related chemical structure; and (f) detection of individual substances within the category of ATS.

43. The analysis of the individual questions relating to improvement of technical capacity shows that in the fifth reporting period 60 per cent of the reporting States had taken measures to detect clandestine manufacture of ATS. A total of 46 per cent of the responding States had taken measures to monitor the manufacturing methods used in clandestine laboratories, while 61 per cent of the reporting Governments highlighted that measures had been taken to improve the operational capabilities of forensic laboratories to provide scientific support to law enforcement investigations. Half of the responding States had provided training in the technical complexities of ATS to law enforcement and regulatory personnel. Achievements were less pronounced when it came to procedures for law enforcement to differentiate between groups of ATS with very similar chemical structures or the detection of individual substances within the category of ATS (38 per cent).

44. A comparison of the composite indices for the baseline period (in this case, the second reporting period, 2000-2002)¹² and the fifth reporting period showed (see figures 24-27) a noteworthy increase for Oceania (37 percentage points), followed by North Africa and the Middle East (23 percentage points), Central, South and South-West Asia (12 percentage points) and Eastern and South-Eastern Europe (5 percentage points). No changes were found for North America, since that subregion had shown a 100 per cent implementation rate in the baseline period and in the fifth reporting period. Data reported by Central and Western Europe showed a small decline (3 percentage points) in the measures taken to improve technical capacity and monitor the problem of ATS. Some declines were also reported from the subregions of East and South-East Asia (4 percentage points), Latin America and the Caribbean (5 percentage points) and Sub-Saharan Africa (6 percentage points).

45. Regarding the trends for Latin America and the Caribbean and for Sub-Saharan Africa, the rather low response rates may have influenced the results in these subregions. For the East and South-East Asia subregion, complementary information available to UNODC suggest that drug forensic data in the subregion remained relatively underdeveloped and that there was a considerable information gap affecting analysis of the actual chemical composition of drugs in relation to reported seizures in various categories. The absence of a region-wide coordinated programme in which information is collected, analysed and promptly communicated could be attributed to a number of factors, including weak forensic capacity in some States and institutional and administrative constraints in sharing data.

46. In general, these declines could also reflect a more realistic understanding of the actual situation by respondents, as compared with previous reporting periods.

¹² Some of the questions were first included in the biennial reports questionnaire only in 2002 and no data from the baseline period (1998-2000) are therefore available.

Figure 24

Africa and the Middle East: implementation in the area of measures to improve technical capacity to detect and monitor the problem of amphetamine-type stimulants, including capacity to better understand the problem, selected reporting periods
(Composite index)

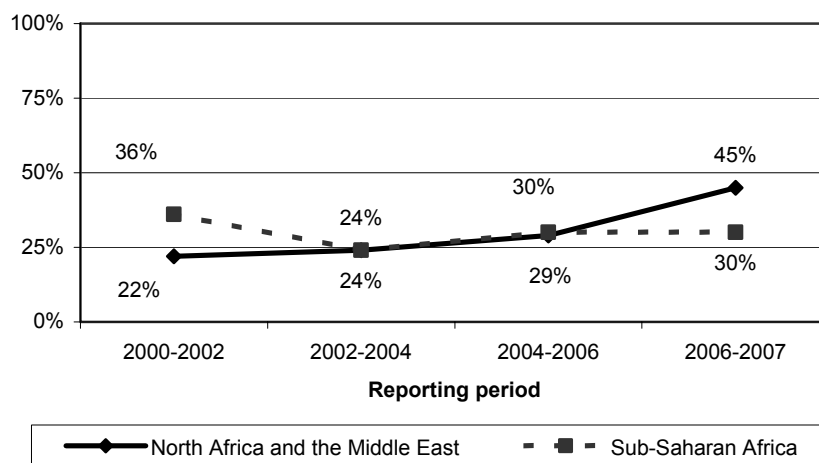


Figure 25

Americas: implementation in the area of measures to improve technical capacity to detect and monitor the problem of amphetamine-type stimulants, including capacity to better understand the problem, selected reporting periods
(Composite index)

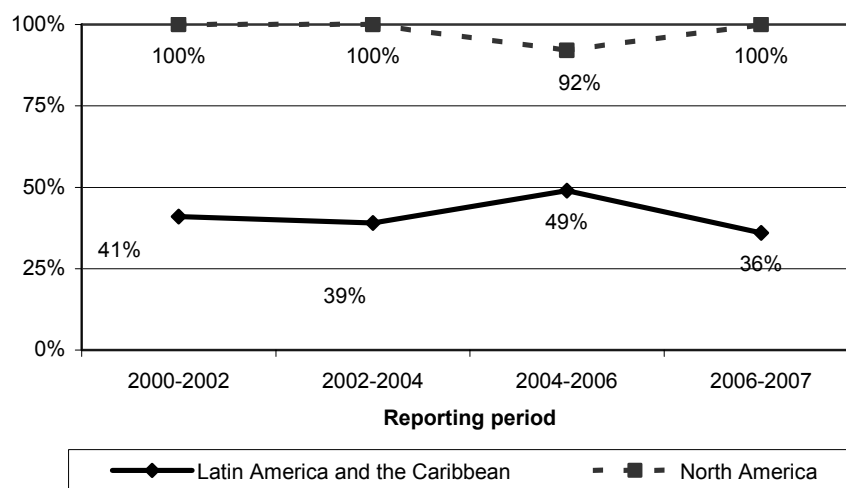


Figure 26

Asia and Oceania: implementation in the area of measures to improve technical capacity to detect and monitor the problem of amphetamine-type stimulants, including capacity to better understand the problem, by selected reporting periods

(Composite index)

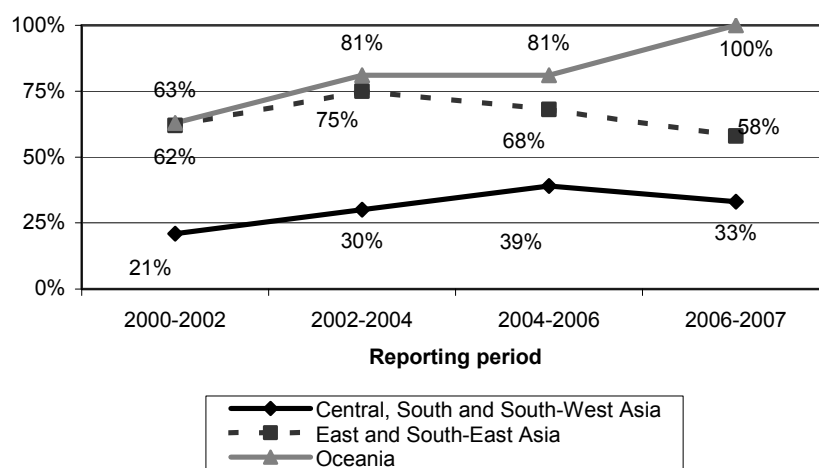
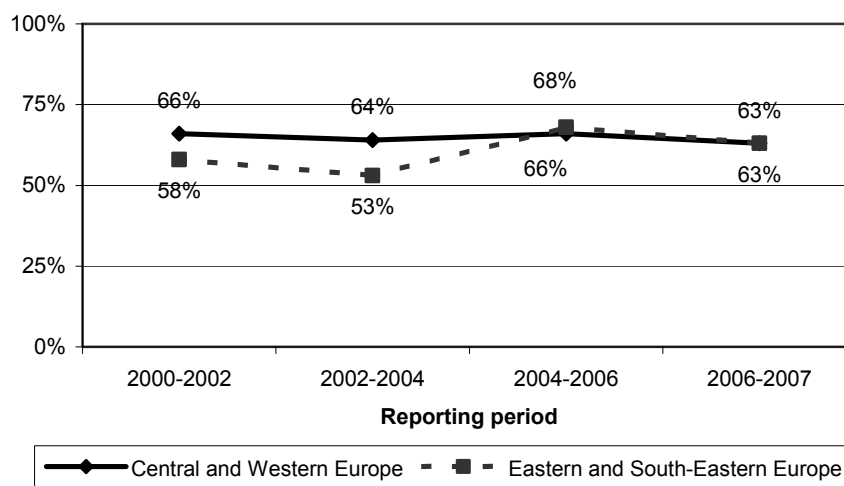


Figure 27

Europe: implementation in the area of measures to improve technical capacity to detect and monitor the problem of amphetamine-type stimulants, including capacity to better understand the problem, by selected reporting periods

(Composite index)



47. The highest level of implementation throughout all five reporting periods was reported by Oceania and North America. The lowest implementation of the Action Plan in this area was observed in Central, South and South-West Asia and in African countries. The trend for Africa and Central, South and South-West Asia was

consistent with other UNODC assessments, which identified the need for further strengthening of forensic capacities.

5. Measures to improve awareness and reduce demand

48. The index in the area of measures to improve awareness and reduce demand was composed of five questions in the biennial reports questionnaire pertaining to: (a) implementation of measures raising awareness of the problem of ATS; (b) reducing demand; (c) specific programmes to prevent youth from experimenting with ATS; (d) prevention of dissemination of information related to illicit drugs on the Internet; and (e) use of modern information technologies to disseminate information on the adverse health, social and economic consequences of the abuse of ATS.

49. The analysis of individual questions shows that a number of important achievements were reported in the fifth reporting period: 78 per cent of the reporting States had undertaken measures to raise awareness of the ATS problem. A total of 70 per cent of the responding States had undertaken specific measures to reduce demand for ATS, including specific ATS demand-reduction measures focusing on prevention campaigns (64 per cent), followed by provision of specialized treatment services (36 per cent) and interventions to reduce the adverse consequences of ATS abuse (35 per cent). A quarter of the responding States had taken measures in the field of aftercare services. Prevention programmes specifically directed at young people were carried out by 46 per cent of the responding States, while prevention messages were disseminated via the Internet by 51 per cent of responding States and 21 per cent reported having taken measures to prevent dangerous or misleading information from being disseminated via the Internet.

50. A comparison of the composite indices between the baseline period and the fifth reporting period (see figures 28-31) shows substantial progress in Central, South and South-West Asia (of 30 percentage points), despite starting from the lowest baseline implementation rate of all the subregions. Improvements were also reported by Eastern and South-Eastern Europe (29 percentage points) and Sub-Saharan Africa (27 percentage points), again subregions that started from a low implementation rate in the baseline reporting period. Measures to improve awareness and reduce the demand for ATS were increasingly also taken in North Africa and the Middle East (up 20 percentage points), Latin America and the Caribbean (up 12 percentage points) and Central and Western Europe (up 8 percentage points). A lower implementation rate was reported by East and South East Asia (down 6 percentage points) and by North America and Oceania (down 14 percentage points each).

51. The trend for North America and Oceania, however, was not confirmed by other data available to UNODC, which suggested that major improvements in awareness-raising and ATS-related demand reduction activities had taken place in these subregions since the late 1990s and had resulted, in the case of North America, in clear declines in ATS use.

52. Based on current knowledge, the data reported by African countries could not be confirmed owing to findings that the use of amphetamines in Africa remained stable, but the use of methamphetamine was rapidly increasing in South Africa.

53. The highest implementation rates throughout all five reporting periods were reported by North America, Oceania, East and South-East Asia, and Central and Western Europe. The reported data for East and South-East Asia were consistent with complementary information available. A UNODC project for “Improving ATS data and information systems” begun in 2002 and covering countries in East Asia and the Pacific, assists States in developing their drug abuse surveillance capacity. This assistance involves transferring knowledge for understanding and implementing information systems, where needed, including training in the collection, collation and communication of data on drug abuse patterns and trends. While ATS, opiates and cannabis have the most visible presence in the region in terms of prevalence of abuse, treatment demand, health consequences and law enforcement activity, other drugs also contribute to the overall problem. This particularly applied to Ketamine, a drug not under international control, that was reported to be a growing concern in both East Asia and the Pacific region.

Figure 28

Africa and the Middle East: implementation in the area of measures to improve awareness and reduce demand, by reporting period
(Composite index)

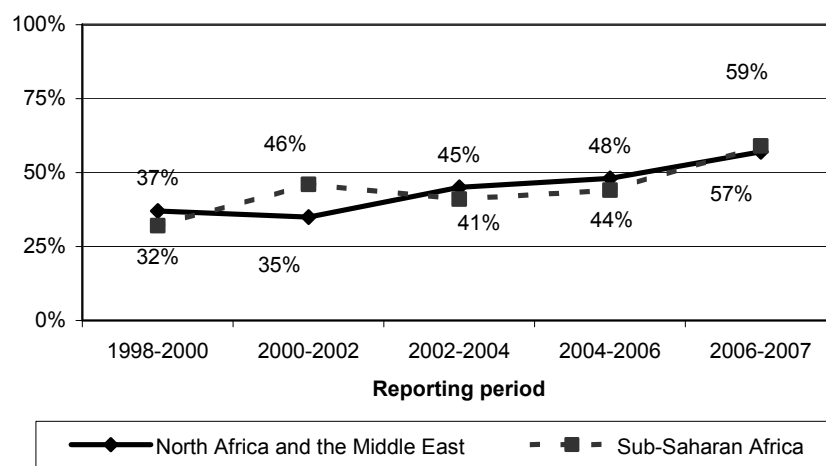


Figure 29

Americas: implementation in the area of measures to improve awareness and reduce demand, by reporting period

(Composite index)

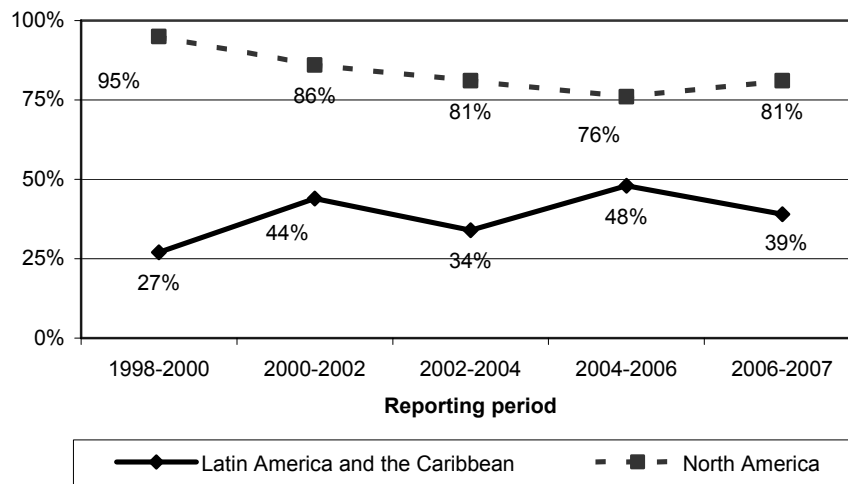


Figure 30

Asia and Oceania: implementation in the area of measures to improve awareness and reduce demand, by reporting period

(Composite index)

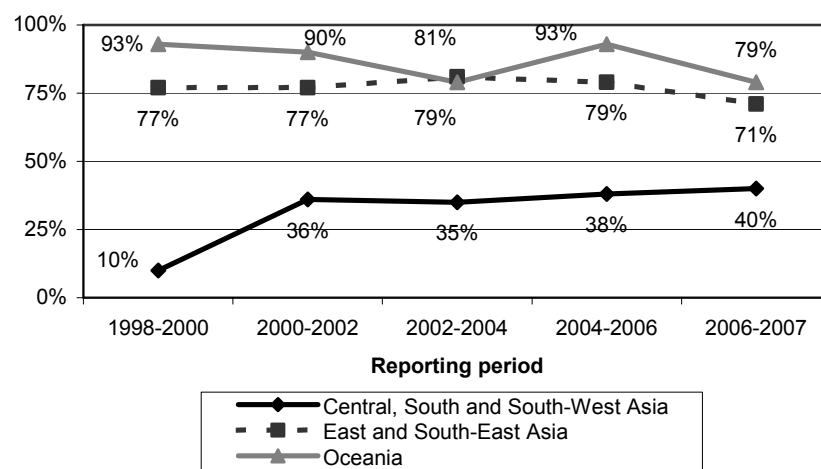
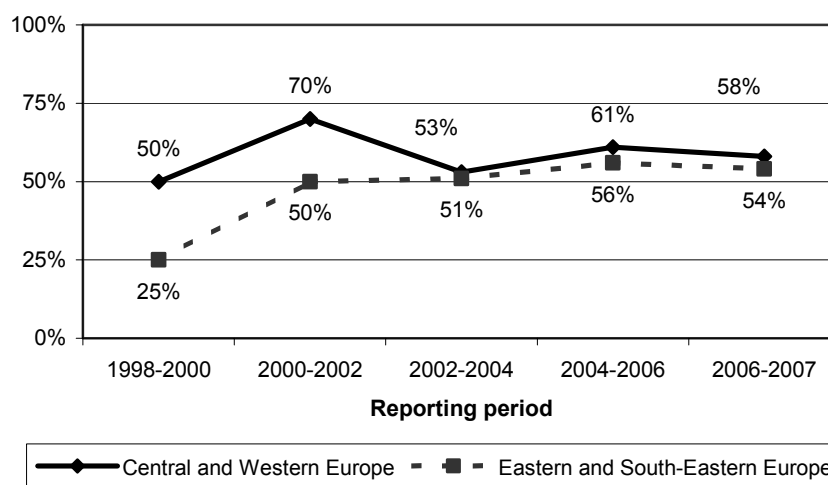


Figure 31

Europe: implementation in the area of measures to improve awareness and reduce demand, by reporting period
(Composite index)



III. Conclusions and recommendations

54. Even though progress in the implementation of the Action Plan has been made across the board, albeit to different degrees across regions, significant efforts are still required to understand the ATS problem better and to tackle it more effectively.

55. In this regard, it is clear that more needs to be done to effectively curb the manufacture, trafficking in and abuse of ATS (and emerging substitute substances) at the national, regional and international levels, especially in regions where the implementation of the Action Plan has not been covered sufficiently, response rates are poor or responses are inconsistent with available complementary data.

56. The analysis of data showed that poor response rates of States from different subregions influenced the quality and analysis of data. The outcome is compromised if Member States do not provide information in a consistent and timely manner.

57. It is also clear that data collection to monitor trends in the illicit manufacture, trafficking and consumption of synthetic drugs should be maintained, strengthened and further promoted. It is therefore of importance to promote and communicate the need for each Member State to reply to mandated information-gathering instruments and fully participate in the efforts to eliminate or reduce significantly the illicit manufacture, marketing and trafficking of psychotropic substances, including synthetic drugs, and the diversion of precursors. This includes consultations and regular dialogue between UNODC and international organizations and experts, not only in assessing and verifying the data reported by Member States, but also in improving and strengthening ATS monitoring systems in areas such as ATS clandestine laboratories, the precursors that are being used, wholesale and retail prices and purities, and prevalence and treatment data provided by main ATS categories (such as methamphetamine, amphetamine and “ecstasy”).

58. Member States should consider, with the participation of regional entities, as appropriate, supporting the establishment of a global illicit synthetic drugs monitoring system, further linking ATS-related activities around the world in a more systematic way and building and strengthening monitoring activities. In this regard, the low implementation rate in the key area of international and multisectoral cooperation shows the need for further international and regional cooperation and coordination of activities.

59. If precursor controls and regulations are limited to “traditional” precursor chemicals only and there is a deficiency in forensic capacity to identify changed synthesis routes, it is possible for ATS producers to successfully circumvent all control measures. Therefore it is considered essential that Member States systematically integrate forensic laboratory data and qualitative information on illicit synthetic drugs and precursors into monitoring activities and law enforcement investigations. This information should be shared among laboratories, law enforcement agencies, other national authorities and regional and international organizations and should include data on:

(a) Types of end product available, including drug combinations (for prevention, treatment and law enforcement purposes);

(b) Types of precursor actually used in illicit manufacture (to improve specific measures and for targeting law enforcement investigations);

(c) Collection of information on ATS prices, purities and other forensic data on a systematic and regular basis.

60. With special regard to the drug forensic laboratory sector in Africa, and taking into consideration the still relatively low implementation rates of the key area of measures to improve technical capacity to detect and monitor the problem of ATS, including capacity to better understand the problem, Member States should support, in collaboration with UNODC, strengthening the capacity of drug testing and forensic laboratories in the region, promotion of regional harmonized training programmes and establishment of cooperative technical agreements across forensic facilities where possible. Member States should also adopt standard operational procedures to ensure that crime scenes are systematically processed and that seized drugs and other physical evidence are not improperly handled.

61. Although countries in South-East Asia have or are in the process of strengthening their forensic capacity and data-sharing capability through technical assistance, it is recognized that there are still gaps in determining the actual chemical composition of drugs in relation to reported seizure categories and collecting, analysing and promptly communicating forensic information within a region-wide coordinated and sustainable networking system. Therefore, it is recommended that Member States further concentrate efforts in existing programmes and projects aimed at improving forensic laboratory capabilities, promoting development of best practices in the analysis of ATS and their precursors and utilizing standardized high-quality laboratory data as a primary source of information in support of operational and monitoring activities. Focus should further be given to a better integration of laboratories into national drug control and crime prevention frameworks, through inter-agency meetings and improved communication with clients. This will facilitate the outcomes of investigations and the identification of legislative and regulatory gaps.

62. Member States should further strengthen their capacity for the safe investigation and handling of seized clandestine laboratories and precursor chemicals using existing national laboratory resources and, where needed, developing and strengthening capacity in this area.

63. Member States should also consider ways of promoting and institutionalizing consultation mechanisms between UNODC and relevant international and regional organizations working in areas related to the Action Plan, with a view to enhancing the quality and consistency of reported data.

64. In addition, any consultation mechanism should have a regional focus to ensure that data collection is adapted to the particular needs and situations of individual subregions while ensuring that global comparability is maintained. A globally standardized regional approach towards data collection would contribute to a better understanding of data and enhance the quality of information on ATS.

65. In this regard, Member States, in cooperation with UNODC, should enhance the instruments of data collection through the adoption of a joint approach in order to avoid data discrepancies. The cooperation should also lead towards standardization and development of unambiguous information-gathering in the field of ATS with the view to avoiding misinterpretation and ensuring the consistency of data collected and provided by Member States.

66. With special regard to the overall assessment of the key areas of international and multisectoral cooperation and measures to improve technical capacity to detect and monitor the problem of ATS, including capacity to better understand the problem, it is essential that Member States devote particular attention to the establishment of a global and comprehensive monitoring system for ATS.

67. In this connection, Member States should consider providing focused support in order to develop the information system infrastructures required to identify and communicate current and potential ATS trends and abuse patterns in their States.

68. Finally, while the monitoring mechanism established by Member States to oversee the implementation of the goals and targets adopted by the General Assembly at its twentieth special session provided viable and important data for the analysis of the ATS problem, future monitoring efforts by Member States should take into account lessons learned since 1998 and include a strong focus on the impact assessment of measures taken by Member States.
