

INTERNATIONAL NARCOTICS CONTROL BOARD

Vienna

**Report of the International Narcotics  
Control Board  
for 1988**



UNITED NATIONS

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## ABBREVIATIONS

*The following abbreviations are used, except where the context otherwise requires:*

<i>Abbreviation</i>	<i>Full title</i>
Board (or INCB)	International Narcotics Control Board
Commission on Narcotic Drugs (or Commission)	Commission on Narcotic Drugs of the Economic and Social Council
Council	Economic and Social Council of the United Nations
1961 Convention	Single Convention on Narcotic Drugs, signed at New York on 30 March 1961
1971 Convention	Convention on Psychotropic Substances, signed at Vienna on 21 February 1971
Division of Narcotic Drugs (or Division)	Division of Narcotic Drugs of the United Nations Secretariat
Fund (or UNFDAC)	United Nations Fund for Drug Abuse Control
General Assembly	General Assembly of the United Nations
ICPO/Interpol	International Criminal Police Organization
Narcotic drug	Any of the substances in Schedules I and II of the 1961 Convention, whether natural or synthetic
1972 Protocol	Protocol amending the Single Convention on Narcotic Drugs, 1961, signed at Geneva on 25 March 1972
Psychotropic substance	Any substance, natural or synthetic, or any natural material in Schedule I, II, III or IV of the 1971 Convention
Secretary-General	Secretary-General of the United Nations
WHO	World Health Organization

For a full list of the international drug control treaties, see document E/INCB/1985/1.

## NOMENCLATURE OF COUNTRIES AND TERRITORIES

In referring to political entities, the Board is guided by rules governing the practice of the United Nations. The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the Board concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

## REPORTS PUBLISHED BY THE INCB IN 1988

*This annual Report is supplemented by the following two detailed technical reports:*

1. Narcotic Drugs: Estimated World Requirements for 1989—Statistics for 1987 (E/INCB/1988/2)
2. Statistics on Psychotropic Substances for 1987 (E/INCB/1988/3)

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## Foreword

1. The International Narcotics Control Board is the successor to drug control bodies the first of which was established by international treaty more than half a century ago. A series of treaties confer on the Board specific responsibilities. The Board "shall endeavour to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes" and "to ensure their availability for such purposes". The Board shall also endeavour "to prevent illicit cultivation, production and manufacture of, and illicit trafficking in and use of, drugs". In carrying out its responsibilities, the Board is enjoined to act in co-operation with Governments and to maintain continuing dialogues with them to further the aims of the treaties. Such dialogues are pursued through periodic consultations and through special missions arranged in agreement with the Governments concerned.

2. The Board consists of 13 members, elected by the Economic and Social Council, who serve in their personal capacities, not as government representatives. 1/ Three members with medical, pharmacological or pharmaceutical experience are elected upon the nomination of the World Health Organization (WHO) and ten upon the nomination of Members of the United Nations and Parties to the treaties which are not Members of the United Nations. Members of the Board (see annex I for present membership) are to be persons who, by their competence, impartiality and disinterestedness, can command general confidence. The Council is enjoined, in consultation with the Board, to make all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. This emphasis is reinforced in article 16 of the 1961 Convention, which requires that the Secretary of the Board shall be appointed by the Secretary-General in consultation with the Board. Arrangements designed to ensure the Board's full technical independence were established by the Council following consultation with the Board in 1967 and reaffirmed in 1973 and 1976. 2/

3. The Board collaborates with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly the World Health Organization. It also cooperates with bodies outside the United Nations organization, especially the International Criminal Police Organization (ICPO/Interpol). In the pursuit of their distinct yet complementary tasks, day to day collaboration takes place between the Board's secretariat and the staff of the Division of Narcotic Drugs as well as the United Nations Fund for Drug Abuse Control (UNFDAC). By decision of the Secretary-General of the United Nations, the Director-General of the United Nations Office at Vienna serves as overall co-ordinator for United Nations drug-control-related activities.

4. The treaties require the Board to prepare an annual Report on its work. The annual Report analyses the drug control situation world-wide, so that Governments are kept currently aware of existing and potential situations which may endanger the objectives of the Single Convention on Narcotic Drugs, 1961, and the Convention on Psychotropic Substances, 1971. The Board draws Governments' attention to gaps and weaknesses in national control and in treaty compliance; it also makes suggestions and recommendations for improvements at both the national and international levels. The Conventions

envisage special measures available to the Board to ensure the execution of the Conventions' provisions. The Board's annual Report is normally supplemented by four detailed technical reports containing data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with the Board's analysis of the data. These data are required for the proper functioning of control over the legitimate movement of narcotic drugs and psychotropic substances. Following a review of its publications, the Board decided to consolidate its three publications on narcotic drug estimates and statistics in 1988. The consolidated publication reduces the total number of pages by almost 30 per cent; economies can be expected after the first year of operation.

5. The Board extends technical co-operation to national administrations to help them meet their obligations under the drug treaties. To that end, it conducts regional training seminars and programmes for drug control administrators either in one of the countries of the particular region concerned or at the Board's headquarters. The Board is enhancing the capacity of its secretariat to train national administrators. In that connection, the Board intends to publish in 1989 a manual to provide further guidance to national administrations in their control tasks.

6. The Board's work is continuously expanding as a result of Governments' implementation of the voluntary measures to tighten the control of psychotropic substances, the growing number of substances placed under international control and the need for frequent dialogues with Governments to promote remedial measures to stem illicit production, trafficking and abuse. Annex II shows the Board's work programme divided into four subprogrammes, together with their objectives, the activities carried out in pursuit thereof and available resources. The subprogrammes are interrelated and each affects the impact of the control measures contained in the others.

7. The United Nations financial crisis has imposed constraints on the Board's operating programmes. One such constraint was a freeze on recruitment which delayed the filling of vacant posts. This involved three vacancies under subprogramme 1, which encompasses activities with the highest priority, utilizing 41 per cent of the Board's total budget. One such vacancy was that of legal officer whose expertise is essential in matters relating to treaty compliance. Under subprogramme 2, one vacancy affected the expeditious processing of supplementary estimates, which are basic to the operation of treaty controls over the day-to-day trade in narcotic drugs required for medical needs. Another vacancy under subprogramme 4 could not be filled until mid-1988, amounting to a loss of 8 per cent of the resources for that subprogramme, the workload of which has expanded steadily as a result of the additional number of psychotropic substances placed under control and the implementation of supplementary voluntary measures proposed by the Board to enhance control. Accordingly, the activities arising from the voluntary control measures for psychotropic substances and the monitoring of precursors and essential chemicals had to be accorded lower priority than activities arising from treaty mandates.

8. Extrabudgetary funds are making it possible for the Board to expand technical assistance activities under subprogramme 1. A training seminar for provincial drug control administrators held in China in 1988 was financed by Japan through UNFDAC. The Governments of Italy and the United States are providing extrabudgetary funds which are being utilized for technical co-operation with West African countries.

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## I. OVERVIEW

1. The abuse of a variety of drugs remains serious and continues to threaten all countries and all segments of society. Health hazards are heightened by the simultaneous consumption of two or more drugs, often in combination with alcohol and tobacco, by the emergence of more potent drugs of abuse and by their being taken in ever more dangerous ways. Intravenous abusers are at high risk of falling victim to the fatal acquired immune deficiency syndrome (AIDS). Illicit production and manufacture of drugs take place in a growing number of countries. Those activities continue to be carried out by criminal organizations linked within countries, within regions and inter-regionally. Such organizations, which often join forces with terrorist groups, spread violence and corruption, threaten political institutions, undermine the integrity of national economies and imperil the very security of countries.

2. During 1988, the gravity of the situation, which preoccupies the highest levels of governments, has led to strong counter-attacks mounted at the community, national, regional and multilateral levels. Heavy emphasis is being placed on identifying and bringing to justice not only the master-minds of the criminal syndicates, but whole networks involved in the illicit production, manufacture and distribution.

3. The drafting of a new international treaty to strike at the trafficking organizations is well advanced and hopefully will be completed and brought into effect at an early date. Even before this vital legal tool becomes available, many Governments are enacting national legislation to prevent the laundering of money generated by trafficking and to permit the confiscation of traffickers' assets. Enforcement agencies are joining forces with their counterparts, regionally and interregionally, with the result that traffickers' operations are being seriously disrupted. Of particular interest is a planned and co-ordinated enforcement operation conducted in August 1988 in which 30 countries in the Americas and Western Europe participated. During a 30-day period, 11 tonnes of cocaine were seized, 13 cocaine laboratories destroyed, seven clandestine airstrips demolished, 240 tonnes of cannabis destroyed, and more than 1,000 persons arrested. In October 1988, co-operative action involving countries in Western Europe and the United States led for the first time to indictments of an international financial institution and its officers, allegedly involved in concealing and laundering money generated by cocaine trafficking. Regional and interregional co-ordinated enforcement operations offer the best prospect for confronting and disrupting international criminal organizations.

4. Over the last 12 months collaboration among countries in both Eastern and Western Europe and North America has been formalized by the conclusion of formal agreements and the carrying out of co-operative enforcement operations that have achieved significant results, including the destruction of links between traffickers' networks.

5. Narcotic plants are cultivated illicitly over such vast areas that effective eradication requires special methods. A number of countries are conducting aerial eradication, both of the opium poppy and cannabis. In order to permit more extensive eradication of the coca bush, research is being conducted to identify a specific herbicide that will be both effective and take into account the need to safeguard the environment. The success of that research is crucial if illicit cultivation of the coca bush is to be effectively contained and reduced. Coca-producing areas have already suffered

severe environmental damage from traffickers' use of slash-and-burn techniques, attendant soil erosion and the dumping of toxic chemicals into rivers and streams.

6. The cost of drug abuse can be measured in many different ways: in lost productivity, in escalating health costs, but most profoundly in the senseless waste of lives. Programmes aimed at preventing drug abuse and treating and rehabilitating abusers are being expanded in a number of countries with the active participation of community leaders. Surveys conducted in some countries reveal that the abuse of certain drugs may have stabilized or even somewhat declined. This might be attributable to rising public awareness and a shift in attitudes against acceptability of drug abuse resulting from dissemination of knowledge concerning the threat to health and drug-related deaths. The WHO may wish to consider giving priority attention to promoting and co-ordinating research on methodologies of treatment. That becomes all the more urgent in view of expanding polydrug abuse and the difficulties of detoxification in such cases. Similarly, the International Labour Organisation could expand programmes aimed at prevention of drug abuse in the work place and social reintegration of drug abusers. Progress in containing and diminishing the illicit demand for drugs is central to the success of the control effort. The reduction of illicit supply in one area can have significant but only temporary impact, since the elimination of one source of supply will merely be offset by reliance on another.

7. As already noted, the association between intravenous drug abuse and AIDS is causing serious concern. The proportion of AIDS cases caused by such abuse varies greatly from area to area. In some parts of Western Europe and the United States more than 50 per cent of such cases have been reported to be related to intravenous drug abuse. The adoption of measures that may decrease the sharing of hypodermic needles among intravenous drug abusers is clearly necessary to limit the spread of AIDS. At the same time, the prophylactic measures that are urgently needed should neither promote nor facilitate drug abuse.

8. Effective control of drugs required for medical and scientific use constitutes a basic element in the effort of the world community to prevent drug abuse. Generally speaking, the international control system elaborated in the 1961 Convention continues to operate satisfactorily. Diversions of narcotic drugs from the licit trade into illicit channels remain relatively rare and the quantities involved are minimal in comparison with the large volume of transactions. That holds true both for drugs in the international trade as well as in domestic wholesale circuits. With regard to the control system set forth in the 1971 Convention, Parties and non-Parties alike apply satisfactorily the controls stipulated in the Convention for substances in Schedules I and II, as well as the special voluntary measures recommended by the Board to bolster those controls. During the last 18 months the action taken by Governments and their close co-operation with the Board have prevented the diversion to illicit channels of more than 14 tonnes of psychotropic substances, corresponding to approximately 190 million tablets. The diversions thus prevented would have involved mainly fenetyliline, methaqualone and secobarbital. In the case of methaqualone, which was diverted in enormous quantities only a few years ago, the controls have taken effect, and at present diversions are nearly always prevented, although attempts to divert continue to be made. The international system is therefore working well for substances controlled under Schedule II. In the case of Schedules III and IV substances, effective control and monitoring of

international trade still requires increased action by both manufacturing and exporting countries, on the one hand, and importing countries, on the other. The situation and the need for remedial action are dealt with elsewhere in this Report. 3/

9. The failure to apply the provisions of the Conventions in certain free ports and zones has complicated the exercise of effective control and in fact has facilitated diversion to illicit channels of drugs under international control. The problem has become particularly acute in relation to certain psychotropic substances. Governments are reminded that the 1961 Convention 4/ requires Parties to "exercise in free ports and zones the same supervision and control as in other parts of their territories, provided, however, that they may apply more drastic measures". The 1971 Convention contains an identical requirement for substances in Schedules I and II.

10. Accession to the 1961 and 1971 Conventions by all States is fundamental to the effective functioning of the international drug control system. The Board emphasizes once again the importance it attaches to prompt action by all States not yet Parties formally to adhere to both Conventions. The Board notes with satisfaction that a number of States have taken such action during 1988.

11. For 60 years the Board and its predecessor bodies have each had separate staffs responsible exclusively to them in matters of substance and entrusted with carrying out their decisions between sessions. That arrangement, designed to ensure the maintenance of their technical independence, to which Parties have attached such importance, stems from the responsibilities assigned by the international drug control treaties, including quasi-judicial functions. In the case of the Board, the Council, in consultation with the Board, approved the arrangement in 1967 and reaffirmed it in 1973 and 1976. The Parties to the treaties reinforced their support for the Council's decision in a resolution adopted in 1972 by the Plenipotentiary Conference convened to amend the 1961 Convention. The Parties further confirmed their position by stipulating in the 1961 Convention that the Secretary of the Board shall be appointed in consultation with the Board. The Board considers that its need for a separate staff remains essential for the effective discharge of its responsibilities and unanimously agrees that arrangements now in effect should be maintained. This view is emphasized in this Report because of the recommendation made by the Committee for Programme and Co-ordination that consideration be given to exploring further the question of a possible merger of the Board's secretariat and the Division of Narcotic Drugs.

## II. OPERATION OF THE INTERNATIONAL DRUG CONTROL SYSTEM

### A. Narcotic drugs

#### Status of the treaties

12. During 1988, three States acceded to the Single Convention on Narcotic Drugs, 1961, bringing the number of Parties to the Convention in its original or amended form to 125. Those States are Somalia, Uganda and the United Arab Emirates. The Board notes with satisfaction that the accession of Uganda reduces to 10 the number of States Parties to treaties that preceded the 1961 Convention, but are not yet Parties to the latter. Those 10 States are Albania, Central African Republic, Congo, Democratic Kampuchea, El Salvador, Malta, San Marino, Sierra Leone, United Republic of Tanzania and Yemen. The Board urges those countries to accede without delay to the 1961 Convention.

13. Of the 35 States that are not Parties to any multilateral treaty on narcotic drugs, most are operating de facto in the context of the 1961 Convention and endeavouring to apply its provisions. The Board also urges the Governments concerned to accede to this Convention whose provisions they in fact already apply.

#### Co-operation with Governments

14. Governments have on the whole maintained close co-operation with the Board and for the most part continued to provide it with the reports required under the 1961 Convention. In 1988, such reports were submitted by 158 States; however, only 120 States reported fully. No report was received from the following countries: Angola, Bolivia, Brunei Darussalam, Democratic Kampuchea, Democratic People's Republic of Korea, Gambia, Israel, Saint Lucia, Viet Nam and Zambia.

15. Effective control necessitates the submission of regular data by all Governments within the time-frame provided for in the Convention. National authorities should also reply promptly to the Board's requests for explanations and additional information. Delays undermine the effectiveness of the steps that the Board deems necessary to clear up situations contrary to the treaties, and to prevent such situations from arising.

16. Seizures and disposal of quantities of drugs seized are among the items of information to be submitted to the Board under article 20 of the 1961 Convention. However, not all Governments submit such information concerning seizures and some report only some of them. This may stem most often from a lapse in respect of article 17, which requires that a "special administration" shall be maintained for the purpose of applying the provisions of the Convention. While not compelled to establish a single authority, Governments must institute a machinery for liaison and effective co-ordination of the activities of different services responsible for applying drug control legislation. Such machinery, when it functions effectively, provides the central authority with the means to obtain information from different administrative sources, such as the services that carry out seizures (police, customs etc.). When that condition is fulfilled, the Government is able to provide the international control bodies with all the information required under the treaties. Full information on seizures is necessary if the Board is to carry out its functions effectively. The Board hopes therefore that Governments will supply such data fully and promptly.

17. The Board recently undertook a thorough review of the co-operation extended by each country. The review shows that co-operation on the part of many States is inadequate. The Board is in communication with the Governments concerned and has assured them of its readiness to extend any assistance needed, within the limits of its resources, to improve co-operation.

18. In 1988, the Commission expanded the field of application of control to "designer drugs", 5/ five of which were placed under international control. The Board has stressed the problem posed by designer drugs in its previous Reports and welcomes this development. It has taken steps to ensure that Governments exercise control over those drugs.

#### Operation of the control system

19. Since 1980, only 19 cases of diversion have been observed in international trade, and the quantities diverted have been extremely small in comparison with the volume of licit transactions. This can be attributed in part to the implementation of measures taken by the Board in recent years to counter attempts to divert by use of forged import certificates. Many Governments are co-operating in the establishment of a collection of authentic import certificates to facilitate the detection of forgeries and prevent diversions. At present, before authorizing exports, authorities in many countries closely examine the corresponding import certificates, and, if questions arise, consult the Board to obtain assurances of the authenticity of the certificates. The Board welcomes this practice and hopes that it will become the rule for all exporting countries.

### B. Psychotropic substances

#### Status of the treaty

20. The accession of Brunei Darussalam, Czechoslovakia, Uganda and the United Arab Emirates has raised to 92 the number of States Parties to the 1971 Convention on Psychotropic Substances. The total includes more than two thirds of all countries in the Americas and in Europe. In other areas the rate of accession is still below 50 per cent, and in parts of Asia and in Oceania even less than one third of the States are Parties. During the 1987 International Conference on Drug Abuse and Illicit Trafficking, Belgium, Burundi, Ireland, Netherlands, Sri Lanka, Switzerland and Suriname announced their intention to accede to the 1971 Convention. The Board welcomes those statements and hopes that the Governments of those countries will deposit their instruments of ratification or accession with the Secretary-General at the earliest possible time. The Board urges all other Governments not yet Parties also to adhere to the Convention promptly.

#### Co-operation with Governments

21. In accordance with article 16 of the 1971 Convention, more than 140 Governments annually submit the required data on psychotropic substances to the Board. However, several States Parties to the Convention have repeatedly failed to co-operate with the Board or provide only incomplete or incorrect data, particularly as regards substances controlled under Schedules III and IV. In addition, certain control measures required by the Convention have not yet been adequately implemented. Insufficient staff and financial resources in national drug control administrations are central to those failures. Effective control requires that Governments provide their drug control administrations with the resources necessary to ensure full functioning of their national drug control systems. The Board, within the limits of its resources,

is prepared to accede to governments' requests for assistance, particularly in the field of training.

22. Several Governments are currently reviewing their drug control legislation to extend control over all psychotropic substances. Controls for benzodiazepines should be introduced without further delay. Governments facing difficulties in monitoring the international trade in psychotropic substances should consider limiting the number of licensed importers and exporters as well as the number of entry points for such substances.

#### Operation of the control system

23. The control measures for international trade required for Schedule II substances under the 1971 Convention are widely applied and are proving effective in preventing the diversion of those substances to the illicit traffic. The measures comprise compliance with the import/export authorization system, the submission of quarterly statistics, and the limitation of exports to Governments' assessments of their annual legitimate needs as published by the Board. Attempts by international traffickers to divert Schedule II substances, in particular methaqualone and fenetylline are successful only when national and international control mechanisms are not respected.

24. National authorities continue frequently to consult the Board in cases where doubts persist on the authenticity of orders. Thus, in 1988 the Board, in co-operation with Governments, was again able to prevent the diversion of large quantities of psychotropic substances into the illicit traffic. 6/ Combatting the diversion of substances into illicit channels requires continuing vigilance by Governments and the establishment of adequate legal frameworks, as required by the Convention. The control mechanisms and procedures which have evolved over the last few years should enable Governments to detect and prevent illicit transactions and the Board to assist them in that endeavour. The same success could be achieved in respect of Schedules III and IV substances if Governments apply the import/export authorization system to those substances as requested in a number of resolutions of the Council.

25. During 1988 evidence showed that several tonnes of secobarbital were shipped from Western Europe to African countries, which have legal medical requirements of only a few kilograms. The consignments were primarily routed through European countries that have not yet acceded to the 1971 Convention and where no controls are imposed on international trade in Schedules III and IV substances.

26. The quantities had been identified by the authorities of the purported countries of destination as being intended for illicit channels. However, the exports of the substances did not constitute illegal and thus punishable activities in European countries not Parties to the 1971 Convention. Unless legislative steps are taken, traffickers will be free to continue to use such countries as a platform for their profitable operations. The Board again urges the Governments concerned promptly to enact the necessary legislation in order to monitor international trade in those substances more effectively, and to become Parties to the 1971 Convention.

27. The most important action that could be taken to improve the monitoring of international trade and to reduce the diversion of psychotropic substances into illicit channels would be to extend the import/export authorization system to Schedules III and IV substances. The Board therefore endorses the view expressed by the Council to that effect in three resolutions. 7/ More

than 70 Governments are already complying with those resolutions, and the time may therefore have come to reflect this developing international consensus in an amendment of article 12 of the 1971 Convention.

28. Import and export authorizations for psychotropic substances should be granted only by the officially designated authority and on a printed form in accordance with the model adopted by the Commission. Typed letters should never be used to grant authorizations since they can be easily falsified. In case of doubt about the legitimacy of an order, Governments of exporting countries should always check carefully the legitimacy of the import authorization, inter alia by verifying whether the authorization has been issued by the authority duly empowered to do so, as reported to the Secretary-General.

29. Governments of exporting countries should also ensure that their exporters help to strengthen international co-operation by complying strictly with the legislative regulations of importing countries. The Board is publishing, together with statistics on psychotropic substances, data showing which countries require authorizations for the import of some Schedules III and IV substances. For substances not required for medical use, Governments should formally prohibit their import in accordance with article 13 of the 1971 Convention.

30. The Board has previously noted that humanitarian organizations frequently do not respect the legislation in force in recipient countries when medicines containing psychotropic substances are donated. Donor countries should ensure that such medicines are provided exclusively in response to genuine medical needs and in agreement with the national authorities of the recipient country.

31. The Board has repeatedly drawn the attention of Governments to the potential risk of diversion of psychotropic substances in free port zones and to the necessity of even stricter control of such areas. 8/ Companies maintaining a subsidiary or holding stocks of a psychotropic substance in a free port zone of another country are also subjected to that country's legislation with regard to the substance in question. They should therefore be duly licensed and inspected, and should obtain authorizations for each import and export if so required by the national drug legislation of the country concerned.

32. In its Report for 1985 the Board drew Governments' attention to excessive stocks of methaqualone and the risk they pose as targets for illicit traffickers. The Board is therefore gratified that manufacturers' stocks declined world-wide from more than 50 tonnes in 1983 to 20 tonnes by the end of 1987, slowly reaching a level more commensurate with legitimate demand. In some countries the manufacture of methaqualone was resumed after stocks were exhausted. Annual manufacture should be adjusted to world-wide medical needs, which continue to decline significantly.

33. Attention should now be directed to stocks of fenetylline, which have accumulated to a level more than 10 times higher than world-wide annual medical needs. Governments estimate that annual medical needs do not exceed 350 kilograms. Reported stocks in only three countries would meet world medical requirements for more than 10 years. Destruction of excess stocks might therefore be envisaged and manufacture suspended until stocks are reduced to a level commensurate with legitimate use.

#### C. Demand for and supply of opiates for medical and scientific needs

34. As of 1974, global consumption of opiates has stabilized at around 200 tonnes per year in morphine equivalent, in sharp contrast to the steady increase observed during the preceding 25 years. In particular, consumption

of codeine, which continues to account for more than 80 per cent of global medical needs in opiates, has leveled off despite the abundance of raw materials and low prices. Among other opiates, world consumption of dihydrocodeine has continued to increase. Pholcodine consumption, which had followed an increasing trend until 1986, showed a substantial decline in 1987. While global morphine consumption was stable during the period from 1967 to 1983, averaging 2.2 tonnes per year, it has doubled in recent years as a result of increased use of morphine, administered orally, for the treatment of terminally ill patients. A declining trend has been discerned in global consumption of ethylmorphine. In the medium term, the projected consumption of the various opiates will remain at approximately 200 tonnes in morphine equivalent.

35. In 1980, to avoid over-production, following consultations with the Board, the principal producing countries agreed to reduce the areas used for poppy cultivation. Thereafter, total production of opiate raw materials has been in approximate balance with global consumption of opiates. Projection for 1989 indicates that the balance will be maintained.

36. In its recent annual Reports, the Board has noted that the excessive stocks of opiate raw materials held in India and Turkey remain a cause of concern. Those reserve stocks have, however, diminished in recent years, following destruction of significant amounts as well as reduced total production. Therefore, while in 1983 such stocks alone would have covered more than two years' global consumption, they were reduced at the end of 1987 to a level which would meet more than one and a half year's total opiate needs. Nevertheless, the aggregate stocks held in those two countries still remain excessive. The Board therefore wishes to reiterate the need to the Governments of all producing countries that no increase in plans for opium poppy cultivation should be permitted until the global stocks of opiate raw materials have been brought down to the optimal level.

37. As regards the stocks of opium held in India, according to the statistics furnished by the country, they showed a slight increase as compared with 1986 and amounted to 2,257 tonnes, or 248 tonnes in morphine equivalent, at the end of 1987. Such stocks held in India alone would cover more than the entire annual global demand for opiates. Despite successive reductions in acreage to the lowest level since 1968, the stocks remain high as its opium exports have also declined. In 1987, such exports amounted to only 505 tonnes, the lowest since 1981. Exports to the United States, the biggest importer of Indian opium, dropped from an average of 340 tonnes in the preceding five years to 181 tonnes in 1987, the lowest since 1981. While exports to Japan, the Union of Soviet Socialist Republics and the United Kingdom of Great Britain and Northern Ireland in 1987 remained at, or were somewhat higher than, the level of 1986, those to France showed a decline. A sharp reduction in demand for noscapine, an opium alkaloid not under international control, might have resulted in declining use of opium for alkaloid extraction.

38. Having destroyed 17,700 tonnes of poppy straw representing one fourth of its stock, Turkey then processed half of the remaining quantity into concentrate of poppy straw in 1986, most of which, however, still remained in stock. Stocks of those two materials held in the country amounted to 135 tonnes in morphine equivalent, which alone could cover roughly 70 per cent of the annual global consumption of opiates. That accumulation was due in part to a large decline in Turkey's exports. In 1987, a rise in the country's exports brought the stocks down to 87.6 tonnes in morphine equivalent, a reduction of 35 per cent. The exports chiefly consisted of poppy straw, concentrate of poppy straw and codeine. Poppy straw exports, mostly to the Netherlands, amounted to 4.8 tonnes in morphine equivalent. Turkish exports



of concentrate of poppy straw in 1987, mainly to the United States, the United Kingdom and the Netherlands, amounted to nearly 32 tonnes in morphine equivalent. In that connection, the Board has been advised by the Government of the Netherlands that, following the wide-ranging mutual agreements concerning delivery of materials, opiate production in that country in 1988 would primarily be based on concentrate of poppy straw imported from Turkey, instead of on poppy straw. The country's codeine exports amounted to 9.6 tonnes in 1987, which match those of Australia and are second only to the United Kingdom, which exported 11.2 tonnes in that year.

39. The Council, in its resolutions 1986/9 of 21 May 1986 and 1987/31 of 26 May 1987, requested the Board to continue to monitor the implementation of its resolutions aimed at re-establishing and maintaining a world-wide balance between demand for and supply of opiates for medical and scientific requirements and, in particular, at reducing excessive stocks of opiate raw materials for licit purposes. Having published in 1985 a special report 9/ on the subject in response to Council resolution 1984/21 of 24 May 1984, the Board was then regrettably compelled to defer implementation of Council resolutions 1986/9 and 1987/31 because of the need to devote reduced resources to carrying out other treaty-based functions to which higher priority had to be accorded. Subsequently, in its resolution 1988/10 of 25 May 1988, the Council requested the Board to review available information on the problem and to enter into a dialogue with interested Governments and parties in order to develop a practical and effective solution, which may include the involvement of international development assistance organizations.

40. In endeavouring to respond to the Council's request within the available resources, the Board has deemed it essential first to gather additional detailed information on medical requirements in order to identify both actual and potential opiate demand for medical purposes throughout the world. In that connection, the Board has noted that, while statistics on consumption and utilization of narcotic drugs are at its disposal under the 1961 Convention, there might be legitimate needs hitherto unmet possibly because of insufficient health care, difficult economic situations or other conditions in the countries concerned. The Board has therefore requested WHO assistance in determining such demand in various regions of the world, and is appreciative of the positive response given by that organization. A meeting to plan the proposed project will take place with WHO in early 1989. The Board intends to continue its dialogue with the interested parties with a view to assisting them in developing a practical and effective solution to the problem of excessive stocks, while at the same time maintaining the proper balance between production and demand so painstakingly achieved in recent years.

### III. ANALYSIS OF THE WORLD SITUATION

41. In analysing the drug control situation world-wide, as well as in particular regions and countries, the Board benefits from information obtained from Governments, United Nations organs, specialized agencies and other competent international organizations, including the International Criminal Police Organization (ICPO/Interpol).

#### A. East and South-East Asia

42. Opium production in the region remains high despite campaigns to eradicate opium poppy cultivation. The abundance of opium, together with the availability of essential chemicals, facilitates the production of heroin in clandestine laboratories close to the poppy fields near the borders of Burma, the Lao People's Democratic Republic and Thailand. The huge individual seizures of heroin and cannabis indicate substantial financial backing for the traffickers. Despite more than a decade of continuous reinforcement of legislative and administrative structures, the size of the heroin abuser population within the region remains high and requires the authorities to persist in carrying out strong and comprehensive control programmes. Shortages of heroin often lead abusers to resort to psychotropic substances, the availability of which is a cause for concern. Community participation has been initiated to maintain special vigilance and generate counter-action in localities known for the presence of traffickers and abusers. The member countries of the Association of South-East Asian Nations (ASEAN) continue to strengthen drug control programmes and emphasis is placed on the training of law enforcement and drug rehabilitation officials. Furthermore, a workshop has been held to provide technical assistance to facilitate conspiracy investigations and the confiscation of traffickers' assets.

43. Recent data available to the Board which relate only to the first half of 1988 indicate that large quantities of opiates continue to be smuggled out of Burma and that poppy cultivation appears therefore not to have diminished. Furthermore, clandestine heroin laboratories continue to be operated by armed groups in the border areas. Heroin abuse within the country has posed a severe problem for a number of years. The problem has been compounded by the availability of psychotropic substances.

44. Opium and cannabis are reported to be smuggled out of the Lao People's Democratic Republic. During a mission of the Board in 1987 the Government indicated its recognition of the need to take action to improve drug control. In 1988 an UNFDAC mission visited the country and a programme to provide alternative means of livelihood for poppy cultivators is being planned. During June 1988 the authorities arrested and convicted nearly 50 illicit drug producers and traffickers in connection with operations against refineries. The Board hopes that the international community will provide assistance to enable the authorities to endeavour to attain the aims of the treaties.

45. Opium production for the 1987/1988 crop year in Thailand was estimated at around 27 tonnes. Clandestine heroin laboratories continue operating along the northern borders, despite vigorous enforcement action and controls on essential chemicals. Eradication of poppy cultivation is carried out together with rural development. In the 1987/1988 crop year, some 1,740 hectares were eradicated. Cannabis cultivation, once concentrated in the north-east, has spread to many other provinces and across the borders into neighbouring countries. Much of the heroin and cannabis are shipped from the southern coastal provinces, or air-freighted from Bangkok. Large individual heroin seizures were made, with one seizure exceeding 1 tonne. Thailand continues to be used

as a transit country for much of the opiates produced in the region. Despite efforts at treatment and rehabilitation, the number of heroin abusers remains at between 200,000 and 300,000, most of whom are located in Bangkok. Other drugs abused are opium, cannabis and increasingly psychotropic substances. Amphetamine laboratories have been detected during the last few years. Ten such facilities were found and destroyed in 1987. Projects to assess the use of psychotropic substances, to train health care workers and to develop treatment programmes have been initiated. Ratification of mutual legal assistance treaties and enactment of legislation to permit forfeiture of traffickers' assets are pending.

46. Illicit opium and heroin from South-East Asia continue to be trafficked into Hong Kong for domestic consumption and for onward trans-shipment to Australia, Europe and North America. During the first half of 1988, more than 400 kilograms of heroin were seized. Seizures of cannabis from the Philippines increased, with supplies coming also from Thailand and cannabis resin from Nepal. Heroin remains the primary drug of abuse, notwithstanding the containment of its rate of spread for a number of years. The abuse of cannabis and psychotropic substances, in particular methaqualone, appears to be increasing, although the actual number of reported abusers remains small. Programmes to increase public awareness of the dangers of drug abuse and to treat abusers have been expanded. A centre for psychotropic substances has been established to provide specialized information and referral services. Furthermore, in 1988, records of receipt and disposal of all psychotropic substances were required under the Pharmacy and Poisons Ordinance. In addition, export declarations were required for substances controlled under Schedule III of the 1971 Convention. The Dangerous Drugs Ordinance was amended in 1987 to extend to cocaine, amphetamines, methaqualone and quinalbarbitone the presumption of trafficking in cases of possession above specified amounts, as was provided for previously in the case of heroin. Legislation to permit confiscation of the proceeds of drug trafficking and for measures against money laundering is in preparation.

47. Opium and heroin continue to be trafficked across the northern borders and coastline of Malaysia despite continuing vigorous counter-action by the authorities. To deter drug traffickers, the Government enacted the Dangerous Drugs (Forfeiture of Property) Act, 1988, which provides for the forfeiture of assets derived from trafficking. It also makes provision for assistance to facilitate legal proceedings undertaken in other countries. Furthermore, the Government has expanded its demand reduction programmes. The rate of spread of heroin abuse appears to have been stabilized, but close monitoring of the abuse of cannabis and psychotropic substances is also needed. An integrated approach is planned by government agencies and the community to implement intensive programmes of law enforcement, education, treatment and rehabilitation in areas known to be frequented by drug abusers and street-level traffickers.

48. Seizures of opium and heroin since 1985 show that attempts to traffic drugs through China continue to be made despite the severe penalties incurred. The comprehensive efforts of the authorities to thwart traffickers have involved highly effective operations undertaken jointly with enforcement counterparts abroad. To co-ordinate interdiction efforts, a committee was established under the State Council in 1987, involving the Ministries of Public Health, Security, Foreign Affairs and the Customs Administration. An institute for scientific research on drug dependence has been established at the Beijing Medical University to provide advisory services to the Ministry of Health. To assist the Government in further strengthening drug control

measures throughout the country, the Board conducted a training seminar for drug control administrators at Chengdu in May 1988. The seminar enabled participants to understand better the functioning of the international drug control treaties and the obligations of national administrations thereunder. Legislation was enacted at the end of 1987 to provide specific measures for the control of narcotic drugs and psychotropic substances.

#### B. South Asia

49. A mission of the Board visited India in March 1988. It held consultations with the Government on the following matters: the expiration of the transitional reservations relating to the non-medical use of cannabis under article 49 of the 1961 Convention; the implementation of resolutions of the Council regarding the demand and supply of opiates for medical and scientific needs; and a review of all aspects of drug control. Since the enactment of new drug legislation in India in November 1985, large quantities of drugs have been seized. Seizures in 1987 included approximately 32 tonnes of the opium poppy, 3 tonnes of opium, 2.7 tonnes of heroin, 14 tonnes of cannabis resin, 54 tonnes of cannabis and 1.5 tonnes of methaqualone. Three morphine and three heroin laboratories were also dismantled. Large amounts of heroin and cannabis resin are reported to enter India from the Near and Middle East, in addition to cannabis from Nepal. The opium seized is mainly of domestic origin. The system of control of the licit production of opium, which has been functioning effectively, will be subjected to increasing pressure as domestic heroin abuse escalates. Methaqualone trafficked to eastern and southern Africa is abused in India; it has also been detected in analyses of heroin seizures. An illicit methaqualone manufacturing and trafficking organization detected in 1987 resulted in the seizure of 800 kilograms of methaqualone. Heroin from Bombay and New Delhi is routed to airports in Eastern and Western Europe, countries in the eastern part of the Arabian Peninsula and Africa. To deflect suspicion, traffickers devise circuitous travel itineraries for couriers, an increasing number of whom are African nationals. Cannabis resin is trafficked out in bulk by air or sea cargo. Heroin abuse has escalated among young people, particularly in the cities. The Government has initiated a survey to determine the extent of abuse. Demand reduction programmes have been established.

50. In 1988 the Government enacted the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Ordinances. This Ordinance provides for preventive detention for illicit drug activity within the country. New additional legislation designed to prevent heroin manufacture provides more stringent controls over the manufacture and movement of acetic anhydride. Moreover, the Government is taking steps to expand drug control programmes. In that connection, it has prepared, in collaboration with UNFDAC, a comprehensive master plan envisaging activities to be funded at the level of \$20 million.

51. The Indo-Pakistan Committee to combat drug trafficking and smuggling has continued to meet regularly since 1987. This has improved co-operation at the operational level. The Board welcomes such bilateral co-operation, the need for which it has noted for several years. The Board also welcomes the continuing co-ordination activities of the South Asian Association for Regional Co-operation.

52. Drug abuse has increased in Bangladesh. The geographical location of the country between two major illicit opium-producing regions renders it vulnerable to transit trafficking. The Government recognizes the seriousness of the situation. It has amended its legislation to provide severe penalties for drug offences. The Board has invited the Government to enter into a dialogue

regarding the action the Government proposes to take in view of the expiration in December 1989 of the transitional reservations relating to the non-medical use of cannabis under article 49 of the 1961 Convention.

53. The Government of Nepal reports serious drug abuse within the country. Abusers, estimated at 20,000, are mostly under 30 years of age. Cannabis is illicitly cultivated locally and large seizures are made both within the country and abroad.

#### C. Near and Middle East

54. The huge quantities of opium, heroin and cannabis resin seized by countries in the Near and Middle East as well as seizures made abroad reflect the scale of production. Heroin is again being increasingly trafficked to Europe by the overland Balkan route, although circuitous travel routes involving African countries have been devised. From Europe, large amounts of psycho-tropic substances, in particular fenetylline, are trafficked in the opposite direction. During the first half of 1988, Jordan reported seizures of more than 11,000 depressant tablets and Kuwait more than 500,000 stimulant tablets.

55. The easy availability of heroin, despite the mushrooming demand within the region, reflects the substantial production. The burgeoning drug abuse requires priority attention at the highest political levels if populations are to be protected. In addition to the establishment of treatment and rehabilitation services, the availability of drugs at the street level must be significantly reduced and concrete measures taken to phase out illicit drug production within a specific time-frame. For this, financial and technical assistance is needed from the international community. Furthermore, as trafficking organizations operate across borders, action against them must be translated into operational programmes of co-operation between neighbouring countries.

56. For many years, large-scale production of opiates and cannabis resin has taken place in Afghanistan. The Board has no recent information on the situation within the country. However, an enforcement action involving co-operation between the USSR and the United Kingdom resulted in the seizure of 3.5 tonnes of cannabis resin believed to originate from Afghanistan.

57. Transit trafficking of opium and heroin was reported to continue unabated from the east into the Islamic Republic of Iran, despite vigorous law enforcement backed by severe penalties. Organized criminal groups were reported to be increasingly involved in drug trafficking. During the first six months of 1988, almost half a tonne of opium was seized. Drug abuse, especially of heroin, appears to have worsened, and limited abuse of psychotropic substances continues. The Government of the Islamic Republic of Iran has called on countries in the region to fix a target date for the elimination of illicit poppy cultivation within their territories.

58. Taking full advantage of the security problems in Lebanon, drug trafficking organizations are encouraging the illicit cultivation of cannabis and the opium poppy. Heroin is manufactured from imported as well as locally produced opium. Large amounts of heroin and cannabis resin produced in the region are trafficked to Europe and North America. Drug abuse is growing, with at least 10,000 heroin and other abusers in the country. There is a need to increase resources for all aspects of drug control and to reduce both the demand for and the supply of drugs. Such efforts should be backed by a strong commitment of all sectors of the population if the country is to avoid in coming years the ominous consequences of drug abuse, which have afflicted many countries involved in either illicit production of or trafficking in drugs.

59. In Turkey the control of licit production of poppy straw for the extraction of alkaloids, which was developed in the mid-1970s, has continued to function effectively and no opium is produced in the country. However, Turkey remains a transit point for the trafficking of heroin which originates in the Near and Middle East and is destined for Europe as well as for fenetylline trafficked from Europe to countries in the eastern part of the Arabian Peninsula. Heroin seizures in Turkey, which doubled from 1985 to 1986, increased more than seven times in 1987 to 1,347 kilograms. Law enforcement agencies in Europe confirmed the routing via Turkey of more than half of their heroin seizures. Trafficking organizations recruit couriers of various nationalities and appear to be based in Istanbul, on the outskirts of which a clandestine laboratory was detected in 1987. Law enforcement agencies continue to co-operate with other countries, facilitating co-ordinated action against trafficking organizations. Enforcement operations to contain drug trafficking are difficult in the area along Turkey's eastern border because of the very large number of trucks crossing that border and the continuing influx of displaced persons. The Government is aware of the need to strengthen control measures.

60. Illicit poppy cultivation in Pakistan during the 1987/1988 growing season was reported to have spread and the estimated illicit opium production may well have at least been double that of the 80 tonnes estimated for the previous crop year. Eradication of poppy cultivation, both by aerial and ground operations, was limited during 1987/1988. Clandestine laboratories in the tribal areas produce heroin from both local and imported illicit opium to meet the demand of growing heroin abuse within Pakistan as well as for trafficking abroad. Heroin availability ushered in domestic consumption, which in turn now spurs illicit production to supply the vast numbers of heroin abusers. The increased opiate production also comes at a time of political change. A large refugee population with weapons at their disposal further compounds the difficulties of ensuring law and order. Extremely large seizures of opium, heroin and cannabis resin, as well as psychotropic substances and especially methaqualone, continue to be made in Pakistan. Three tonnes of cannabis resin, which originated at Karachi and were routed via Rotterdam, were seized in Belgium. Although heroin seizures have been reported by the tonne annually since 1982, it does not appear to have deterred drug trafficking organizations, which keep the major cities and towns well supplied. Analysis of heroin seizures show that psychotropic substances, such as phenobarbital, are mixed with heroin. This complicates detoxification of abusers and accentuates the need for the closest collaboration between health and law enforcement authorities. Psychotropic substances originate abroad. As the Board has observed in previous Reports, if adequate control is to be exercised it is essential that the number of entities authorized licitly to import such substances be reduced. Programmes to reduce drug demand have been initiated in the last few years.

61. The Indo-Pakistan Committee to Combat Drug Trafficking and Smuggling has continued to meet regularly since 1987, thus improving co-operation at the operational level. The Board welcomes such bilateral co-operation, the need for which it has noted for several years.

62. In Egypt, the illicit cultivation of the opium poppy and cannabis, which gained significance in the mid-1970s, continues despite eradication efforts by the Government. Since 1980, drug abuse within the country is increasing. Drugs trafficked mainly from the Near and Middle East and from South-East Asia transit Egypt and meet illicit drug demand within that country. In 1988, one seizure of cannabis resin from Lebanon amounted to approximately 1.5 tonnes. Another seizure from Pakistan intended for Europe and North America amounted

to more than 3 tonnes of opium, 1.5 tonnes of cannabis resin and almost 300 kilograms of heroin.

#### D. Oceania

63. The abuse of cannabis continues to be a major problem in Australia, and although some cultivation occurs locally, large quantities are trafficked into the country. In 1987, almost 4 tonnes of cannabis and 9.5 tonnes of cannabis resin were seized. In mid-1988, approximately 3 tonnes of cannabis were seized in one shipment reported to have come from Thailand. Heroin, cocaine and psychotropic substances, in particular amphetamines, continue to be available, and 61 drug-related deaths were reported in 1987. Heroin is trafficked from South-East Asia and the Near and Middle East and is also locally manufactured from codeine tablets. In 1987, four heroin and eight amphetamine laboratories were detected and destroyed. Recognizing the threat of the spread of cocaine world-wide, the national campaign against drug abuse launched in 1985 includes a national strategy for the prevention and treatment of cocaine abuse and the establishment of a nation-wide cocaine data collection system to monitor the extent of abuse. The Government continues to strengthen the police, customs and National Crime Authority.

64. Cannabis-related offences account for more than 90 per cent of all drug offences in New Zealand. The detection and eradication of small cultivation plots continue, and the number of cocaine seizures, which became significant in 1986, remains at the same level. Cocaine is trafficked by commercial flights via Argentina to Auckland, although one reported seizure involved 20 kilograms of cocaine shipped from Ecuador. One seizure of heroin from South-East Asia, destined for the United States, was reported. LSD is available, 10,000 tablets of which were reported in one seizure.

#### E. Europe

##### Eastern Europe

65. Most states in the region are Parties to both the 1961 and the 1971 Conventions. The Board hopes that countries not yet Parties will soon accede to both treaties. At present, Albania is not a Party to either Convention and Romania has not yet become a Party to the 1971 Convention. Four countries in the region have acceded to the 1972 Protocol.

66. While, in general, drug addiction does not represent a major public health problem in Eastern Europe, the situation varies from country to country. The authorities in some countries have intensified their activities aimed at preventing the abuse of certain narcotic drugs as well as the abuse of some psychotropic substances diverted mainly from local sources. In June 1988, a seminar was held at Tashkent, USSR, attended by representatives of Bulgaria, Czechoslovakia, Hungary, Poland and the Soviet Union, who worked out a common approach to the assessment of drug addiction in their countries.

67. Eastern Europe is situated between major regions where the opium poppy and cannabis are illicitly cultivated and regions where illicit narcotic drugs are widely abused. Some countries are therefore confronted with transit traffic that passes along the Balkan route and through the territory of the Soviet Union. The authorities in the countries concerned have increased their efforts to suppress such transit trafficking. The law enforcement agencies in those countries co-operate actively with their counterparts in countries where illicit production and consumption take place.

68. In the German Democratic Republic, drug abuse is confined to a small number of addicts dependent mainly on tranquillizers and sedative-hypnotics. Government policy is aimed at preventing the development of situations generating the emergence of drug abuse and the illicit drug market. Efforts are being made to train physicians, pharmacists and other medical personnel in the rational use of medicines containing psycho-active substances. The number of narcotic drugs and psychotropic substances available is kept strictly within the limits required for medical care. Thus, only 12 narcotic drugs scheduled under the 1961 Convention and only 14 substances scheduled under the 1971 Convention are used for medical purposes. Stringent measures against smuggling of narcotic drugs and psychotropic substances have been adopted to deal with the problems raised by the rapid development of international tourism and transit travelling.

69. In Hungary, the number of drug abusers remains relatively small. Most of them are dependent on sedative-hypnotics and tranquillizers, which are easily obtainable prescription drugs. The abuse of certain pharmaceuticals containing codeine, dihydrocodeine and glutethimide has recently increased, especially among the young. Furthermore, the abuse of toxic inhalants has created some problems mainly in urban areas. The activities of the different government branches involved in the fight against drug abuse are co-ordinated by the National Narcotics Commission. Efforts are concentrated on the dissemination of information, the creation of treatment and rehabilitation centres, and the strengthening of law enforcement services through training and the provision of equipment. The policy of open frontiers has brought into Hungary many visitors from countries where drug abuse is widespread; therefore the Government had to develop appropriate preventive measures.

70. In Poland, the Government continues its efforts to curtail the abuse of decoctions containing alkaloids illicitly prepared from poppy straw. 10/ Recently, there has been a further decline in the availability of poppy straw for such abuse because the area licensed for legitimate poppy cultivation has been reduced. The average age of addicts seems to have increased, with fewer young persons beginning this kind of abuse.

71. In the Soviet Union, health and law enforcement authorities have expanded activities aimed at eliminating the abuse of certain drugs and psychotropic substances. Stricter laws have been enacted to prosecute traffickers. The Penal Code currently in force provides for up to ten years of imprisonment as well as the confiscation of major personal assets, for serious drug offences, such as the illicit distribution of drugs. Control of medical supplies has been reinforced to prevent leakages from hospitals and pharmacies into illicit channels. As a result of wide-ranging campaigns for the early identification of persons abusing narcotic drugs and psychotropic substances, the cumulative number of officially registered drug abusers has increased and is approaching 51,000. The majority are between the ages of 21 and 35.

72. In addition to those who abuse drugs on a regular basis, some young persons take drugs occasionally, mostly as a result of curiosity or peer pressure. The Soviet mass media has reported cases of abuse of organic solvents, predominantly by teenagers. All drug abusers identified are being provided free treatment at medical institutions.

73. The drugs abused in the Soviet Union remain generally the same as in previous years. They include cannabis growing wild in certain southern and eastern regions of the country, home-processed products obtained from Papaver somniferum cultivated for the production of oils, as well as morphine, codeine and ephedrine sometimes diverted from medical supply sources.



74. Soviet customs authorities have continued to expand co-operation with their colleagues in Western Europe and North America in fighting transit traffic in narcotic drugs through the territory of the USSR. Furthermore, mutual agreements were reached in this field, notably with the United Kingdom, whereby customs officials were able to perform joint "controlled delivery" operations. As a result, several tonnes of cannabis concealed in transit commercial cargo were confiscated, and some major organizers of illicit traffic were arrested in the Western countries of destination of the drugs. The Heads of State of the Soviet Union and the United States agreed at the end of 1987 to develop bilateral co-operation to combat illicit trafficking. Specific programmes are being developed. The Board welcomes this expanding bilateral co-operation.

#### Western Europe

75. Drug abuse and illicit trafficking remain widespread throughout the region. In almost all countries the number of drug-related deaths escalated sharply during 1987 and the beginning of 1988. Abuse of heroin continues to be the cause of death in the majority of cases, but abuse of a variety of psycho-active pharmaceuticals is increasingly the cause of drug-related fatalities. It is not yet clear whether the large increase in the number of drug-related deaths constitutes a new trend following a decline or stabilization in such deaths in several countries up to 1986.

76. In 1987, cocaine seizures reached a new record level of more than 3 tonnes, and the trend has continued in 1988, when the quantities seized during the first half of the year in the Federal Republic of Germany and Spain were larger than for the whole of 1987. The close social and economic links between Spain and countries in South America have been put to advantage by traffickers to channel most of their cocaine traffic to Europe through Spain. During 1988 a number of laboratories used to refine coca paste were detected and destroyed in Spain. Such refining activities appear to indicate a new trend as they appear to have taken place for the first time in Spain.

77. The substantial increase in the quantities of cocaine seized does not necessarily reflect the speed at which cocaine abuse is spreading in Europe. Although the quantities increased, the number of cocaine seizures and the number of traffickers apprehended have remained almost unchanged. The larger seizures may have been due to the increasing use of merchant vessels for smuggling large quantities. In addition, closer and more efficient international co-operation between law enforcement administrations may have led to such results.

78. Cocaine abuse appears to be spreading more rapidly in the southern part of Western Europe. Large supplies and declining prices of illicitly manufactured amphetamines in the Federal Republic of Germany, the United Kingdom and the Scandinavian countries have contributed to the slower spread of cocaine abuse in those countries.

79. That situation may however change in the near future, considering the possible saturation of the illicit cocaine market in the United States, the strong enforcement action being taken there, as well as the plentiful supplies in source countries. Falling street level prices of cocaine and stable prices for other illicit drugs reported by the Federal Republic of Germany could be a first sign of further deterioration.

80. Abuse of cocaine in the form of "crack" has not yet been reported in European countries, although a few seizures involving very small quantities

have been made. The perils of this insidious and powerfully addictive form of cocaine which have been widely cited by the authorities and the media may have made an impact.

81. The quantity of heroin seized in Western Europe has also increased, reaching the unprecedented level of more than 3 tonnes in 1987. Most of the heroin seized is of south-west Asian origin. Countries along the Balkan route have been used as the main transit countries for heroin en route to Western Europe. Reports for 1988 indicate a further increase in the quantities seized. However, there is a sharp decline in the number of seizures and the number of persons arrested. Stabilized or even declining abuse has been observed in most Western European countries, and in several of them the average age of heroin abusers is increasing. The fear of HIV transmitted through syringes has led young people increasingly to use other illicit drugs and to mix alcohol and psycho-active pharmaceuticals, such as tranquillizers, appetite depressants and codeine-based cough syrup.

82. Cannabis continues to be the most widely abused drug in Western Europe, although its abuse seems to be stabilizing or slightly declining. In some Western European countries, although their laws prohibit the possession and consumption of cannabis and make such possession and consumption punishable offences, the authorities have continued to tolerate its distribution in certain areas. Although they have concentrated their fight against drug abuse on heroin and cocaine as a matter of priority, Governments of those countries are aware of their obligations under the international treaties regarding cannabis. Seizures in Western Europe declined in 1987, but seizures in Africa of cannabis destined for Western Europe increased.

83. The abuse of stimulants, in particular amphetamines, again constitutes the major concern in Scandinavian countries. The ready availability of amphetamines, clandestinely manufactured primarily in the Netherlands and the Federal Republic of Germany, and recently also in Poland, has caused a fall in prices at the street level. Abuse is increasing and the average age of abusers declining, a trend that has not been noted in the case of most other drugs of abuse.

84. Western Europe has again been the source of large quantities of psychotropic substances trafficked through illicit channels to other parts of the world, mainly to Africa. Several tonnes of secobarbital of licit origin have been diverted during 1987 and 1988. Traffickers are taking advantage of the lack of controls on international trade in psychotropic substances in some European countries not yet Parties to the 1971 Convention. Furthermore, large quantities of pemoline, a substance not yet under international control, which were destined for West Africa have been intercepted and destroyed in the Netherlands.

85. A study by the Board of statistical reports provided by Governments has shown that very large quantities of phenobarbital manufactured in Europe have been exported to Afghanistan and Pakistan. Investigations conducted by the authorities in Pakistan, at the Board's request, revealed that phenobarbital is being used as an adulterant for heroin to the extent of 30 per cent on average and going up as high as 90 per cent. Further investigation by the Board indicates that this drug is now transiting countries in Western Europe which have neither ratified the 1971 Convention nor imposed measures to permit effective control of international trade. The Board regards this situation which continues to enable illicit import of phenobarbital into countries where illicit manufacture of heroin takes place to be a dangerous threat requiring urgent remedial measures.

86. Psychotropic substances of licit origin are also increasingly abused in Western Europe itself. Diazepam and flunitrazepam are frequently seized. Over-prescription of benzodiazepines has caused dependence among hundreds of thousands of persons. The medical profession will wish to review its prescribing practices with respect to tranquillizers.

87. Governments are initiating action to bring their legislation into line with certain provisions of the proposed new convention against illicit traffic in narcotic drugs and psychotropic substances. On 31 December 1987, the Parliament of France adopted a law establishing a new offence for aiding and abetting the laundering of funds derived from drug trafficking. In March 1988 the Government of Spain approved an amendment of the penal laws to include the possibility of investigating bank accounts by order of the public prosecutor and to extend the scope of powers to investigate and confiscate assets derived from drug trafficking. Italy, Portugal and the United Kingdom have already introduced similar provisions into their laws. Most other Western European countries are currently preparing legislative amendments to the same effect.

#### F. North America

88. In Canada, the abuse and trafficking of drugs pose a serious threat to society. Cannabis and its derivatives continue to be the most prevalent drugs of abuse. Foreign and domestic varieties of cannabis are readily available and in abundant supply on the illicit market.

89. The availability and abuse of cocaine have been on the rise in Canada. The drug is being abused by members of every socio-economic group. Cocaine availability remains greatest in the metropolitan centres, but appears to be increasing in rural areas. Cocaine in the form of "crack" has not yet become a major problem. However, it seriously concerns the authorities because of its high abuse potential and the serious health hazards it poses.

90. There are also ample quantities of heroin of high purity on the illicit market. Seizure data show that most of the heroin originates in South-East Asia. Clandestine manufacture of some psychotropic substances continues to take place in the country, while the bulk of the LSD available in Canada is produced in the United States.

91. The Canadian national drug strategy announced in May 1987 has led to the expansion of drug control programmes. It has also resulted in increased emphasis on certain priorities, notably the financial aspects of drug trafficking. The authorities anticipate that the new initiatives undertaken under the strategy will contribute significantly to the reduction of trafficking and abuse.

92. A serious problem the United States continues to confront is the illicit traffic in and widespread abuse of drugs. The authorities, including officials at the highest levels of the Government, are devoting unprecedented attention and financial resources to the issue. The national drug strategy is based on the following main goals: drug-free workplaces and schools, expanded treatment, improved international co-operation, strengthened law enforcement, heightened public awareness and prevention. In 1988, new wide-ranging legislation was enacted which authorizes additional education, treatment and rehabilitation programmes and provides very stringent new penalties for both drug traffickers and users. The legislation establishes at the cabinet level a Director of National Drug Control Policy to direct the overall effort to combat the drug problem. The new legislation also creates a system of recording and tracing sales by United States manufacturers of specific chemicals and precursors used to process raw materials into drugs.

93. Estimates of the quantities of drugs illicitly entering the United States continue to rise, with cocaine traffic rising the most. In carrying out activities directed against illicit trafficking, special emphasis is placed on expanding co-operation with other countries, bilaterally, regionally and inter-regionally. During 1988, the United States took part in highly successful enforcement operations involving many countries which have had an important disruptive effect on organized drug trafficking and resulted in substantial seizures of traffickers' assets. The Heads of State of the United States and the Soviet Union agreed at the end of 1987 to develop bilateral co-operation to combat trafficking. Specific programmes are being developed.

94. Cocaine continues to be seized in large quantities. Cannabis seizures in 1987 decreased compared with those in 1986. This may be attributed to an increase in domestic production and to higher profits obtained from cocaine smuggling. Seizures of heroin in 1987 remained at the same level as in the previous year, and cannabis eradication campaigns continued to be carried out throughout the country. In 1987, approximately 7.4 million pounds (3.4 million kilograms) of cannabis were eradicated, and 1,192 greenhouse and indoor operations were broken up. The majority of the cannabis eradication operations are conducted manually. Herbicides are also used, but plots are generally too small to warrant spraying by aircraft. Cannabis eradication activities were also pursued in 1988.

95. A major aim of enforcement action is the seizure of assets of drug traffickers. In 1987, such seizures amounted to \$505 millions, doubling the amount of assets seized in 1985.

96. A survey conducted among high school and college students showed that, on the whole, most drug abuse appears to be stabilizing or declining. The survey also found for the first time a 20 per cent decrease in the use of cocaine by high school seniors, college students and young adults. Preliminary data on "crack" cocaine suggests that it is not following the same trend, although its use among the young may be levelling off. Drug education programmes are being intensified, and an increasing number of schools and school districts have officially joined the campaign launched by the Department of Education under the title "Schools without drugs: the challenge".

97. Despite severe domestic economic problems, the authorities in Mexico continue to accord the highest priority to their comprehensive law enforcement campaign. The newly elected President of the country has referred to the defeat of drug trafficking as a national security objective of the highest priority. The Government has dedicated an increasingly large percentage of its budget to combat drug trafficking. Its aerial eradication programme represents one of the most effective means of reducing illicit cultivation.

98. Small-scale farmers continue to cultivate illicitly most of the opium poppy and cannabis grown in the country. In an effort to reduce the effectiveness of eradication by aerial spraying, smaller fields in more remote areas at high altitudes are being planted.

99. In recent years, traffickers have encouraged illicit cultivation in non-traditional growing areas. Cannabis is now grown throughout the country, and the cultivation of the opium poppy has also been extended, with a heavier concentration in the traditional areas. The authorities believe that the patterns of heroin production and trafficking have been changing. It appears that farmers now process their own opium into a less refined but more potent "black tar" heroin.

100. The Mexican armed forces have become more involved in drug control efforts, and more than 25,000 soldiers are engaged in full-time manual eradication. Nearly 1,500 hectares of opium poppy and 1,000 hectares of cannabis were eradicated by manual means and aerial spraying during the first half of 1988. These results represent a substantial increase over 1987. Since October 1986, the Mexican navy has been conducting interdiction operations against drug traffickers operating in Mexican territorial waters. The navy also has responsibility for eradication in some coastal areas.

101. Enforcement action has resulted in the arrest of a number of major drug traffickers. Furthermore, there have been significant seizures of traffickers' assets.

102. Cannabis remains the most widely abused drug. Although drug abuse patterns vary from region to region, northern Mexico appears to be the most affected area, particularly the large border towns. A national survey assessing the extent of drug abuse in Mexico is expected to be completed in 1988.

#### G. South and Central America and the Caribbean

103. In response to the continued expansion of illicit production and trafficking, mostly of cocaine, and to the seriousness of the growing drug abuse which affects more and more countries in the region, some encouraging developments have occurred which demonstrate the political will of countries in the Americas to fight against drug abuse. Significant accomplishments include: campaigns to eradicate both the coca bush and cannabis in several countries; expanded and co-ordinated enforcement operations resulting in large seizures; treatment and rehabilitation programmes carried out in several countries; and increasing attention to the strengthening of banking regulations to facilitate the identification of traffickers and the seizure of their assets.

104. Several countries have promulgated legislation placing under control precursors, essential chemicals and solvents used in the illicit manufacture of cocaine. Those controls, however, may have led traffickers to move their refining operations to other countries. It is therefore clear that the control of those substances can only be effective if stringent measures are applied by all countries concerned.

105. The Board wishes to reiterate that the control of the production of coca leaf constitutes an essential element if cocaine availability and trafficking are to be contained and reduced. Consequently, any real improvement in the situation will depend on the firm policy of the Governments of Bolivia and Peru, the world's two main producing countries, progressively to reduce their vast and uncontrolled production of the coca bush to the levels required to cover the modest legitimate medical requirements for cocaine and the limited industrial use of coca leaves.

106. The Board is fully aware that such a long and arduous process, which must include the progressive reduction of coca chewing, requires not only firm and sustained political commitments of the countries concerned, but also the strong support of the international community. Moreover, the appearance of new areas of coca cultivation in both the Andean countries and other parts of the region underscores the need for Governments to proceed in a concerted manner. The Board, for its part, will continue its dialogues with the Governments concerned.

107. In 1987, the Government of Bolivia started a voluntary campaign for the eradication of the coca bush. By mid-1988, the authorities had already eradicated over 2,000 hectares. The programme permits cash payment for labour to

participating farmers and development assistance to villages and areas which eradicate a large number of hectares. More efficient enforcement operations have contributed to a temporary reduction in the price of coca leaf and to the initial success of the voluntary eradication programme. In 1987, the Rural Mobile Patrol Unit seized approximately 6,500 kilograms of cocaine derivatives and destroyed over 1,100 coca-leaf processing facilities and eight cocaine hydrochloride laboratories.

108. In July 1988, a new comprehensive drug control law was approved by the Congress of Bolivia. The new law aims at the prohibition of all coca bush cultivation in excess of the amounts needed for medical, traditional and ritual uses. The amount needed for such purposes will be determined periodically by the Government; it should not exceed the equivalent production of an area of 12,000 hectares to be located in a "traditional zone" comprising specified provinces. The law further defines a "transitional zone of excess production" located in specified provinces of the Departments of La Paz and Cochabamba. Subject to the availability of national and international resources, crop substitution in those two zones will be implemented according to a progressive plan including sustained socio-economic development programmes. Outside the two zones, coca bush cultivation is prohibited throughout the entire territory and any existing cultivation is subject to mandatory eradication. The National Council Against Drug Abuse and Illicit Traffic will be responsible for planning, co-ordinating and supervising the national efforts to achieve the aims of the law. At the invitation of the Government, the Board is sending a mission to Bolivia late in 1988.

109. Despite the efforts undertaken by the Government of Peru, there have been indications that illicit coca cultivation continues to spread. Coca eradication operations, although hampered by terrorist acts and violence from political insurgent groups, resulted in the destruction of nearly 700 hectares during the first half of 1988. Moreover, the authorities seized more than 2 tonnes of coca paste and destroyed 30 laboratories during the same period. The Peruvian authorities are conducting a herbicide testing programme with a view to identifying a specific herbicide that might permit subsequent large-scale eradication of the coca bush and at the same time take into account the need to protect the environment. The authorities are considering a drug interdiction programme aimed at traffickers using the Amazon River and its principal tributaries. A road interdiction programme on the pan-American and central highways is expected to be operational by the end of 1988. The Ministry of Education will carry out a pilot programme to develop and evaluate a drug prevention curriculum for the public schools. In addition, youth centres will be created throughout the country to offer youngsters the opportunity to redefine life goals free of drugs.

110. Brazil's extensive borders with Bolivia, Colombia, Paraguay and Peru, together with its vast and almost inaccessible regions, provide drug traffickers with a huge area in which to undertake and conceal illicit cultivation, manufacture and traffic. In recent years such cultivation of the coca bush and cannabis has expanded significantly. In order to ascertain more accurately the extent and location of the cultivation and to permit more effective eradication, the federal police, in co-operation with the Brazilian National Institute for Space Research, have recently initiated a satellite aerial photography survey.

111. Since 1983, the Government has carried out several coca eradication operations in the State of Amazonas, where most of the cultivation appears to take place. Although the coca plant (a variety known as epadu) has long been used by indigenous Indians in ritual ceremonies, its cultivation as a cash

crop is a relatively new phenomenon. Cannabis is illicitly cultivated in at least 12 of Brazil's 23 states and territories, with the heaviest concentration located in the north-eastern part of the country.

112. A year-long cannabis eradication operation conducted in seven north-eastern states resulted in the destruction of very extensive areas of cultivation and the seizure of large amounts of cannabis. Although most of the cocaine processing activity occurs outside Brazil, in 1987, four clandestine conversion laboratories were found in Amazonas and six in various locations throughout the country. One laboratory had the capacity to produce up to 200 kilograms of cocaine hydrochloride per day. Brazil is a major South American manufacturer of specific chemicals, mainly of acetone and ethyl ether. The authorities believe that increasing difficulties in transporting those chemicals across the borders are causing traffickers to relocate their cocaine processing operations to Brazilian territory.

113. Colombia continues to demonstrate its firm resolve to combat the escalating violence directed against its institutions by the drug traffickers. These organized criminals, who often join forces with traffickers in other countries as well as with guerrilla organizations, have murdered ministers, judges, policemen, journalists and prominent officials and have imperilled the economic welfare and very security of the country. A particularly nefarious act attributed to the traffickers in 1988 is the murder of the Attorney General. Nevertheless, the comprehensive fight against illicit drug production and trafficking is producing significant accomplishments. Aerial eradication of cannabis cultivation has produced excellent results in traditional growing areas. Operations are planned to expand beyond those traditional areas into newly discovered regions into which traffickers are rapidly moving.

114. The hostile environment in the main coca-growing regions has made the manual eradication of the coca bush a more difficult task. Beginning in June 1987, a helicopter task force consisting of four to six ships, operating for one to two months at a time, concentrated on attacking cocaine processing laboratories in the southern part of the country. During the first half of 1988 seizures of clandestine laboratories increased nearly fivefold compared with the same period in 1987. Colombian authorities have seized nearly 15 tonnes of cocaine base. Areas of opium poppy cultivation have also been found and destroyed.

115. The first national survey on drug abuse in Colombia was completed in December 1987. Demand reduction plans for 1988 are aimed at improving the quality of drug prevention and education programmes and at heightening awareness that drug abuse is a serious problem within Colombian society, especially among the young.

116. The Government of Ecuador has been firmly committed to eradicating all coca cultivation within its borders. Extensive aerial reconnaissance has established that almost all coca cultivation has been destroyed through sustained eradication operations conducted since 1984.

117. However, Ecuador continues to be a significant transit country for derivatives of the coca bush originating mostly in Bolivia and Peru. The authorities have been conducting periodic road operations to interdict the movement of cocaine and specific chemicals. An interministerial committee chaired by the Attorney-General of Ecuador is responsible for the control of chemicals used in the illicit manufacture of cocaine. Although the extent of drug abuse in the country is unclear, there are indications that abuse of stimulants, depressants and cocaine base is rapidly increasing, particularly

in the coastal regions. The Government and the mass media have conducted a campaign to increase public awareness of the escalating drug problem.

118. Large cultivation of and traffic in cannabis take place in Paraguay. Limited manual cannabis eradication has been conducted. The country serves as a transit point for cocaine coming from Bolivia. In 1987, an in-depth survey of drug abuse in the country was planned. A Conference sponsored by the country's legislature was held in July 1988 to heighten public awareness of drug issues, including prevention and law enforcement.

119. Intensified drug control activities in several countries of South America have led traffickers to expand their operations in Central America. Illicit cultivation of cannabis and transit traffic in cannabis and cocaine take place in most countries of the region. Illicitly cultivated opium poppy was detected in Guatemala, where eradication of 211 hectares took place during the first half of 1988.

120. In Belize, cannabis eradication efforts have been responding to new growing patterns as cultivators have moved to more inaccessible areas and planted smaller and better camouflaged fields. The authorities estimate that by the end of 1987 the area planted with cannabis had been reduced by 80 per cent. It is expected that a regular aerial eradication programme will sustain the accomplishments of 1987. Since cannabis availability has decreased, traffickers are using their established supply routes to trans-ship cocaine. Nearly 400 drug-related arrests were made during the first half of 1988. In strengthened enforcement activities the Police and Defense Forces are conducting co-ordinated maritime interdiction operations.

121. In Panama, aerial eradication in previous years and effective follow-up manual operations in 1987 have virtually eliminated cannabis cultivation. In 1987, seizures of almost 1.5 tonnes of cocaine originating abroad far exceeded the amount seized the previous year. In addition, large quantities of specific chemicals were also seized.

122. In spite of the serious political and economic difficulties facing the country, the drug control law promulgated in 1986, which, inter alia, makes money laundering a crime and increases the penalties for drug-related crimes, should continue to be implemented.

123. Because of its geographical location and the existence of free ports, the Caribbean region provides ready facilities for international drug trafficking. In addition, the laundering of money involved in drug trafficking is facilitated by insufficiently strict banking controls in some countries,

124. In the Bahamas the Ministry of National Security, created in 1984 specifically to co-ordinate efforts against drug trafficking, has continued to strengthen its law enforcement agencies. In 1987 an expanded drug enforcement branch within the Royal Bahamian Police Force was established with operational and intelligence capability. Various legislative measures have been adopted aimed at raising maximum penalties, facilitating the tracing and forfeiture of proceeds of trafficking, preventing the misuse of banking privacy and providing for compulsory drug testing of the security forces. In order to expedite the backlog of cases pending in the courts, three magistrate's courts have been designated to deal exclusively with drug offences. Courts consistently refuse bail to foreigners suspected of drug trafficking in order to make sure that they stand trial.



125. The proximity of the Bahamas to Southern Florida and the geographical features of the archipelago are being used by trafficking organizations to smuggle through the country an important part of the cannabis and cocaine destined to the United States. Close co-operation of law enforcement agencies of the Bahamas and the United States resulted in unprecedented seizures of cannabis and cocaine. Despite the limited success of joint interdiction operations, more efforts are needed to cause serious disruption in the transit traffic, which is fed by an abundance of supplies. It is believed that the traffic in cocaine has increased in 1988, while the traffic in cannabis decreased markedly.

126. Spillover from the illicit traffic and the use of narcotic drugs for in-kind payment of smuggling services to Bahamians resulted in great availability and an alarming increase in cannabis and cocaine abuse. There is a high prevalence of abuse of tranquillizers in the female population. In spite of expanded treatment facilities by the Government and support from voluntary organizations, more efforts are needed. In 1987 a drug prevention curriculum was introduced in the public school system. At the invitation of the Government, the Board is sending a mission to the Bahamas late in 1988.

127. The Government of Jamaica continues to demonstrate its commitment to fight against illicit drug cultivation and traffic. Intensive cannabis eradication operations that started in 1986 were sustained during 1987, bringing the cultivation down to about half of 1984 and 1985 levels. The country, however, remains an important transit point for cocaine coming from South America. The Government is taking action to combat violation by traffickers of Jamaica's air space and to destroy illegal airstrips. Mobile radars are to be used to track illegal aircraft.

128. In 1987, Jamaica's Dangerous Drugs Act was amended to define additional drug offences and substantially to increase penalties for drug trafficking. The Prime Minister announced in July 1988 that legislation to permit the seizure of traffickers' assets would be enacted.

129. An epidemiological study on drug abuse patterns in Jamaica is expected to be completed by the end of 1988.

#### H. Africa

130. The number of African States Parties to the 1961 Convention rose to 33 in 1988. At present, 24 States of the Continent are Parties to the 1971 Convention. Approximately 35 per cent of the States of the continent are, therefore, not Parties to either of the two Conventions. The rapid accession to both Conventions of States not yet Parties would strengthen the universality of the effort to combat drug abuse and illicit trafficking. That could represent for some countries a first step towards the enactment of appropriate legislation and the establishment of the necessary drug control mechanisms.

131. In 1988, 48 African countries submitted the reports required under the treaties to enable the Board to perform its monitoring and other functions effectively. Only some 23 countries furnished complete reports. No report has as yet been received from Angola, Gambia, and Zambia. A relatively large number of countries submit reports that are not only incomplete but also inadequate in quality. Fundamentally, the reason is that the majority of the countries do not have effectively functioning drug control administrations. However, improvements have been made in a number of countries.

132. The Board has provided assistance to some African countries in the essential field of training for drug control administrators at the national level. In addition to the regional seminars that have been organized in Africa, individual national officials have received training at the Board's headquarters. These training activities will be continued in the future, building on the experience already acquired.

133. Thanks to the financial support of two countries, the Board has undertaken, during 1988, to provide more systematic assistance to the West African countries in setting up and improving control mechanisms in line with the requirements of the treaties. To that end, the Board has decided to dispatch missions to Guinea and Mauritania, in agreement with the Governments of those countries. In the light of the missions' reports, the Board plans to submit to both Governments concrete suggestions designed to help them improve their control mechanisms. It is envisaged that similar assistance will be gradually extended to several other countries.

134. Recent developments confirm the rapid expansion of narcotic drug abuse and illicit trafficking in Africa. The quantities circulating in the illicit channels appear to be increasingly large, and the traffic is spilling over to countries that have so far not been affected. Nationals of a large number of African countries are actively participating in the traffic, with a number of them already operating within well-established networks.

135. Cannabis is extensively available in Africa. While the plant occasionally grows wild, today more of it is illicitly cultivated. Such cultivation occurs in several countries and appears to be increasing from year to year.

136. In Morocco, the mountainous regions of the Rif conceal sizeable areas in which cannabis is illicitly grown and trafficked mainly to Western Europe. The Government is allocating significant resources to the effort to combat the trafficking and to provide alternative sources of income for the growers. These activities are planned and carried out within the framework of the Government's overall policy whose purpose is to ensure the integrated rural development of the Rif.

137. Cannabis is also illicitly grown, although undoubtedly on a more limited scale, in several other countries, specifically in Côte d'Ivoire, Ghana, Kenya, Madagascar, Mauritius and Nigeria as well as elsewhere in eastern and southern Africa. Recent information suggests that varieties of the cannabis plant containing higher content of tetrahydrocannabinol have been cultivated in some areas, and there is reason for concern that this trend will increase in the future. Generally speaking, the authorities are moving to detect and destroy the illicit crops.

138. To a significant degree, the illicit production of cannabis originating in the African continent is trafficked to Western Europe and North America, where seizures made over a number of years show that enormous quantities of the drug originate in the sub-Saharan region as well as in Morocco. Cannabis is also trafficked in the form of resin and oil, which are more potent and easier to smuggle. In addition to Morocco, from whence most of the cannabis resin and oil originates, recent information suggests that traffickers may also be attempting to produce these illicit products in Ghana and Kenya.

139. Cannabis produced in Africa is primarily used to support abuse in the continent itself. Studies on the extent of abuse which have been made in some countries confirm the previous empirical observation that abuse is spreading and affecting broad segments of the population. Abuse is escalating particu-

larly in urban centres and among young persons. Drug abuse hampers Governments' efforts to promote economic and social development.

140. Heroin trafficking and addiction are recent phenomena in Africa. The first appearance of heroin in a limited number of countries, mainly Côte d'Ivoire, Ghana, Mauritius and Nigeria, can be traced to the beginning of the 1980s. Since then, the traffic has expanded to such a degree that today no African country is safe from this danger.

141. In recent years, a large number of African nationals have been apprehended while transporting heroin in Asia, Africa, Western Europe and North America. Couriers, individually or in small groups, travel by air to India or Pakistan, from whence they bring the drug to Africa. Some of the heroin is consumed within Africa, but a large part is trafficked onwards to Western Europe and North America. In 1987 alone, Indian authorities arrested 74 couriers in that country and seized 128 kilograms of heroin intended for transit through Africa. In the African countries themselves, a quantity approaching 130 kilograms was seized in some 10 countries during 1987. Moreover, in the early months of 1988, the authorities in Benin, where previously no traces of heroin had been detected, seized 65 kilograms of the drug. These developments suggest the extent of a trafficking network whose branches reach beyond the continent. This is further confirmed by the recent discovery in the United States of an organized group operating in that country with heroin channelled through Africa.

142. An important point that has been noted in all cases and which is of epidemiological interest in the African environment is the extremely rapid rate at which addiction is spreading. Mauritius, where it is agreed that heroin first appeared in the illicit market after 1982, was confronted, during the years thereafter, with a wave of drug addiction unprecedented in that country's history. Nevertheless, thanks to the determined counter-measures adopted by the authorities, the particularly alarming situation that prevailed during 1986 and 1987 has been reduced to less dramatic proportions, although the problem remains a matter of utmost concern. In Kenya, the most recent information points to an accelerating increase in the number of heroin addicts during 1988. The first such addict identified in the country was treated towards the end of 1987; seven months later, the police recorded scores of addicts voluntarily seeking assistance. Many other African countries are, to varying degrees, affected or seriously endangered. In Nigeria, the number of heroin addicts admitted to treatment centres is steadily rising. The practice of intravenous injection increases the risk that AIDS will further spread within the continent.

143. Little morphine has been seized in the African countries. However, in recent years, seizures in India of morphine intended for Africa increased from 17 kilograms in 1985 to 36 in 1986 and to 28 in 1987.

144. The appearance of cocaine in illicit African channels is a more ominous recent development. As in the case of heroin, this involves transit trafficking in cocaine, which originates in South America and is destined mainly for Western Europe. The traffic is expanding and affecting an increasing number of African countries. It appears that Morocco is a transit country for large quantities of cocaine. There are also trafficking routes in Côte d'Ivoire, Ghana and Nigeria. Other countries that have reported cocaine seizures are Cameroon, Kenya, Mali, Mauritania, Rwanda, Tunisia and a number of countries of the southern subregion. There is reason for concern that trafficking networks similar to those that currently exist between Africa and Asia are developing between Africa and South America.

145. Cocaine abuse has already begun in certain African countries. In Nigeria, for example, such abuse is not as rare as might have been thought only two years ago. Furthermore, cocaine in the form of "crack" may already be available in the same country.

146. Psychotropic substances continue to be routed in millions of tablets to Africa's illicit markets. The substances most frequently seized are methaqualone and amphetamines. In recent years, seizures also have included secobarbital, diazepam and flunitrazepam.

147. While in the early 1980s methaqualone had been diverted in large quantities from licit manufacture and trade in Europe and India, diversions from licit channels have almost ceased. However, illicit trafficking in this substance continues and now originates in clandestine laboratories operating in India and also, recently, within Africa.

148. Postal services in African countries are being used more and more for the dispatch of packages containing methaqualone. During 1987 alone, the Indian authorities intercepted more than 100 kilograms of methaqualone tablets contained in packages addressed to various countries, principally Kenya.

149. The millions of secobarbital tablets seized in West Africa, where medical requirements scarcely exceed a few kilograms, originate mainly in licit sources in Western Europe. During 1987 and the first six months of 1988, traffickers continued to use certain Western European countries not yet Parties to the 1971 Convention for the export of several tonnes of the substance to West Africa.

150. Traffic in amphetamines continues to concern the West African Governments and in particular that of Côte d'Ivoire, where seizures have been the most frequent and largest. The Board has no evidence as to the countries of origin of the quantities seized. Moreover, there have occasionally been seizures, in Africa itself, of essential chemicals capable of being used in the manufacture of the substance. Such a development is obviously fraught with danger for the future.

151. Cases of diazepam and flunitrazepam abuse have been reported with increasing frequency. In a number of African countries, those substances have been obtained from pharmacies without medical prescription. Such a practice is contrary to the provisions of article 9 of the 1971 Convention. The Board invites the Governments concerned to take remedial measures without delay, and assures them of its co-operation in such an effort.

152. It is desirable that the Governments should, as quickly as possible, adopt the measures necessary to control pemoline, a psycho-active substance that has not yet been placed under international control. Enormous quantities of that substance are being routed towards Western Africa and could present a health risk for the population. In co-operation with national authorities, the Board has succeeded in preventing the transfer of millions of tablets to a number of African countries. WHO has recently recommended the inclusion of pemoline in Schedule IV of the 1971 Convention; the Commission will decide on that recommendation at its session in February 1989.

153. The African Governments are showing a clear awareness of the serious dangers posed by drug abuse. Mauritius is undoubtedly the African country in which the remarkable efforts mounted in recent years have begun to show progress. In 1986, that country, where heroin addiction first appeared only a few years before, nearly 4,000 addicts were under treatment. However, towards

the end of 1987 a positive reversal of that trend began and has continued, as the Government has resolutely applied a series of measures particularly designed to deal with the situation. The number of addicts receiving treatment in 1987 fell to less than 2,000 and continued to decline substantially during the following year. The problem of heroin addiction has not been eliminated, but the Government is confronting it effectively.

154. In some African countries, actions are being taken to improve the effectiveness of the law enforcement services. For example, surveillance at international airports and at seaports has been strengthened in a number of countries. In addition, measures are being intensified to prevent drug abuse. Non-governmental organizations are participating in this effort.

155. It would be desirable for the Governments of the continent to adopt, in so far as possible, a co-ordinated approach and emphasize not only regional but interregional co-operation. A priority task should be for each Government to enact adequate drug control legislation. In many African countries, laws have not always been brought up to date. Finally, the Governments should undertake a range of actions, including: better organization and restriction of distribution channels for narcotic drugs and psychotropic substances required for legitimate purposes; strengthening of law enforcement services; organization of prevention; treatment and rehabilitation of addicts. As noted in previous reports, the Board hopes that the international community will support those efforts. It is pleased to learn that UNFDAC is initiating programmes in a number of African countries.

156. Finally, co-ordination among the countries of the region has now been facilitated by the convening, since 1987, of annual meetings of the heads of national drug law enforcement agencies.

(Signed) Sahibzada Raouf Ali Khan  
President

(Signed) Tulio Velasquez Quevedo  
Rapporteur

(Signed) Abdelaziz Bahi  
Secretary

Vienna, 21 October 1988

Notes

1/ Article 9, paragraphs 2 and 3, of the 1961 Convention.

2/ Economic and Social Council resolutions 1196 (XLII) of 16 May 1967, 1775 (LIV) of 18 May 1973 and 2017 (LXI) of 3 August 1976.

3/ See chapter II, section C.

4/ Article 31, paragraph 2.

5/ "Designer drugs" refer to analogues of substances controlled by national law or by the treaties. The term applies to the products that are obtained when the chemical structures of controlled "parent" substances are altered so as to produce compounds which have properties similar to those of the parent substances, but which themselves, by virtue of their slightly different chemical make-ups, do not fall within the legal controls.

6/ See paragraph 8.

7/ Economic and Social Council resolutions 1985/15 of 28 May 1985, 1986/8 of 21 May 1986 and 1987/30 of 26 May 1987.

8/ See also paragraph 9.

9/ See "Demand and supply of opiates for medical and scientific needs" (E/INCB/1985/1/Supp.), which updated a previous detailed study published by the Board in 1981 under the same title (E/INCB/52/Supp.), and which provided information to enable the Council to assess the degree of implementation of the relevant resolutions.

10/ See Report of the International Narcotics Control Board for 1987 (United Nations publication, Sales No. E.87.XI.3), paras. 70-71.

Annex I

PRESENT MEMBERSHIP OF THE BOARD

Sirad ATMODOJO

Pharmacist. Secretary, Directorate-General of Food and Drug Control, Ministry of Health. Assistant, Drug Dispensing Laboratory, Gajah Mada University (1955-1959). High School Teacher of Chemistry (1957-1958). Member of staff, Directorate of Pharmaceutical Affairs, Ministry of Health (1959-1965). Director of Pharmaceutical Affairs, Ministry of Health (1965-1967). Director of Distribution, Ministry of Health (1967-1975). Director of Narcotic and Dangerous Drugs, Ministry of Health (1975-1981). Member of the Board since 1987.

Nikolai Kostantinovich BARKOV

Doctor of Medical Science in Pharmacology. Chief, Laboratory for Pharmacology of Narcotics of the All Union Narcology Centre (Moscow). Treasurer of the USSR Pharmacological Society. Member of the Presidium of the USSR Narcotics Control Committee. Member of the Nominating Committee of the International Pharmacology Union. Member of the Board from 1971 to 1982 and Chairman of the Standing Committee on Estimates in 1982. Member of the Board again since 1987. Member of the Standing Committee on Estimates in 1987.

Zhi-ji CAI

Pharmacologist. Professor and Director, Institute on Drug Dependence, Beijing Medical University. Member of the Expert Committee on Drug Evaluation, Ministry of Public Health, China. Member of the Executive Committee and Deputy Secretary-General of the Chinese Pharmacological Society. Member of the Editorial Board of Acta Pharmacologica Sinica, the Chinese Journal of Clinical Pharmacology, and Advances in Physiological Sciences. Member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems since 1984. Member of the International Narcotics Control Board and Member of the Standing Committee on Estimates since 1985.

John EBIE

Psychiatrist. Chief Medical Director, University of Benin Teaching Hospital, Benin City, Nigeria. Professor and Head, Department of Mental Health, University of Benin, Benin City (1976-1981). Provost and Chief Consultant, WHO Collaborating Centre for Research and Training in Mental Health, Psychiatric Hospital, Abeokuta (1981-1983). Consultant Psychiatrist (University College Hospital, Ibadan, 1970-1971, and University of Benin Teaching Hospital since 1972). Director, Nigerian Training Project on Drug Dependence since 1981. Dean, School of Medicine, University of Benin (1979-1981). Chairman, Psychiatric Hospitals Management Board of Nigeria (1977-1981). Commissioner for Health, Bendel State of Nigeria (1972-1974). Member of the WHO Expert Advisory Panel on Mental Health since 1979. Member of the Board since 1982, Rapporteur in 1983 and Vice-President in 1985.

Abdullahi S. ELMU

Pharmacologist. Professor of Pharmacology and Head of Department. Vice-Chairman of the National Technical Committee on Khat and Other Drugs and Adviser to the National High Commission on the Eradication of Khat and Other

Drugs. Co-ordinator, Somali National University Programme for Traditional Medicine. Member, WHO Expert Advisory Panel on Drug Dependence. Member, OAU Inter-African Committee on Traditional Medicine. Member of the Board since 1987.

Diego GARCES-GIRALDO

Physician and surgeon, M.R.C.S., L.R.C.P., M.A. (Cantab.). Alternate delegate of Colombia to the Preparatory Commission of the United Nations (London, 1945). Minister Plenipotentiary of Colombia in Cuba (1948-1949). Ambassador of Colombia to Venezuela (1950-1951). Governor of the Department of the Valle del Cauca, Colombia (1953-1956). Senator of the Republic of Colombia (1958-1962). Permanent Representative of Colombia to the Office of the United Nations and other International Organizations at Geneva (1971-1976). Member of the Board since 1977, First Vice-President in 1987.

Betty C. GOUGH

Former diplomat and specialist in international organizations. Former Counsellor for Narcotics Affairs, United States Mission to the Office of the United Nations and other International Organizations at Geneva. Former Adviser, United States Mission to the International Atomic Energy Agency, Vienna. Former Deputy, United States Permanent Delegation to UNESCO. Member of United States delegation to the United Nations Conference to Consider Amendments to the Single Convention on Narcotic Drugs (Geneva, 1972) and to sessions of the Commission on Narcotic Drugs (1971-1976). Member of the Board since 1977, Rapporteur in 1979, Vice-President in 1980, 1981 and 1984, and President in 1985 and 1986.

Ben HUYGHE-BRAECKMANS

Pharmacist (1947) with supplementary training in industrial pharmacy (1961-1963) and in hospital pharmacy (1971). Inspector (1948-1964), Counsellor (1964-1965), Chief Inspector/Director (1965-1968) and Inspector-General (1968-1985) at the General Pharmaceutical Inspectorate of the Ministry of Public Health, Belgium. Representative of Belgium to the Commission on Narcotic Drugs (1966-1985) and Rapporteur at its eighth special session (1984). Head of the Belgian delegation to the United Nations Conference for the Adoption of the Protocol on Psychotropic Substances (Vienna, 1971) and to the United Nations Conference to Consider Amendments to the Single Convention on Narcotic Drugs (Geneva, 1972). Member and permanent correspondent of Belgium of the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) under the Council of Europe (until 1985). Member (1973-1979) and Chairman (1973-1974, 1978-1979) of the Benelux Committee on the Registration of Medicines. Member of the Commission on the European Pharmacopoeia (1965-1985). Member of the Committee on Pharmaceutical Specialities (1975-1985) and the Pharmaceutical Committee (1975-1985) of the European Community. Head of the Belgian delegation to the Second UNIDO Consultation on the Pharmaceutical Industry (Budapest, 1983). Member and chairman of working groups and commissions in the field of medicines in Belgium and under the Benelux, the Council of Europe, the European Community and the World Health Organization. Member of the Board since 1985. Vice-Chairman of the Standing Committee on Estimates in 1987-1988.

S. Oguz KAYAALP

Pharmacologist. Professor and Chairman, Department of Pharmacology, Faculty of Medicine, Hacettepe University, Ankara, Turkey. Member of the



Standing Committee of the European Medical Research Councils (European Science Foundation). Assistant Research Professor, Department of Pharmacology, State University of New York at Buffalo Medical School (1967-1970). Dean, Faculty of Pharmacy, Hacettepe University, Ankara, Turkey (1971-1978). Visiting Scientist, National Institute of Mental Health, United States (1978-1980). Member of the Executive Committee of the Medical Research Group of the Scientific and Technical Research Council of Turkey (1982-1988). President of the Turkish Pharmacological Society (several terms and at present). Member of the Editorial Board of the Journal of International Medical Research (London) and Pharmacological Research Communications (Milan). Member of the Board since 1985. Second Vice-President and Chairman of the Standing Committee on Estimates in 1987-1988.

**Mohsen KCHOUK**

Pharmacist-biologist, former student at the Pasteur Institute, Paris. Former Deputy Director of the Pasteur Institute, Tunis. Director of the Laboratories of Medical Biology of the Ministry of Public Health, Tunis. Fellow (foreign) of the French Society of Legal Medicine and Criminology. Member of the Board since 1977, Rapporteur in 1981 and 1982. Vice-Chairman of the Standing Committee on Estimates in 1984; Vice-President of the Board and Chairman of the Standing Committee on Estimates in 1985, Rapporteur in 1987, First Vice-President of the Board in 1988.

**Sahibzada RAOOF ALI KHAN**

Former Inspector General of Police of the Punjab (Pakistan). Former Chairman of Pakistan Narcotics Control Board at the level of Secretary to the Government. Former Director General of the National Police Academy. Head of Pakistan delegation to the Commission on Narcotic Drugs and the Sub-Commission on Illicit Drug Traffic and Related Matters in the Near and Middle East (1975-1979). Vice-Chairman of the Commission in 1979. Alternate leader of Pakistan delegation to the first regular session of the Economic and Social Council, 1984. Visiting lecturer in Criminology, University of the Punjab, 1960-1961, and in History of Administration at the Sharia Faculty of the Qaide Azam University, Islamabad, 1979-1983. Awarded Sitara-e-Khidmat (a civil decoration) for distinguished public service, 1971. Member of the Board since 1985 and President in 1987-1988.

**Paul REUTER**

Professor emeritus in the Faculty of Law and Economics, Paris. member of the United Nations International Law Commission since 1964. Recipient of the 1981 Balzan Prize for public international law. Member of the Permanent Central Narcotics Board from 1948 to 1968. Member of the Board since 1968. President from 1974 to 1982.

**Tulio VELASQUEZ-QUEVEDO**

Doctor of Medicine. Chairman, Monitoring Committee of the Peruvian Social Security System. Director, Institute of Andean Biology, Universidad Nacional Mayor de San Marcos. Executive President, First National Medical Congress, 1976. President, International Society of Andean Biology. President, Advisory Committee on Andean Biology of the Hipólito Unanue Agreement of the Andean Pact. Dean, Medical College of Peru. Member of the Board since 1987.

Annex II

INCB WORK PROGRAMME

Total budget: \$1.5 million

<u>Objectives</u>	<u>Major activities</u>	<u>Resources</u>
<u>Subprogramme 1</u> To maintain and improve the effectiveness of the international drug control system	Identifying countries which may become or have become important centres of illicit drug activities and recommending remedial measures in consultation with Governments  Providing technical assistance for treaty compliance by disseminating guidelines and organizing training for national drug control administrators, or holding consultations on specific problems raised by Governments  Monitoring global supply and demand of narcotic drugs for licit purposes and making recommendations to achieve a balance, in consultation with producing and manufacturing countries  Providing administrative and secretariat services	41 per cent of regular budget plus extra-budgetary funds
<u>Subprogramme 2</u> To forecast global licit production, manufacture, trade in and use of narcotic drugs	Processing for consideration by the Standing Committee on Estimates annual licit requirements of narcotic drugs reported by Governments  Establishing narcotic drugs requirements for Governments that fail to furnish their own estimates  Preparing a world plan for the movement of narcotic drugs for medical and scientific purposes  Processing supplementary estimates requested by Governments during the whole year and regularly submitting them to the Standing Committee on Estimates for its consideration  Preparing studies to improve analysis of data  Analysing all estimates furnished by Governments and providing technical assistance, when necessary, for improvement of estimates  Regularly updating Governments on their import-export limits  Publishing basic data annually and supplementary data monthly	15 per cent of regular budget

<u>Subprogramme 3</u> To ensure that global licit production, trade in and use of narcotic drugs conforms with that which was forecast	<p>Analysing quarterly and annual data submitted by Governments to ensure that supplies of narcotic drugs are within pre-established limits and that all available narcotic drugs are accounted for</p> <p>Investigating cases of excess manufacture, excess imports and exports and statistical discrepancies in data furnished by Governments to ensure that no diversion into illicit channels occurs</p> <p>Assisting Governments in ascertaining the authenticity of import certificates to prevent diversions into illicit traffic</p> <p>Preparing studies to improve control measures for treaty compliance</p> <p>Providing technical assistance and devising measures to improve controls</p> <p>Maintaining and developing computerization of entire drug control programmes</p> <p>Publishing annually data and analyses of trends in the licit movement of narcotic drugs</p>	21 per cent of regular budget
<u>Subprogramme 4</u> To achieve full implementation of an international system of control over psychotropic substances	<p>Analysing quarterly and annual data on manufacture of and trade in psychotropic substances submitted by Governments</p> <p>Investigating inconsistencies in reported data and cases of discrepancies between import and export data</p> <p>Consulting with Governments on reported data to trace possible diversion of psychotropic substances into illicit channels and providing Governments with information to improve the implementation of the provisions of the 1971 Convention</p> <p>Monitoring the voluntary system of assessment of annual medical requirements for Schedule II substances, as recommended by the Council</p> <p>Assisting Governments in ascertaining the authenticity of documentation relating to international trade</p>	23 per cent of regular budget

Monitoring implementation of voluntary control measures recommended by the Council for Schedule III and IV substances

Analysing data relating to the movement of precursors, essential chemicals and solvents

Preparing studies to improve analysis of data

Providing technical assistance and devising measures to improve controls or counteract diversion attempts

Publishing data and analyses annually

IN MEMORIAM

It was with deep regret that the members of the Board and its secretariat learned of the death of Dr. Tsutomu Shimomura in March 1988 in Japan. Dr. Shimomura had held a number of important posts with the Government of Japan and had served, inter alia, as Director of the National Institute of Hygienic Sciences, as Counsellor to the Pharmaceutical Affairs Bureau, Ministry of Health and Welfare, and as member of the Central Pharmaceutical Affairs Council. He represented Japan in the Commission on Narcotic Drugs from 1969 to 1973, at the Plenipotentiary Conference for the Adoption of a Protocol on Psychotropic Substances, 1971 (Vienna, 1971) and at the Plenipotentiary Conference to Consider Amendments to the Single Convention on Narcotic Drugs, 1961 (Geneva, 1972). Dr. Shimomura served on the Board with great distinction from 1974 to 1979.

## THE ROLE OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

The responsibilities of the Board under the drug control treaties are to endeavour, in co-operation with Governments, to limit the cultivation, production, manufacture and utilization of narcotic drugs to the amounts necessary for medical and scientific purposes, to ensure that the quantities of these substances necessary for legitimate purposes are available, and to prevent the illicit cultivation, production, manufacture of, trafficking in and use of these substances. Since the entry into force of the 1971 Convention on Psychotropic Substances, the functions of the Board include also the international control of these drugs.

The Board is required, in the exercise of these responsibilities, to investigate all stages in the licit trade in narcotic drugs; to ensure that Governments take all the requisite measures to limit the manufacture and import of drugs to the quantities necessary for medical and scientific purposes; to see that precautions are taken to prevent the diversion of these substances into the illicit traffic; to determine whether there is a risk that a country may become a major centre of the illicit traffic; to ask for explanations in the event of apparent violations of the treaties; to propose appropriate remedial measures to Governments which are not fully applying the provisions of the treaties or are encountering difficulties in applying them and, where necessary, to assist Governments in overcoming such difficulties. The Board has therefore frequently recommended, and will recommend even more often under the 1972 Protocol, that multilateral or bilateral assistance, either technical or financial or both, should be accorded to a country experiencing such difficulties. However, if the Board notes that the measures necessary to remedy a serious situation have not been taken, it may call the attention of the Parties, the Commission on Narcotic Drugs and the Economic and Social Council to the matter, in cases where it believes that this would be the most effective way to facilitate co-operation and improve the situation. Finally, as a last resort, the treaties empower the Board to recommend to Parties that they stop the import of drugs, the export of drugs, or both, from or to the defaulting country. Naturally, the Board does not confine itself to taking action only when serious problems have been discovered; it seeks, on the contrary, to prevent major difficulties before they arise. In all cases the Board acts in close co-operation with Governments.

If the Board is to be able to perform its task, it must have the relevant information on the world drug situation, as regards both the licit trade and the illicit traffic. Consequently, the treaties stipulate that Governments shall regularly provide the Board with such information; almost all Governments, Parties and non-Parties alike, are conforming to this practice. Accordingly, in co-operation with Governments, the Board administers the systems of estimated world requirements of narcotic drugs and of statistics on narcotic drugs. The first of these systems enables it, by analyzing future licit requirements, to verify in advance whether these requirements are reasonable; and the second enables it to exercise an *ex post facto* control. Finally, the information on illicit traffic which is communicated to it either directly by Governments or through the competent organs of the United Nations enables it to determine whether the aims of the 1961 Convention are being seriously endangered by any country and, if necessary, to apply the measures described in the preceding paragraph.

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