

# **IDPC RESPONSE TO THE UNODC WORLD DRUG REPORT 2014**



# Executive summary

The *World Drug Report 2014* contains, as always, an impressive range of information on the global drug situation. This year, however, despite the conflicted state of international drug policy, the defensive stance of the 2013 *Report* is replaced by an increased willingness to confront the growing complexity of the issues. Furthermore, the uncertainty embedded in the data received by the United Nations Office on Drugs and Crime (UNODC or Office), which is based largely on the *Annual Reports Questionnaires* (ARQs) that the Office sends out to countries, is acknowledged. The problem of unreturned and/or partially completed ARQs is a perennial one for the producers of the *World Drug Report*, with this year's being no exception. The result is that the assessments, conclusions and trends drawn from the data by the UNODC must be approached as inherently provisional – this is particularly so in relation to drug consumption.

Even in the Preface, which has historically tended to be the place in which the dissonance between the Executive Director's public pronouncements and the work of the research division was at its most obvious, Mr. Fedotov's tone closely parallels that of the *Report* in general. This is not necessarily to say that the International Drug Policy Consortium (IDPC) shares the UNODC's interpretation and narrative framing of those contents. The notion of 'stability', for example, developed by the *Report's* authors in relation to overall drug consumption, seems calculated to function as something of a reassurance to government officials and members of the general public tracing the *Report's* overview of the 'world drug problem'. However, the gaps in the data owing to the uneven ARQ response mean that hidden populations of consumers probably exist 'beneath the radar' of the UNODC. To be fair, the *Report* does acknowledge underlying variation and ambiguity in illicit markets.

As usual, an assessment of the state of play in the major illicit drug markets is included. In some geographical areas, notably Russia, the opioids market is witnessing a shift from reliance on illicitly produced heroin to synthetic opioids, including desomorphine, known locally as Krokodil. In the USA, the movement is in the opposite direction, with former users of synthetic opioids such as OxyContin transferring to heroin, which production in Mexico has recently increased. On the cocaine market, meanwhile, the *Report* points to evidence that the overall global supply may have reduced. This reduction has, however, begun to level off or even rebound in some markets, while the picture is complicated by the very weak mapping of consumption in Africa and Asia. Furthermore, while coca cultivation has been reduced considerably, the effect is offset by improvements in the yield and the

production of cocaine. The cannabis market continues to be widespread, with the UNODC reporting that the production of cannabis resin (or 'hashish' as the authors prefer) remains confined to a few states in North Africa, the Middle East and South Asia. The *Report* acknowledges that estimates of overall scale remain elusive owing to the variety of modes of cultivation, including those increasingly within traditional consumer markets. Between 125 million and 227 million people were estimated to have used cannabis in 2012, though such figures should be treated with caution. The authors also turn their attention to the recent legislative changes in Uruguay and certain US states, sharing the International Narcotics Control Board (INCB or Board)'s expectations of raised public health costs accompanying expanding use. In the case of the amphetamine-type stimulants (ATS) market, global manufacture is likewise difficult to quantify. The continued rise in laboratories dismantled is viewed as an indicator that production levels are on an upward trend. Seizures of many ATS also climbed in 2012, the year to which the *Report's* estimates refer. It argues that the decline in quality of much of the methamphetamine available on the market is the result of tightened restrictions on precursors.

The issue of precursor control is the topic of a thematic chapter of the *Report* – that is, the control of substances used in the manufacture of both plant-based and synthetic drugs. These substances often have important uses in the licit pharmaceutical industry, and this interesting chapter describes the measures taken to try to prevent their diversion into illicit production. Other related contemporary themes covered are the rise in the production, supply and consumption of new psychoactive substances (NPS) and, closely linked to this, the emergence of the 'dark net'. Bitcoin, an anonymous online currency, is used in conjunction with the dark net, and this hidden network is increasingly being used for drug transactions between buyers and sellers; it cannot be observed or interdicted by conventional forms of law enforcement.

Finally, one of the most encouraging elements in this year's *Report* is the more prominent place accorded to health and human rights questions, including a very positive outlook on the effectiveness of harm reduction interventions, especially in relation to people who inject drugs. The acknowledgement of harm reduction, a term whose use in the *World Drug Report* was unthinkable a few years ago, is highly significant, and represents what appears to be an ongoing shift in the UNODC's concept of the 'world drug problem', a shift that is arguably linked to the debates that have taken place in civil society over recent years.

# Introduction

Considering the tensions currently permeating the international drug control system, the launch of the *2014 World Drug Report*, the flagship publication of the UNODC in Vienna on June 26 was remarkably moderate in tone. Unlike last year when UNODC’s Executive Director, the Russian national Mr. Yury Fedotov, responded to what have been called ‘cracks in the Vienna consensus’ and the adoption by some jurisdictions of legally regulated cannabis markets, by explicitly calling for an affirmation of the extant international framework under the auspices of the drug control conventions, there was no overt defensive posturing. Rather, Mr. Fedotov placed emphasis on the need to focus ‘on the health and human rights of all drug users, but particularly those who inject drugs and are living with HIV’, making only passing reference to legal cannabis markets.<sup>1</sup> This is clearly a welcome change in approach.

Indeed, while in the past it was not unheard of for there to be a significant disconnect between public pronouncements of Executive Directors and the substance of Office’s research publications, Mr. Fedotov’s comments and tenor closely reflected the content and character of this year’s *Report*. As will be discussed below, the UNODC’s work is set up very much as an attempt to provide a global overview and analysis to assist member states in dealing with the challenges of the illicit drug market as they approach the Special Session of the General Assembly (UNGASS) on the world drug problem in 2016. This is undoubtedly a worthwhile goal and in this, it is successful. Yet in so doing, it reveals the inadequacies in its current form of the very system that the Office operates within and consequently implicitly supports.

Underlying the ongoing, and to some extent questionable, narrative of stable global levels of illicit drug use, we are shown a picture of increasing complexity and uncertainty. Judging from the available – and often partial or non-existent – data, markets for opiates, cannabis, cocaine and ATS are fluid, increasingly intricate and multifaceted. The phenomenon of NPS also remains a key area of concern. In terms of consumption, concerns for discrete markets are compounded by poly-drug use and interplay between licit pharmaceuticals and illicit substances. On the supply side, our understanding of shifting trafficking routes is

further complicated by the emergence of the ‘dark net’. Operating largely away from the reach of traditional law enforcement approaches and in ways that were unimaginable when the current treaty system was constructed, drug-related cryptomarkets may have the potential to radically transform the operation of some retail drug markets. As the *Report’s* discussion of precursors reveals, it also appears as if criminal groups are already using the ‘dark net’ to access chemicals required for the production of a range of drugs. Amongst this uncertainty, the *Report* also highlights the many unknowns surrounding the operation of regulated markets for cannabis, themselves in some ways a response to the manifold costs associated with the pursuit of prohibition-oriented drug control policies. In so doing, however, the UNODC is perhaps too eager to highlight potential negative outcomes without considering that the new systems may represent an improvement upon those previously in place, including in terms of health and human rights – a dilemma that may well be increasingly difficult to address as legal systems change and new data sets emerge.

In this report, the most recent of the IDPC’s annual responses to the UNODC’s *World Drug Report*, we aim to provide an overview of the data and topics presented in the *Report*, and where appropriate – and within the context of the Office’s narrative stance – offer a critical analysis of both.

## Preface: A key moment?

As is customary, the Executive Director utilises the Preface of the Office’s flagship publication for 2014 to highlight issues that are felt to deserve particular attention. This is a functional and effective approach to media management within a saturated media environment where busy journalists usually read little more than the opening pages of any publication. Within this context Mr. Fedotov sets out the *Report’s* primary objective in terms of assisting the global community to understand and respond to the impact that illicit drug production, trafficking and consumption has on ‘all our societies’. This objective is best achieved, he contends, by ‘providing a global overview and analysis of developments, based on the best available data’ (p. iii). This is a sensible starting position mindful of the UNODC’s mandate to assist ‘member states in their struggle against illicit drugs, crime and terrorism’.<sup>2</sup>

With this as a backdrop, the Executive Director notes at the outset that the 2014 *Report* is published at a key moment in the global debate on the 'world drug problem', and he is surely correct in this assessment. However, it is significant that the events to which he refers as making this moment 'key' are United Nations events – the High Level Review of the implementation of the Political Declaration and the Plan of Action<sup>3</sup> that took place at the Commission on Narcotic Drugs (CND) in March 2014, and the approaching UNGASS in 2016. While these meetings are indeed important, and undoubtedly represent milestones in the deliberations regarding the global drug trade and the responses toward it, their selection signals a certain insularity in the way that the Executive Director, and most likely others within the system, understand the issues.

Some outside Vienna see the question in different terms. For example, a growing number of doctors appear to regard the lack of access to essential medicines as residing at the centre of the 'world drug problem', with some 83 per cent of the world's population living in countries with 'low to non-existent' access to pain relief.<sup>4</sup> Meanwhile, a vibrant cultural conversation surrounding the use of drugs for non-medical purposes and how best to regulate it in order to reduce the associated risks is currently taking place in many societies around the globe.<sup>5</sup> While it would be encouraging to see these potentially historic shifts in views reflected in Mr. Fedotov's comments in the Preface, explicit reference is missing. Nonetheless, the signs of an awareness of the winds of change are certainly there, making this year's contribution from the Executive Director a complex and ambivalent one.

The parochial tendency in the UNODC's outlook, so far as it is represented by the Preface, is further manifested by its characterisation of the discussions at this year's High Level Segment, claiming that these provided 'a much needed-forum for an open, inclusive dialogue, involving not just governments but also the scientific community, civil society and young people' (p. iii). While it is true that there were contributions from these populations, it should be recalled that they took place within an agenda set by the CND 'consensus', in which the radical suggestion that it is now time to rethink the international drug control conventions – a suggestion made by at least one government – was

excluded from the debate. Mr. Fedotov's Preface recognises that the 2009 Plan of Action has suffered serious setbacks, and gives examples including the renewed upsurge of poppy cultivation in Afghanistan, the violence associated with the illicit drug trade, and the drug-related instability present in East and West Africa. Serious though such issues are, however, no reference is made to the role of the drug control regime itself in generating problems. As a result, the subsequent claim that 'we have attained a shared understanding of the way forward' is scarcely a credible one. The Preface continues in this vein, moreover, celebrating the 'integrated and balanced' vision elaborated at the High Level Segment of the 57th CND.<sup>6</sup> Importantly, though, it does acknowledge a major lack of service provision and Mr. Fedotov declares his belief that the data included in the *Report* will assist states in addressing such gaps.

The Preface also gives prominence to the *Report's* data on global numbers of people who inject drugs and the proportion of these who are living with HIV; the data are for the first time the result of a collaboration between the Office and the World Health Organisation (WHO), UNAIDS and the World Bank. This new arrangement is an interesting one in view of the critical comment from civil society drawn by last year's *World Drug Report 2013* and its presentation of these particular data. A novel data collection method was employed in the 2013 *Report*, resulting in the downward revision of the UNODC's estimates of numbers of people who inject drugs and live with HIV when compared to the UN Reference Group's 2008 figure. The estimate shifted from approximately 3 million<sup>7</sup> in 2008 to a new total of 1.6 million in 2013.<sup>8</sup>

The NGO Harm Reduction International analysed the data in the 2013 *Report* and found that the way in which it was presented inaccurately suggested that the numbers of people who inject drugs living with HIV had reduced by nearly half and, crucially, that the phenomenon was an actual rather than a statistical one.<sup>9</sup> In fact, the UNODC made a fundamental error in comparing these estimates to derive a real-world trend in this way, as the two data sets entailed incompatible methodologies.<sup>10</sup> The apparent change was a statistical artefact, not an epidemiological trend, as acknowledged later by the UNODC in an 'information note' that had nowhere near the profile of the original misleading presentation in the *World Drug Report 2013*.<sup>11</sup>



These issues aside, it is fair to say that while there are a number of problems with the Preface, it is simultaneously a hopeful text with clear signs of significant progress in both the *Report* and the UNODC's wider stance. Perhaps the most important of these is a highly encouraging reference to harm reduction, a term that was effectively censored from the UNODC's public discourse in the recent past, and one to which a number of member states remain implacably hostile. With respect to the joint efforts in the *Report's* HIV estimates mentioned above, Mr. Fedotov welcomes such collaboration as an instance of the 'One United Nations' ethic,<sup>12</sup> and expresses his hope that such efforts will help member states to address 'the discrimination that continues to hinder access to HIV prevention, treatment and care services, particularly for people who use drugs and for those in prison' (p. iii).

This is an important recognition, and is supplemented by the observation that 'countries that have adequately invested in harm reduction services have lowered remarkably HIV transmission among people who inject drugs' (p. iii). This is a ringing endorsement of an evidence-informed practice from the Director of the UNODC, and should be thoroughly commended. In addition, it is noteworthy that the Office is now adopting the terminology preferred by the key population here – 'people who use drugs' – and has abandoned its condemnatory predecessor, 'drug abusers'. Such practices indicate that the UNODC has transcended the insularity referred to in the foregoing, and that it is responding to changes in the world beyond the Vienna enclave.

Mr. Fedotov's final contribution is to urge the international community to continue and increase its cooperation, including in the area of transparent sharing of data and analysis. As IDPC discusses in our analysis of the *Report's* methodology below, there is room for improvement in the UNODC's own performance in this regard, much of its analysis relying as it does upon governmental data sources whose data and methodologies are often not subject to independent review, and which therefore remain problematic. Nonetheless, we share Mr. Fedotov's hope that the *Report* may be utilised in 'devising more effective policies and finding joint solutions' (p. iii), even if we hold some divergent views as to what they might be.

## The illicit drug market

### An ongoing narrative of stability of prevalence, but an increasing admission of complexity and uncertainty

As has been the case in recent editions of the *World Drug Report*, the UNODC is once again quick to stress and then reiterate the notion of stability in drug use prevalence throughout the 2014 *Report*. Noting that there remains no standard definition of 'problem drug use', the authors lay out the Office's core message early in the *Report* that 'overall the global situation with regard to the prevalence of illicit drug use and problem drug use is *generally stable* (*italics added*) (p. xi). More specifically, it is estimated that in 2012 – the last year for which most data is included in the *Report* – between 162 and 324 million people, corresponding to between 3.5 and 7.0 per cent of the world's population aged 15-64, had used an illicit drug – mainly a substance belonging to the cannabis, opioid, cocaine or ATS groups – at least once in the previous year (pp. ix & 1). It is important to stress here, as we have in previous comments on this point, that it is difficult to talk about stability when, due to data gaps, there are likely to be hidden populations of people who use drugs in many parts of the world, populations that extrapolations may not adequately describe. The *Report* stresses that 'Although the general public may perceive cannabis to be the least harmful illicit drug' – a recurring theme to which we will return – 'there has been a noticeable increase in the number of persons seeking treatment for cannabis use disorders over the past decade, particularly in the Americas, Oceania and Europe'. 'Nonetheless', it continues, 'opiates remained the most prevalent primary drug of abuse among those seeking treatment in Asia and in Europe, as did cocaine in the Americas' (p. ix). As mentioned above in relation to the Executive Director's Preface, in terms of treatment, the *Report* reveals that there continues to be a gap in service provision, with, as in recent years, 'only one in six problem drug users globally' having 'had access to or received drug dependence treatment services each year'; a situation that is far worse in Africa. Within this region the figures jump to 1 in 18 (pp. ix & 3).

The *Report* also highlights how the extent of drug use among men and women varies from country to

country and that in relation to particular substances used, 'generally', men are more likely to have used an illicit drug.<sup>13</sup> Moreover, we are informed that 'While there are varying regional trends in the extent of illicit drug use, overall global prevalence of drug use is considered stable' and that 'the extent of problem drug use, by regular drug users and those with drug use disorders or dependence, also remains stable at about 27 million people (range 16-39 million; a sizable range that, while certainly an improvement on point figures, is perhaps worthy of comment from the authors). As such, in laying out its understanding of the global market, the UNODC continues to make the implicit distinction between what might be termed problematic and non-problematic drug use. Furthermore, in noting that the total number of people who use drugs has increased commensurate with the growth in the world population (p. ix), it also continues to acknowledge implicitly that certain individuals, for a range of different reasons, are likely to continue to consume currently proscribed substances.

Indeed, in terms of an increasingly complex picture, the Office also flags up the fact that, beyond regional variations with regard to the use of specific drugs, poly-drug use, 'which is generally understood as the use of two or more substances at the same time or sequentially', 'remains a major concern from both a public health and drug control perspective'. Although this is a somewhat strange formulation reflecting the view that, despite considerable movement in recent years, 'drug control' is not yet seen to be synonymous with public health, this is an important point in policy terms because, as noted, it 'invalidates the established profile and characterization of the users of a specific single drug' (pp. xi & 2). To be sure, as IDPC has noted before and will highlight throughout this response, stability in prevalence must not be equated to stasis within the market, with poly-drug use being but one manifestation of an increasingly complex and fluid picture. Furthermore, it must be noted that our understanding of such complexity is made harder by problems of data capture. Reflecting an ongoing and welcome methodological honesty – within the main body of the text at least (see section below) – from the first few pages of the *Report* onwards, the authors openly admit the challenges faced. For example, tempering conclusions on stability with the acknowledgement that they could draw on only 'relatively limited new information on demand' (p. ix).

Such caution can be seen in the publication's overview of the illicit market and the conclusions that can be drawn in terms of trend analysis. The *Report* states that opioid and cannabis use has increased since 2009, with opiates, cocaine and ATS stable, or on a decreasing trend. It notes, however, that 'not all countries conduct national surveys, and most that do conduct them only periodically, once every three to five years'. Consequently, we are informed that 'rather than looking at the year-to-year change, it is more meaningful to take a longer term perspective' and that 'year-on-year changes in a country's prevalence rate have only a slight impact on the region's overall prevalence, unless they occur in a country with a large population' (p. 1). Indeed, 2012 data was updated by only 33 countries, mainly from Western and Central Europe and North America, regions accounting for 12 per cent of the global population aged 15-64. As such, it is openly acknowledged – rather than in a footnote like last year – that 'trends and global annual estimates of overall drug use and of different substances' in this year's *Report* should be seen to 'reflect only changes in or revisions of estimates for those countries and regions' (pp. 1-2).

## A welcome emphasis on health

Reflecting the UNODC's much welcomed and ongoing shift away from privileging the law enforcement component of drug policy, the *World Drug Report 2014* devotes considerable attention to what it categorises as 'health and social impact'. Within discussions of this crucial issue area, as noted above, the Office adopts an extremely positive position on harm reduction interventions relating to people who inject drugs.

In setting the context for more specific discussion, and giving special attention to the 2010 Global Burden of Disease Study,<sup>14</sup> the *Report* emphasises the health and social consequences of drug use, noting that 'drug use continues to exact a significant toll, with valuable human lives and productive years of many persons being lost' (p. ix). Figures show that an estimated 183,000 (range 95,000-226,000) drug-related deaths were reported in 2012, corresponding to a mortality rate of 40.0 (range 20.8-49.3) deaths per million among the population aged 15-64. Aware of the complexities surrounding the classification of drug-related deaths, the *Report* notes that most of these were a result of overdose. On this point it stresses that many overdoses can be

prevented, particularly through the use of naloxone (p. 5). Once again highlighting caveats around data, the authors also openly note that while the estimate in this year's publication is 'lower than for 2011, the reduction can be ascribed to the lower number of deaths reported in a few countries in Asia', namely Iran, Kazakhstan and Uzbekistan.

As flagged up by the Executive Director within the Preface, on the issue of injecting drug use and HIV/AIDS the UNODC has for the first time been working with UNAIDS, the WHO and the World Bank to generate a more accurate global picture. Drawing on the most recent data available, and in consultation with civil society including non-governmental organisations and academics, these bodies jointly estimate that the number of people who inject drugs is 12.7 million (range 8.9-22.4 million) with a prevalence of 0.27 per cent (range 0.19-0.48 per cent) of the population aged 15-64 (p. xi). Again in relation to the interpretation of figures within the publication, the authors point out – admittedly in a footnote – that the estimates reflect the most recent data from a range of sources, the improved coverage and quality of surveillance within countries and the increasing number of countries reporting on people who inject drugs. As a result, we are warned, 'these estimates should be understood as an update of previous global estimates and not be used as a comparison for the purpose of trend analysis' (p. ix). The current estimate 'represents a slight downward revision in the global number of people who inject drugs from the estimate published' in the 2013 *Report*. However, we are told, 'this should *not* be interpreted as an actual decline' (emphasis added). Indeed, perhaps in some ways because of the controversy around the figures on people who inject drugs and HIV in last year's *Report*, as discussed above,<sup>15</sup> expert consultations and the joint approach by UN and related bodies led to an updating of national estimates of drug injecting in 23 countries, including within highly populated ones like China and Indonesia (p. 6).

With all this in mind, the 2014 *Report* reveals a worrying global situation. The joint UNODC/WHO/UNAIDS/World Bank global estimate for 2012 of the number of people who inject drugs living with HIV is 1.7 million (range 0.9-4.8 million) corresponding to an average prevalence of HIV among people who inject drugs of 13.1 per cent (p. 6). Moreover, up to 40 per cent of new infections of HIV/AIDS in some

countries are the result of unsafe injecting drug use (p. 5). Cognisant of the challenges of collecting data and that the global estimates of people who inject drugs living with HIV 'may not fully represent the number of people who have a lifetime history of injecting drug use and are living with HIV but who are not currently injecting drugs (p. 6), we are informed that the current estimate of prevalence of people who inject drugs has been revised upwards from the estimate in last year's *Report*. That said, 'since the estimated total number of people who inject drugs has been revised downward, the estimated global number of people who inject drugs living with HIV remains essentially the same' (pp. 6-7).

In relation to geographical spread, the highest numbers of people who inject drugs are to be found in East and South East Europe, where 1.26 per cent of the population aged 15-64 are estimated to have recently injected drugs. Here the rate of injecting drug use is 4.6 times higher than the global average (p. xi) and within the sub-region, the figures for the Russian Federation are particularly high at 2.29 per cent of the population. In terms of scale, the Russian Federation, along with China and the USA, combine to account for 46 per cent of the global total (p. 6). Where injecting drug use and HIV is concerned, the situation is 'particularly pronounced in two regions of the world: South-West Asia and Eastern/South Eastern Europe'. Here it is estimated that the prevalence of HIV among those who inject drugs is 28.8 and 23.0 per cent respectively (pp. xi & 7), with particularly high prevalence in the Russian Federation and Ukraine (pp. 7-8). In terms of scale – that is to say the actual number of people who inject drugs with HIV – China, Pakistan, the Russian Federation and the USA make up 62 per cent of the global total (p. 9). In presenting the picture, the UNODC seems keen to point out that the data used in the 2013 *Report* is better than that from the external Reference Group to the United Nations on HIV and Injecting Drug Use in 2008 – perhaps a political decision designed to dissipate criticism of the Group's effective demise. It should also be noted that the *Report* highlights that more than half of those people who inject drugs are estimated to be living with hepatitis C (p. ix), equating to 6.6 million people aged 15-64. Hepatitis B is also an issue of concern affecting 6.7 per cent of people who inject drugs, or around 850,000 people aged 15-64 (p. 9).

It is noteworthy that, in line with its increased attention on health, the *Report* openly adopts a very

## Box 1 The impact of the financial crisis on drug markets and policy interventions

Mindful of the widespread impact of the financial crisis on a range of public policy issue areas across Europe, it is useful that the Report devotes some attention to the topic. It notes that 'In Europe, the financial crisis seems to have had an impact on drug use modalities, with related health and social consequences'. Stressing that there are yet no comprehensive data, the UNODC highlights two phenomena that seem to have emerged in parts of Europe that have appeared in parallel to the financial crisis. First, there appears to be a shift in the pattern of drug use which sometimes results in higher risk of harm, for example the use of cheaper drugs – like ATS – that require more frequent injections. Second, there has been a reduction in coverage of harm reduction services, which, according to recently published research, has increased the likelihood of unsafe injecting behaviour, thus influencing the spread of infections such as HIV and hepatitis C. In this context, it is alarming to discover that 15 of 19 countries in Europe report cuts to drug-related budgets between 2 and 44 per cent (p. 18). While certainly informative, it would be interesting to learn more of the relative cuts between law enforcement and health-related services.

positive position on harm reduction: something that would have been inconceivable in the not too distant past. Indeed, the UNODC notes that addressing HIV among people who inject drugs through the implementation of an 'evidence-based comprehensive package of nine interventions' laid out in the *WHO, UNODC, UNAIDS Technical Guide*<sup>16</sup> 'as a component of what is also known as "harm reduction services"' is a 'major component of the global response to stop the spread' of the virus. Reflecting not only a shift in language, but also the relatively recent shift in formal ideological outlook, the UNODC confirms that the four most effective interventions relating to HIV and people who inject drugs are needle and syringe programmes (NSP),

opioid substitution therapy (OST) (or other evidence-based drug dependence treatment in the case of people who inject non-opiate drugs), HIV testing and counselling and antiretroviral therapy (pp. ix-x & 9). While this is clearly encouraging in terms of further embedding systemic cohesion on the issue, on the ground things are not as positive. Indeed, as the *Report* notes, although there are regional variations, in most countries the extent of services provided to people who inject drugs falls below the lower level targets prescribed in the *Technical Guide*.

Coverage of the aforementioned interventions is greatest in Western and Central Europe 'where harm reduction interventions have been scaled up for more than a decade, leading to a decline in the number of newly diagnosed cases of HIV among people who inject drugs and of AIDS-related deaths attributed to unsafe injecting drug use' (emphasis added) (pp. x & 7). That said, we are warned that the 'recent outbreaks of HIV' among people who inject drugs 'in parts of Europe demonstrate how the HIV epidemic situation can change very rapidly in areas where services and interventions are scaled down (p. x); an issue that relates directly to the affect of the financial crisis in some parts of the world (see Box 1). Exceptions to the downward European trend in Greece and Romania – due to changing patterns of injecting and behaviour – reveal how quickly the situation can change (p. 8). Elsewhere in the world, it is notable that the 16 countries with highest prevalence of people who inject drugs and people who inject drugs and have HIV (45 per cent of the global number of people who inject drugs and 66 per cent of that population with HIV), have a 'generally low level of service provision', especially in relation to NSP and OST (p. 11).<sup>17</sup> It is worth noting here that the Russian Federation remains fervently opposed to the harm reduction approach, a situation that has deleteriously affected the health of people who inject drugs within the country.<sup>18</sup> The *Report* also gives some attention to drug use and treatment, or lack thereof, in prison settings (see Box 2 overleaf).

## The opiate market

Once again hinting towards the idea that there is a spectrum of 'problem drugs', the *Report* states that 'Opiates and opioids top the list of problem drugs that cause the most burden of disease and drug-related deaths worldwide' (p. x). While this situation and other aspects of the opiate market



## Box 2 Drug use among prisoners and implications for health

A welcome inclusion in this year's *Report* is a brief discussion of drug use in prisons. It is estimated that worldwide, on any single day, there are more than 10.2 million people held in prisons, with, allowing for regional variations, the numbers growing in every continent. The UNODC acknowledges that many of those held are incarcerated for offences related to the use, possession and supply of drugs (p. 11). Without passing comment on the concept of proportionality in sentencing or the need to reduce the incarceration of low-level non-violent offenders,<sup>19</sup> the Office points out that 'It is well documented that a very high percentage of people who inject drugs have a history of imprisonment' and that both drug use and injecting drug use are highly prevalent among prison populations. On this issue, it is positive that the *Report* highlights that the 'lack of access to and availability of health care, especially drug dependence treatment and HIV prevention, treatment and care services in prisons, is of major concern'. Indeed, it goes on to argue that at a minimum, prison populations should have equivalent access to services as the general public. While noting that in Europe, the proportion of prisoners who had used an illicit substance during incarceration ranged from 4 to 56 per cent (pp. x & 13), the *Report* misses an opportunity to address the issue of initiation of drug use, including via injection, while in prison. As with other aspects of drug use within prison settings, this is an issue in need of further research and data capture.

remain relatively constant, the UNODC's analysis reveals a certain amount of flux and acknowledges that in 'comparison with other plant-based drugs, the global market for illicit opiates is perhaps the most complex'. This is largely because cultivation and production 'feeding' the illicit opiate market are limited to certain countries, which results in intricate trafficking routes to traditional and emerging consumer markets. The picture is further

complicated due to an interconnection between layers of production and consumption, in relation to opium, morphine and heroin for example. On top of that, opiates and other opioids, chemically and pharmaceutically very similar, are widely available and used as licit pharmaceutical products 'resulting in an interplay that may involve diversion from licit to illicit markets at various stages of the supply chain' (pp. 22-23).

In terms of constants within this particularly complex market, for the third consecutive year, Afghanistan, which has the world's largest opium poppy cultivation, saw an increase in the area under cultivation, from 154,000 hectares in 2012 to 209,000 hectares in 2013. The main areas of cultivation remained in provinces within the south and the west of the country, with major increases observed in Helmand and Kandahar (pp. x & 21). Myanmar also witnessed an expansion in the area of opium poppy cultivation, although less pronounced than Afghanistan. Within this context, it is perhaps no surprise to read that in 2013 the estimated global production of heroin 'rebounded to the levels seen in 2008 and 2011' (p. x) with, at 296,720 hectares, the global area of illicit opium cultivation being the largest since 1998 when estimates became available (pp. x & 21). The potential production of opium in 2013 is estimated at 6,883 tons, also a return to 2011 and 2008 levels, with Afghanistan being responsible for 80 per cent of global production. Research from experts in the field suggests that such a situation is unlikely to change in the near term, with a weakening security environment resulting from the 'Transition' process both permitting and incentivising increased poppy cultivation.<sup>20</sup>

The *Report* also includes evidence that Afghan heroin is 'increasingly reaching new markets, such as Oceania and South-East Asia, which had been traditionally supplied from South-East Asia. In terms of trafficking routes, the long-established Balkan route seems to remain a corridor for the transit of Afghan heroin to the lucrative markets in Western and Central Europe, but its importance appears to have declined. The reasons given for this include more efficient law enforcement activities, including in South West Asia and Western and Central Europe (p. 21) and shrinking markets in Western and Central Europe (pp. x & 24), although there is disappointingly little analysis exploring these factors and the likely interplay between them and other variables. Indeed, it is clear that high levels

## Box 3 Controlled medicines and the international drug control regime

The WHO estimates that 5.5 billion people live in countries with inadequate or non-existent access to treatment for moderate to severe pain. The only regions in which citizens can be confident of adequate pain treatment are those in the developed world: North America, Australasia and Western Europe. These have access to over 90 per cent of the world's opioids, the analgesia necessary for treating the moderate to severe pain associated with conditions such as cancer, AIDS, wars and traffic accidents, childbirth and so on. The poor have access to as little as 6 per cent of these opioids. At its worst on the African continent, this situation is believed to be improving slowly.<sup>22</sup> This is a pandemic of untreated pain.

The three drug control conventions enshrine the legal basis of state parties' obligation to ensure, in cooperation with the INCB, that their citizens have adequate access to essential medicines, UN listings which include morphine and other opioid analgesics. The Single Convention, under which morphine is controlled, places this obligation upon Parties, but does not include strong sanctions in case of failure to meet their obligation. The Single Convention also established the INCB as the body that monitors compliance with the treaties, including the provision of controlled drugs for medical and scientific purposes.<sup>23</sup>

The *Report* explains the mismatch between the explicit objectives of the Convention to ensure supplies for medical and scientific use, and the

lived reality for most of the world's citizens. Drawing on INCB research, it contends that national legislative systems are sometimes 'unduly restrictive or burdensome and were perceived to be a significant limitation on availability' (p. 30), that medics are insufficiently trained, public health ranked low as a priority, and countries lack financial resources. In addition, the *Report* states that 'countries face the challenging task of balancing two public health needs: ensuring the availability of these controlled substances for medical purposes and preventing their misuse and diversion'.

This is a fair point. However, the impact of the international regulatory environment derived from the conventions must also be taken into account. There are indeed many countries that place administrative and regulatory hurdles before their doctors, pharmacists and medical and pharmaceutical providers that prove insuperable in practice. However, Article 39 of the Single Convention does not help here, allowing as it does state parties to impose stricter controls than are necessary under the treaty.<sup>24</sup> Moreover, the historical emphases of the international drug control system and the national legislations based upon it have generated lasting and pervasive fears concerning 'addiction'. All of these factors combine to discourage many health service staff across the world from prescribing, dispensing or administering adequate supplies of painkillers to their patients.

of uncertainty surround any understanding of the opiate market and the influences on its currently changing shape. For example, in discussions on the impact of opiate seizures by law enforcement authorities worldwide on supply and demand, the *Report* is unable to reach any firm conclusions (p. 23).<sup>21</sup> That said, with a decline in importance of the Balkan route has come an expansion in the so-called 'southern route', with heroin being smuggled through the area south of Afghanistan and reaching Europe via the Near and Middle East and Africa, as well as directly from Pakistan'. (p. x)

In terms of consumer markets, the Russian Federation remains particularly important for illicit opiates, 'with significant quantities of heroin flowing northwards from Afghanistan via Central Asia'. Here, the UNODC points out, increased availability may have increased demand and, as supply in the Russian Federation declines, it is met by other sources, including desomorphine, a substitute for heroin that can be derived relatively easily from pharmaceutical products (pp. x, 21 & 27). Similarly, a decline in heroin availability in some parts of Europe has resulted in an increase in the

illicit use of prescription opioids (p. 35). Shifting patterns of drug use around the opiate market are also highlighted in the case of the USA. However, in this instance the 'emerging phenomenon among opioid-dependent drug users' relates to a situation where synthetic opioids are being replaced with heroin; a dynamic involving an increase in the availability and hence reduction in the price of heroin – likely due to increased production in Mexico – and a reduction in the availability of prescription pharmaceuticals and a reformulation of OxyContin, a process that has made it more difficult to inject or snort (pp. x & 31). The *Report* also draws attention to other examples of substance displacement, including the use of illicitly manufactured fentanyl in Estonia. As is noted, 'It has been observed that opioid users may alternate between pharmaceutical and/or prescription opioids and heroin, depending on which substance is more available, accessible and cheaper in the market' (p. x). Indeed, as well as highlighting issues around access to pain medication (see Box 3 on previous page), this year's publication gives much needed attention to the 'interplay' between illicit and pharmaceutical opioid use and the associated health risks, including those relating to overdose when switching from prescription opioids to street heroin (pp. 31-34). 'What is clear' the *Report* lays out, is that 'people who are dependent on opioids will move between the different opioids, interchanging one for another, all while increasing their risks of serious health consequences'. However, it continues, 'in the presence of accessible and evidence based treatment, the situation can be prevented, while supply reduction efforts alone are likely to induce a balloon effect where one controlled substance is replaced with another' (p. 34).

## The cocaine market

The Executive Summary of the 2014 *Report* notes that 'While cocaine manufacture and trafficking have had a serious impact in the Western hemisphere, there are indications that the overall global availability of cocaine has fallen' (p. x). A closer reading of the *Report* proper, however, goes some way to temper such optimism. Here it nuances the headline statement by stating that, 'Overall, the latest supply indicators suggest that the global availability of cocaine has fallen in the medium term', but that back before in 2012, there were signs of a levelling-off or even a possible rebound

in some markets', a picture further complicated by uncertainty in relation to cocaine markets in Africa and Asia (pp. 35 & 37-38).

That said, in terms of existing – if blunt and often counterproductive – objectives to eliminate the cultivation of the raw material for cocaine, it might be deemed somewhat of a success that, with cultivation limited to the Plurinational State of Bolivia, Colombia and Peru, 'the estimated net area under coca bush cultivation as of 31 December 2012 was the lowest since the beginning of available estimates in 1990'. This equates to '133,700 hectares, a decline of 14 per cent from the estimate for 2011' (pp. x-xi). According to the *Report*, such a reduction was driven mainly by a decline in Colombia, a result achieved via both manual eradication and aerial spraying (p. 34). It is unfortunate that the UNODC chooses not to interrogate the impact of aerial spraying in terms of environmental and human rights impacts or cross border displacement of cultivation.<sup>25</sup> It does note, however, that the decline in coca cultivation has been offset to some extent by improvements in coca processing (p. 35). We are also informed that 'Global cocaine seizures increased to 671 tons in 2012, compared with the 634 tons seized in 2011' with the main increase in the quantities of cocaine seized in South America and Western and Central Europe' (p. xi).

On the issue of consumption, cocaine use is presented as being 'stable' over 2012 – 14 to 21 million estimated past year users globally (p. 35) – and still relatively concentrated in the Americas, Europe and Oceania. That said, the *Report* notes that 'While there is no conclusive evidence with respect to the extent of cocaine use in Africa and Asia, expert opinion indicates that there may be pockets of emerging cocaine use in those two regions, related to the rise in trafficking through Africa and increased affluence in both continents' (p. xi). Be that as it may, 'The most problematic use of cocaine' continues to be within the Americas. In North America, cocaine use has been declining since 2006, partly, the *Report* states, due to a sustained, and now, as IDPC has noted elsewhere, well analysed<sup>26</sup> shortage within the USA. It is worth noting, however, that recently a slight increase in prevalence has been observed in that country, as has an increase in maritime seizures (p. xi). With regards to cocaine use in the USA, the authors note that 'it appears that, in addition to the decrease in levels of manufacture of cocaine, law enforcement

efforts that hindered the activities of Colombian traffickers *may* have contributed to the reduced availability...as well as a possibly self-perpetuating cycle of shortages of cocaine and violent conflicts between competing drug trafficking organizations in Mexico' (emphasis added) (p. 35). Drawing directly on US Drug Enforcement Administration analysis, as with the above discussion of the opiate market, such a statement acknowledges the explanatory uncertainty surrounding the decline in the US cocaine market. That said, it unfortunately chooses to ignore the very certain negative repercussions of what might be regarded as a 'win' in the USA for the Mexican population.<sup>27</sup>

Importantly, and again in a similar fashion to the discussion of the opiate market, the *Report* highlights the issue of substance displacement. In this instance, it explores the proposition that, while cocaine use has declined within the USA, users may actually have been substituting the drug with ATS. Based on research into urine analysis, admittedly a somewhat problematic practice in terms of civil liberties, the *Report* reveals how the number of positive results for methamphetamine use, prescription drug use and amphetamine use among general workforce in 2012 were the highest since 1997. 'It would', the *Report* notes, 'appear that the positivity rate for amphetamine now exceeds the historic level reached for cocaine in the United States in the period 2000-2006'. 'This evidence', it continues, 'although not conclusive, points to the possibility that amphetamines are being used as a substitute for cocaine' (p. 52)

Meanwhile, in South America, cocaine consumption (including the crack variant) and trafficking have become more prominent, particularly in Brazil 'due to factors including its geographical location and a large urban population' (p. xi & pp. 36-37). And in Western and Central Europe, the second largest market after the Americas, we are informed that 'indicators of overall supply suggest a possible rebound in availability; retail purity has increased in some countries with sizable consumer markets'. However, revealing further uncertainty within the cocaine market and an admission that the picture may be influenced by dated data, the indicators do not show an increase in demand. Indeed, according to the *Report*, there has 'even been a decline in cocaine use in some of the countries that have had higher levels of use' (pp. xi & 37). While not explored within the publication, it is plausible to suggest

that this situation may be influenced by a rise in the use of other substances, perhaps NPS, within the region. The situation in Oceania, however, seems more certain. Here the market has expanded in recent years, although the region has a different pattern of use compared with other consumer markets because it has a large body of users (a high prevalence) who use the substance with low frequency, perhaps due to the high price of cocaine' (pp. xi & 37-38). Finally, cocaine use in Asia is shown as remaining limited, although 'inroads' seem to be appearing, with affluence likely to affect the country and alacrity of engagement with the market. In this regard, Hong Kong, China, the UAE and Israel are flagged for attention.

## The cannabis market

It is little surprise that data within the *Report* shows the cultivation and production of cannabis herb, 'marijuana', remaining widespread, while production of cannabis resin, which the UNODC refers to as 'hashish', is still confined to a few countries in Northern Africa, the Middle East and South West Asia. In Afghanistan, despite the fact that the area under cannabis cultivation has been decreasing, the potential cannabis resin production in 2012 was higher than in 2011 due to the greater yield per hectare' (p. xi). Since cultivation continues to be widespread in most regions, including a number of modes ranging from personal cultivation to large-scale farming and indoor growing operations, the UNODC admits that the overall scale is difficult to estimate (p. 39).

In terms of seizures, often the 'go to' data within a landscape of uncertainty, the figures for cannabis herb were down from 2011 (5,350 tons from 6,260). With the exception of the Caribbean and Europe, seizures have declined slightly in most regions. This was in contrast to seizures of resin. These increased, particularly in Afghanistan and North Africa (Algeria and Morocco), with Spain accounting for over a quarter of global cannabis resin seizures (p. 40). Availability of cannabis herb at the retail level remains high in the Americas and appears to be growing in the sub-region of Western and Central Europe and in South East Europe. Moreover, despite reports of declining seizures, consumer access to 'marijuana herb is likely increasing in North America, Oceania, Western and Central Europe and South Eastern Europe' (p. 40). It is interesting to note that within the USA there has been a 'major



## Box 4 Drug related crime; Still high levels of arrest for possession of cannabis for personal use

Despite general and optimistic discussion within the drug policy reform community relating to 'decriminalisation' of drug possession for personal use,<sup>28</sup> it is sobering to note that, according to the available information, during the period 2003-2012, both the numbers of persons arrested/suspected for possession for personal use and the number of users of illicit drugs increased, the former group by 31 per cent. The UNODC notes that 'although these indicators come with a large degree of uncertainty, they suggest that over the period 2003-2012, the annual global proportion of drug users that was arrested for possession for personal use has fluctuated between 3 and 4 per cent'. This suggests, the Report continues, that the increase in crime rates for possession for personal use was due to the increase in total numbers of people who use drugs (p. 19). Crime recorded by the authorities in relation to personal use and trafficking of drugs assessed separately has shown an increase over the period 2003-2012, in contrast to the general declining trend in property-related and violent crime. Indeed, worldwide, 'the large majority of drug use offences are associated with cannabis' with the drug 'clearly the most prominent' substance 'in cases of possession for personal use' (p. 20). An interested associated issue relates to the apparently increasing numbers of individuals seeking treatment for 'cannabis related disorders'; a reoccurring theme within this year's Report and one no doubt related to policy shifts with the USA and Uruguay. Indeed, while the authors do not delve into the data, there is evidence to suggest that, within the USA at least, it has been criminal justice referrals rather than self-referral that has driven treatment admissions. Federal figures from 2008 revealed that 57 per cent of those persons referred to treatment with cannabis as their 'primary substance of abuse' were referred by the criminal justice system.<sup>29</sup> It is plausible that such a dynamic remains at work within the USA and elsewhere. If this is the case, the 'treatment' figures are not as straightforward as they are presented.

decrease' in the number of outdoor sites eradicated. The *Report* observes that it is not known to what extent the decrease was due to 'declining law enforcement activity in that area or to increasing licit cultivation' due to the legislative changes in the states of Colorado and Washington (p. 41).

At the global level, the *Report* states that cannabis use seems to have decreased, essentially reflecting a decrease in cannabis use estimates reported by a number of countries in Western and Central Europe (p. xi). While this is the case, cannabis remains the drug most likely to be involved in arrests for possession for personal use, with more people seeking treatment for cannabis related disorders in most regions of the world, including North America (see Box 4). In terms of figures for global use, in 2012, between 125 and 227 million people were estimated to have, in the UNODC's words, 'used cannabis' (emphasis added), corresponding to between 2.7 and 4.9 per cent of the population aged 15-64 (p. 41). At regional level, Western and Central Africa, North America, Oceania and to a lesser extent Western and Central Europe remain regions with higher prevalence than the global average (p. 41). As is the case with most drugs, data for Asia are scarce, with the UNODC pointing out that experts are of the opinion that use within that region is increasing (p. 41). It appears that in Europe, the market has changed over the past decade, with cannabis herb produced locally or regionally now gaining ground over cannabis resin, largely sourced from Morocco. Previously this was the dominant cannabis substance in Europe (pp. xi & 42). Such a shift provides a good example of the complexities and dynamism of the cannabis market.

Overall, this partial, multifaceted and hazy picture of the cannabis market is not much different to that presented in previous years. What is different, however, is that fact that the UNODC is now having to incorporate the legally regulated cannabis markets within Uruguay and the US states of Colorado and Washington in its analysis, a task that it embraces. As suggested above, while there is the occasional reference to the issue at various points within the *Report*, in addition to comment in the Executive Summary, the UNODC chooses to devote nearly four pages (pp. 43-46) to the issue. Analysis therein is largely well balanced, making good use of the still limited research (see Box 5). It is interesting, however, to note small disconnects in the way the *Report* deals with the issue of

## Box 5 Changing cannabis policy in the Americas

As is often the case on contentious issues within the UN drug control system, the UNODC begins its discussion of legislative shifts on cannabis in Uruguay and at the state level, the USA, by echoing the view of the INCB or Board. In this case, this includes the Board's belief that 'the likely increase in the abuse of cannabis will lead to an increase in related public health costs' – a point that, as we note elsewhere in this response, may not automatically be the case. Having provided an overview of the frameworks within each jurisdiction and noted the differences in approach, the *Report* legitimately points out that because of differences in the laws, 'there is unlikely to be one uniform impact of these policy changes, but rather measurable distinct changes reflecting the contexts of each jurisdiction'. It is also fair in its assessment that: 'The impact of the new legislation could differ substantially from current cases of depenalization, decriminalization or "medical" cannabis laws...' and while it is 'not yet clear how the market will change', among other things 'the commercialization of cannabis may also significantly affect drug-use behaviours'. To be sure, this is an issue that has long vexed analysts, including many of those in favour of legal markets.<sup>30</sup> Moreover, sharing the concerns of many of those within the drug policy reform sector, the fact that there are no comparable case studies from which to learn does indeed necessitate careful monitoring of the markets, in terms of drug tourism, cross-jurisdictional leakage, health, criminal justice and impacts upon the individual as well as institutions and society more broadly. In this respect, it is unfortunate that the UNODC's overview of Washington state makes no mention of the careful provisions for exactly such a process; a process to be funded from the revenues raised from the taxation of cannabis.

Focusing specifically on health implications, the *Report* again rightly highlights a number of issues, including that 'research has not conclusively established the impact of more lenient laws on cannabis consumption'. It also raises good questions concerning risks associated with use among youth and young adults, potency, substitution effects and complementarity effects. As with the UNODC's discussion of the issue elsewhere in the *Report*, it does however place a great deal of emphasis on the limited

research relating to lowered risk perception due to legislative shifts and commensurate increases in use. Moreover, there is little acknowledgement that, judging from the high levels of cannabis use under prohibition-oriented legislative frameworks, it is unlikely that the legal status of the drug affects the risk perception among certain groups.

In terms of criminal justice issues, the *Report* notes that procedures relating to possession for personal consumption are likely to 'decrease significantly' while the control of other areas of cannabis-related activities will require 'routine monitoring'. Indeed, it notes frankly that to 'estimate the overall criminal justice impact of increasingly permissive laws in cannabis is not an easy task'. This is a fair point. While an impact of policy shifts on drug trafficking organisations has been used as a rationale for reform, the results are largely unknown, with some scenarios suggesting limited impact, including upon market violence within Mexico.

Finally, when discussing economic costs and benefits, the authors are correct to suggest that while tax revenues may be significant, operation of the new systems in Washington, Colorado and Uruguay are not without cost, including those relating to programmes to deter cannabis 'abuse' and regulate the new industries.<sup>31</sup> As such, it is hard to disagree with the view that 'expected revenue will need to be cautiously balanced against the costs of prevention and health care'. The argument here is perhaps undermined somewhat by an almost dystopian list of potential consequences, including 'security, health care, family problems, low performance, absenteeism, car and workplace accidents and insurance'; all of which presumably existed to some extent under previous systems, but were compounded due to the illicit status of cannabis. All that said, there is one key point upon which both the UNODC and IDPC are in agreement: the need to collect reliable data across a range of domains. This is essential in order to monitor the impact of what are probably the most significant policy shifts in over a century of international drug control. It is also a good opportunity to look at the use of metrics that focus more on health and society cohesion than the traditional law enforcement focused indicators.

changes in risk perception. Here it appears torn on how perception of the risks associated with cannabis use has changed within the USA and how this affects levels of use. At one point we are told in no uncertain terms that in the 'United States, the lower perceived risk of cannabis use *has* led to an increase in its *use*' (emphasis added). Yet, soon after we are informed that 'Based on existing research, it can be argued that with declining risk perception and increased availability, *use* and youth initiation *may* increase' (emphasis added) (p. xi). As the authors rightly stress within their discussion of the legislative shifts, it is too soon to get any decent understanding of the restructured cannabis markets within Colorado and Washington, and since publication of the *Report* Alaska, Oregon and the District of Colombia. As such, to claim that use has increased, while likely, is somewhat premature. That said, it is important to note that, if managed properly within the new regulative frameworks, any increase in use may not necessarily lead to an increase in harm, especially if the new systems are accompanied by appropriate prevention strategies and help to reduce access to cannabis by younger individuals.

## The ATS market

As with cannabis, it is difficult to quantify the global manufacture of ATS. However, the *Report* notes that the number of dismantled laboratories manufacturing AST, a proxy indicator for manufacture in the absence of hectares as a metric, which are mostly manufacturing methamphetamine, continued to rise. Indeed, the manufacture of methamphetamine in North America expanded once again, with a large increase in the number of laboratories reportedly dismantled in the USA and Mexico. A significant increase in the number of amphetamine laboratories dismantled in the USA and the Russian Federation was also noted (pp. xii & 46). For the second year running, ATS seizures reached an all-time high (up 15 per cent from 2011) (p. 46). Of the total 144 tons of ATS seized globally, half were in North America, and a quarter in East and South East Asia. Large quantities of amphetamine seizures continued to be reported in the Middle East, in particular Jordan, Saudi Arabia and the Syrian Arab Republic (pp. xii & 49).

Data suggest that Central and South-West Asia, including Tajikistan and Pakistan, are emerging as

new markets, with low levels of methamphetamine seizures being reported (p. 49). South-West Asia has also emerged as a significant production area for methamphetamine destined for East and South East Asia. We are also informed, alas with very little accompanying analysis or evidential base, that production in West and Central Africa is also emerging (p. xii) – an issue that merits further attention and scrutiny. Seizures of 'ecstasy' are shown to have increased in 2012 (after a drop last year), with major quantities of the drug being seized in East and South-East Asia, followed by Europe (South East and Western and Central), which together accounted for over 80 per cent of global seizures (pp. xii & 46).

ATS, excluding 'ecstasy', constitutes the worlds' secondly most commonly used illicit substance behind cannabis. Use was stable in 2010 and 2011, but is reported to have increased in 2012. The *Report* shows a decrease in Western and Central Europe, but an increase in use in North America (p. 49). While new estimates of ATS use in Asia and Africa are not available 'experts from most of the countries in these regions consider ATS use on the rise' (p. 49). Oceania, Central and North America are regions with prevalence rates higher than the global average, while rates in West and Central Africa and Asia remain comparable to global rates. In terms of 'ecstasy', the *Report* shows use declining globally in the period 2010-2012, mainly in Western and Central Europe, with prevalence in Oceania, North America and Europe remaining higher than the global average (p. 50).

As with the markets for the other substances under international control, the 2014 *Report* demonstrates increasing complexity within the ATS market (see Box 6). More specifically, data reveals the diversification and expansion of the global methamphetamine trade. It shows evidence that trafficking is becoming more global in nature, with noticeable increases in seizures in West and Central Africa (p. 46). There is also evidence of increases of methamphetamine manufacture in North America, with purity continuing to rise within the US market. While this is the case, we are told that potency is likely to have decreased due to restrictions on precursors within Mexico, a situation presented by the UNODC very much as a supply control success (pp. 47-48).

Indeed, the *Report* puts forward a plausible account of how increased regulations have affected the

## Box 6 An increasingly complex ATS market – Prescription stimulants

Although the illicit ATS market appears to be increasing in complexity, it is important not to forget the intersection of that market with prescription drugs. Indeed, the Report notes that ‘The misuse of prescription stimulants or medications for attention-deficit hyperactivity disorder (ADHD) is not uncommon, although only a few countries report any prevalence of misuse among the general and youth population. Although misuse of prescription stimulants in other regions is not negligible, such abuse is reported mainly by countries in North and South America’ (pp. xii & 50) This is an issue that will clearly require careful monitoring.

quality of methamphetamine over time. In the early 1990s, methamphetamine consumed within the USA was produced by using the precursor ephedrine. This was restricted within the USA in the mid-1990s, a move that dramatically affected the purity of the drug; causing a drop from 80 to 20 per cent. Purity increased in the following years, but dropped again after the introduction of further controls on pseudoephedrine/ephedrine products. After early 1999, and despite precursor regulations in the USA and Canada, purity continued to increase until 2005. Then Mexico initiated control programmes. Since 2007, purity has increased, but evidence suggests that methamphetamine is now less potent. This, it is argued, is due to producers being forced to use a different precursor and a different production method, leading to the so-called ‘racecut mixture’. It is feasible, as the *Report* suggests, that lower potency methamphetamine results in less dependence and by implication a reduction in the harm potential of the drug. That said, it is important not to ignore the possibility that in other scenarios a change in circumstances may lead to the production of more harmful substances. Moreover, as discussed below, much like the challenge of controlling NPS, the fight to control precursors is potentially endless, a reality that is becoming evident with increasing attention given to pre-precursors within international discussions of the topic.<sup>32</sup>

## New psychoactive substances and web-based market places

It is certainly good to see the UNODC engaging, perhaps belatedly, with the issue of web-based market places, particularly ‘dark net’ cryptomarkets. These relatively new forms of hidden online market have the potential to transform the way many people who use drugs, particularly in the so-called ‘global north’, purchase their drugs of choice – including although not exclusively NPS – and consequently how retail markets operate. That said, attention on the still emerging phenomenon also raises questions of how the existing drug control structures can cope with the advances in technology and erosion of the traditional, although as we have discussed here increasingly complex, drug markets (see Box 7 overleaf).

Indeed, as the UNODC, and hence IDPC in its response to the *World Drug Report*, discussed last year, NPS on their own, that is to say without the distributive platform of the ‘dark net’, pose an increasing challenge to both national authorities and the existing UN control framework. As the 2014 *Report* highlights, ‘the proliferation’ of NPS ‘continues to pose a challenge’ with the number of NPS (348 in December 2013, up from 251 in July 2012) ‘clearly exceeding the number of psychoactive substances controlled at the international level’ (pp. 234 & xii). Since an entire chapter in the 2013 *World Drug Report* was devoted to the topic, this year’s *Report* offers a relatively brief update on the data presented last year. In so doing it notes that of the 103 countries for which information was available on NPS as of December 2013, 94 reported the emergence of such substances (p. 51). These were found in most of Europe and North America as well as Oceania, Asia and South America, as well as in a number of African countries (p. 51).

Increases between August 2012 and December 2013 were mostly due to synthetic cannabinoids, followed by phenethylamines, what are described as ‘other substances’, then synthetic cathinones (p. 52). The UNODC argues that ‘Progress has been made in some areas’ and highlights that in the USA where national controls on some NPS were introduced, ‘prevalence of the use of synthetic cannabinoids and of “bath salts” (synthetic cathinones) declined by some 30 per cent among



## Box 7 The challenges (and opportunities?) of 'dark net' drug market places

As the UNDOC notes in its discussion of the phenomenon, 'The online marketplace for illicit drugs is becoming larger and more brazen, now capitalizing on technological advancements in private web transactions and virtual online currency to protect the identities of suppliers, consumers and website administrators' (p. 18). Connecting online on the 'dark net' – an entire network operating beneath the familiar 'light net' – drug sellers and buyers link up via hidden and untraceable internet protocol addresses accessed through web proxies such as TOR (The Onion Router). Here transactions are conducted mostly in the peer-to-peer currency Bitcoin, which remains in escrow until transferred to the seller when the transaction is successfully completed. Purchases are then distributed by post.

Recent years have seen the emergence of a number of online drug market places – predominantly, although not exclusively, focused on consumer markets in North America, Western Europe and Australasia – the most infamous of which is probably Silk Road; a site that as we write is currently in its third incarnation following the closure of Silk Road 2.0 by the FBI in mid-November 2014. This fact does much to undermine the *Report's* somewhat celebratory account of the closure of Silk Road 1 by US law enforcement agencies in 2013. The fact that such sites can bounce back within days apparently in a more efficient and secure form, however, adds to the UNODC's claim that they pose 'unique challenges for law enforcement' and for the international drug control system more broadly. Indeed, while research on crypto drug markets remains in its infancy, there is some evidence to suggest that the biggest threat to such sites is from other more efficient online drug markets.<sup>33</sup>

The limited data on the issue suggests that there is a diverse mix of users of these sites and that engagement is growing, as is the value of transactions. As an indicator of the profitability of such operations, Silk Road is said to have accrued approximately \$1.2 billion worth of total revenue from two to five years of operation. As the *Report* notes, 'There is evidence of a niche market on the "dark net" for new psychoactive substances as well as for high-quality cannabis, heroin, methylenedioxymethamphetamine (MDMA) and cocaine' (p. xii). Research also suggests that sites like Silk Road give people who use drugs access to substances that might have otherwise been unavailable.

While this is the case – and aware that initiation is a serious issue – very recent research suggests that there may be some benefits associated with the engagement of people who use drugs with the 'dark net' sites. Removal of the need to engage with the retail market may reduce the associated risks for buyers as well as shifting that market into a more benign form. Further, the 'trip adviser' like rating systems often used for vendors and the quality of purchased substances may help reduce harm by creating communities of 'responsible' people who use drugs who share information on drug purity, using practices and associated effects. As such, although the 'dark net' may also be used for wholesale purchase by traditional street dealers and is likely to do little to address problems relating to drug markets in places like Latin America, policy makers and law enforcement agencies would be wise to consider the possible benefits of these new crypto drug markets when formulating and operationalising policy responses.<sup>34</sup>

high school students'. The Office also flags up the decline in the annual prevalence of the synthetic cathinone, mephedrone in England and Wales in 2012-2013. Mindful of some of the research surrounding these examples, particularly in relation to mephedrone,<sup>35</sup> this is almost disingenuous. The UNODC, however, saves itself by including the

cautionary lines: '*While no clear link has yet been established*, Government activities aimed at raising awareness among drug users about the health risks associated with new psychoactive substances and the introduction of national controls took place in the same period' (emphasis added). Keen to push for some degree of correlation, the *Report* goes

on to note that 'Prevalence of the use of ketamine, which is also controlled, fell from 2.1 to 1.6 percent over the same period' (pp. 52-53).

## Precursor control: New skin for the old ceremony?

Chapter two of the *World Drug Report 2014* is a thematic chapter dealing with a topic that has received relatively little attention from civil society analysts, namely, the control of precursors. Drug control has historically focused on supply controls (interdiction, crop eradication etc.), demand reduction (prevention, treatment) and on money-laundering. On the basis of the 1988 Convention on Illicit Trafficking in Narcotic Drugs and Psychotropic Substances, says the *Report*, a further key intervention has been introduced – the control of precursors; that is, the control of substances used in the manufacture of both plant-based and synthetic drugs. The supply of precursor chemicals is, say the authors, one of the few points of intersection between drug trafficking and the licit trade in chemicals and pharmaceuticals (p. 55). The regulation of the licit trade is therefore of particular importance, especially since synthetic drugs occupy a growing proportion of the global illicit drug market. Synthetic drugs are not susceptible to methods of interdiction such as crop eradication and alternative development; preventing the diversion of precursor chemicals is consequently of central importance, claims the *Report*.

The scientific and legal definitions of precursors are somewhat different. According to the authors, a precursor is, scientifically speaking, a substance that becomes incorporated at the molecular level into a drug during the manufacturing process. They are distinguished from chemicals such as reagents and solvents, which are used in manufacture but are not incorporated at the molecular level. Article 12 of the 1988 Convention, meanwhile, provides the legal basis for control, referring to 'substances frequently used in the illicit manufacture of narcotic drugs or psychotropic substances' (p. 55). This definition can include reagents, etc.; it is a broader terminology, underpinned by legal and administrative objectives. Typically, these precursor substances have uses, sometimes multiple ones, in the legitimate chemical industry, and it is from the industry that they can be diverted toward manufacturing and processing functions within the illicit trade. Developments in recent decades have

made the sector increasingly vulnerable to these forms of diversion.

In an informative aside on the historical context, the authors explain that the chemical industry has been one of the major growth sectors in 20th century economies. In the early 20th century, chemical manufacture was concentrated in Europe and North America, with these areas joined by the Soviet Union following the Second World War. Recent years have seen Asia becoming the new centre of manufacture; China is now second largest in terms of the global value-added of manufacture of chemicals, behind only the USA. Meanwhile, India has risen to 5th place in this table (pp. 57-58). At the same time, numerous small enterprises have appeared and are involved in the production and trade of chemicals; moreover, many of them are located in countries which lack the advanced control infrastructure of Europe and North America, whose production took place in a relatively small number of large, vertically integrated companies. As the *Report* observes:

**'All of these production shifts have potential implications for the control of precursor chemicals. A chemical industry concentrated among big companies facilitates the control of chemicals that can be diverted for the illicit manufacture of drugs, while a more scattered production system increases the number of trade lines and, ultimately, the risk of diversion' (p. 58).**

Although the principle of precursor control has its roots in the 1930s,<sup>36</sup> what the *Report* calls 'an effective international precursor control system' was not devised until the 1980s (p. 60). As noted, the system was grounded in the 1988 Convention. This treaty established the legal basis for precursor control and called for the setting up of an appropriate administrative framework to prevent their diversion. Other UN resolutions have since tightened up the control system. The list of controlled precursors, which originally named 12 substances, could be expanded, and in January 2014, it had almost doubled to 23 (see Boxes 8 and 9). The INCB has the primary role in the international control of precursors, with scheduling and rescheduling recommendations in its hands. Furthermore, the INCB assists member states in an operational capacity, supporting them in law enforcement actions under the aegis of

‘Project Cohesion’ (in respect of chemicals for use in the manufacture of plant-based drugs) and ‘Project Prism’ (which deals with those for use in the manufacture of synthetics). It issues voluntary guidelines for the chemical industry, and has established online systems by which authorities in member states may cooperate in real time.

The *Report* asks what would be the successful result of precursor control, and answers by suggesting that it would be reflected in reduced supplies of drugs used for non-medical purposes. Complementing discussion earlier in the publication on methamphetamine within North America, it goes on to claim that precursor control ‘appears to have played a role in reducing the supply of drugs’, offering an example of the case of LSD, which was popularly consumed in the 1960s and 1970s. Improved precursor control, it is argued, is responsible for the reduction seen in the use of LSD over the intervening decades. For instance, LSD use is alleged to have declined by 90 per cent between 1996 and 2012 in England and Wales (p. 83). A similar plummet in consumption data is also claimed for methaqualone and ecstasy, with effective precursor control once more identified as a causal factor.

Such claims are highly questionable, primarily because illicit drug consumption data are always tentative and should be treated as provisional owing to the social and consequently elusive nature

of the realities that researchers are attempting to map. In addition, it is impossible to isolate the variables, the multiple and complex influences to which human experience and behaviour is subject. With drug use, especially, we are dealing with a conduct that is notoriously impacted by the fashions and trends which accompany and express youth cultures; the choice to change one’s preferred drug may be made on the same social and cultural grounds as the choice to change one’s favourite trousers.

On the supply side, meanwhile, the *Report’s* authors explore the response of traffickers to the introduction of precursor controls and the potential effect on the illicit drug industry. It identifies several countermeasures that may be made by the trafficking groups. First, they may hire specialist groups and individuals, with knowledge and contacts in the chemical and pharmaceutical industries, in order to carry out the purchasing of precursor chemicals. Secondly, traffickers may set up ‘front’ companies, which purchase precursors and divert them into illicit manufacture. Third, weaknesses in the international control system are identified and exploited by traffickers, such as countries that do not require pre-export certificates and under-developed nations without an effective control infrastructure; fourth, and similarly, weak points in domestic control systems are targeted, diverting precursors prior to their entry into the more tightly regulated international market.

## Box 8 Substances controlled under the 1988 Convention

**Table 1**

- Acetic anhydride
- N- acetylanthranilic acid
- Ephedrine
- Ergometrine
- Ergotamine
- Isosafrole
- Lysergic acid
- 3,4-Methylenedioxyphenyl-2-propanone
- Norephedrine
- Phenylacetic acid
- 1-Phenyl-2-Propanone
- Piperanol
- Potassium permanganate
- Pseudoephedrine
- Safrole

**Table 2**

- Acetone
- Anthranilic acid
- Ethyl ether
- Hydrochloric acid
- Methyl ethyl ketone
- Piperidine
- Sulphuric acid
- Toluene

Finally, use is made of the internet, in particular the dark net and the anonymous trading facilitated by the Bitcoin system.

A further set of responses adopted by trafficking groups involves recourse to alternative precursors. Pharmaceutical substances are largely excluded by the provisions of Article 12 of the 1988 Convention, a situation that has affected substances containing ephedrine and pseudoephedrine in particular. Pharmaceutical products such as nasal inhalers and bronchial dilators can be used as sources for these precursors, which, as discussed above, are used in the manufacture of methamphetamine. In addition, the illicit drug trade makes use of alternative substances that are not controlled but can fulfil an equivalent role in the production process. Chemicals known as 'pre-precursors' are also utilised to evade the control system: these are substances that, as it were, operate at one step further back in manufacturing drugs – they are chemicals that can be converted into precursors; for example, *alpha*-Phenylacetoacetonitrile (APAAN) may be converted into Phenyl-2-propanone (P-2-P), a precursor for amphetamine.

The *Report* concludes that the control of precursors has had some successes, which include the reduction in supplies of LSD and ecstasy mentioned above, but that challenges remain. Many of the substances involved possess multiple legitimate uses within the chemical industry, so the regulatory system must be able to facilitate these uses, as well as preventing diversion into the illicit system. In this way, it mirrors the broader objectives and dynamics of the drug control system, while extending the principle of restriction to an ever greater range of substances and materials. For the lifetime of the control system, usually dated to the Shanghai conference on 1909,<sup>37</sup> the traffickers have sought, often successfully, to outwit the system and supply the consumer market with the drugs demanded by a proportion of global citizens. At the dawn of the 21st century, the traffickers and the regulators remain locked in this ongoing battle with no end in sight, and with the collateral harms of their conflict growing apace.

## Methodology: Ongoing issues

While admittedly only available as a separate document on the UNODC's *World Drug Report* website, the *Report* includes a section on its

## Box 9 Examples of some common precursors

### • Potassium permanganate

**Licit uses:** These are multiple; they are based upon its function as an oxidising agent in chemical reactions, and include usage as a disinfectant for hands, for fungal infections and mouth ulcers; for fruit preservation and disinfection of vegetables; and as oxidant and reagent for organic compounds. Used in the production of Vitamin C and saccharin.

**Illicit uses:** It is used in the illicit manufacture of cocaine, where it is employed in the processing of coca paste into cocaine base.

### • Acetic anhydride

**Licit uses:** The substance is employed as an acetylating and dehydrating agent in chemical and pharmaceutical industries. A versatile substance, it is used in the production of aspirin, in cellulose acetate for photographic film, adhesive, synthetic fibres, and in the frames of spectacles. It is also used as a wood preservative, and in the manufacture of brake fluid, dyes and explosives.

**Illicit uses:** the substance is used in the manufacture of heroin. It is a key part of the process to produce acetylated morphine and convert it to heroin – which is also known by its chemical name of diacetylmorphine.

### • Ephedrine and pseudoephedrine

**Licit uses:** The substance is used in pharmaceutical products such as cough medicine and nasal decongestants. Ephedrine is on the WHO list of essential medicines for its function as a spinal anaesthetic in giving birth, and to reduce hypotension. It is also used in food supplements for weight loss and body fat reduction.

**Illicit uses:** Ephedrine and pseudoephedrine are the key precursors for the manufacture of methamphetamine. They are also employed in making methcathinone, another controlled stimulant.



methodology, which begins by noting that considerable efforts have been made in recent years to improve the estimates featured.<sup>38</sup> This claim is a fair one. As we have suggested throughout this response, most seasoned observers and analysts of the *Report* would agree that its quality has indeed progressed. Nonetheless, as the methodology section's authors themselves acknowledge, important challenges remain, not least because the data on which the *Report* relies is derived from government responses to the UNODC's Annual Reports Questionnaires (ARQs). 'One major problem', say the authors, 'is the irregularity and incompleteness in ARQ reporting by member states'.<sup>39</sup> As touched upon in the proceeding discussions above, if states do not return the ARQs, it is likely to affect the trends reported. Moreover, if they are returned incomplete, then clearly there will be gaps in the data available to the UNODC (see Box 10). A related problem lies in the lack of transparency of the ARQs and other data employed by the UNODC; there is no way for analysts to know in a given instance whether ARQ data have been provided through rigorous research or the subjective estimates and perceptions of government officials. The *Report* states that where insufficient ARQ data are made available by countries, alternative and supplementary sources are employed (see Box 10).

Finally, the *Report* acknowledges that the data supplied by governments are subject to limitations and biases. This is, perhaps, to understate the problem; governments are political entities with strategic and tactical objectives in mind, and presenting to the world the actual dimensions of their domestic drug problems (assuming they are known in the first place) is something that some may be reluctant to do.<sup>40</sup> However, the penetration of data by political questions goes still further, and is involved in the very definition of 'the world drug problem' itself, and impacts, as a result, on what should be included in the *Report* and what should not, in addition to the ways in which these should be interpreted.<sup>41</sup> On this point, it is notable that recent *World Drug Reports* have shifted their balance somewhat away from what was previously an overwhelming focus on law enforcement, dimensions of drug crops and so on, and now place more emphasis on health – the prevalence and incidence of HIV and hepatitis C amongst people who inject drugs, drug treatment, harm reduction etc. The UNODC's conception of the 'world drug

## Box 10 Completion rates of the Annual Reports Questionnaires

As ever, this year's *World Drug Report* faced challenges resulting from the failure of many states to return ARQs in a timely and complete manner. The *Report* is based on ARQs returned by the end of December 2013, which refer to the situation in the year 2012. To assemble the 2014 *Report*, the Office sent out ARQs to 192 member states and 15 territories. By 31st December 2013, it had received 97 replies to part iii of the Questionnaire and 100 replies to part iv. (The ARQ is subdivided as follows: Part i: Legislative and institutional framework, Part ii: Comprehensive approach to drug demand reduction and supply, Part iii: Extent and patterns of drug use, Part iv: Extent and patterns of, and trends in, drug crop cultivation and drug manufacture and trafficking).

As is customary, in this year's *Report* Europe gave the most complete coverage, with 90 per cent of countries replying; of the other regions, Asia was 63 per cent, the Americas 44 per cent, Africa 21 per cent, while with respect to Oceania, only 3 out of its 14 countries replied. In general, data on drug supply are 'significantly' better than those on drug demand. The methodology section contains some further explanation of the ways in which the returned ARQs are analysed. If the forms are more than 50 per cent filled in, they are referred to by the UNODC as 'substantially' completed, while those less than 50 per cent completed are considered 'partially' completed. UNODC tell us that of responses to part iv of the questionnaires, 72 per cent were 'substantially' completed, compared with 62 per cent of part iii.

Where insufficient data may be obtained from member states via the ARQs – and as we can see, less than half the questionnaires sent out were returned from all regions except Europe and Asia – additional sources of information are used to supplement them. These sources also tend to be governmental ones, such as official national publications and law enforcement agency reports. Regional centres such as the European Monitoring Centre on Drugs and Drug Addiction or the Inter-American Drug Abuse Commission are also employed as sources of data.

problem' has therefore been modified, arguably by debates taking place within civil society, towards one more grounded in public health and human rights; a shift that should go further to include a redefinition of metrics and indicators (see Box 10). That said, simultaneously, it remains influenced by the hard line prohibitionist discourses emanating from countries, the Russian Federation prominent among them, that seek to stem any rebalancing of the drug control system. All in all, the construction of the *Report's* data within such a social and political context makes it difficult to accept without question the UNODC's honest claim that the *Report* is 'unbiased' and 'transparent'.<sup>42</sup> Greater transparency would be achieved were an independent body formed, such as the former UN Reference Group on HIV and Injecting Drug Use, to collect the data in a uniform way, subject to independent scrutiny and verification.<sup>43</sup> This is a key element of any good quality epidemiological study, and a lack of transparency represents a major flaw in the *World Drug Report*.

## Conclusions

To reiterate what IDPC has noted within previous responses to various *World Drug Reports*, as is to be expected from publications of such scope and range, this year's example contains a great deal of valuable material, in relation to both data analysis and policy responses. In terms of the presentation and interpretation of data, it is pleasing to see, for instance, how in most instances technical details concerning the comparison of year-on-year figures and trends are openly discussed in the text, thus to a large extent avoiding confusion over 'ground truth' – as far as this can be captured – and statistical sophistry. It is also particularly welcome that, within a publication aiming to provide a 'global overview and analysis of developments' that is 'based on best available data' (p. iii), the harm reduction approach is given such prominence and overt support. Indeed, the evidence base for the harm reduction interventions outlined here, as well as others like drug consumption rooms not included in the *Technical Guide*, demonstrate positive health outcomes for people who inject drugs, a point that is highlighted at a number of places within the *Report*. Moreover, it must be seen as an extremely positive move that the Executive Director chose to underscore, both at the launch of the *Report* and within his Preface, the importance of focusing drug policy on the health and human rights of people

who use drugs, particularly those who inject various substances.

That said, it is important not to lose sight of the fact that, while undoubtedly a positive shift in attention, this realignment takes place within an official environment that is still fundamentally supportive of the drug control framework in its present form – a form that still generates many harms and remains in tension with human rights norms emanating from elsewhere within the UN. Indeed, the current narrative of stability vis-à-vis global levels of drug use – a version of the 'containment' narrative that emerged from the UNODC in the lead up to the 2009 high-level meeting of the Commission on Narcotic Drugs<sup>44</sup> – should be seen as a purposive attempt to claim success and shore up the system. This is the case despite tacit acknowledgment of the failure of the system to cope with the realities of the increasingly complex drug markets within some member states. Although to a certain extent, and understandably, side-stepped within the *Report*, manifestations of systemic failure include the introduction of regulated cannabis markets within the USA and Uruguay and bringing forward the UNGASS from its planned date in 2019. The latter was a process driven by the desire of some Latin American states to discuss the future of the UN drug control system in the face of massive market violence within the region.

The concept of 'stability' also raises important questions concerning data capture and indicators. As we have discussed here, while 'stability' represents a useful policy sound bite, the high levels of uncertainty around the scale and structure of the drug market, including in terms of drug use, render the concept problematic. There are, for example, huge gaps in the data for some parts of the world, particularly Africa and Asia. Both of these regions are, for various reasons, likely to face increasing levels of drug use in the near future. In other parts of the globe, as we have seen, where countries do return ARQs they are often partially completed and/or late. The quality of the data is also variable due, in many instances, to inadequate data capture systems; systems that are expensive to establish and operate. As such, IDPC reiterates its previous calls for investment and effort from member states to improve data capture, in their own countries and elsewhere, and provide the UNODC with better 'available data' with which to construct a global overview.

Beyond that, however, it is also time to reconsider the type of data that is being, or in some cases not being, collected. Not only are we struggling to capture data, a good case can be made that we are looking in the wrong places. As member states approach the UNGASS in 2016, the time is surely right to shift attention away from traditional 'process indicators', such as seizures, arrests and hectares of drug crops eradicated – figures that have been prominent throughout this the 2014 *Report* and hence this response – to 'metrics that measure outcomes that matter' for communities and individuals.<sup>45</sup> As we note above, recent years have seen a welcome shift to more health-oriented indicators. While methodologically remains challenging, this process should be continued to focus more on the impact of drug markets and related policy responses on the security and health of citizens and the socio-economic development of communities.<sup>46</sup> It is likely that such a process will be fundamental to fulfilling the Executive Director's hope that the UNODC will provide 'evidence to support the international community in devising more effective policies and finding joint solutions' (p. iii). One wonders how the Office will react if, as in Uruguay and parts of the USA, the resultant policies continue to move beyond the still dominant but increasingly fragile prohibition-oriented international framework.

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