

**Economic and Social Council**

Distr.: General
3 February 2012

Original: English

Commission on Narcotic Drugs**Fifty-fifth session**

Vienna, 12-16 March 2012

Item 6 of the provisional agenda*

Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem**Action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem****Report of the Executive Director*****Summary*

The present report contains information based on the first round of responses provided by Member States to the annual report questionnaire (parts I and II) concerning action taken to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. The United Nations Office on Drugs and Crime will prepare such a report on a biennial basis pursuant to Commission on Narcotic Drugs resolution 53/16, entitled "Streamlining of the annual report questionnaire". The report addresses measures taken by Member States in the areas of drug demand and supply reduction, countering money-laundering and promoting judicial cooperation, and includes related recommendations.

* E/CN.7/2012/1.

** The report was submitted late for procedural reasons.



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I. Introduction

1. The present report contains an analysis of the answers provided by Member States to parts I and II of the annual report questionnaire,¹ adopted by the Commission on Narcotic Drugs in its resolution 53/16, entitled “Streamlining of the annual report questionnaire”. In that resolution, the Commission requested the Executive Director to prepare and submit to the Commission, on a biennial basis, on the basis of the responses provided by Member States to the questionnaire, a single report on action taken to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted during the high-level segment of the fifty-second session of the Commission and by the General Assembly in its resolution 64/182, the first of which should be examined by the Commission at its fifty-fifth session, in 2012.

2. A total of 74 replies to the annual report questionnaire had been received by November 2011. The present report on the implementation of the Political Declaration and Plan of Action includes a summary account of the information provided by Member States in their replies. The next biennial reports will include a more detailed analysis, including of relevant developments over time.

II. Drug demand reduction and related measures

Drug strategy and resources for treatment and prevention

3. Most reporting Member States indicated that they had adopted a written national drug strategy that included a demand reduction component. Those strategies were all ongoing and had an average period of coverage of three to seven years. Most strategies reportedly covered prevention, treatment, rehabilitation and social reintegration services, as well as services to prevent the health and social consequences of drug use and drug monitoring and research. Most reporting Member States entrusted a central coordination body with the implementation of the drug demand reduction component of the strategy. Over 85 per cent of responses indicated that the ministries of health, social affairs, education, law enforcement and justice were represented on the central coordination body. Three quarters to two thirds of the responses indicated that non-governmental organizations (NGOs), ministries of labour and employment and the private sector were represented on the central coordination body.

4. Every third national demand reduction strategy globally remained unfunded. The situation was particularly serious in Africa, where none of the strategies reported as being in existence were funded. The absence of funding was also a problem for one third or more of the strategies in countries of Latin America and the Caribbean, Central, South and West Asia, Central and Western Europe and East and South-Eastern Europe. Almost every third Member State with a budgeted strategy reported a decrease in the budget allotted for treatment and prevention relative to 2010. The situation was particularly acute in Central and Western Europe and

¹ Part I. Legislative and institutional framework (E/NR/2010/1) and Part II. Comprehensive approach to drug demand and supply reduction (E/NR/2010/2).

North Africa and the Middle East, where over 40 per cent of countries reported a drop in the budget for treatment. A similar percentage of the European countries reporting indicated a decrease in the budget for prevention.

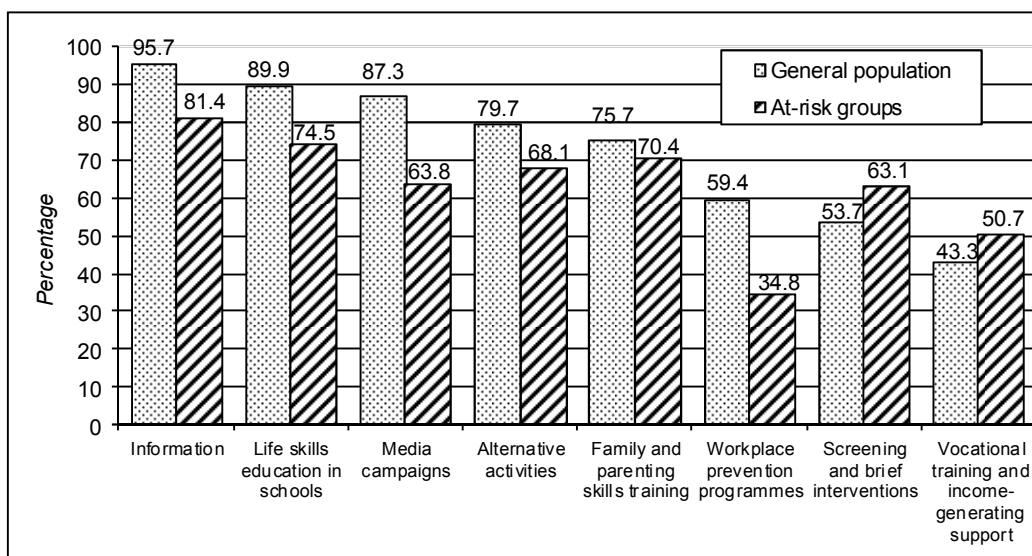
Prevention and early intervention

5. With regard to prevention, Member States were invited to report on the implementation of the following prevention activities during the year under review: dissemination of information about the danger of drugs; education in schools based on life skills; family and parenting skills training; workplace prevention programmes; alternative activities (sports, drama, music etc.); vocational training and income-generating support; media campaigns; and screening and brief interventions. This report does not include any analysis of the quality and content of interventions, as questions of that sort were not included in the questionnaire, although such information would be useful in obtaining a clear sense of whether resources had been invested in the most efficient way. The data submitted by Member States provide an outline of their prevention efforts.

Figure I presents the percentage of Member States reporting the implementation of the various prevention activities, both in the general population and among groups at risk (in decreasing order of prevalence in the general population).

Figure I

Implementation by Member States of various prevention activities, in the general population and among groups at risk
(N=74)



6. The pattern is the same among both target groups, with a general tendency towards fewer activities targeting groups at risk. The range in the percentage of Member States reporting the most- and the least-used prevention activity in the general population was between 43.3 and 95.7 per cent, whereas among groups at risk it lay between 34.8 and 81.4 per cent.

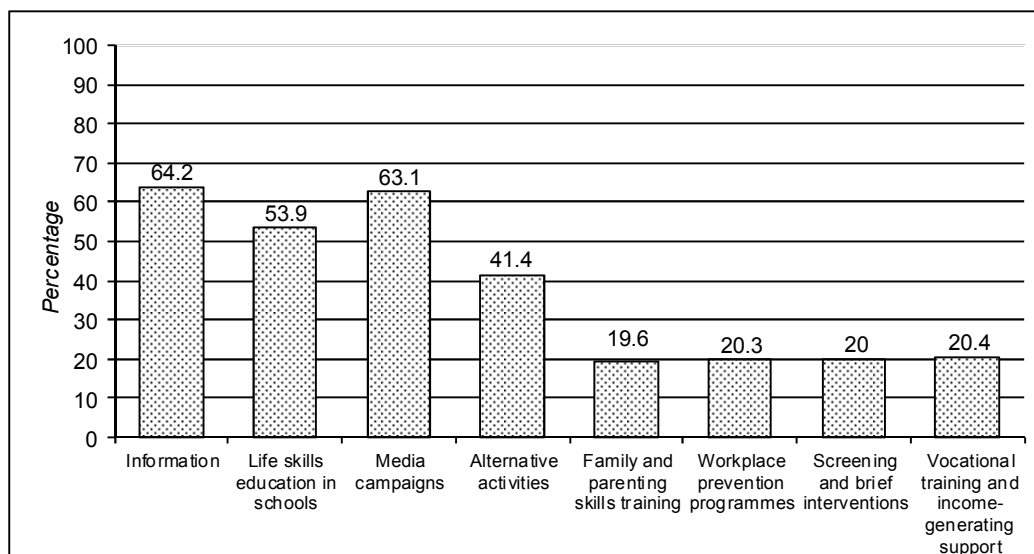
7. Despite the large gap that still needs to be filled, this was an encouraging sign globally. It is particularly heartening that two interventions that have been proved to be effective and efficient by a large body of evidence, namely, life skills education in schools and family and parenting skills training, were reported as being implemented on a large scale. However, two interventions that are also based on solid scientific evidence (workplace prevention programmes and screening and brief interventions) were being implemented by only about half of the reporting Member States.

8. By contrast, dissemination of information about drugs remained the most frequently reported activity aimed at drug demand reduction despite the lack of evidence of its effectiveness. Evidence with regard to the effectiveness of media campaigns, alternative activities and vocational training and income-generating support was more mixed. The first two were rather widely utilized — more than two thirds of all reporting Member States — while the third was the least utilized type of intervention.

9. The gaps in frequency of use of the different prevention activities available for the general population were most evident in the analysis of data from countries of Africa. The responses from sub-Saharan African countries indicated that the top three prevention activities were dissemination of information on drugs (87 per cent), media campaigns (86 per cent) and education about drugs based on life skills (67 per cent). However, only 50 per cent of those countries reported alternative activities, 33 per cent reported family and parenting skills programmes and workplace prevention programmes, 16 per cent indicated use of screening or brief intervention activities and none reported use of vocational training.

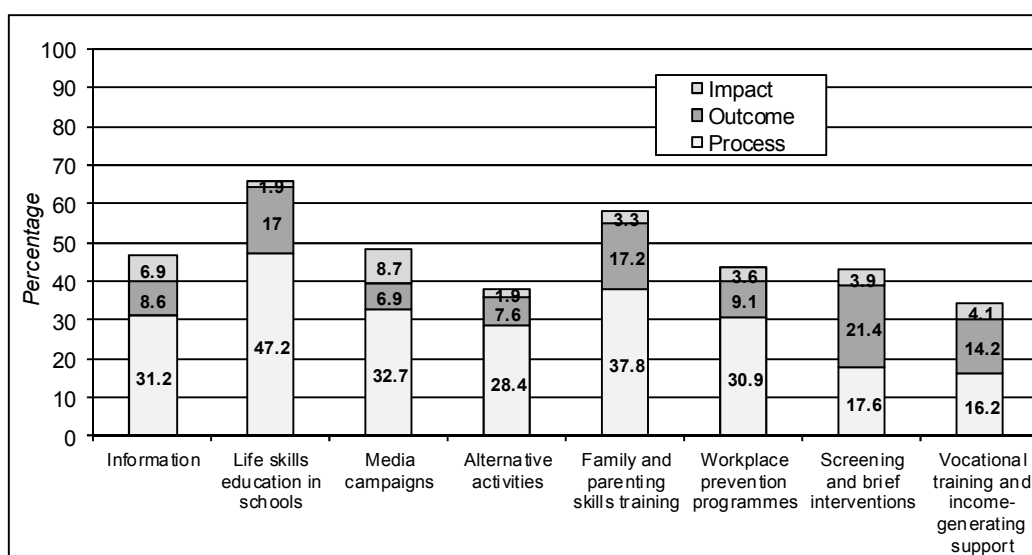
10. While the level of implementation of prevention activities was encouraging, the levels of coverage reported were more problematic. As can be seen from figure II, only two of the eight assessed activities were reported to have high coverage in 60 per cent of the countries or more (namely, information about drugs and media campaigns). With regard to more evidence-based programmes, the situation was not as positive, with just over 50 per cent of Member States reporting high levels of coverage of life skills education in schools and only about 20 per cent reporting high coverage of workplace prevention programmes, screening and brief interventions, and family and parenting skills training.

Figure II
Level of coverage of various prevention activities implemented by Member States
 (N=74)



11. Figure III shows the percentage of Member States reporting evaluation of various prevention activities. Evidence-based prevention programmes such as life skills education in schools and family and parenting skills training were evaluated in a majority of reporting Member States (66.1 per cent and 58.5 per cent, respectively), but other prevention activities were often not evaluated. More importantly, evaluation focused in most instances on the process and not on the impact or outcome of the activity.

Figure III
Evaluation by Member States of prevention activities
 (N=74)

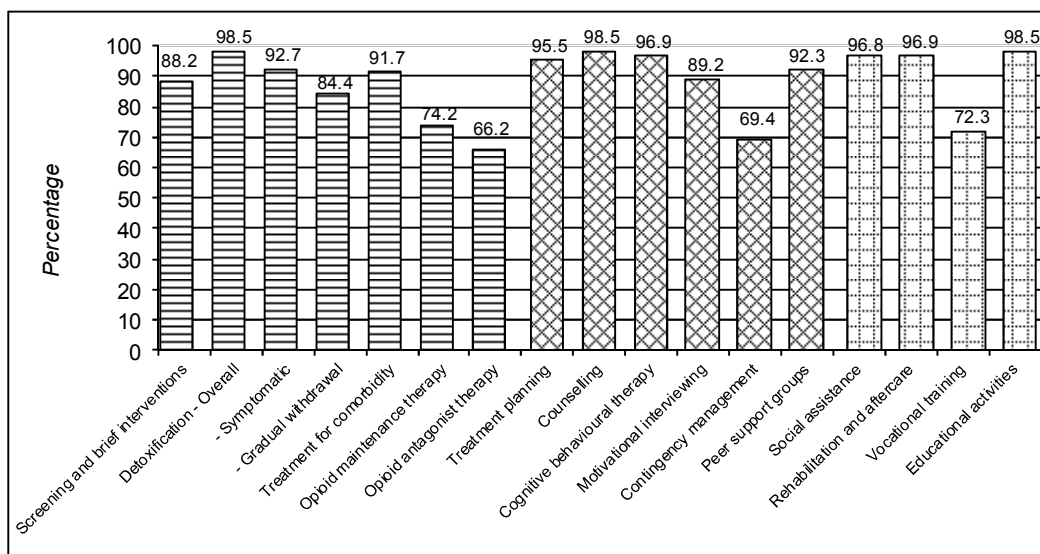


12. With regard to treatment, Member States were requested to report on certain basic characteristics of their treatment systems. Questions in this area included whether the treatment system was based more on residential or outpatient settings, whether it was a voluntary system or whether it provided for alternatives to criminal justice sanctions. In addition, Member States described the extent of provision of a range of drug dependence treatment and care services both in the community and in prison settings, as well as the respective level of coverage of such services when available.

13. Most Member States reported that residential and outpatient drug treatment facilities were available. Globally, 25 per cent of drug treatment units were reported as being residential, while 75 per cent were outpatient drug treatment units. However, this spread varied greatly across the different geographical areas surveyed: in Africa, the Americas and Asia over 50 per cent of the units available for drug treatment were inpatient; outpatient units represented only 27 per cent of the available places for drug treatment in the reporting Member States of the American continent and only 4 per cent of those in Africa.

14. As shown in figure IV, more countries reported treatment and care service options available for people affected by drug dependence in the community in relation to prevention activities. All of the 17 services surveyed were reported as being provided by over 65 per cent of Member States. The services listed in figure IV have been colour-coded to distinguish between pharmacological treatment services, psychosocial treatment services and services for the prevention, treatment and care of drug-related infection with HIV/AIDS and other diseases. A recovery-oriented continuum of care would include and integrate the full range of services listed in the questionnaire. The services that were least often available (below 75 per cent) included treatment with long-acting opioid agonists and opioid antagonists for persons affected by opiate dependence, and contingency management, a particular psychosocial therapy, as well as vocational training. Although the data on treatment with long-acting opioid agonists and opioid antagonists for persons affected by opiate dependence might appear worrying, they should be read in awareness of the fact that opiate dependence is not a major national problem everywhere.

Figure IV
Provision by Member States of various drug dependence treatment and care services in the community
 (N=74)



15. The availability of services in prison settings was significantly lower than in the community across the entire spectrum of interventions (figure V). Moreover, as in the case of drug prevention interventions, although the frequency of the different interventions was encouraging (see figures VI and VII below), the numbers of countries reporting high coverage rates of such services was below expectations, in particular in prison settings.

Figure V
Provision by Member States of various drug dependence treatment and care services in prison settings
 (N=74)

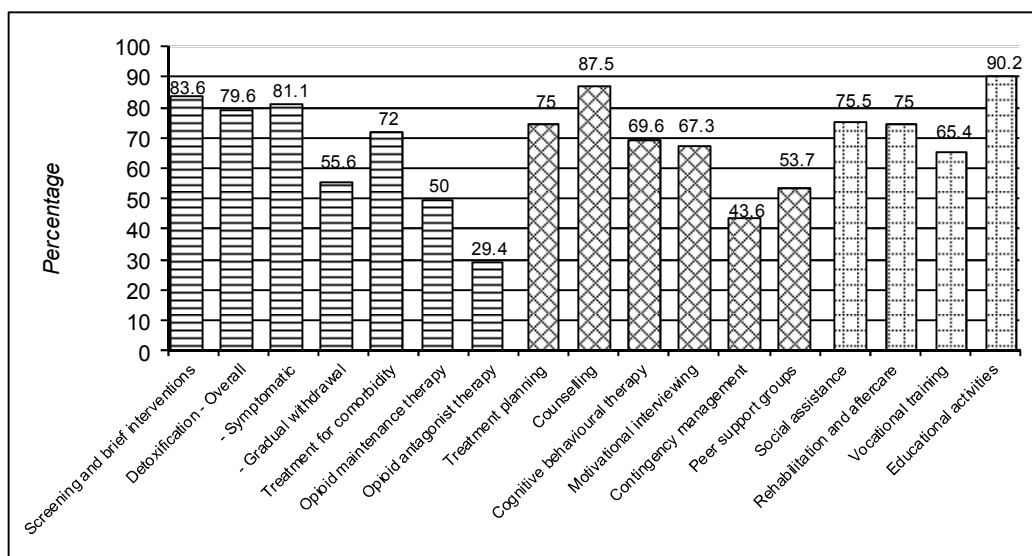


Figure VI
**Level of coverage of various drug dependence treatment and care services
 provided by Member States in the community**
 (N=74)

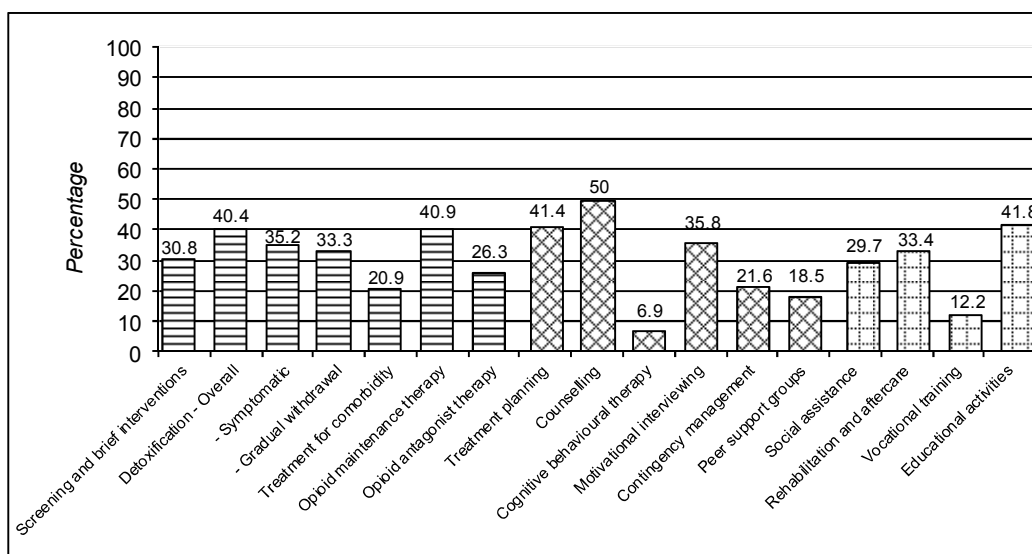
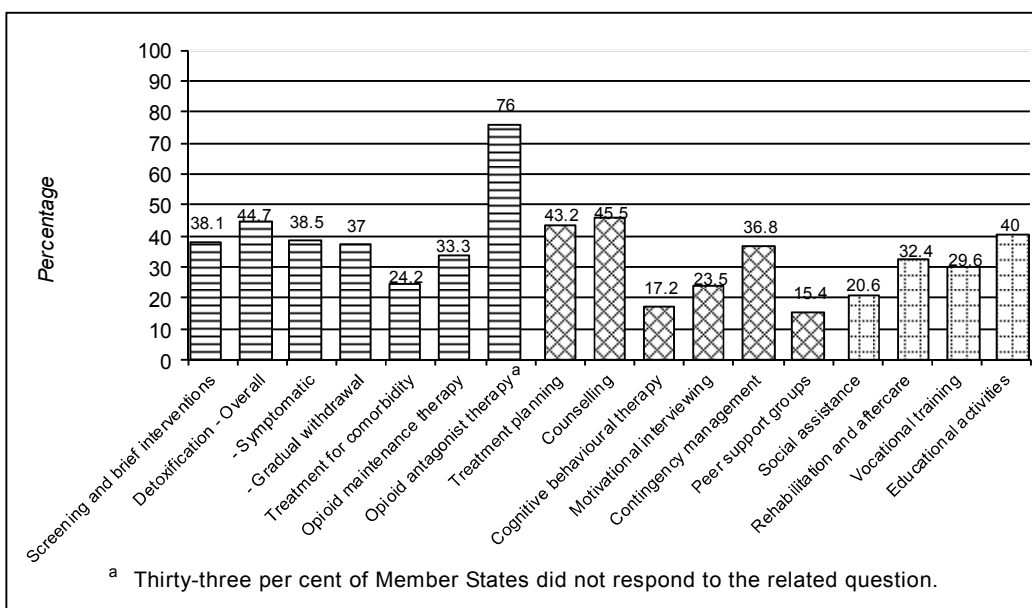


Figure VII
**Level of coverage of various drug dependence treatment and care services
 provided by Member States in prison settings**
 (N=74)



16. Supplementary information on global demand and access to drug treatment is contained in the United Nations Office on Drugs and Crime (UNODC) *World Drug Report*. According to the *World Drug Report 2011*,² services for drug dependence treatment and care were made available globally to up to 4.7 million people in 2009. That number represents between 12 and 30 per cent of the estimated problem drug users in the world. In terms of treatment demand, the picture varies by region, with cannabis contributing significantly to treatment demand in most regions, but most particularly in Africa and Oceania. Opiates dominate treatment demand in Asia and Europe, whereas cocaine is the main problem drug in South America. In North America, cannabis, opioids and cocaine make up similar shares of total treatment demand. Amphetamine-type stimulants (ATS) still do not dominate any one region, but represent a sizeable share of treatment demand, in particular in Asia and Oceania, but also in North America and Europe. Recent years have witnessed a continuous rise in problematic non-medical use of various prescription opioids in many regions of the world, especially North America.

17. Despite these clear differences in the substances causing the primary drug treatment demand, it is not clear if treatment services are actually geared towards alleviating the problematic drug use situation in most countries. For instance, despite the high prevalence rates of ATS use in Asia, especially East and South-East Asia, concerns remain over the unmet demand for treatment of ATS use there. With most of the treatment services aimed at meeting the needs of opioid and cannabis users, ATS treatment services were relatively scarce and under-resourced. Moreover, in Europe, much as in North America, only one in every four or five problematic opioid users received treatment.

18. Finally, almost 30 per cent of Member States reported on the lack of availability of drug treatment for drug-using offenders as an alternative to criminal justice sanctions. This was particularly the case in East and South-East Asia and sub-Saharan Africa, where availability was 50 per cent and 75 per cent, respectively.

² United Nations publication, Sales No. E.11.XI.10.

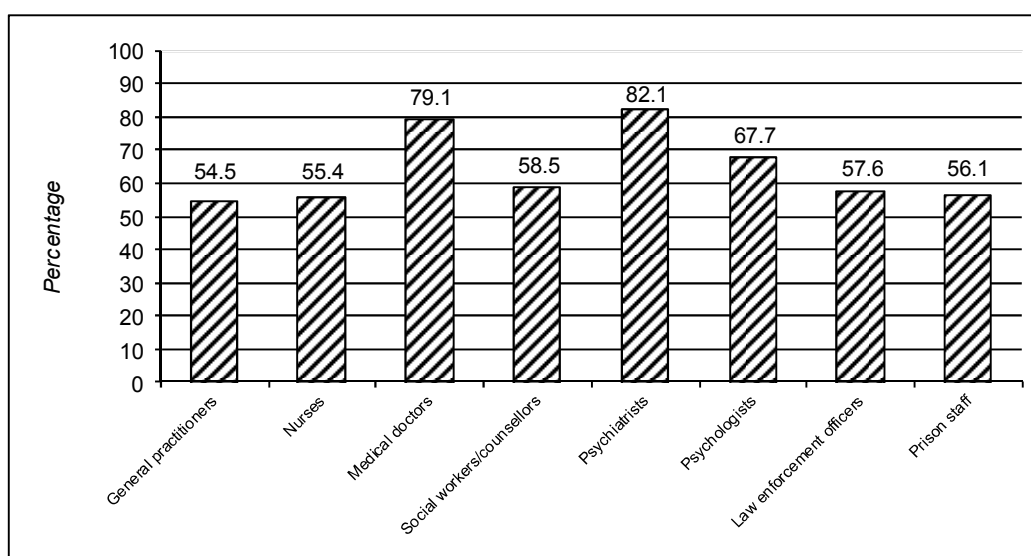
Quality standards and training of staff

19. As shown in figure VIII, training on drug reduction interventions is focused for the most part on psychiatrists and medical doctors, with much lower numbers of general practitioners, nurses, social workers, psychologists and law enforcement and prison staff being trained in that area. This is particularly serious with regard to the implementation of effective drug prevention interventions, psychosocial treatment therapies and social services.

Figure VIII

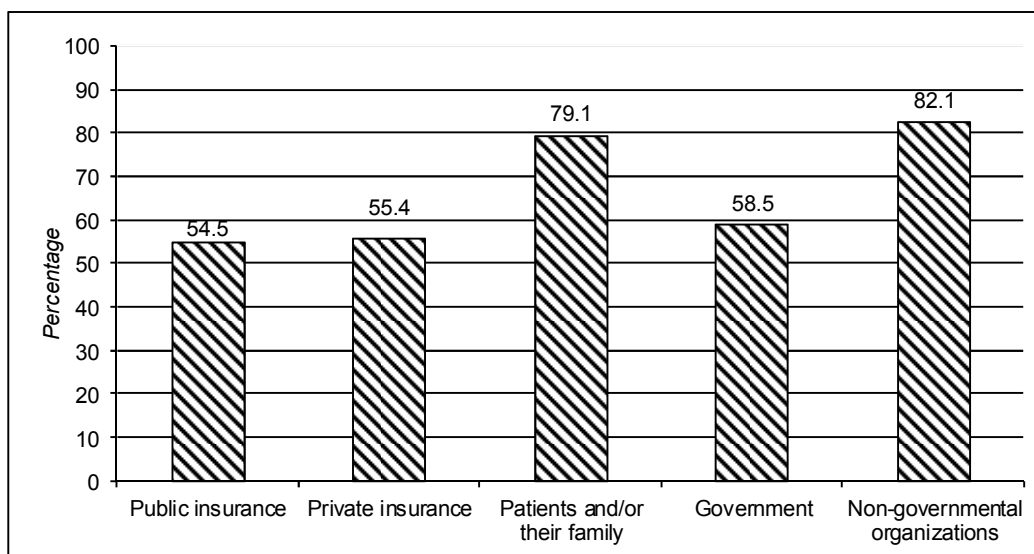
Availability of training on drug demand reduction interventions to professionals as part of their qualification curriculum

(N=74)



20. As regards accessibility of treatment services, it is important to ascertain who pays for the treatment of drug dependence. In that context, it is of concern that drug treatment was reportedly paid for by the patient and/or their family or by civil society organizations much more frequently than by insurances (public or private) or by the Government (see figure IX).

Figure IX
Payment for treatment of drug dependence
 (N=74)



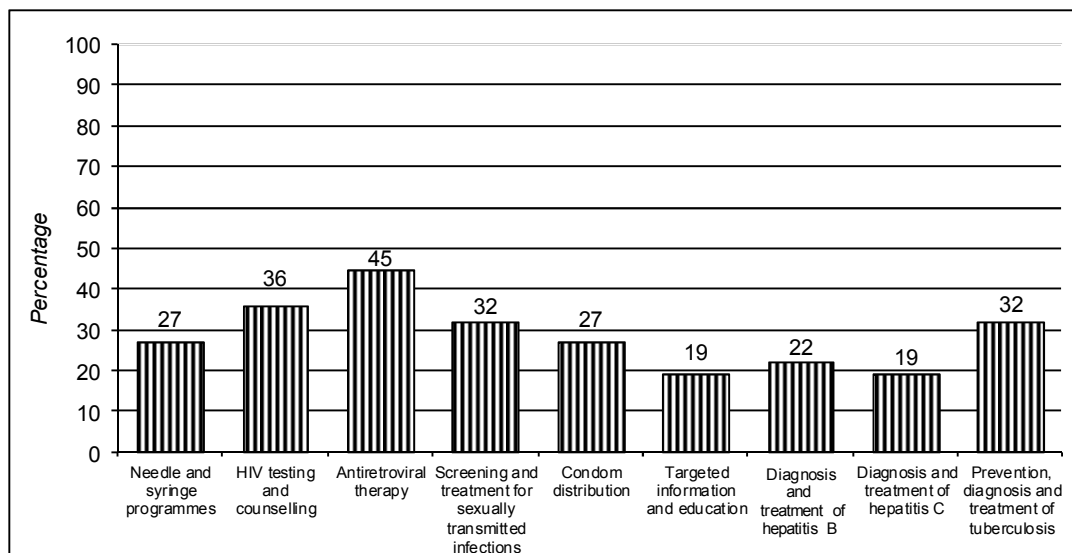
21. During the reporting period the leading problems as regards the provision of treatment were, firstly, financial constraints, followed by poor infrastructure and supplies (buildings, equipment, medicine, etc.), then availability of trained personnel, poor legal frameworks and lastly poor coordination between different sectors and poor linkage to support services.

Prevention of diseases, including infectious diseases

22. Reporting on the availability of services for the prevention of diseases, including infectious diseases, was very poor, with the percentage of countries not reporting each of the different services ranging between 28 and 55 per cent.

23. Among the few Member States that did report on the existence of the various services, the coverage of those services was also very low. As shown in figure X, only between 19 and 45 per cent of the services were reported as providing high coverage. Moreover, seven out of the nine services had only less than one third of countries reporting high coverage (figure X). The level of reporting on prison-based services was even lower, thus not allowing an analysis of the data. A more complete picture of the responses of Member States working to alleviate the health and social consequences of drug use, in particular HIV/AIDS, hepatitis C and tuberculosis, can be found in the report of the Executive Director on the world situation with regard to drug abuse (E/CN.7/2012/2), which is based on a wide range of sources of data and information.

Figure X
Level of coverage of various services for the prevention, treatment and care of HIV and other infectious diseases among drug users in the community provided by Member States
 (N=74)



III. Drug supply reduction and related measures

At the national level

24. The majority of Member States responding indicated that they had an integrated written strategy to reduce the supply of and demand for drugs. Many States also had a written strategy against organized crime, approved by the Government and with a specific component to reduce drug supply. Some States indicated that they were developing strategies to combat organized crime that would include measures against drug trafficking.

25. The majority of Member States indicated that they were actively engaged in the control and monitoring of ATS and illicit substances through programmes for the eradication of illicit drug crops, control and monitoring of precursor chemicals, use of forensic intelligence in the analysis of seizures and in investigations, application of legislation to combat money-laundering and research into and evaluation of drug supply reduction activities. Alternative development programmes were only being pursued in a minority of Member States.

26. Several Member States indicated that they had adopted specific programmes in the area of arresting drug traffickers and dealers, with a regular review of their national crime and drug strategies to ensure that responses were appropriate. Other Member States were taking a number of measures: attempting to make better use of the resources of law enforcement agencies in the fight against drug trafficking; developing joint task forces; extending their lists of precursor chemicals under

national control; closer monitoring of precursor chemical manufacturers and sales; developing public/private partnerships with the chemical industry; directing more attention towards production of ATS; tightening controls over precursors transiting their territories; taking part in international operations such as the Channel programme; awareness-raising in law enforcement agencies as regards the changing dynamics of drug trafficking; strengthening information-gathering to develop better targeted operations; negotiating bilateral cooperation agreements with other Member States; developing specific cooperation agreements concerning shared borders; and putting more focus on the organizers behind drug trafficking.

27. The responses indicated that national or federal police and customs authorities were mandated to reduce drug supply in most Member States. The subnational or non-federal police had that mandate in every second Member State, while military entities and specialized national drug law enforcement agencies were mandated to reduce drug supply in less than a third of cases. Member States indicated that they engaged a broad range of law enforcement agencies to reduce drug supply, including national gendarmerie, airport security, national security services, narcotics control agencies, maritime and merchant marine protection agencies, state border guard services, prison administration services and central prosecutor's offices.

28. More than half of responding Member States indicated that there was an entity that coordinated the activities of agencies mandated to reduce drug supply. The types of coordination agency varied and included secretariats for the prevention of drug addiction and drug trafficking, police services, national authorities responsible for monitoring of chemical precursors, ministries of the interior or justice, organized crime bureaux, public prosecutor's offices, drug control and addiction councils, national drug intelligence bureaux, drug enforcement agencies and state commissions.

29. According to the responses received, a majority of Member States had established all of the suggested measures and institutions to address the threat posed by corruption within their domestic law enforcement agencies with a mandate to reduce the supply of drugs, including internal and external oversight bodies; a code of conduct; the obligation for staff of such agencies to declare any assets and to report suspected incidents of corruption; and professional ethics training for such staff. Additionally, some States had adopted special criminal or ethics legislation, set up associated courts and appointed specific commissioners or specific investigating prosecutors.

30. In most Member States the legal system allowed for the use of special investigative techniques. Law enforcement agencies most frequently used informants and undercover techniques to gather evidence (in two thirds of cases), followed by controlled delivery and electronic surveillance. Some Member States indicated that they also employed other methods, such as anonymous witnesses, witness protection, monitoring of suspicious financial transactions, interception of telecommunications, covert surveillance or the establishment of companies with which to attract and engage trafficking groups.

31. Only a minority of Member States had systems in place to monitor the sale over the Internet of pharmaceutical preparations containing narcotic drugs or psychotropic substances under international control. Internet sales were monitored

by competent national authorities that enforced procedures and investigated alleged offences.

Cross-border and international cooperation

32. In order to support cross-border cooperation between law enforcement agencies in different countries, Member States engaged most frequently in exchange of information (in more than two thirds of cases), followed by joint operations with other countries and the exchange of liaison officers (in almost half the cases). Some Member States also organized study visits, joint operational meetings, controlled deliveries, joint border surveillance and joint training activities. Significant results of such cooperation had included specific operations such as Channel, the recovery of large amounts of heroin, cocaine and ATS, closer cross-border cooperation between police services, customs services and prosecutors in combating drug trafficking, expert workshops for forensic staff, joint inter-agency training, better executed controlled deliveries and the dismantling of an extensive ATS trafficking syndicate.

33. Most Member States indicated that no judicial or law enforcement personnel had lost their lives or gone missing in action in the fight against drugs during the reporting period. However, such losses had reportedly occurred in 13 Member States.

34. Although 25 Member States indicated that they had extradited drug offenders to other countries under existing bilateral, regional or international agreements or memorandums of understanding, this was not the case in most Member States.

35. The most frequent problem faced by judicial or law enforcement agencies in cooperating with counterparts in other countries was the slowness of formal procedures. Other important problems included the lack of a common language for communication and the lack of cooperation from counterparts or insufficient exchange of information, followed by a lack of agreements enabling operational cooperation or mutual legal assistance, and the inability of authorities to identify counterparts to be contacted or with whom to establish communication quickly. Overall, however, the majority of Member States did not report any such problems.

36. The vast majority of Member States reported that their law enforcement agencies used the communication platforms provided by one or more of the entities or channels listed in order to exchange information with counterparts in other countries. Direct communication between law enforcement agencies, regional and international meetings and regional organizations were the most frequently used channels, followed by the International Criminal Police Organization (INTERPOL), liaison officers and diplomatic channels. The World Customs Organization was used by less than half of the Member States responding to the questionnaire. Other channels included the European Police Office (Europol), the European Union's Judicial Cooperation Unit and the Southeast European Cooperative Initiative.

37. To meet the challenges arising from new technologies (e.g. computers, mobile phones and the Internet) in combating trafficking in narcotic drugs and psychotropic substances, Member States indicated that the steps most frequently taken included organizing specific training on the recovery of evidence and introducing measures

to raise awareness among law enforcement personnel, including on pharmaceuticals. Specific legislation had been enacted in a minority of Member States.

International technical cooperation

38. A significant number of Member States reported that they had received technical assistance in the area of drug supply reduction from another country or from an international organization. The most common form of assistance was training, followed by data-sharing. Less common forms of assistance included provision of software, equipment and financial aid. As to the sources of assistance, responses indicated that assistance from the United Nations and bilateral assistance were equally important, while relevant European Union bodies and initiatives were also important. In particular, assistance was provided by UNODC, the United Nations Children's Fund, the International Criminal Investigative Training Assistance Program, the Colombo Plan Drug Advisory Programme, the Organization of American States, Europol, INTERPOL and the World Customs Organization, as well as Australia, Austria, Canada, China, France, Germany, India, Italy, Norway, Poland, the Republic of Korea, the Russian Federation, Spain, Thailand and the United States of America.

39. Almost half of the Member States that received technical assistance indicated that that assistance was sufficient for their needs. Responses also highlighted the need for improved capacity to develop intelligence, information and related analysis, as well as for language training and support in the identification of synthetic drugs. There were also further requirements for adequate equipment, including drug detector dogs, search equipment, x-ray equipment, surveillance equipment, financial analysis software and laboratory support equipment.

40. Twenty-three Member States provided training in the area of drug supply reduction, including forensic training. Some Member States also provided other forms of technical assistance, such as equipment, financial assistance and software. Some shared their data and developed operational intelligence. Among the beneficiaries of such assistance were mostly other countries and in fewer instances the United Nations and other international organizations. Assistance was provided to Afghanistan, Belarus, Cape Verde, Chile, the Dominican Republic, Ecuador, Georgia, Haiti, Honduras, Kazakhstan, Kyrgyzstan, Mexico, the Republic of Moldova, Sao Tome and Principe, Tajikistan and Uzbekistan.

Control of precursor chemicals

41. Most Member States reported that they had compiled a list of national companies authorized to manufacture, distribute and trade in precursors. Some Member States had adopted new measures in collaboration with relevant industries as regards the supply of and trafficking in precursor and other chemicals not yet under international control. Such measures included extending the number of chemical substances under national control, developing codes of conduct for the chemical industry and guidelines on manufacture, sales and management of precursor chemicals, concluding memorandums of understanding with chemical producers and retailers, assessing the legitimate national needs for chemical

precursors, developing e-learning materials for industry and enforcement agencies, holding seminars for the chemical industry and establishing inter-agency precursor working groups to develop better precursor controls, backtracking investigations and measures to encourage the voluntary monitoring of non-controlled substances.

42. A significant number of Member States had taken steps to address the use of substances not under international control and substitute chemicals for the manufacture of precursors used in the manufacture of heroin, cocaine or ATS. Those steps included risk analyses of the sale of non-regulated precursors; reviews of the legal trade in non-scheduled substances in line with the European Union voluntary monitoring list of non-scheduled substances; reviews of national legislation to assess its efficacy in chemical control; national lists of controlled chemical substances for domestic monitoring; outreach and awareness-raising measures for chemical industry representatives and manufacturers; voluntary codes of conduct for the reporting of suspicious transactions; participation in international special measures for the surveillance of precursors as part of Project PRISM and Project Cohesion; and expert group conferences such as the Synthetic Drug Enforcement Conference held in Nunspeet, the Netherlands, in November 2007, which highlighted trends, new chemicals and legislative weaknesses.

43. Most Member States indicated that their framework for the control of precursor chemicals included a system of pre-export notification. Most States utilized Pre-Export Notification Online (PEN Online), the system designed by the International Narcotics Control Board. States not using PEN Online indicated that they were hampered by the slow response time from certifying authorities or had their own system of controls. Some Member States used their own system of control only to monitor imported chemicals. Others were in the process of registering or needed additional languages to make use of PEN Online.

44. Most Member States were of the view that the existing international cooperation on control of precursor chemicals adequately met requirements in that regard. It was observed that PEN Online was widely subscribed to and that more countries should be encouraged to use it. Other Member States considered the response times to PEN requests too slow to enable effective controls. Some indicated that there was insufficient information on the international trade in and the movement and sales of legitimate chemicals and precursors. As there was no requirement for a registered end-user for chemical shipments, opportunities for diversion remained.

45. Most Member States indicated that they had systems in place to allow for the post-seizure investigation of precursor chemicals. They considered that those systems made it possible to track the origin of seized precursor chemicals and to carry out controlled deliveries of precursor chemicals.

Alternative development as a strategy to control the cultivation of illicit crops

46. The Member States most affected by cultivation of illicit drug crops reported that national alternative development strategies were in place, some as a stand-alone plan and others as part of the national economic development plan. A majority reported on specific gender-related measures, mainly training in income-generating

activities, such as handicrafts, small businesses and the establishment of women's cooperatives, in line with national alternative development strategies. Regarding the inclusion of environmental conservation components, some Member States reported that reforestation and soil restoration were major components of their alternative development programmes.

47. Some of the countries with an alternative development strategy in place reported that several ministries were represented on the coordinating body, mainly the ministries of social affairs, education, the interior and justice. Several Member States, including some of those directly affected by illicit cultivation, reported that the involvement of relevant stakeholders in the identification, preparation, implementation, monitoring and evaluation of alternative development programmes was ensured by joint project planning by the Government, the private sector and community stakeholders, as well as by obtaining their participation in the whole project life-cycle.

48. Member States that had a strategy to assist other Member States with alternative development reported that they supported programmes in countries seriously affected by cultivation of illicit drug crops implemented by UNODC or through direct bilateral cooperation. Regarding the impact of alternative development programmes, the majority of the countries affected, as well as other Member States, reported that they assessed such interventions against relevant indicators and the Millennium Development Goals.

49. Some countries reported that market access for products from alternative development programmes was increasing, while others reported that products from such programmes in their countries were destined for the domestic market.

IV. Countering money-laundering and promoting judicial cooperation to enhance international cooperation

Criminalization of money-laundering

50. A majority of Member States reported having some form of legislation criminalizing money-laundering and that most of that legislation took into consideration international requirements and standards.

51. Of the 74 Member States surveyed, 58 responded on the section concerning money-laundering. Of these, 57 indicated that money-laundering was a criminal offence, and 17 Member States reported having enacted new legislation during the reporting cycle.

52. Many Member States had adopted a range of preventive and enforcement measures to combat criminal activities linked to trafficking in narcotic drugs. Of those responding to the questionnaire, 37 had made active efforts to combat money-laundering and 23 of these had also taken further measures to counter the financing of terrorism. Measures against trafficking in persons, smuggling of migrants and other criminal activities had been taken by 19, 14 and 7 Member States, respectively. These numbers overlap as, in most cases, where a Member State had taken action to combat money-laundering, it had also taken action against other criminal activities. There were, however, a few exceptions where States had not

acted against money-laundering, but had taken measures only against trafficking in persons or smuggling of migrants.

53. An important part of a country's capacity to combat money-laundering is its ability to identify, seize and recover illicit funds, thereby removing the profit from illegal activities. While progress on the issue of asset recovery had been made in recent years, there were few measurable data with regard to confiscations and the related return of assets back into national government budgets. Forty-five Member States indicated they had taken measures to manage seized assets.

54. Another key component is a country's ability to cooperate effectively with its neighbours, as well as with regional and international partners, yet only 20 Member States indicated that their legislation to combat money-laundering enabled them to conclude bilateral or multilateral agreements for information-sharing, extradition and mutual legal assistance. Of these, eight Member States had adopted new legal instruments during the reporting period to permit the conclusion of such agreements.

55. With regard to specific improvements to regimes to counter money-laundering during the period under review, nine Member States reported that they had adopted new legal instruments criminalizing the laundering of money derived from drug trafficking and/or other serious crimes of a transnational nature. Fifteen Member States indicated that they had taken specific measures against money-laundering practices using new technologies, such as the Internet, or emerging electronic money transfer systems. Only 14 Member States had adopted new legal measures for the identification, freezing, seizure and confiscation of the proceeds of drug-related crime.

56. Banks and financial institutions play a key role in implementing regulations and identifying suspicious financial activities. Many standard processes have been adopted in the financial sector in line with international requirements to fight money-laundering. Most of the Member States responding to the questionnaire reported that their banks and financial institutions had adopted measures to regulate financial activities by adhering to customer identification and verification requirements, by requiring identification of beneficial ownership information for legal persons, by keeping financial records, by requiring reporting of suspicious transactions and by establishing mechanisms to detect and monitor the cross-border transport of cash and bearer negotiable instruments. Many Member States also had in place mechanisms to detect the flow of drug money into the financial system and enhanced due diligence measures when dealing with domestic and internationally politically exposed persons.

57. The activities of law enforcement agencies mandated to deal with money-laundering issues and financial intelligence units are crucial for the effective enforcement of legislative and regulatory frameworks to combat money-laundering. Member States responding to the questionnaire indicated that they had implemented the following enforcement activities: tracing the proceeds of crime (35 Member States), seizing the proceeds of crime (32), freezing the proceeds of crime (31) and confiscating the proceeds of crime (31).

58. A further deterrent to the crime of money-laundering is its being an extraditable offence, thus permitting the prosecution of criminals in the jurisdictions where their financial crimes have been committed and ensuring that they cannot

evade justice by operating in territories with weak legal regimes against money-laundering. Of the reporting Member States, 45 stated that money-laundering was an extraditable offence. Of these, 26 indicated that both nationals and non-nationals could be extradited, whereas 15 Member States reported that only non-nationals could be extradited.

Extradition

59. A quarter of all Member States responding to the questionnaire had concluded bilateral or multilateral agreements or memorandums of understanding on extradition with a number of countries ranging from 3 to 74. Seventeen Member States reported that they had entered into such agreements during the period under review. Responses indicated that half of the Member States surveyed did not have any bilateral or multilateral agreements or memorandums of understanding on extradition. A significant number of Member States did not provide any information with regard to the number of countries with which they cooperated in this area.

60. As regards action taken pursuant to those agreements, 13 Member States reported that between 1 and 23 countries had been involved in such action during the reporting period. Other Member States either did not provide or did not have any information on the subject.

Mutual legal assistance

61. Responses indicated that more than a quarter of the Member States reporting had concluded bilateral or multilateral agreements or memorandums of understanding in relation to mutual legal assistance with a number of countries ranging from 1 to over 100. While eight Member States reported that they had entered into such agreements during the period under review, more than 40 per cent had not done so. A significant number of Member States did not provide any information with regard to the number of countries with which they had bilateral or multilateral agreements or memorandums of understanding in relation to mutual legal assistance.

62. Responses indicated that only 20 per cent of the Member States had taken action pursuant to those agreements with a number of countries ranging from 2 to 68. More than 40 per cent of Member States reported that they had not cooperated with any countries on the basis of those agreements during the period under review. Other Member States either did not provide or did not have any information on the subject.

Illicit traffic by sea

63. Only 15 per cent of Member States reporting had concluded bilateral or multilateral agreements or memorandums of understanding in relation to illicit traffic by sea with a number of countries ranging from 1 to 185. Some 5 Member States reported that they had entered into such agreements with from 1 to 11 countries during the reporting period. By contrast, nearly 50 per cent of Member States did not have any agreements or memorandums of understanding on illicit

traffic by sea. Many States did not provide any information with regard to the number of countries with which they had such agreements or memorandums of understanding.

64. As regards action taken pursuant to those agreements, only three Member States reported that they had taken action with a number of countries ranging from six to eight. Nearly 50 per cent of States indicated that they had not cooperated with any countries on the basis of those agreements during the period under review. Other Member States either did not provide or did not have any information on the subject.

Protection of victims and witnesses

65. Criminal justice procedures for the protection of victims and witnesses may include police measures to enhance physical security, court procedures to ensure a person's safety while testifying and witness protection programmes providing more specialized and extraordinary services, such as relocation and a new identity, as a last resort. However, many countries have yet to put in place policies, laws or practical measures for the protection of victims and witnesses, or fail to implement existing laws effectively and there is thus room for improvement in both developing and developed countries.

66. Of the 74 Member States that responded to the questionnaire, only 15 responded that they had new legislation, rules or procedures for the protection of victims and witnesses, while more than 30 had none and the remainder did not respond to the question. Of those Member States that responded in the affirmative, four submitted copies of the relevant laws.

V. Recommendations

67. In order to enhance the quality of reports on this subject and to enable UNODC to analyse the related issues more accurately, all Member States should provide the Office with a timely and complete response to the annual report questionnaire. Member States could also provide more detailed information, especially with regard to questions 14, 16 and 18 of part I of the annual report questionnaire.

68. Global mobilization is necessary at all levels to increase the coverage of interventions for the prevention of drug use and for the treatment, care, rehabilitation and reintegration of people suffering from drug dependence, in particular for groups at risk and persons in prison settings.

69. Member States should consider increasing the implementation of prevention interventions based on scientific evidence, as well as the monitoring and evaluation of their outcomes and impact.

70. Member States should consider increasing access to drug dependence treatment, care, rehabilitation and reintegration services with the costs covered by insurance or by the Government rather than by the patients, their families or civil society, as for any other health disorder.

71. Member States should consider making further efforts to reduce the illicit supply of drugs and to address drug trafficking, at the national level and through international cooperation, including by creating regional mechanisms for promoting information-sharing and cross-border law enforcement activities. Member States should also consider taking further measures to control precursor chemicals and illicit crop cultivation.

72. Member States should consider making further efforts to combat money-laundering, including through the creation, implementation and enforcement of comprehensive legal and regulatory regimes, in accordance with international standards, in order to undermine organized criminal activities linked to trafficking in narcotic drugs.

73. Member States that have not yet done so should seek to conclude where applicable bilateral or multilateral agreements or arrangements in relation to extradition, mutual legal assistance and illicit traffic by sea with more countries, in accordance with the relevant provisions of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,³ the United Nations Convention against Transnational Organized Crime⁴ and the United Nations Convention against Corruption,⁵ especially if they do not grant extradition and/or mutual legal assistance in the absence of a treaty or based on the principle of reciprocity.

³ United Nations, *Treaty Series*, vol. 1582, No. 27627.

⁴ Ibid., vol. 2225, No. 39574.

⁵ Ibid., vol. 2349, No. 42146.