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Narcotic Drugs: Estimated World Requirements for 2000; Statistics for 1998 (E/INCB/1999/2)

Psychotropic Substances: Statistics for 1998; Assessments of Medical and Scientific Requirements for Substances in Schedules II, III and IV (E/INCB/1999/3)

Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1999 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/INCB/1999/4)

The updated lists of substances under international control, comprising narcotic drugs, psychotropic substances and substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, are contained in the latest editions of the annexes to the statistical forms ("Yellow List", "Green List" and "Red List"), which are also issued by the Board.

CONTACTING THE INTERNATIONAL NARCOTICS CONTROL BOARD

The secretariat of the Board may be reached at the following address:

Vienna International Centre
Room E-1339
P.O. Box 500
A-1400 Vienna
Austria

In addition, the following may be used to contact the secretariat:

Telephone: (43 1) 26060
Telex: 135612
Fax: (43 1) 26060-5867/26060-5868
Cables: unations vienna
E-mail: secretariat@incb.org

The text of the present report is also available on the Internet at the following location: <http://www.incb.org>



INTERNATIONAL NARCOTICS CONTROL BOARD

Report

of the International Narcotics
Control Board for 1999



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Foreword

The International Narcotics Control Board is the successor to the drug control bodies, the first of which was established by international treaty over 70 years ago. A series of treaties confer on the Board specific responsibilities. The Board endeavours "to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes", "to ensure their availability for such purposes" and "to prevent illicit cultivation, production and manufacture of, and illicit traffic in and use of, drugs", in accordance with article 9 of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol. In carrying out its responsibilities, the Board acts in cooperation with Governments and maintains a continuing dialogue with them to further the aims of the treaties. That dialogue is pursued through periodic consultations and through special missions arranged in agreement with the Governments concerned.

The Board consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives (see annex II for current membership). Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by the World Health Organization (WHO) and 10 members are elected from a list of persons nominated by the Members of the United Nations and by States parties that are not Members of the United Nations, in accordance with article 9 of the 1961 Convention as amended by the 1972 Protocol. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with the Board, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. Revised administrative arrangements prepared on behalf of the Secretary-General by the Executive Director of the United Nations International Drug Control Programme (UNDCP) in agreement with the Board were approved by the Council in its resolution 1991/48.

The Board collaborates with UNDCP, of which its secretariat forms a part, and 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 WHO. It also cooperates with bodies outside the United Nations system, especially the International Criminal Police Organization (Interpol) and the Customs Co-operation Council (also called the World Customs Organization).

The international drug control treaties require the Board to prepare an annual report on its work. The annual report contains an analysis of the drug control situation worldwide, so that Governments are kept aware of existing and potential situations that may endanger the objectives of the Single Convention on Narcotic Drugs of 1961, that Convention as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The Board draws the attention of Governments 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 their provisions.

The annual report of the Board is supplemented by detailed technical reports. They contain data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with the Board's analysis of those data. Those data are required for the proper functioning of the system of control over the licit movement of narcotic drugs and psychotropic substances. Moreover, under the provisions of article 12 of the 1988 Convention, the Board reports annually to the Commission on

Narcotic Drugs on the implementation of that article. That report is also published as a supplement to the annual report.

The Board assists national administrations in meeting their obligations under the conventions. To that end, it proposes and participates in regional training seminars and programmes for drug control administrators.

The work of the Board is continuously expanding as a result of the implementation by Governments of voluntary measures to tighten the control of psychotropic substances; the growing number of substances placed under international control; the additional responsibilities assigned to the Board under the 1988 Convention; and the imperative need to study on site situations that could endanger the attainment of the aims of the international drug control treaties and to maintain a continuous dialogue with Governments in order to promote measures to prevent illicit drug production, trafficking and abuse.

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Explanatory notes

The following abbreviations have been used in this report:

| | |
|----------|---|
| ADD | attention deficit disorder |
| AIDS | acquired immunodeficiency syndrome |
| CARICOM | Caribbean Community Secretariat |
| CICAD | Inter-American Drug Abuse Control Commission |
| CIS | Commonwealth of Independent States |
| DAWN | Drug Abuse Warning Network (United States of America) |
| DDD | defined daily dose |
| ECO | Economic Cooperation Organization |
| ECOWAS | Economic Community of West African States |
| GBL | <i>gamma</i> -butyrolactone |
| GHB | <i>gamma</i> -hydroxybutyrate |
| HIV | human immunodeficiency virus |
| Interpol | International Criminal Police Organization |
| LSD | lysergic acid diethylamide |
| MDMA | methylenedioxymethamphetamine |
| MERCOSUR | Common Market of the Southern Cone |
| OAU | Organization of African Unity |
| SADC | Southern African Development Community |
| SENAD | National Anti-Drug Secretariat (Brazil) |
| THC | tetrahydrocannabinol |
| UNDCP | United Nations International Drug Control Programme |
| WHO | World Health Organization |

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

Data reported later than 1 November 1999 could not be taken into consideration in preparing this report.

I. Freedom from pain and suffering

A. Ensuring an adequate supply of controlled drugs for medical purposes: a principal objective of the international drug control treaties

1. The principal objective of the Single Convention on Narcotic Drugs of 1961¹ and previous international conventions to limit the use of narcotic drugs to legitimate medical and scientific purposes reflects the consensus among all Governments that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes.² Guided by a similar principle, States recognized in the Convention on Psychotropic Substances of 1971 that the availability of psychotropic substances for medical and scientific purposes should not be unduly restricted.³ Adequate availability and limitation were considered by the States parties to the 1961 Convention and the 1971 Convention as two complementary, not mutually exclusive, aims and were thus incorporated in the control provisions of those conventions. In adopting such aims, Governments were motivated by two complementary humanitarian considerations, namely the need to provide optimal help and relief for pain and suffering and the need to protect the individual and society from drug dependence and its detrimental consequences.⁴

2. Success in this endeavour depends to a large extent on the degree to which those aims are understood, accepted, supported and implemented by Governments, by the professionals involved in the complex task of operating a national licit drug supply system and, ultimately, by the general public. In developing and implementing national drug control laws and regulations, it is particularly important to maintain an optimal balance between restriction and facilitation efforts.

3. Pursuant to article 9 of the Single Convention on Narcotic Drugs as amended by the 1972 Protocol,⁵ the International Narcotics Control Board endeavours 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 and facilitates national action to attain the aims of that Convention. In discharging its functions, the Board has regularly monitored the status of national compliance with the international drug control treaties and the functioning of the treaty system. In 1994, the Board reviewed the operation and effectiveness of the three main international

drug control treaties and highlighted in its report the principal areas where the treaty provisions had not been wholly effective or adequate.⁶ Among the identified shortcomings was the fact that the treaty objective of ensuring an adequate supply of narcotic drugs, especially opiates used for medical purposes, had not been universally achieved.⁷ The Board suggested specific remedial measures at the national and international levels. At the same time, the Board voiced its concern over the easy availability of psychotropic substances, in particular their indiscriminate and excessive use in many countries and their diversion into illicit channels as a result of inadequate control measures.

B. Progress and constraints

The significance of controlled drugs in alleviating pain and suffering

4. During the past few decades, significant progress has been made in health care throughout the world. The availability of increasingly effective and safe therapeutic agents has played a large role in this process. Pharmaceutical research and industrial manufacture have led to the discovery and commercialization of many new psychoactive medicines. A better understanding of the working mechanisms of the human body has enabled many new derivatives of already known drugs or entirely new types with even higher specificity, efficacy and safety to become important tools of modern medicine. Older and less effective drugs with lower benefit-risk margins have, in turn, gradually lost their therapeutic significance. Narcotic drugs and psychotropic substances used in medicine are no exception.

5. Virtually all new narcotic drugs and psychotropic substances with accepted medical use represented progress in therapy at the time that they were introduced; however, their dependence potential became apparent during their large-scale therapeutic use. Thus, there was a need for specific administrative restrictions regarding their manufacture, trade and medical use. Growing concern over their abuse potential led to a reassessment of their therapeutic usefulness and actual use. After a few decades, that process led to a number of changes in each category of controlled drugs with medical use.

6. Most semi-synthetic and synthetic opioids⁸ under international control today were developed before the adoption of the 1961 Convention. It was originally hoped that the therapeutic qualities of morphine could be improved by separating its desirable (central analgesic,

cough-suppressant, anti-diarrhoeal) effects from its undesirable (addictive) properties. Unfortunately, that goal has not been achieved to date; consequently, several opioids initially welcomed as safer alternatives to older drugs have failed to live up to expectations. Some opioids, primarily morphine and codeine, have not only been essential therapeutic tools with a range of applications for more than 100 years, but have also gained in importance in recent times. Both codeine and morphine have been on the Model List of Essential Drugs of the World Health Organization (WHO) since 1977, when the list was first published, and morphine is among the drugs proposed by WHO for the New Emergency Health Kit 1998.

7. Expansion and diversification of the licit opioid market have been somewhat slow during the past 20 years; there has been a relatively small increase in the number of scheduled narcotic drugs used for licit purposes. Global licit opioid consumption has therefore continued to grow slowly, the total volume reaching approximately 240 tons in morphine equivalent in 1999.⁹ This is because the demand for pure opium alkaloids, mainly morphine and codeine, has increased slowly while the consumption of raw opium, its concentrates and opium tincture has gradually decreased. Codeine is now the most widely used natural opioid; it is used as a cough suppressant and as an analgesic. Its average annual consumption has been around 170 tons in recent years, representing about 75 per cent of total opiate consumption. Between 1978 and 1998, global codeine consumption rose at an annual rate of only about 1-2 per cent. Global consumption of morphine for medical purposes was relatively low and stable for many years before 1984, when it amounted to about 2.2 tons, but since then it has risen almost tenfold. Other semi-synthetic or synthetic opioids with significant or increasing consumption levels are buprenorphine, hydrocodone, hydromorphone, oxycodone and fentanyl.

8. In the absence of cross-national comparative data, it is difficult to arrive at valid estimates of the aggregate number of people on a global scale affected by any health problem requiring treatment with a narcotic drug or psychotropic substance. Although pain and suffering are difficult to assess quantitatively, national health surveys conducted during the past 20-30 years, mostly in developed countries, document the fact that such conditions affect large segments of society.

9. According to WHO projections, two thirds of the estimated 15 million new cancer cases per year will occur in developing countries by the year 2015. Some 70-80 per cent of cancer patients suffer severe pain, whether acute or

chronic, in the late stages of the disease. There is broad consensus today that, for the treatment of severe pain related to cancer, opioids, above all morphine, are indispensable due to their affordability and analgesic efficacy.

Progress

10. There has been notable progress in achieving the aims of the international drug control treaties, including the provision of narcotic drugs and psychotropic substances for medical purposes. The ever-increasing variety of new therapeutic agents and the multitude of preparations on the global pharmaceutical market offer health-care professionals and patients alike a growing number of treatment options. Such new medicines can make the relief of human pain and suffering more universally available and qualitatively better; however, they may also offer new opportunities for misuse.

11. Governments have placed substantial groups of psychoactive substances, currently marketed and used as medicines, under international control because of their recognized abuse and dependence potential and the risk that they may pose to public health; that should be acknowledged as a significant achievement. Thus, the scope of international drug control, especially the control of psychotropic substances, has expanded considerably since the 1971 Convention entered into force. The scope of control under the 1961 Convention has evolved much more slowly, reflecting both the more comprehensive initial coverage of that Convention and the slower development of the pharmaceutical opioid market.

12. The voluntary implementation of certain regulatory and reporting provisions by many Governments has been a welcome development. The Commission on Narcotic Drugs, in its resolution 7 (XXXIX), endorsed the position of the Board that the distribution of narcotic drugs and psychotropic substances needed for humanitarian aid in acute emergencies justified the application of simplified control procedures. The adoption of that resolution demonstrates that the international regulatory system can be flexible when required.

13. The Board considers it important that the total volume of the global licit opioid manufacturing has stabilized in recent years at a level close to that of global medical consumption. Such a balanced situation, while necessary to minimize the risk of opioids being diverted into illicit channels, often proved difficult to achieve in the past. This positive development should be seen as a result of continued efforts by the Board and the Governments involved. The Board is of the view that, with this

achievement in opioid supply, more emphasis can now be given to making further improvements in the use of opioids for medical purposes worldwide.

14. As a positive consequence of the joint efforts by the Board and WHO to encourage the use of opioids to relieve cancer-related pain, there has been a sustained increase in the consumption of morphine, global consumption having practically doubled during each five-year period since 1984, reaching a level of 21 tons in 1998. That trend has been attributed mainly to substantial growth in opioid consumption in several developed countries. Opioid consumption has tended to increase in those countries that have implemented programmes for the relief of cancer pain. Several countries have revised their national laws and directives regulating the supply of narcotic drugs. National pain management committees have been created, new education programmes have been initiated and new guidelines for prescribing opioids have been introduced. Some countries are in the process of improving their national supply of opioids.

15. Research conducted in several countries has shown that opioid treatment can be effective in 75-90 per cent of patients with cancer-related pain. In addition, more attention has been given in recent years to the use of various opioids to relieve acute or chronic pain not related to cancer. It is now widely accepted that orally administered opioids (morphine, codeine, hydromorphone, oxycodone and pethidine) contribute to the efficient management of severe pain and their availability for the relief of cancer-related pain is considered to be an indicator of the quality of such programmes. Moreover, in recent years, the industry has developed several more advanced modes of administering opioids, such as slow-release tablets and trans-dermal patches, and new devices for the safer application of opioids.

16. The Board attaches great importance to the fact that there has been no sign of an increase in the number of cases involving the diversion of morphine or other pure opioids into illicit channels at any stage of the manufacturing and distribution chain, despite increases in consumption. That is an indication that improvements in the licit drug supply are possible within the present drug control framework.

17. Efforts are under way to develop practical and reliable methods for correctly assessing national requirements for narcotic drugs and psychotropic substances, based on actual medical needs. Such assessment tools are urgently needed by the Governments of many developed and developing countries that are currently not in a position to assess their national requirements correctly. The

Board and WHO have been encouraging and assisting Governments in these efforts. The Board has noted in recent years several useful national and international initiatives to promote professionally sound medical prescription practices, *inter alia*, through training for health personnel in those areas.

Constraints and impediments

18. The development of medicines of higher quality and the better management of their availability could make the relief of pain and suffering more universal and qualitatively better. Unfortunately, there continue to be shortfalls in the availability of such medicines, and certain recent global trends seem to be undermining the positive developments. There is evidence in many countries that opioids, like all drugs intended for medical use, do not necessarily reach those who need them most. Thus, the objective of the 1961 Convention—ensuring adequate supply of narcotic drugs, especially opioids, for medical purposes—is still far from being achieved. Also, in many countries, there is virtually no reliable and regulated licit supply of important psychotropic substances.

19. The availability of a certain type of medicine depends on many general factors, such as the economic development and social structure of a country, the type and quality of health care, the resources available for health care and the social and cultural background, norms and trends. Some of those factors are external to drug distribution systems and adjustments go beyond international drug control. Others operate within the drug distribution system, and those are the focus of the Board's considerations and recommendations for improvement. Some factors are actually the same for both excessive and insufficient availability; others are subject-specific or country-specific.

20. A quite distinct group of problems in the management of drug availability and use is directly related to inadequate medical practice, improper diagnosis and therapy, lax prescribing or the absence of prescribing. A doctor's willingness or reluctance to prescribe a particular type of medicine is but one small part of a complex relationship between the patient, the doctor and the drug. The relationship may assume quite different characteristics in different regions and countries. The main underlying causes of inappropriate prescribing appear to be the following: inadequate knowledge and information; incorrect interpretation of existing legal, regulatory and medical restrictions; unethical, lenient behaviour and sometimes direct financial interest or iatrogenic drug abuse.

21. Experience has shown that the absence of an efficient drug regulatory authority and of adequate drug-related information may easily lead to either overconsumption or underconsumption. In its report for 1994, the Board concluded that most weaknesses of national drug control systems derived not from the underlying concepts of the drug control framework but from limited resources and implementation capacity and a lack of determination on the part of Governments and their services.¹⁰ It is usually in those areas that improvements are most needed.

22. In the regions where the majority of the world population lives, actual availability of medicines is determined by economic factors rather than by real medical needs. The availability of narcotic drugs and psychotropic substances is no exception. Disparities between their availability in developing countries and their availability in developed countries tend to be even greater because in developing countries the relief of pain and suffering is given much lower priority than other, more urgent health and social problems (infectious diseases, gastroenteral infections, malnutrition etc.).

23. Today, the international drug control treaties and the corresponding national laws and regulations have to operate in a quickly changing global political, economic and social environment. Significant changes, such as the regional and global integration of markets, new regional and global economic structures and the expansion of multinational companies, together with the lifting of trade and traffic barriers, and the growing intensity and volume of free trade, while they are welcome developments, pose new challenges to the original aims and practices of drug control. Such developments particularly affect countries with weak economies and vulnerable infrastructure. The Governments of such countries often encounter difficulties in securing adequate drug supplies and, at the same time, establishing and implementing efficient drug regulatory policies.

24. Typical signs of inadequate regulations, weak enforcement or non-existent or dysfunctional national drug distribution structures are the appearance on local markets (whether State-run or private, official or street-operated) of medicinal products that are sub-standard, fake or adulterated, or whose expiration dates have elapsed. The marketing strategies of some companies have included the manufacture of and trade in sub-standard medicines. In view of the serious potential hazard that such distribution practices pose to public health, concerted international efforts, involving the active participation of bona fide

pharmaceutical manufacturers, are needed to put an end to such drug supply channels.

25. In countries where the licit drug supply is inadequate, the pharmaceutical manufacturers themselves tend to organize and manage the distribution of medicines and relevant information to medical services and doctors. Where prescription obligations are not properly regulated or supervised, promotion often targets consumers as well. As previously emphasized by the Board, any advertisement of controlled drugs for medicinal purposes that targets the general public is not only contrary to the established ethical norms of the pharmaceutical industry, but also contravenes article 10 of the 1971 Convention. The Board urges Governments to prohibit such advertising.

26. In spite of recent progress, the medical use and availability of opioid analgesics continue to be relatively moderate. In a large proportion of the countries and territories in the world, insignificant amounts of these medicines are available for medical purposes and it is generally agreed that the treatment of chronic or acute pain caused by cancer is still inadequate: only about 10-30 per cent of patients suffering from severe cancer-related pain may be receiving adequate treatment, even in many technologically advanced countries. The rate is much lower in developing countries. The Board has requested Governments to pay more attention to this particular problem and to identify and deal with the factors that cause inadequate availability of opioids for medicinal purposes.

27. There is no universal consumption standard, one that is applicable to all countries regardless of their social, demographic and economic situations. What constitutes optimal drug availability in one country may not be optimal drug availability in another. In fact, there is no country or region in which the status of the availability of a medicine can be considered a standard for the rest of the world. In addition, pain relief programmes have to be viewed in the broader context of national drug supply, availability and management. Many other pressing health needs may require the same level of attention, if not more, depending on the situation in the country in question.

28. It cannot be denied, however, that regional and national comparative data concerning drug consumption provide some indication of emerging consumption trends. A global survey of all countries and territories initiated by the Board in 1995 confirmed both the positive and the negative tendencies mentioned above. Global opioid consumption continued to rise, but disparities among countries remained the same or increased. The 10 largest consumer countries accounted for as much as 80 per cent of analgesic

morphine consumption. The average per capita consumption of morphine in 1998 in the 10 countries with the highest morphine consumption levels was 31 grams per 1,000 inhabitants. In the 10 countries with the next highest consumption levels, the corresponding figure was 16 grams per 1,000 inhabitants. In the next 60 countries, with a total morphine consumption of more than 1 kg, it was only 2 grams per 1,000 inhabitants. In the remaining 120 countries, there was little or no opioid consumption. Several African countries reported no morphine consumption. In a limited number of countries that had recently begun or had continued implementing programmes for the relief of cancer pain, the aggregate improvement was attributed to growing consumption; however, there was no such improvement in most developing countries.

29. The distribution of opioid medicines varies from region to region and from country to country. There are consistently large differences in the annual consumption and in the availability of information on opioid analgesics in countries with similar economic development and social structures. Such differences cannot be attributed exclusively to differences in economic development or to the existence or absence of a regulatory system. Many countries with similar economies continue to show large differences in consumption. Some countries with relatively high per capita income (such as the Bahamas, Italy, Kuwait, the Republic of Korea, Saudi Arabia, Singapore and the United Arab Emirates) continue to have low consumption levels. The same seems to apply to a relatively small group of countries where morphine or other opioids are manufactured: some (such as Australia, France, the Netherlands, the United Kingdom of Great Britain and Northern Ireland and the United States of America) consume substantial amounts of opioids while others (such as India, the Islamic Republic of Iran and Turkey) consume very little. Some countries with a high incidence of cancer (such as the Czech Republic, Estonia, Hungary and Uruguay) have relatively low morphine consumption levels. In some of those countries with low consumption, there appears to be a continuing preference for using pethidine or other synthetic opiates as analgesics, but the possibility of serious undertreatment of cancer-related (and other) pain cannot be excluded.

30. Many Governments have difficulties in assessing their opioid requirements or do not give such assessments the necessary attention. This fact is reflected in their poor reporting performance. The great majority of them are developing or least developed countries, which often lack the resources to carry out such a task. The impediments to

opioid availability that are frequently reported by government authorities are:

- (a) Impediments originating in the regulatory and drug control system;
- (b) Medical/therapeutic impediments;
- (c) Economic impediments;
- (d) Social and cultural impediments.

31. The most frequently mentioned causes of inadequate opioid availability are restrictive regulations, cumbersome administrative procedures, concerns about diversion and the consequences of inadvertent errors, concerns about iatrogenic addiction, and inadequate or insufficient training of health personnel. The removal of these impediments should be first of all the responsibility of the concerned Governments and that of the medical profession.

C. Concern over the continuing excessive availability of psychotropic substances

32. Unlimited or excessive availability of addictive medicines on national or international markets is as much a cause of concern to the Board as insufficient supplies. While the unavailability of such medicines deprives patients of their fundamental right to and opportunities for relief of pain and suffering, the excessive availability of such medicines frequently results in unjustified overconsumption, and dependence, thus causing unnecessary suffering. During the past 20 years, there have been a number of important improvements in the availability of psychotropic medicines, such as the gradual narrowing of accepted therapeutic uses of several previously well-established unsafe psychotropic substances (for example, various barbiturates, amphetamine, methamphetamine, fenetylline, methaqualone, pemoline, phenmetrazine and phendimetrazine). One equally important development has been that persistent control efforts have reduced or stopped the manufacture of and international trade in medically less adequate addictive substances such as methaqualone, secobarbital, fenetylline, pemoline and other amphetamines, as well as the widespread diversion of those substances for non-medical purposes.

33. At the same time, there is evidence that, for several substances, the trend towards overconsumption has continued in many countries and that new problems have emerged in others. Overconsumption is a frequent phenomenon in many technologically advanced countries; however, it is not restricted to those countries. In some

countries there have been incidents involving the over-consumption of almost all psychotropic substances with significant therapeutic use. The extent, characteristics and underlying causes vary and are often country-specific.

34. The increasing life expectancy in technologically advanced countries has resulted in higher prevalence rates for insomnia and anxiety, the elderly being the main consumers of many of the sedative and hypnotic medicines available in those countries. This trend itself is a significant factor contributing to the growing consumption in those countries. The same countries have reported high prevalence rates for attention deficit disorder (ADD) and obesity, two health conditions frequently treated today with controlled amphetamine-type substances. The reported prevalence rates for obesity range from 15 to 30 per cent among middle-aged persons in many developed countries and a large proportion of that population group receives treatment with amphetamine-type anorectics, often on a long-term basis. The medical use of amphetamines is increasingly being questioned in many countries. At the same time, justified global demand for other drugs, such as certain benzodiazepines and phenobarbital, continues to be high. In many countries, diazepam continues to be among the 10-20 most prescribed drugs and among the 20-30 medicines with the highest sales figures.

35. The Board has repeatedly emphasized in its reports that there continue to be significant differences between the trends in the consumption of certain psychotropic substances in otherwise similar countries; for example, such trends in countries in North America (mainly the United States) differ significantly from such trends in countries in Europe. Many countries in Europe consume relatively high amounts of benzodiazepine-type hypnotics and sedatives and benzodiazepine-type anxiolytics, the European average for those drugs being 3 times higher than that of the United States. There are also considerable variations between European countries. A recent study revealed that doctors in France prescribe about four times more sedatives, hypnotics and tranquillizers than doctors in Germany and the United Kingdom. In almost all European countries, there are doctors who prescribe benzodiazepines for unnecessarily long periods and for symptoms that may not require the use of such substances. The widespread availability of such substances facilitates drug abuse and dependency and may have other serious consequences for the health of the patients concerned. For amphetamine-type psychostimulants, primarily methylphenidate, amphetamines and various anorectics, the United States and, to a lesser degree, Canada are by far the main consumer countries (measured in terms of defined daily doses (DDD)

per capita). The United States has in recent years accounted for 90 per cent of global methylphenidate consumption, and its per capita consumption of anorectics is by far the highest in the world, 10 times more than the average for countries in western Europe. For some of those substances, the trend towards rapidly growing consumption, seen in North America, is now also occurring in other parts of the world such as Latin America and in certain countries in Asia and Europe as well.

36. In developed countries, although the assessment of needs is often based on professional evaluation, actual availability tends to be in excess of actual needs and is strongly influenced by the marketing practices of pharmaceutical companies. Those factors, together with new cultural trends, expectations, a weak regulatory system and improper medical practice typically result in excessive availability and unjustified consumption. The Board has regularly assessed national and regional consumption trends and identified crucial factors facilitating or driving excessive availability, such as weak or dysfunctional regulatory control, aggressive pharmaceutical marketing and information and improper medical practice.

37. Psychotropic substances with addictive potential will continue for quite some time to be important tools in the field of medicine. Reducing the excessive availability of such substances and their potential for overconsumption will continue to be essential to the effective functioning of national and international drug control systems. It is, therefore, imperative that Governments remain vigilant in preventing, monitoring and counteracting such trends.

D. Conclusion

38. If the underlying principles of the international drug control treaties are correctly and fully implemented, they can provide the necessary international basis for Governments to guarantee the availability of narcotic drugs and psychotropic substances with accepted medical use to all those who need them. Those principles can also provide the necessary mechanism for preventing the inappropriate use and abuse of those narcotic drugs and psychotropic substances. The correct interpretation of the two complementary aims, namely ensuring and at the same time limiting the availability of those controlled drugs which are essential for medical purposes, is gaining wider acceptance. There has been substantial progress in both directions since the entry into force of the 1971 Convention and the 1961 Convention as amended by the 1972 Protocol. A growing number of States parties to the two conventions

have established the national administrative basis required for the implementation of those conventions, and the ultimate aim of universality may be achieved in the near future. The Board notes with satisfaction the growing commitment of Governments to implement not only the conventions, but also supplementary measures on a voluntary basis.

39. The global environment in which the international drug control treaties have operated since they came into force has been rapidly changing, often posing challenges to the effective implementation of the treaties at the national level. The treaty system has nevertheless proved its efficacy in and adaptability to such a changing environment. At the same time, it has become more important for the pharmaceutical industry, whose operations are becoming more and more international, to respect the role and policies of national public health authorities. Governments should provide sufficient oversight and a well-functioning regulatory system in the interest of public health. Much the same applies to the powerful role of conventional and electronic media. Frequent misuse of the media has unfortunately not been countered by their proactive use by Governments and relevant government agencies to provide correct, unbiased and much-needed information. The Board considers that, under the conditions of globalization and weakening national powers, intensified regional cooperation is more important than ever before.

40. There have been improvements in the adequacy of supply of certain narcotic drugs and psychotropic substances in many countries, and there have been setbacks in others. In spite of the progress made towards meeting treaty objectives, relatively few countries in the world have an adequate drug supply management system and working mechanisms that ensure reliable, need-based assessment, equitable availability and cost-effectiveness. Deficiencies in drug supply management are often attributable to lack of financial resources, inadequate infrastructure, the low priority given to health care, weak government authority, inadequate education and professional training, and outdated knowledge, which together affect the availability of not only controlled drugs but all medicines.

41. A well-functioning national and international system for managing the availability of narcotic drugs and psychotropic substances has to fulfil, *inter alia*, the following functions:

(a) To provide for relief from pain and suffering by ensuring the safe delivery of the best affordable drugs to those patients who need them and, at the same time, preventing the diversion of drugs for the purpose of abuse;

(b) To establish a comprehensive registration and authorization system; and to select carefully and support safer and more cost-effective drugs and reliable alternative treatment modalities;

(c) To stimulate, through regulation and monitoring, ethical behaviour in drug marketing and information; and to ensure high professional standards in therapy (diagnosis, deciding on therapy, prescribing);

(d) To ensure the correct education and training of health professionals; to educate the public in the rational use of narcotic drugs and psychotropic substances and in the correct use of pharmacotherapy with other therapeutic options; and to enlist the active participation of professional organizations and consumer associations;

(e) To encourage the development and use of better and safer therapeutic agents (with little or no dependence potential) to replace medicines with limited efficacy and safety.

42. The Board is conscious of the fact that substantial improvement cannot be expected in the availability of the relatively few narcotic drugs and psychotropic substances, whatever their therapeutic significance, without progress in the availability of medicines in general. This is of particular relevance to countries with limited resources for health, where growing economic disparities, pressing basic needs and poor infrastructure are the principal barriers to any lasting improvement. One important lesson learned from a joint initiative of the Board and WHO is that, while efforts to prevent oversupply should be maintained, more emphasis should be put on facilitating the supply of licit drugs to underdeveloped areas. While such efforts are gaining worldwide attention, a considerable number of countries continue to show no appreciation of the problem itself or of the relative ease with which efficient treatment may be provided. Outdated restrictive regulations and, more frequently, uninformed interpretations of otherwise correct regulations, misguided fears, and ingrained prejudices about using opioids for medical purposes continue to prevail in many countries.

43. The Board has always placed particular emphasis on reminding Governments that the fight against the abuse of narcotic drugs and psychotropic substances and that efforts to limit the use of such drugs strictly to medical (and scientific) purposes must not adversely affect their availability for important medical purposes. The Board, in cooperation with WHO, will continue to deal with those negative factors which are directly related to the regulatory system, such as the reliability of estimates and of assessed

requirements, the adequacy of national legislation and the effect of regulatory barriers on availability.

44. Increasing the use of certain controlled drugs for legitimate medical purposes is a necessity, but it needs thorough monitoring. Careful attention has to be given to ensuring the legitimate absorption capacity of countries and the proper functioning of safeguard mechanisms in order to minimize misuse and leaks in the system. The close balance between supply and demand, especially in the case of opiates, has to be maintained. Ensuring the adequate availability of opioids requires sustained concerted efforts, including the active participation of professional and consumer associations. The relatively rapid progress of the recent past has given new momentum to such efforts.

45. In addition to concerted efforts by WHO and the World Bank to improve the access of developing countries to essential drugs, the Board will continue to focus its attention on those countries. It is evident that, after so many years of stagnation, progress in those countries is likely to be slow, especially considering the prevailing market conditions and the present supply system, which are not in a position to ensure the availability of needed medicines in low-income countries. At present, developing countries account for, at best, only a negligible share of the world's pharmaceutical market, largely because of their economic and financial conditions. Progress can only be achieved on the basis of a more humanitarian approach that is in line with the treaty system. Such an approach in selected countries may include the provision of assistance in establishing more reliable baseline estimates and assessments of medical needs and consultations with potential suppliers under preferential conditions. The development of a new, non-profit mechanism for the use of otherwise unused narcotic products may also offer advantages and should be considered.

46. The opioid manufacturing industry should consider making high-quality opioid preparations more affordable in countries with little or no resources and low consumption levels. Organizers of international aid programmes should be invited to consider donating, within the framework of their programmes, essential drugs, including narcotic drugs and psychotropic substances, to countries not in a position to secure such drugs from the international pharmaceutical market. A special programme of cooperation, involving the Board, WHO and the United Nations International Drug Control Programme (UNDCP), should be established to monitor the effects of increased

opiate availability in selected countries and to serve as a model for other initiatives.

47. Action by Governments to reduce the indiscriminate consumption of controlled drugs has yielded some positive results. Unfortunately, because of a variety of cultural, attitudinal and technological factors, significant negative trends have also emerged. In countries with scarce resources, inappropriate use of narcotic drugs and psychotropic substances often occurs outside formal health-care structures; that problem can be remedied mainly by improving the overall economic, social and health conditions in those countries. In more affluent countries, however, it is within the power and in the interest of Governments to counteract negative trends through direct measures and better information and through professional associations, voluntary groups and pharmaceutical companies.

48. In some countries, recently introduced health insurance and reimbursement policies focus on treatment effectiveness and outcome and may contribute to reducing inappropriate drug use. Ideally, a national pharmaceutical market should offer a selection of drugs that corresponds to the existing and emerging new health needs of the population and that realistically reflects the means available to the country in question; that, however, is still a desirable though unattained goal in many countries. The international community is strongly urged to intensify efforts to ensure that that goal is attained in as many countries as possible by actively assisting countries in which resources are scarce.

49. Some narcotic drugs and psychotropic substances will continue to be important tools in medicine worldwide, offering relief from pain and suffering until safer medicines with less or even no dependence potential become available. The overriding importance of widely available, safe and efficacious medicines, regulatory measures and strict drug registration and quality-control requirements should provide sufficient incentives for the research community and the pharmaceutical industry to explore new concepts and avenues, resulting in safer drugs with more specific therapeutic effects. Such processes may ultimately lead to a pharmaceutical market in which the therapeutic use of the majority of the currently known addictive drugs will become a part of the past—at present, still a utopian idea.

50. The Board recognizes that medicines can be of great benefit in relieving pain and suffering, but pharmacotherapy is not a panacea. In addition to pharmacotherapy, there is a wide variety of complementary and/or alternative

treatment modalities available in different parts of the world, including counselling and psychotherapy, which may often be more culturally relevant and more effective in relieving many types of human pain and suffering. Such alternative treatment modalities, if proven to be effective, deserve to be promoted, taking into account the cultural and social environment.

II. Operation of the international drug control system

A. Status of adherence to the international drug control treaties

Single Convention on Narcotic Drugs of 1961

51. As at 1 November 1999, the number of States parties to the Single Convention on Narcotic Drugs of 1961 or to that Convention as amended by the 1972 Protocol stood at 168, of which 155 were parties to that Convention in its amended form. Since the Board published its report for 1998, Azerbaijan and the United Republic of Tanzania have become parties to the 1961 Convention as amended by the 1972 Protocol and Zambia has become a party to the 1972 Protocol.

52. Of the 23 States that are not yet parties to the 1961 Convention or to that Convention as amended by the 1972 Protocol, there are 7 in Africa, 3 in the Americas, 5 in Asia, 3 in Europe and 5 in Oceania. Azerbaijan has acceded to the 1961 Convention in its amended form; thus, of all the States that are members of the Commonwealth of Independent States, Georgia is now the only one that has not acceded to the 1961 Convention.

53. Belize, Bhutan, Guyana and Saint Vincent and the Grenadines have yet to become parties to the 1961 Convention, despite having become parties to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.¹¹

54. Afghanistan, Algeria, Belarus, Chad, the Islamic Republic of Iran, the Lao People's Democratic Republic, Liechtenstein, Morocco, Myanmar, Nicaragua, Pakistan, Turkey and Ukraine continue to be parties to the 1961 Convention in its unamended form only.

Convention on Psychotropic Substances of 1971

55. Since the last report of the Board was published, the number of States parties to the 1971 Convention has increased from 158 to 159, Azerbaijan having become a party to that Convention.

56. Of the 32 States that have yet to become parties to the 1971 Convention, there are 10 in Africa, 5 in the Americas, 7 in Asia, 4 in Europe and 6 in Oceania. Some of those States, namely Andorra, Belize, Bhutan, Haiti, Honduras, the Islamic Republic of Iran, Kenya, Nepal, Saint Lucia, Saint Vincent and the Grenadines and the United Republic of Tanzania, have already become parties to the 1988 Convention. However, the implementation of the provisions of both the 1971 Convention and the

1961 Convention is a prerequisite for achieving the objectives of the 1988 Convention. The Board again requests the States concerned, if they have not already done so, to implement the provisions of the 1971 Convention. The Board trusts that all those States will soon become parties to the 1971 Convention.

United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988

57. Andorra, Indonesia, New Zealand, the Republic of Korea and South Africa have acceded to the 1988 Convention, raising the number of States parties to that Convention from 148 to 153. Thus, 80 per cent of all the States in the world and the European Community¹² are now parties to the 1988 Convention. In addition, the territorial application of the 1988 Convention has been extended by the Government of the Netherlands to Aruba and the Netherlands Antilles and by the Government of Portugal to Macao.

58. The Board welcomes the fact that most of the States that are major manufacturers, exporters and importers of precursors¹³ have now acceded to the 1988 Convention. Of the 38 States that have not yet become parties to the 1988 Convention, there are 14 in Africa, 8 in Asia, 6 in Europe and 10 in Oceania. The Board reiterates its request to those States that have not already done so to take, as a matter of priority, the necessary steps to put into effect the measures required under the 1988 Convention and to accede to it as soon as possible.

B. Cooperation with Governments

Reports to the Board

Reports on narcotic drugs and psychotropic substances

59. In carrying out the responsibilities assigned to it under the 1961 and the 1971 Conventions, the Board maintains a continuous dialogue with Governments. The statistical data and other information obtained from them are used by the Board in analyses of the licit manufacture of and trade in narcotic drugs and psychotropic substances worldwide, in order to identify whether Governments have strictly enforced treaty provisions requiring them to limit to medical and scientific purposes the licit manufacture of, trade in and distribution and use of those substances.

60. Pursuant to the provisions of article 20 of the 1961 Convention, 178 States and territories furnished quarterly trade statistics on narcotic drugs for 1998; however, 31 did not submit such data for 1998 (compared with 40 that did not submit such data for 1997).

61. As at 1 November 1999, 137 States and territories had furnished annual statistics on narcotic drugs for 1998. However, the Board notes with concern that, of all the States that are major drug producers, manufacturers and consumers, only Belgium and the Netherlands furnished annual statistics for 1998 before the deadline set by the 1961 Convention. The Board is also concerned that 72 States and territories have not furnished any annual statistics for 1998, thus limiting the monitoring capacity of the Board. Parties to the 1961 Convention that consistently fail to furnish statistical data on narcotic drugs to the Board are reminded of their obligation to provide data to the Board pursuant to the provisions of article 20 of the 1961 Convention.

62. As at 1 November 1999, 159 States and territories had submitted to the Board annual statistical reports on psychotropic substances for 1998 pursuant to the 1971 Convention; that figure represents 76 per cent of the 209 States and territories requested to furnish such reports. The total number of reports received for 1998 was approximately the same as the number of reports for 1997 at the same time of the year. It is expected that some States and territories will submit annual statistical reports later. In recent years, the final number of States and territories that submitted annual statistical reports to the Board was approximately 170.

63. In 1999, Kazakhstan submitted for the first time annual statistical reports to the Board. Until that year, the statistical data for Kazakhstan had been included in the reports furnished to the Board by the Russian Federation. Turkmenistan is now the only State that became independent after the dissolution of the former Union of Soviet Socialist Republics that has not yet started to report individually to the Board. The authorities of that country may wish to examine the effectiveness of the present arrangement under which the statistical data for Turkmenistan are included in the reports by the Russian Federation and to decide whether they wish to continue that practice or whether the time has come to report to the Board individually, in line with the treaty requirements.

64. While the majority of States parties and non-parties to the 1961 and the 1971 Conventions have always submitted annual reports, some have not cooperated on a regular basis. The number of States not furnishing regularly their statistics has been very high in Africa and in

Oceania. In recent years, more than one third of the States in those regions have failed to submit annual statistical reports. The Board, in close cooperation with UNDCP, has endeavoured to provide assistance to those States. The Board notes with satisfaction that some States in those regions, including Kenya, Namibia, Rwanda, Sierra Leone and Tuvalu, improved their reporting to the Board in 1998 and 1999.

65. The timely submission, comprehensiveness and reliability of the statistical reports are important indicators of the extent to which individual Governments have implemented the provisions of the 1961 and 1971 Conventions. The Board reiterates its concern that many States, including those that are important manufacturers, exporters and importers of narcotic drugs and psychotropic substances, have been furnishing their statistical information after the deadlines. The Board trusts that those States will adopt all the measures necessary to ensure their timely compliance with the reporting obligations.¹⁴

Reports on precursors

66. As at 1 November 1999, a total of 106 States and territories and the European Community (on behalf of 13 of its 15 member States) had submitted information pursuant to article 12, paragraph 12, of the 1988 Convention. That figure represents about 50 per cent of the countries and territories that have been requested to provide that information.

67. Over one half of the parties to the 1988 Convention continued to comply with their treaty obligation to provide the necessary information; the Board expects that others will soon follow their example. The Board notes with regret that several States parties to the 1988 Convention, including the former Yugoslav Republic of Macedonia, Venezuela and Yugoslavia, have not provided such data for at least the last three years. At the same time the Board notes with satisfaction that the European Commission is taking further steps to ensure timely reporting on behalf of the member States of the European Union. The Board hopes that States that are not yet able to comply with that requirement will soon remedy the situation.

68. Since 1995, when the Board, in accordance with Economic and Social Council resolution 1995/20, requested the provision of data on licit trade in, uses of and requirements for substances listed in Tables I and II of the 1988 Convention, the number of States furnishing such data has been growing steadily. The Board is pleased to note that 82 States have provided such data for 1998, the highest number ever.

69. The Board appreciates the fact that more and more States that are major manufacturers and exporters are in a position to furnish to the Board comprehensive information on exports of precursors. The Board notes with particular satisfaction that the competent authorities of Belgium and, following an intervention by the Board, France made efforts to compile and furnish to the Board, for the first time, complete data on licit imports and exports of precursors for 1998 and that the authorities of Germany and the Netherlands submitted further detailed export data. As in previous years, China (Hong Kong Special Administrative Region), the Czech Republic, Denmark, Hungary, India, Japan, Singapore, Slovenia, South Africa, Spain, Switzerland, the United Kingdom and the United States provided data on exports of precursors. The Board notes with appreciation that an increasing number of States that import and trans-ship precursors are providing data on imports of and licit requirements for precursors; among the States that in 1999 supplied such data (for 1998) for the first time were Algeria, Argentina, Lebanon, the Republic of Moldova, Saudi Arabia, Senegal and Tunisia, which are parties to the 1988 Convention, and the Democratic People's Republic of Korea, which is not a party to that Convention. The Board invites all States that have not already done so to submit information on the licit movement of precursors, which is indispensable in uncovering unusual trends in international trade in such substances, thereby preventing their diversion into illicit channels.

Estimates of the medical need for narcotic drugs

70. As at 1 November 1999, a total of 161 States and territories had submitted annual estimates of requirements for narcotic drugs for the year 2000. Forty-eight States and territories did not send such estimates in time for examination and confirmation by the Board at its sixty-seventh session, held in November 1999. In accordance with article 12 of the 1961 Convention, the Board had to establish those estimates with the same legal effect as for those provided by Governments.

71. The Board is concerned that a large number of States have repeatedly failed to submit the requisite data, an indication of shortcomings in their national drug control systems. No annual estimates of narcotic drug requirements have been received for at least the last three years from 18 States. The Board notes with appreciation that Bhutan, Romania, Togo and Vanuatu have submitted form B for the year 2000 after not having submitted it for several years.

72. Late submission of estimates continues to pose a problem in administering the estimates system and has led to numerous revisions of estimates. The Board wishes to

draw in particular the attention of Brazil, Guinea-Bissau, Myanmar, Senegal, Uganda and the United Republic of Tanzania to the importance of submitting estimates on time.

73. States have continued to furnish every year a large number of supplementary estimates (about 700). Some have submitted applications for supplementary estimates almost every time that there have been orders for the importation of narcotic drugs. That is an indication that the administrative authorities do not adequately plan the medical use of such drugs or that they may not even be aware of the actual requirements. Supplementary estimates have often been received with inadequate explanations of the circumstances necessitating them. States are reminded that the 1961 Convention allows for the submission of supplementary estimates in the case of unforeseen circumstances; that, however, does not lessen the need for planning and monitoring.

74. The main problem of the estimates system continues to be the inadequate evaluation by Governments of the real medical needs of the population. For example, the Board requested the competent authorities of 40 countries to provide explanations or re-examine those estimated quantities which were considered to be too high or too low, especially compared with actual consumption. Seventeen States were requested to re-examine or explain the circumstances necessitating estimates that were very high compared with consumption in the previous years. Nine States were requested to review their low estimates for certain substances to ensure adequate availability of those substances for medical purposes.

75. The Board is concerned that the estimated requirements of some essential narcotic drugs such as morphine and pethidine in many countries, above all in developing countries, do not adequately reflect the actual needs of the population. National drug control administrations should develop mechanisms to evaluate adequately the medical need for narcotic drugs and to critically examine their methods for assessing that need. Competent authorities should not base their estimates only on the analysis of past consumption. Data obtained from pharmaceutical companies alone are not sufficient; such data must be examined from a public health perspective. Elements to be considered are, for example, data on cancer incidence and mortality, since chronic pain due to cancer is the most common condition requiring the administration of potent narcotic analgesics. The relationship between morphine consumption and cancer incidence and mortality is the basis for determining morphine requirements.

76. The Board has undertaken a review of the data available to identify inadequacies, in particular low consumption levels of opiate analgesics. It has identified a number of countries in which the consumption and the estimated requirements of essential narcotic drugs differ significantly from patterns followed in previous years. There is a clear correlation between the degree of economic and human development in a country and the consumption of, for example, morphine and pethidine. It has been found, for example, that the 20 countries with the highest per capita gross national product together account for about 75 per cent of global morphine consumption (see paragraph 28 above).

77. The Board also examined the additional replies received in recent years to its 1995 survey on the worldwide availability of opioid analgesics for medical needs.¹⁵ Whereas by 1995 only 65 of 209 States, mainly developed countries, had submitted replies to the questionnaire, by the end of 1999, 119 States (57 per cent of the total) had provided information. It is evident that the States that replied on time in 1995 had had data readily available. Of the States that replied after 1995, which were mainly developing countries, fewer had taken measures to overcome impediments and to improve the medical use of opiates. Many of them had not been aware of the WHO three-step analgesic ladder guidelines, had been unable to obtain supplies expeditiously and had therefore been more likely to have shortages, and had been less satisfied with the methods used to estimate medical needs. On the positive side, the analysis showed that an increased number of States had issued cancer pain guidelines and had included morphine and pethidine in their lists of essential drugs or national drug formularies.

78. The Board will continue to review the situation of opioid availability, particularly when examining the annual estimates furnished by States. States with high cancer incidence and mortality and low consumption of opioids for the treatment of pain will be approached by the Board to improve the situation.

Assessments of requirements for psychotropic substances

79. Assessments of annual domestic medical and scientific requirements (simplified estimates) have been submitted to the Board by Governments pursuant to Economic and Social Council resolution 1981/7 with respect to substances in Schedule II of the 1971 Convention and Council resolution 1991/44 with respect to substances in Schedules III and IV of that Convention. Pursuant to Council resolution 1996/30, the Board establishes assessments for those Governments that have failed to furnish

such information. The assessments are sent by the Board to competent authorities of all States and territories that are required to use them as guidance when approving exports of psychotropic substances. Governments may inform the Board at any time of their decision to modify their assessments.

80. The Board requests all Governments every three years to update their assessments and sends them a form that may be used to indicate the modifications. The most recent of those requests was addressed to all Governments in January 1999. In response to it, 80 Governments submitted the form with updated assessments. An additional 27 Governments sent letters to the Board informing it of modified assessments. Unlike estimates for narcotic drugs, an assessment of requirements for psychotropic substances continues to be considered valid until the Board receives modified assessments.

81. As at 1 November 1999, assessments for substances in Schedule II of the 1971 Convention had been submitted to the Board by the Governments of all but five countries: Bahamas, Bosnia and Herzegovina, Comoros, Gabon and Liberia. Assessments for substances in Schedules III and IV had been furnished by 182 Governments. The Board notes with appreciation that in 1999 Botswana, Grenada, Papua New Guinea, Tajikistan and Togo submitted their assessments for the first time.

82. Assessments were established by the Board for 27 countries and territories that had failed to submit such information. Of those countries and territories, 15 are in Africa, 6 in the Americas, 2 in Asia, 3 in Europe and 1 in Oceania. The Board invites all the Governments concerned to review the assessments established for their countries or territories and to provide the Board with comments on the appropriateness of those assessments. The Board reiterates its request to those Governments to establish their own assessments as soon as possible.

Prevention of diversion into illicit channels

Narcotic drugs

83. Despite the large quantities of substances involved and the large number of transactions no cases involving the diversion of narcotic drugs from licit international trade into the illicit traffic were detected during 1999. The continued compliance by Governments with the stringent controls set by the 1961 Convention (the annual estimates, the statistical returns and the import and export authorization requirements) and the constant cooperation between national competent authorities and the Board, verifying the legitimacy of import orders and certificates prior to the

issuance of export authorizations, make for an effective international mechanism for controlling the movement of narcotic drugs for licit purposes.

Psychotropic substances

Diversions from international trade

84. Licit international trade in psychotropic substances in Schedule I of the 1971 Convention has been limited to occasional transactions involving very small quantities of no more than a few grams. No cases involving the diversion of those substances from licit international trade have ever been reported. Licit international trade in almost all psychotropic substances in Schedule II has involved a limited number of transactions; the exception is licit international trade in methylphenidate, which has been increasing since the beginning of the 1990s. While in the past the diversion of substances in Schedule II from licit international trade was frequent, no significant cases involving such diversion have been identified since 1990. This is attributable to the implementation by Governments of the control measures for substances in Schedule II as foreseen by the 1971 Convention and to the almost universal application of additional control measures (assessments and quarterly statistical reports) recommended by the Board and endorsed by the Economic and Social Council.

85. The success in preventing the diversion from licit international trade of substances in Schedules I and II of the 1971 Convention confirms that preparations containing hallucinogens, amphetamines, fenetylline and methaqualone on the illicit markets in various regions of the world are almost entirely from clandestine manufacture and not from the licit pharmaceutical industry.

86. Licit international trade in psychotropic substances in Schedules III and IV of the 1971 Convention has been very widespread, involving thousands of individual transactions each year. In 1998 and 1999, the analysis by the Board of data on international trade in substances included in those schedules, followed by the investigation by Governments of suspicious transactions, indicated a significant decrease in the number of cases involving the diversion of those substances from international trade into illicit channels. That appears to have been the result of the implementation by Governments of the treaty provisions for substances in those schedules, in combination with additional controls over international trade as recommended by the Board and endorsed by the Economic and Social Council (see paragraphs 111-113 below).

87. There are, however, a few important manufacturing and exporting countries that have not implemented such

measures, do not yet report exports of all psychotropic substances to the Board or provide reports that are incomplete (see paragraph 113 below). Identifying the diversion of psychotropic substances from those countries is difficult. The Board welcomes the enforcement in Belgium as from 1 April 1999 of control measures for international trade in psychotropic substances in Schedule IV of the 1971 Convention. That step led to the closing of a significant gap in the international control system for psychotropic substances, through which large quantities of benzodiazepines and stimulants had been diverted into illicit channels.

88. The Board invites all Governments to continue to be vigilant with respect to orders for psychotropic substances in Schedules III and IV of the 1971 Convention and, if necessary, to confirm with the Governments of importing countries the legitimacy of those orders prior to approving the export of those substances. The Board continues to be at the disposal of Governments to facilitate such confirmation. In recent years, the substances most frequently targeted by drug traffickers involved stimulants (amfepramone, phentermine), benzodiazepines (chlordiazepoxide, diazepam, flunitrazepam and temazepam), phenobarbital and buprenorphine. The falsification of import authorizations was the method most frequently used to divert psychotropic substances from international trade.

89. Drug traffickers have also attempted to licitly import psychotropic substances into countries that are important centres of international trade and to re-export the substances from those countries in consignments with labels that incorrectly state that the consignments contain substances not under international control. Governments should closely monitor the operations of trading companies in order to identify such cases of diversion.

Diversions from domestic distribution channels

90. Reports from various countries on the abuse and seizure of psychotropic substances indicate that the diversion of pharmaceutical products containing such substances from licit domestic distribution channels has become an increasingly important source for illicit drug suppliers. The methods used by traffickers to divert those products include theft, pretended export, falsified prescribing, and supplying by pharmacies of substances without required prescription.

91. In many countries, the illicit traffic in diverted pharmaceutical products containing psychotropic substances is being given less attention by law enforcement authorities than the illicit traffic in narcotic drugs or psychotropic substances manufactured in clandestine laboratories. The

Board requests the Governments concerned to raise the awareness of police and customs with regard to these illegal activities and to include specific components on the subject in their staff training curricula. Illicitly distributed or smuggled pharmaceutical products should be seized and such cases should be investigated to identify and prosecute all persons involved in the diversion of those products. The services of forensic laboratories should be made available for such investigations.

92. Law enforcement authorities should share with drug regulatory authorities information on seizures of pharmaceutical products containing psychotropic substances, in order to initiate, if necessary, legislative, administrative or other appropriate measures to stop diversion. If appropriate, the Governments should establish a mechanism for the regular exchange of information between law enforcement and drug regulatory authorities.

93. Governments should ensure that the diversion of and illicit trafficking in pharmaceutical products containing psychotropic substances are established as criminal offences, in accordance with the provisions of article 3, paragraph 1, of the 1988 Convention. Such offences should be punishable by sanctions commensurate with their gravity. In countries where the diversion of and illicit trafficking in such products frequently occur, Governments should consider increasing such sanctions. The recent decision by the Government of Egypt to adopt significantly stricter sanctions against illicit trafficking in flunitrazepam is a good example. The sanctions were made more severe to discourage the smuggling of preparations containing that substance into Egypt out of countries in Africa and Europe.

94. The Board is concerned that some States parties to the 1971 Convention have not been complying with their obligations under article 16, paragraph 3, of that Convention to report to the Secretary-General important cases involving illicit trafficking in psychotropic substances or the seizure of such substances from the illicit traffic. Some Governments have failed for several years to submit reports on very large seizures of psychotropic substances contained in pharmaceutical products diverted from licit distribution channels. Seizures made by their law enforcement authorities have not been reported to the Secretary-General, to the International Criminal Police Organization (Interpol) or to the Customs Co-operation Council (also called the World Customs Organization).

95. The Board requests all Governments to promptly report important seizures of psychotropic substances, including seizures of pharmaceutical products diverted from licit distribution channels. Such reports are necessary for the identification of new trends in the illicit traffic and

for the identification of sources of the diverted substances and the methods of diversion employed by drug traffickers. Information from those reports is also important in that it may be used by WHO in considering the possibility of transferring psychotropic substances from one schedule of the 1971 Convention to another.

96. Drug traffickers adapt quickly to action taken by law enforcement authorities. Strengthening controls over the domestic distribution of a psychotropic substance in a country where significant abuse of that substance has taken place has frequently led to attempts by drug traffickers to divert that substance in other countries. The substance is then smuggled into another country where there is an illicit market for that substance. That is what happened, for example, following the strengthening of controls over temazepam in the United Kingdom in 1995. According to information received from the authorities of the Netherlands, about 2.75 million temazepam capsules were seized in the Netherlands between 1996 and 1999. Drug traffickers had diverted those capsules from licit distribution channels with the intention of smuggling them into the United Kingdom. Similarly, in the mid-1990s the improved control over the domestic distribution of flunitrazepam in Norway and Sweden, where that substance was frequently abused, resulted in an increase in the smuggling of pharmaceutical products containing flunitrazepam into those countries from certain countries in central Europe.

97. The Board notes with satisfaction that the Governments of some countries introduced in 1999 additional measures against the diversion of psychotropic substances. China prohibited the manufacture and use of amfepramone and decided that stocks of amfepramone raw material and of pharmaceutical preparations containing the substance would be destroyed. Amfepramone preparations from China had frequently been smuggled into several neighbouring countries. In India, the authorities initiated detailed investigations into the activities of the licit manufacturers and distributors of preparations containing buprenorphine in order to identify possible sources of the diversion of those preparations; the diverted preparations had been abused at the local level or smuggled out of the country. In Slovakia, a system enabling close scrutiny by the authorities of all transactions involving flunitrazepam preparations was introduced to prevent those preparations from being diverted and smuggled into other countries.

98. In 1999, the Board convened two informal consultations with the Governments concerned and relevant international organizations to facilitate cooperation in preventing the diversion of and illicit trafficking in flunitrazepam and temazepam in Europe. The Board welcomes the activities of Interpol aimed at strengthening the cooperation of

law enforcement authorities confronted with the problem of diversion of psychotropic substances from domestic distribution channels.

Precursors

99. The diversion of precursors from licit trade, either from international trade or from domestic manufacture and distribution channels, for the illicit manufacture of narcotic drugs or psychotropic substances continues on a large scale. In 1999, as in previous years, large-scale diversions of those substances from international trade were prevented when Governments took the action recommended by the Board relating to the exchange of information prior to shipment of the precursors in question between the competent authorities in exporting and importing countries with a view to verifying the legitimacy of those shipments. As a result, the methods and routes of diversion used by traffickers became more visible, enabling appropriate intervention by regulatory and law enforcement authorities. In addition, in 1999, a number of Governments focused for the first time on the monitoring of potassium permanganate (a key chemical for the illicit manufacture of cocaine that is included in Table II of the 1988 Convention), resulting in major successes in stopping or otherwise seizing suspicious shipments of that chemical.

100. In particular, on the occasion of an informal meeting of a number of national competent authorities that was held in Germany, the German authorities proposed the tracking of all individual transactions involving potassium permanganate from the manufacturing country to the country of final destination, similar to the action introduced by the Board in 1994 to prevent the diversion of ephedrine. The proposal was further developed by the competent authorities of Germany and the United States during the International Operational Meeting on Potassium Permanganate, organized by the United States and hosted by the Government of Spain in Madrid in February 1999, and in other meetings of the competent authorities concerned. The resulting international initiative, "Operation Purple", started on 15 April 1999. The operation is being undertaken jointly by regulatory and law enforcement authorities in order to identify suspicious shipments and prevent their diversion. It includes the careful tracking of all consignments greater than 100 kg from the manufacturing country, through all trans-shipment points, to the end-user, as well as informing all relevant counterparts of suspicious transactions or stopped shipments.

101. Governments of major manufacturing, exporting and importing countries and territories in all regions are participating in "Operation Purple". The Board, in exercising its functions under the 1988 Convention, is participating

fully in the initiative, in particular by evaluating the legitimacy of individual transactions in the light of the information available to it, including transactions destined for countries not participating in the operation. Interpol and the World Customs Organization are providing full support in their respective areas of competence.

102. "Operation Purple" has proven that the tracking of individual shipments is also possible for commonly used chemicals, such as potassium permanganate, and not only for substances included in Table I of the 1988 Convention, which might have more limited legitimate uses. While the current phase of the operation will end in December 1999, participants at the Second International Potassium Permanganate Meeting, organized in October 1999 by the Government of the United States and hosted by the authorities of the Hong Kong Special Administrative Region of China, considered it necessary to extend the activities and scope of the operation in a slightly modified form into the year 2000. The Board is serving as the focal point for the necessary exchange of information.

103. A full evaluation of the achievements of "Operation Purple" and related activities will be made after its completion. Preliminary results show that, between 15 April and 1 November 1999, Governments identified and stopped over 20 suspicious shipments of potassium permanganate, totalling about 1,200 tons. In comparison, in the period 1996-1998 only five suspicious shipments of potassium permanganate, amounting to less than 330 tons, were stopped.

104. In the first three months of 1999, prior to the launching of "Operation Purple", Governments stopped and identified suspicious shipments totalling almost 50 tons. Moreover, in March 1999, the law enforcement authorities of Belgium, Colombia, Spain and the United States conducted a successful operation involving the controlled delivery of a shipment transported from Belgium to Colombia; on that occasion, an illicit trafficking ring was identified. In addition, in the first eight months of 1999 alone, Governments of countries in Central America and the Caribbean, North America and South America seized over 150 tons of potassium permanganate, more than the cumulated annual seizures of potassium permanganate reported to the Board for all previous years.

105. A more detailed description of the special focus on monitoring potassium permanganate, including "Operation Purple" and the preliminary results of that operation, is contained in the 1999 report of the Board on the implementation of article 12 of the 1988 Convention.¹⁶

C. Control measures

Control over trade in opium poppy seeds

106. The Economic and Social Council, in its resolution 1999/32, recalling that the Board, in its report for 1995,¹⁷ expressed its concern about trade in seeds obtained from the *Papaver somniferum* (opium poppy) plant in countries where cultivation of the opium poppy was prohibited, called upon Member States to take the following measures to fight the international trade in poppy seeds from countries where no licit cultivation of opium poppy was permitted:

(a) Poppy seeds should only be imported if they originated in those countries where opium poppy was grown licitly in accordance with the provisions of the 1961 Convention;

(b) To the extent possible and where national circumstances so required, Governments should obtain an appropriate certificate from the exporting countries on the country of origin of opium poppy seeds as the basis for importation and should give notification of export of opium poppy seeds, as far as possible, to the competent authorities of the importing countries;

(c) Information on any suspicious transactions involving poppy seeds should be shared with other Governments concerned and with the Board.

107. The Board calls on all countries that import poppy seeds and, in particular, on the major importers of poppy seeds to pay special attention to the country of origin of poppy seeds. At present, there are 18 countries in which the cultivation of the opium poppy for licit purposes is allowed. Such cultivation is forbidden in most other countries.

Trade in seized opiate raw materials and/or in products derived from seized opiate raw materials

108. Over the past few years, some countries have engaged, or attempted to engage, in international trade in seized opiate raw materials and/or in products derived from seized opiate raw materials. For instance, during 1998, a total of 2.6 tons of codeine base manufactured from seized opiate raw materials was exported from the Islamic Republic of Iran, where the cultivation of the opium poppy is forbidden, to Canada, Germany, Slovakia and the United Kingdom. Similar transactions involving seized opium were attempted in certain countries in central Asia and central Europe.

109. Although the provisions of the 1961 Convention do not forbid States parties to that Convention to export seized opium, the General Assembly, in its resolution 33/168, and the Economic and Social Council, in several of its resolutions on demand for and supply of opiates for medical and scientific needs, including Council resolution 1998/25, commended the Board for its efforts in, *inter alia*, urging the Governments concerned to adjust global production of opiate raw materials to a level corresponding to their actual licit needs and to avoid unforeseen imbalances between licit supply of and demand for opiates caused by the sale of seized and confiscated drugs and of products manufactured from such drugs. Moreover, as the Board has repeatedly stated, in the interest of ensuring a secure and stable supply of opiates for medical purposes, countries should not base a licit activity upon an illicit source, which is to be eliminated.

110. Every exportation of seized opiate raw materials or of products derived from seized opiate raw materials also hinders the ability of the Board to balance the supply of opiates with actual legitimate needs. Therefore, the Board urges Governments of exporting and importing countries to do their utmost to ensure that such transactions do not occur.

Controls over international trade in psychotropic substances

111. The Board notes with appreciation that most Governments have established effective control mechanisms for international trade in psychotropic substances in Schedules III and IV of the 1971 Convention by implementing the treaty provisions and applying additional control measures recommended by the Board. That has led to a significant reduction in the diversion of those substances from international trade into illicit channels (see paragraph 86 above).

112. The Board notes with appreciation that several countries, including Belgium, Finland, France, Luxembourg and New Zealand, extended in 1999 the system of import and export authorizations to include all substances in Schedules III and IV of the 1971 Convention. At present, export and import authorizations are required by national legislation for all substances in Schedule III in about 150 countries and territories and for all substances in Schedule IV in about 140 countries and territories. In approximately 50 additional countries and territories, the requirement of import authorizations has been introduced for at least some substances.

113. In all regions, drug traffickers have reacted to the strengthening of controls over international trade by

increasing attempts to divert substances through countries that do not have such comprehensive systems in place. The Board requests the Governments of all countries that do not yet control the import and export of several psychotropic substances in Schedule III or IV via the system of import and export authorizations to introduce such controls. In particular, countries that are important centres of international trade are at risk of being targeted by traffickers as places from which to organize diversion attempts. The Board, therefore, trusts that the Governments of countries such as Canada, Ireland, Lebanon, Singapore, Thailand and the United Kingdom, with which the Board has had a dialogue on this issue for many years, will implement such control measures as soon as possible.

114. Significant progress has been achieved in the implementation by Governments of the assessment system for psychotropic substances (see paragraphs 79-82 above). The Board welcomes the fact that major exporting countries now use the assessments of importing countries for guidance prior to authorizing exports of psychotropic substances.

115. Several exporting countries received in 1999 import authorizations for quantities of psychotropic substances much in excess of assessments made by the authorities of the importing countries. Investigations into the authenticity of such import authorizations by authorities of exporting countries and the Board require additional resources and delay the import of consignments of psychotropic substances urgently needed for medical purposes. The Board is concerned about the high number of such cases and has been approaching the Governments of the importing countries concerned with requests to correct the situation. The Board reiterates its request to all Governments to establish mechanisms to ensure that their assessments are in line with their actual legitimate requirements and that no imports exceeding such assessments are authorized. The Board notes with appreciation that a number of exporting countries, such as Denmark, Germany, India, the Netherlands and Switzerland, regularly inform the Board of cases in which the competent authorities of importing countries issue import authorizations for consignments of psychotropic substances exceeding their assessments.

116. About 90 per cent of Governments have provided in their annual statistical reports to the Board details on the countries of origin of imports and the countries of destination of exports for all psychotropic substances. The Board requests the countries that have not furnished that information in 1999 to include it in future reports. The countries with significant trade in psychotropic substances, such as Latvia, Romania and Viet Nam, are particularly urged to furnish such details.

Conference on Control of Psychotropic Substances in Europe

117. The Board and the Pompidou Group of the Council of Europe jointly organized the third Conference on Control of Psychotropic Substances in Europe in Strasbourg, France, from 7 to 9 December 1998. While the first Conference, held in March 1993, and the second Conference, held in October 1995, mainly focused on problems regarding the control of international trade in psychotropic substances, the third Conference dealt with the following: recent trends in the abuse of psychotropic substances and of psychoactive substances not under international control; the adequacy of the national and international control systems, in particular, the scheduling mechanisms, in responding to those new trends; the diversion of psychotropic substances from licit distribution channels; and regulations regarding the prescription of psychotropic substances and their implementation, in particular those relating to stimulants used for the treatment of ADD or as anorectics.

118. As the majority of Governments of European countries had already implemented the system of import and export authorizations for all psychotropic substances, the Conference requested those Governments which had not yet done so to implement the system as soon as possible. The Conference recommended that Governments make better use of the procedure of notifying the Secretary-General in order to speed up international scheduling of abused psychoactive substances. Governments were also invited to introduce emergency scheduling mechanisms and to consider the application of analogue and/or generic scheduling mechanisms at the national level.

119. Governments were requested to encourage professional organizations to increase the awareness of their members with regard to the responsibility of ensuring sound medical use of psychotropic substances and to provide them with independent and objective information and guidelines on the prescription of controlled drugs. To detect and prevent over-prescription and/or unusual sales of pharmaceutical products containing controlled substances, the Conference recommended introducing or reinforcing systems for monitoring the distribution of such products. The Conference requested the Pompidou Group to convene a working group on the subject of diagnosing ADD and prescribing stimulants for its treatment and a working group on the subject of the prescription of benzodiazepines (see paragraphs 166-172 below).

120. The Conference noted that the workload of national drug control administrations had been increasing and requested Governments to ensure that the resources at the

disposal of the competent authorities corresponded to their tasks.

Scope of control

Implementation of scheduling decisions

121. The Board notes with concern that some States parties to the 1971 Convention have not yet reflected in their national legislation the decisions of the Commission on Narcotic Drugs at its thirty-eighth session, held in 1995, to add to schedules of that Convention six additional substances and to transfer one substance from Schedule IV to Schedule III. The Board is also aware of the fact that several States parties to the 1971 Convention have implemented those decisions with considerable delay, instead of implementing them within the time-frame required by that Convention. Drug traffickers could take advantage of such delays, in order to circumvent control measures in countries duly implementing the treaty and avoid prosecution.

122. The Board, therefore, wishes to remind Governments of the provisions of article 2, paragraph 7, of the 1971 Convention requiring the States parties to that Convention to ensure that each scheduling decision by the Commission on Narcotic Drugs becomes fully effective 180 days after the date on which the Secretary-General communicates the decision to all States. The Board invites all Governments to review their national scheduling mechanisms in order to identify whether they are in a position to comply with that time-frame. During that review, Governments should take into account the practical experience obtained in the implementation of the scheduling decisions adopted by the Commission in 1995. If necessary, Governments should introduce amendments to national legislation or administrative regulations to ensure prompt scheduling in conformity with their treaty obligations.

Control of norephedrine

123. In 1999, the Board continued its assessment of norephedrine¹⁸ for possible inclusion in Table I of the 1988 Convention, pursuant to a notification submitted by the Government of the United States. That assessment was initiated in 1998. While the Board found that strict international control of norephedrine would limit its availability to traffickers and reduce the quantity of amphetamine that is manufactured illicitly, it decided to further study the possible impact of scheduling under the 1988 Convention on the availability for medical use of pharmaceutical products containing norephedrine. The decision on the

scheduling of norephedrine was therefore deferred for a period of one year to allow for that study.¹⁹

124. The Board, having now completed its study, is of the opinion that the impact of scheduling under the 1988 Convention would not adversely affect the availability for medical use of pharmaceutical products containing norephedrine. Consequently, the Board is recommending that norephedrine be included in Table I of the 1988 Convention. Full details on the assessment of norephedrine by the Board are contained in the 1999 report of the Board on the implementation of article 12 of the 1988 Convention.²⁰

Control of acetic anhydride and potassium permanganate

125. In 1999 the Board conducted a review of acetic anhydride and potassium permanganate, key chemicals in the manufacture of heroin and cocaine respectively, to determine if there was sufficient information available to justify the transfer of either or both of the substances from Table II to Table I of the 1988 Convention. Pursuant to recommendations of the Board, the General Assembly²¹ and the Economic and Social Council²² requested further action to be taken with regard to those substances.

126. The Board will submit a notification to the Secretary-General furnishing him with information on acetic anhydride and potassium permanganate to initiate formally their assessment in accordance with the requirements of article 12, paragraph 2, of the 1988 Convention. The notification and other relevant information will then be transmitted to all Governments by the Secretary-General, who will invite them to provide comments. Those comments will be submitted to the Board and only then will the Board conduct an assessment of both substances and submit a final recommendation to the Commission on their transfer from Table II to Table I of the Convention.

127. The Board is aware that rescheduling alone will not solve the problem of diversion from domestic distribution, but it will significantly contribute to the prevention of diversion from international trade. There is a need for further measures in line with the proposals contained in previous reports by the Board.²³

128. The Board will review the extent of implementation of General Assembly resolution S-20/4 B and assist, where necessary, in the further development of the potassium permanganate tracking initiative and the initiation of the envisaged global programme for acetic anhydride. Full details of the review by the Board of acetic anhydride and potassium permanganate are contained in the 1999 report

of the Board on the implementation of article 12 of the 1988 Convention.²⁴

Major focus to monitor acetic anhydride

129. While the international special focus to monitor potassium permanganate has resulted in major achievements in preventing its diversion to illicit cocaine manufacture, similar success in preventing the diversion of acetic anhydride, a key chemical used in the illicit manufacture of heroin, has not yet been achieved. The Board therefore urges all Governments concerned to initiate an intensive, proactive global programme, similar to that for potassium permanganate, involving law enforcement and regulatory authorities and the voluntary cooperation of industry, with the objective of identifying and preventing diversions of acetic anhydride at both the national level and the international level without subjecting the substance to additional regulatory controls. The Board is ready to assist Governments in initiating and implementing such a programme.

Appropriate follow-up investigation of suspicious shipments involving precursors

130. The Board emphasizes that, where the use of controlled delivery pursuant to article 11 of the 1988 Convention is not practicable or warranted, follow-up investigations are needed after stopping or seizing suspicious shipments of substances used in the illicit manufacture of drugs. Full investigations must be conducted to facilitate the identification of cases involving diversion or attempted diversion, to prevent traffickers from obtaining the substances that they require from other sources, to uncover laboratories for the illicit manufacture of drugs and to identify and prosecute traffickers involved in the diversions and attempted diversions.

131. Thus, all relevant facts have to be shared at the national level among law enforcement and regulatory authorities. At the international level, the Board and Governments of countries directly linked to the shipments in question should also be informed at an early stage. Governments receiving such information should also initiate investigations to determine whether any criminal activity has taken place on their territory. The exchange of information among all concerned Governments and the sharing of final results of investigations should ensure that there are no loopholes for traffickers to take advantage of. Where appropriate, the Board will facilitate the exchange of such information to assist in investigations.

132. In cases of attempted diversion, Governments of countries not directly involved should also be alerted and

the Board will continue to play an important role.²⁵ Interpol and the World Customs Organization also assist in alerting law enforcement authorities.

133. Where investigations have shown that shipments have been stopped or seized for administrative reasons, those facts should also be conveyed to the Board and to the exporting and trans-shipment countries involved, in order to avoid delaying legitimate trade in the future.

Disposal of seized chemicals

134. In view of the increasing number of seizures of precursors reported to the Board and the recent seizures of potassium permanganate, the Board has noted the need to examine further issues related to the disposal of seized chemicals, and it will conduct a study on those issues, including ways and means of disposing of seized chemicals more appropriately.

Limited international special surveillance list of non-scheduled substances

135. In 1999, the Board distributed the limited international special surveillance list of non-scheduled substances, together with recommendations for action to be taken by national competent authorities in approaching industry on preventing the diversion of substances included in the list, and proposed action that might be taken by the chemical industry with regard to the use of the list. The list was established by the Board at its sixty-fifth session in response to Economic and Social Council resolution 1996/29.

136. The list is intended as a proactive aid to assist competent authorities in identifying those non-scheduled substances currently being used in illicit drug manufacture and to either prevent their diversion or to detect the activity of illicit drug laboratories. Therefore, to prevent any possible misuse, the Board decided not to publish the list but to distribute it only to national competent authorities. To ensure that the list remains up to date, and that the monitoring measures are only applied to substances that are used in illicit drug manufacture, Governments are requested to provide the Board with details of their experiences in using the list.

D. Ensuring the availability of drugs for medical purposes

Demand for and supply of opiates

137. The Board, in compliance with the functions assigned to it under the 1961 Convention and the relevant

resolutions of the Economic and Social Council, examines on a regular basis issues affecting the supply of opiate raw materials and the demand for opiates for licit requirements and endeavours to maintain a lasting balance between the two.

Consumption of opiates

138. Global consumption of opiates, after exceeding 210 tons in morphine equivalent in 1991, has fluctuated since then at about 235 tons in morphine equivalent.

139. Codeine consumption (176.5 tons in morphine equivalent in 1998) continues to account for 75 per cent of global consumption of opiates. About 85 per cent of the codeine consumed is in the form of preparations included in Schedule III of the 1961 Convention. The main countries using codeine continue to be the United States and France, followed by the United Kingdom, Canada and India; together, those countries account for 65 per cent of global codeine consumption.

140. Morphine consumption has increased significantly, particularly in recent years, reaching a new record level of 20.9 tons in 1998. The increase of 17 per cent over the figure for 1997 is mainly attributable to morphine consumption in the United States, Canada, Germany and the Russian Federation. In the Russian Federation alone, 1.4 tons of morphine were consumed in 1998, compared with an annual average of 180 kg in the period 1992-1997. It is likely that the pronounced upward trend in global morphine consumption will continue, especially in view of the continued improvement in pain management in a growing number of countries. The consumption of dihydrocodeine, which had risen from an annual average of 11.8 tons to 26.8 tons in morphine equivalent in the period 1983-1993, stabilized at 30 tons in morphine equivalent per year in the period 1994-1998.

141. As in previous years, global consumption of ethylmorphine further declined to 2 tons in morphine equivalent in 1998. Pholcodine consumption, after having remained at about 7 tons in morphine equivalent per year for 12 consecutive years (1985-1996), fell to 6.2 tons in 1997 and 5.5 tons in 1998.

142. Judging from the trends of recent years, annual aggregate consumption of opiates is likely to fluctuate, within a narrow range, at about 235 tons in morphine equivalent for the next few years.

Production of opiate raw materials

143. The total area under opium poppy cultivation has expanded significantly since 1995. With the exception of

1996, the total area harvested has been above 70,000 hectares each year since 1995, whereas 32,000-56,000 hectares were harvested each year during the period 1986-1994.

144. Despite the fact that the areas actually harvested increased considerably in Australia (by 1,971 hectares), France (by 1,003 hectares), Spain (by 638 hectares) and Turkey (by 19,526 hectares), global production in 1998 amounted to 281 tons in morphine equivalent, only 8 tons more than in 1997. That was attributed solely to India, where production dropped significantly to only 29 tons in morphine equivalent in 1998, compared with the projected figure of 120 tons, owing to strikes by farmers during the sowing period and unprecedented bad weather conditions during the harvest.

145. According to provisional statistical data provided by the major producing countries, global production of opiate raw materials is likely to reach the highest level ever, approximately 415 tons in morphine equivalent, in 1999. Turkey was the largest producer in 1999 (106 tons in morphine equivalent) and the area actually harvested exceeded 87,000 hectares, the highest level ever. Australia was the second largest producer in 1999 (103 tons in morphine equivalent). Those two countries together accounted for 50 per cent of global production; they were followed by India (23 per cent), France (19 per cent) and Spain (5 per cent).

146. Based on the estimates furnished by the major producing countries, their performance in previous years and the level of production in 1999, global production of opiate raw materials for the year 2000 is likely to be about 345 tons in morphine equivalent (see table); however, the actual figure will depend largely on production in Turkey, which, over the past five years, has fluctuated between 16 and 106 tons in morphine equivalent per year, whereby the estimated area harvested has been the same.

Balance between the production of opiate raw materials and the consumption of opiates

147. Since 1995, increased global production and relatively stable consumption of opiates have led to an annual production surplus that has ranged from 2 to 60 tons. In 1999, global production of opiate raw materials is likely to exceed total consumption by approximately 175 tons in morphine equivalent.

Exports and imports of opiate raw materials

148. The quantity of opium exported by India fluctuated considerably until 1995 and then increased gradually to 82 tons in morphine equivalent in 1998, a level similar to

**Production of opiate raw materials,^a consumption of opiates and
balance between the two, 1986-2000**

(Area harvested in hectares; production, consumption and balance in tons of morphine equivalent)

| <i>Item</i> | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 ^b |
|------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------|---------------------|---------------------|
| Australia | | | | | | | | | | | | | | | |
| Area harvested | 3 994 | 3 274 | 3 462 | 5 011 | 5 581 | 7 155 | 8 030 | 6 026 | 6 735 | 8 139 | 8 360 | 9 520 | 11 491 ^c | 13 533 ^d | 18 261 ^e |
| Production | 38.5 | 31.8 | 38.5 | 38.8 | 43.0 | 67.5 | 89.8 | 66.9 | 66.0 | 55.6 | 69.0 | 64.1 | 85.4 | 103.4 | 91.6 |
| France | | | | | | | | | | | | | | | |
| Area harvested | 3 200 | 3 300 | 3 113 | 2 644 | 2 656 | 3 598 | 3 648 | 4 158 | 4 431 | 4 918 | 5 677 | 6 881 | 7 884 | 7 913 | 6 229 |
| Production | 15.7 | 16.6 | 21.4 | 13.4 | 19.5 | 30.2 | 21.8 | 28.8 | 32.9 | 48.9 | 47.3 | 52.0 | 64.8 | 79.7 | 64.2 |
| India | | | | | | | | | | | | | | | |
| Area harvested | 23 811 | 22 823 | 19 858 | 15 019 | 14 253 | 14 145 | 14 361 | 11 907 | 12 694 | 22 798 | 22 596 | 24 591 | 10 098 | 29 163 | 29 700 |
| Production | 82.6 | 84.5 | 70.2 | 59.3 | 52.8 | 47.4 | 59.7 | 41.9 | 51.5 | 88.8 | 92.1 | 110.3 | 29.3 | 97.1 | 115.8 |
| Spain | | | | | | | | | | | | | | | |
| Area harvested | 3 458 | 3 252 | 2 935 | 2 151 | 1 464 | 4 200 | 3 084 | 3 930 | 2 539 | 3 622 | 1 180 | 1 002 | 1 640 | 3 913 | 3 684 |
| Production | 5.6 | 12.3 | 10.8 | 5.7 | 8.0 | 24.2 | 12.8 | 9.0 | 5.2 | 4.2 | 4.4 | 1.9 | 7.5 | 18.8 | 11.9 |
| Turkey | | | | | | | | | | | | | | | |
| Area harvested | 5 404 | 6 137 | 18 260 | 8 378 | 9 025 | 27 030 | 16 393 | 6 930 | 25 321 | 60 051 | 11 942 | 29 681 | 49 207 | 87 193 | 36 082 |
| Production | 8.4 | 9.2 | 24.7 | 7.2 | 13.3 | 57.9 | 18.7 | 7.8 | 41.1 | 75.2 | 16.1 | 38.3 | 86.7 | 105.6 | 50.5 |
| Other countries | | | | | | | | | | | | | | | |
| Area harvested | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Production | <u>27.1</u> | <u>30.3</u> | <u>36.9</u> | <u>18.4</u> | <u>38.0</u> | <u>31.2</u> | <u>14.9</u> | <u>13.2</u> | <u>21.5</u> | <u>25.5</u> | <u>16.9</u> | <u>6.1</u> | <u>7.3</u> | <u>10.1</u> | <u>11.1</u> |
| Total | | | | | | | | | | | | | | | |
| Area harvested | 39 867 | 38 786 | 47 628 | 33 203 | 32 979 | 56 128 | 45 516 | 32 951 | 51 720 | 99 528 | 49 755 | 71 675 | 79 511 | 138 675 | 88 738 |
| Production (1) | 177.9 | 184.7 | 202.5 | 142.8 | 174.6 | 258.4 | 217.7 | 167.6 | 218.2 | 298.2 | 245.8 | 272.7 | 281.0 | 414.7 | 345.1 |
| Total consumption (2) | <u>203.2</u> | <u>206.9</u> | <u>200.9</u> | <u>204.3</u> | <u>196.1</u> | <u>217.8</u> | <u>212.4</u> | <u>236.6</u> | <u>225.7</u> | <u>237.9</u> | <u>243.7</u> | <u>235.1</u> | <u>234.9</u> | <u>240.0</u> | 240.0 |
| Balance | | | | | | | | | | | | | | | |
| ((1) minus (2)) | -25.3 | -22.3 | 1.6 | -61.5 | -21.5 | 40.6 | 5.3 | -69.0 | -7.5 | 60.3 | 2.1 | 37.7 | 46.1 | 174.7 | 105.1 |

^a Opium or concentrate of poppy straw.

^b Figures for 1999 are International Narcotics Control Board projections.

^c Including 809 hectares of a new variety of *Papaver somniferum* with a high thebaine content.

^d Including 3,040 hectares of a new variety of *Papaver somniferum* with a high thebaine content.

^e Including 5,217 hectares of a new variety of *Papaver somniferum* with a high thebaine content.

the annual average of the early 1980s. The main opium importers continued to be the United States and Japan, which together accounted for 87 per cent of total opium imports in 1998; those countries were followed by the United Kingdom, Hungary and France, in that order. The Russian Federation has reported no imports of opium for five consecutive years.

149. Total exports of concentrate of poppy straw also increased, in 1998, to 133 tons in morphine equivalent, the same as in the record year of 1995, thus reversing a downward trend that began in 1996. The increase in exports is attributable mainly to Australia (72 tons) and, to a lesser extent, to Spain. The share of the world total accounted for by Turkey continued to follow a downward trend that began in 1995, when it amounted to 57 per cent, reaching only 34 per cent in 1998. The United Kingdom and the United States, the two leading importers of concentrate of poppy straw, both substantially increased their imports in 1998.

Stocks of opiate raw materials

150. Extremely low production of opium in 1998 caused global stocks of opium to drop significantly, to 63 tons in morphine equivalent at the end of that year, the lowest level in 20 years. India held 70 per cent of the total. The remainder was held mainly by the following countries, listed in descending order according to the level of opium stocks held: the United States, Japan and the United Kingdom. Global stocks of concentrate of poppy straw rose in 1998 to 47 tons in morphine equivalent, after having declined significantly from 86 tons at the end of 1992 to 25 tons at the end of 1997. Australia accounted for 30 per cent of the total; it was followed by Turkey (25 per cent), the United States (20 per cent) and France (13 per cent). Stocks of poppy straw held by Turkey increased significantly to 16,729 tons (approximately 58 tons in morphine equivalent) at the end of 1998, compared with an annual average of 6,000 tons in the period 1996-1997.

Timely provision of information

151. The Board urges all Governments, in particular, those of countries that are major producers and importers of opiate raw materials, to make the necessary efforts to ensure that all required information, including advance statistical data, on consumption, licit cultivation of the opium poppy and production and stocks of opium and poppy straw for the manufacture of narcotic drugs is accurate and submitted in a timely manner. In the absence of such information, which is of the utmost importance to the analysis of the world situation, the Board cannot make

meaningful projections and provide Governments with reliable data.

Maintaining a balance between the supply of and demand for opiates

152. The Board notes that global production of opiate raw materials has increased since 1995, amounting to an annual average of 274 tons in morphine equivalent in the period 1995-1998, compared with an annual average of 194 tons in the period 1986-1994. In 1999, global production is likely to exceed 400 tons. With annual consumption of opiates relatively stable at approximately 235 tons in morphine equivalent, global production in 1999 will result in a significant surplus of 175 tons in morphine equivalent, in addition to exceeding quantities of 37 tons in morphine equivalent on average each year during the period 1995-1998.

153. In view of the above and in order to avoid any imbalance between the supply of and the demand for opiates caused by overproduction, the level of stocks of opiate raw materials and main opiates at the end of every year has to be taken into account when planning cultivation for the coming year with a view to adjusting production to a level corresponding to actual world requirements. The Board would appreciate it if the resulting plans for future opium poppy cultivation would be communicated to it as early as possible, so that they could be shared at the annual informal consultations with the main countries producing and importing opiate raw materials.

154. Pursuant to Economic and Social Council resolution 1998/25, on demand for and supply of opiates for medical and scientific needs, an informal consultation was organized during the forty-second session of the Commission on Narcotic Drugs, in 1999. It concluded that the current status of stocks of opiate raw materials and major opiates seemed to have improved, particularly in view of the increased production in 1999. The Governments concerned, in particular the Governments of Australia and Turkey, were therefore encouraged to consider gradually reducing the production of poppy straw in the years to come.

Production of opium in India

155. The Board notes with concern that, in India, more than 60 per cent of all farmers engaged in the licit cultivation of opium poppy during the 1998/1999 crop year failed to meet the minimum qualifying yield per hectare as established by the Government. The Board reiterates its view that both the national and state authorities should make additional efforts to ensure that the current control policies

on opium poppy cultivation and production are fully implemented. No exemptions should be made in implementing the applicable regulations and administering the penalties set to punish diversion, particularly at the field level. The policy of invalidating the licences of farmers who fail to meet the minimum qualifying yield without a legitimate reason should be strictly and consistently applied.

Discussions to amend the 80/20 rule in the United States

156. In 1981, a rule now known as the 80/20 rule was introduced by the United States to limit its imports of opiate raw materials to a maximum of 20 per cent from sources other than India and Turkey in order to support the traditional suppliers. In early 1999, the authorities of the United States placed the 80/20 rule under review, in order to decide whether the shares should be adjusted to 60 per cent and 40 per cent, over a period of three years.

157. The Board would like to emphasize that the 80/20 rule has greatly contributed to global efforts to maintain a lasting balance between the supply of and the demand for opiates used for medical and scientific purposes, as required under the provisions of the 1961 Convention. As the United States is the largest importer of opiate raw materials in the world, the proposed amendment may destabilize the world licit market for opiate raw materials.

158. While it recognizes that amending the 80/20 rule is a domestic matter and that any decision on the matter lies entirely with the national authorities, the Board would nonetheless like to reiterate its concern over the possible impact and unforeseen effects that such a modification might have on the balance between the supply of and demand for opiates for medical needs.

Consumption of psychotropic substances

Consumption of central nervous system stimulants

159. Until the early 1970s, amphetamines were used in large quantities as anorectics. Such use of amphetamines has since been discontinued or reduced to the extent that it involves only small quantities. The medical use of phenmetrazine has been discontinued worldwide while fenetylline is prescribed in only a few countries. The use of methylphenidate for the treatment of ADD is increasing in many countries. Amphetamines and pemoline are also used for the treatment of that disorder in some countries. Several amphetamine-type stimulants in Schedules III and IV of the 1971 Convention are used as anorectics.

Use of methylphenidate for the treatment of attention deficit disorder

160. The United States remains the main consumer of methylphenidate, accounting for more than 80 per cent of global consumption. There have been further increases in the use of methylphenidate; recently, there has also been a sharp increase in the use of amphetamines (amphetamine and dexamphetamine) for the treatment of ADD in the United States. Amphetamines already account for one third of the stimulants prescribed for the treatment of ADD and their use is expected to continue to increase sharply in the year 2000. Total calculated consumption of stimulants for the treatment of ADD in the United States amounted to almost 7 defined daily doses per 1,000 inhabitants per day in 1998, a level comparable to the total consumption of all hypnotics and sedatives in that country.

161. In some schools, the prevalence rate for the prescription of stimulants is very high (as high as 30 per cent of all students). The abuse of methylphenidate among adolescents has increased in the United States. The tablets are usually procured from students under treatment for ADD. The illicitly obtained stimulants are then abused by crushing the tablets and snorting them. The drugs are used either for recreational purposes or to aid concentration in studying.

162. The Board urges the competent authorities of the United States to continue to carefully monitor developments in the diagnosis of ADD and other behavioural disorders and the extent to which methylphenidate and amphetamines are used in the treatment of those disorders and to ensure that those substances are prescribed in accordance with sound medical practice as required under article 9, paragraph 2, of the 1971 Convention.

163. The countries and territories with the highest consumption levels of methylphenidate in 1998 were the United States and Canada, followed by New Zealand, the Cayman Islands, Spain, Australia, Iceland, Costa Rica, the United Kingdom, Norway, the Netherlands, Switzerland, Israel, Belgium and Germany. The consumption of amphetamines or other stimulants for the treatment of ADD was also reported in almost all of the countries mentioned above, Australia being the country with the highest consumption levels of those substances. If growth rates remain the same as in recent years, the levels of methylphenidate consumption in some of those countries could be as high as those in the United States in the very near future.

164. The Board notes that the Governments of some countries that are confronted with an increase in the use of stimulants for the treatment of ADD may lack relevant experience in the control of such use. The Board requests the Governments concerned to ensure adequate application of the treaty provisions for methylphenidate and other stimulants, including the provisions on prescription, advertising and the prevention of diversion. The Board is concerned about manufacturers of stimulants carrying out massive promotional efforts for their use. Governments should carefully monitor these developments, taking into account the recommendations on the prevention of diversion, irresponsible marketing and prescribing of amphetamine-type stimulants as contained in the Action Plan against Illicit Manufacture, Trafficking and Abuse of Amphetamine-type Stimulants and Their Precursors, adopted by the General Assembly at its twentieth special session (Assembly resolution S-20/4 A), held in June 1998.

165. The Board notes with appreciation that some countries have begun investigations and studies of prevalence rates and diagnostic criteria for ADD and its treatment with methylphenidate and other stimulants. The Board also notes with appreciation that the Consensus Development Conference on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder, held in the United States in November 1998, identified areas for further investigation and research, including diagnostic practice and effective treatment. The Board trusts that those recommendations will be followed up soon and that steps will also be taken to deal with the sharply increasing use of amphetamines. The Board welcomes the decision of the Pompidou Group of the Council of Europe to organize in December 1999 a European Working Group on the Diagnosis of ADD and Policies on the Prescribing of Stimulants for Its Treatment.

Stimulants used as anorectics

166. In the first half of the 1990s, the consumption of amphetamine-type stimulants used as anorectics reached alarmingly high levels in some countries in Central America and the Caribbean, North America and South America. The Board repeatedly expressed its concern over that development. The Board is pleased to note that the decisive measures taken in some of the most affected countries, including Argentina and Chile, have led to a considerable reduction in the consumption levels of amphetamine-type stimulants. A reduction in the consumption of anorectics controlled under the 1971 Convention has recently also been noted in some countries and territories in Asia, including the Hong Kong Special Administrative Region of China, Malaysia and Singapore.

167. The United States continues to be the country with the highest consumption of amphetamine-type stimulants used as anorectics, despite the sharp decline in the consumption of phentermine in that country since 1997. The decline in the consumption of phentermine was the result of the discontinuation of its use in combination with fenfluramine, a substance not under international control, in a treatment commonly referred to as "phen/fen". After fenfluramine was withdrawn from the market in the United States, the consumption of phentermine fell by more than 70 per cent from 1996 to 1998. Consumption levels per capita in the United States remain at least three times higher than in any other country in the world. The Board therefore requests the Government to monitor carefully the use of amphetamine-type stimulants as anorectics in order to avoid the over-prescription and possible abuse of those substances.

Consumption of buprenorphine

168. In several countries, mixed agonist/antagonist analgesics such as buprenorphine are subjected to different and more stringent control measures than other psychotropic substances. Buprenorphine, a potent opioid that was included in Schedule III of the 1971 Convention in 1989, is used not only as an analgesic but also, to an increasing extent, in the detoxification and substitution treatment of heroin addicts in some countries. Global manufacture and consumption of the substance have increased substantially during the last few years. Cases involving the abuse of buprenorphine preparations have been reported in recent years in several countries in various regions, particularly in South Asia. Countries utilizing buprenorphine for substitution treatment, while noting that the treatment has had a positive impact on heroin overdose death rates, also report that buprenorphine has been diverted into illicit channels for abuse. Accidental deaths have occurred as a result. Taking into account the rapidly expanding licit use of the substance and reports on its continuing diversion and abuse, the Board reiterates its request to WHO and the Governments concerned to urgently review the control status of buprenorphine. The Board also invites WHO to consider reviewing the control status of pentazocine and lefetamine (SPA), the other two analgesics included in the 1971 Convention.

Consumption of other psychotropic substances

169. Most other substances that are included in the schedules of the 1971 Convention are used as anxiolytics, sedatives and hypnotics, and anti-epileptics. The consumption of substances listed in Schedule II of the 1971 Convention has been discontinued or significantly reduced in

all countries. Medical practice utilizes substances in Schedules III and IV; some are used to a very large extent. Diazepam, a benzodiazepine prescribed mainly as an anxiolytic, and phenobarbital, a barbiturate mainly used as an anti-epileptic, are the most widely consumed psychotropic substances. Those psychotropic substances, as well as clonazepam, are on the list of essential drugs established by WHO. With the exception of phenobarbital, the use of barbiturates has been decreasing. The consumption of non-barbiturate anxiolytics, such as meprobamate, has also been substantially reduced. Those substances have mainly been replaced by benzodiazepines.

170. The availability of benzodiazepines facilitates their abuse. The incidence of benzodiazepine abuse by drug addicts in Europe is high and drug traffickers have successfully developed markets for specific substances. The Board, therefore, reiterates its request to Governments of countries in which there are high levels of consumption of benzodiazepines and increasing abuse of those substances to conduct, in cooperation with non-governmental organizations involved in the treatment and rehabilitation of drug abusers, comprehensive surveys to determine the size of the population abusing those substances.

171. The Board notes with appreciation that a number of European countries have confirmed their concern over high consumption levels of benzodiazepines and have already taken measures to remedy the situation, such as tightening prescription practices and control mechanisms and raising the awareness among medical doctors and the general public of the need to use those substances in a more rational manner. In some countries such measures have led to reductions in consumption, while in others they have not had a tangible impact. This is perhaps attributable to difficulties involved in changing prescription cultures. The Board trusts that Governments will continue to study measures to encourage the sound medical use of benzodiazepines. The Board notes with appreciation the intention of the Pompidou Group of the Council of Europe to convene a working group meeting on the prescription of benzodiazepines (see paragraph 119 above).

172. The Board notes with concern that, in several developing countries, benzodiazepines can be obtained in pharmacies without a prescription. The Board strongly requests all Governments to ensure adherence to prescription requirements for all psychotropic substances, including benzodiazepines.

E. Measures to ensure the execution by Governments of the provisions of the 1961 Convention and the 1971 Convention

173. The Board invoked both article 14 of the 1961 Convention and article 19 of the 1971 Convention in respect of four States, and article 19 of the 1971 Convention only with respect to two States. Measures under those articles, which consist of increasingly severe steps, are invoked when attempts by the Board to encourage compliance with those Conventions using other means have been unsuccessful.

174. With respect to one of the States for which article 19 of the 1971 Convention only was invoked, the Board is pleased to note that all legislation required under that Convention, as well as the legislation requested by the Economic and Social Council in its resolutions, is now in place, and all action with respect to that State under article 19 of the 1971 Convention has been terminated. As regards the other State, for which article 19 of the 1971 Convention only was invoked, the Board decided to lift a temporary suspension of the measures involved under that article because of delays and defaults by the Government in making further progress in the implementation of the 1971 Convention.

175. The Board continues to monitor the compliance of those States for which article 14 of the 1961 Convention and article 19 of the 1971 Convention have been invoked and is pleased to note that progress has been achieved in all cases. The action by the Board under those articles will, however, only be formally terminated when all measures required by those conventions have been taken by the Governments concerned.

F. Drug injection rooms

176. Drug injection rooms, where addicts may inject themselves with illicit substances, are being established in a number of developed countries, often with the approval of national and/or local authorities. The Board believes that any national, state or local authority that permits the establishment and operation of drug injection rooms or any outlet to facilitate the abuse of drugs (by injection or any other route of administration) also facilitates illicit drug trafficking. The Board reminds Governments that they have an obligation to combat illicit drug trafficking in all its forms. Parties to the 1988 Convention are required, subject to their constitutional principles and the basic concepts of

their legal systems, to establish as a criminal offence the possession and purchase of drugs for personal (non-medical) consumption. By permitting drug injection rooms, a Government could be considered to be in contravention of the international drug control treaties by facilitating in, aiding and/or abetting the commission of crimes involving illegal drug possession and use, as well as other criminal offences, including drug trafficking. The international drug control treaties were established many decades ago precisely to eliminate places, such as opium dens, where drugs could be abused with impunity.

177. The Board, recognizing that the spread of drug abuse, human immunodeficiency virus (HIV) infection and hepatitis are serious concerns, encourages Governments to provide a wide range of facilities for the treatment of drug abuse, including the medically supervised administration of prescription drugs in line with sound medical practice and the international drug control treaties, instead of establishing drug injection rooms or similar outlets that facilitate drug abuse.

III. Analysis of the world situation

A. Africa

Major developments

178. Trafficking in and abuse of narcotic drugs and psychotropic substances are increasingly being linked to the various civil conflicts in Africa. The ongoing conflicts and post-conflict situations that prevail in several African countries are conducive to increasing drug problems among children and youth in particular. In the Democratic Republic of the Congo and Liberia, for example, child combatants were provided with drugs in order to induce them to carry out dangerous operations with impunity. It is also believed that illicit drugs are used to finance civil conflicts and the purchase of arms, as was the case in Angola and Rwanda. The Board urges Governments of African countries to increase their efforts to integrate a drug control component into their reconstruction programmes.

179. Western and southern Africa have emerged as important areas not only in terms of the trans-shipment of illicit drug consignments destined mainly for illicit markets elsewhere, but also in terms of the growing consumption of cocaine and heroin. There are signs, though, that, as a result of increased law enforcement efforts in Nigeria and overall improvements in the management of its governmental institutions, that country is being used to a lesser extent as a transit point for illicit trafficking in narcotic drugs and psychotropic substances. In reaction to measures in Nigeria, more drug trafficking groups have begun using other countries in Africa as transit countries for shipments to Europe and North America, with nationals from other countries, including both Africans and Europeans, serving as couriers. The increasing sophistication and flexibility of the drug trafficking groups are a serious concern.

180. The main drug being trafficked and abused in Africa is cannabis, although methaqualone trafficking and abuse are serious problems in the eastern and southern parts of the region. According to a recent study by the Office for Drug Control and Crime Prevention of the Secretariat, however, this is likely to change, as other drugs, most notably cocaine and heroin, as well as amphetamines, are becoming increasingly popular among drug abusers and traffickers. At present, the consumption of cocaine, "crack" and heroin in Africa is principally an urban phenomenon, confined to large cities. Cannabis cultivation and retail drug distribution are, for the most part, used to generate supplementary income; however, rising unemployment in

the region is likely to fuel an expansion in the retail distribution of illicit drugs.

181. The Board notes with concern that, in many countries in Africa, seized drugs disappear and known drug traffickers are acquitted frequently or, when on bail, never show up for trial. The Board hopes that the Governments concerned will address the underlying causes of that development, including the corrupt practices linked to it, if necessary with international assistance.

182. A high rate of HIV infection and a relatively large number of cases involving acquired immunodeficiency syndrome (AIDS) are reported in many countries in Africa. While the leading cause of HIV transmission in the region is unprotected sex, often in combination with alcohol abuse or the consumption of illicit drugs, there are suggestions that the increasing prevalence of injection of heroin and other substances in some capital cities and tourist destinations in Africa may exacerbate the situation. Orphans and street children, whose numbers are increasing, are most vulnerable to illicit drug trafficking activities and/or substance abuse.

Treaty adherence

183. In March 1999, the United Republic of Tanzania became a party to the 1961 Convention as amended by the 1972 Protocol. South Africa acceded to the 1988 Convention in December 1998.

184. The following States in Africa have not acceded to any of the three international drug control treaties: Angola, Central African Republic, Comoros, Congo, Djibouti, Equatorial Guinea and Eritrea. Some of those States have endured prolonged periods of unrest. The Board urges the international community and intergovernmental organizations in Africa to support, where political conditions permit, the rebuilding of institutional and legal structures that will form the foundation for the accession of those States to the 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention.

Regional cooperation

185. The Board welcomes the entry into force of the Southern African Development Community (SADC) protocol on combating illicit drug trafficking. The ratification of the protocol by Namibia, the United Republic of Tanzania and Zambia brought to nine the total number of parties to the protocol, thereby making it possible for it to

enter into force. The Board also welcomes the growing activities of the drug control unit in the secretariat of the Economic Community of West African States (ECOWAS), as well as of ECOWAS member States, that have resulted in drug control being given higher priority in several countries and in the establishment of a subregional fund for drug control measures.

186. Organizational changes are being finalized in the secretariat of the Organization of African Unity (OAU), where a drug control focal point has been established that is to coordinate and monitor the implementation of the OAU drug control action plan through, *inter alia*, improved cooperation with Governments of African countries, with African organizations, in particular the drug control units of ECOWAS and SADC, and with UNDCP and other international partners. The Board is confident that those changes, when completed, will enable OAU to carry out more effectively its function as coordinator of drug-related matters at the regional level.

187. Illicit drugs continue to be smuggled through Africa's major seaports, such as Mombasa in Kenya, Maputo in Mozambique, Durban in South Africa and Dar es Salaam in the United Republic of Tanzania, as well as through several seaports in western Africa. Seizure data indicate that those are the places most frequently used as transit points by drug traffickers. The Board therefore welcomes all the efforts that have been made by Governments to improve the drug control capacity at seaports, especially in eastern and southern Africa, and calls for similar action in western Africa.

188. In November 1998, Zambia and Zimbabwe signed a joint communiqué to step up efforts to fight cross-border criminal acts, including drug trafficking. Uganda signed in January 1999 a cooperation agreement with Nigeria under which intelligence and other information used in the fight against illicit drug trafficking is to be shared. The Governments of Cape Verde and Senegal signed an agreement on cooperation in drug control matters and in efforts to combat money-laundering.

National legislation, policy and action

189. The Board welcomes the establishment of the National Drug Control Coordinating Council in Botswana, Malawi and Mozambique, which, in addition to its coordinating drug control efforts, will enhance subregional cooperation, cross-border controls, liaison and intelligence to counter drug trafficking.

190. In December 1998, a new penal code entered into force in Guinea. The new penal code includes provisions

on the criminalization of money-laundering for, *inter alia*, drug-related offences, as required by the 1988 Convention.

191. The Board notes that the Liberian Senate approved the establishment of a new drug law enforcement agency. The agency, which is to replace the national inter-ministerial drug control committee, will be entrusted with the task of formulating and enforcing domestic legislation to combat the illicit traffic in narcotic drugs and psychotropic substances. In the Central African Republic, the first full-time drug control coordinator has been appointed.

192. In Nigeria, a comprehensive master plan for drug control was developed by the inter-ministerial committee on drug control and launched by the Government in May 1999. The Board welcomes the fact that the master plan provides for the collection, analysis, management and dissemination of drug-related data, statistics and information. In Kenya, a workshop led to a draft master plan for drug control that is now being considered by the Government and donors. Cape Verde adopted a national drug control programme that has been integrated into the national development programme.

193. In South Africa, the Prevention of Organised Crime Act entered into force in January 1999, providing for the seizure of assets related to certain crimes, including drug trafficking. A recently established asset forfeiture unit has taken steps to seize, for the first time, money believed to be the proceeds of a crime committed by a drug dealer. The Board encourages the early enactment in South Africa of the Money Laundering Bill, which is designed to eliminate bank secrecy protection. In April 1999, controls were established over all 22 precursors listed in Tables I and II of the 1988 Convention. Finally, the Board notes with satisfaction the approval of a master plan for drug control.

194. The Board urges the early enactment in Uganda of the Narcotic Drugs and Psychotropic Substances (Control) Bill 1999. The bill, when passed, will translate into national law a number of provisions of the international drug control treaties.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

195. Many countries in Africa continue to have problems in countering the illicit cultivation of, trafficking in and abuse of cannabis. Morocco remains a major source of cannabis resin destined for western Europe. Cannabis cultivation continues in Egypt and in countries in western

Africa such as Ghana and Senegal. In many countries, the extent and trends of cannabis cultivation and abuse are not known. Several Governments have been increasing their efforts to eradicate cannabis. Kenyan authorities have attempted to eradicate cannabis cultivation sites around Kirinyaga; in some cases, those efforts have resulted in the sites being relocated in other areas. The eradication of cannabis plants has intensified in Nigeria. Seizures of cannabis herb have generally been at high levels since the early 1990s. Côte d'Ivoire, Egypt, Ghana, Senegal and South Africa have reportedly achieved good results in their eradication efforts.

196. There are no indications that opium poppy is cultivated in Africa. While drug trafficking routes are diversifying, in several countries in the region, including Ghana, Kenya, Mauritius and the United Republic of Tanzania, there are key routes used by traffickers to transport heroin from south-west and south-east Asia to countries in Europe and North America and to South Africa. Drug abuse appears to be increasing in countries along the major trafficking routes.

197. Cocaine seizures have remained at a low level in Africa. In southern and western Africa, however, trafficking in and abuse of cocaine have been increasing. In South Africa, for example, there has been an increase in trafficking in and abuse of "crack" and cocaine. Cape Verde is witnessing increasing drug abuse as a spill-over effect of drug trafficking.

Psychotropic substances

198. In Nigeria, there has been a sharp increase in seizures of psychotropic substances since 1994. In 1998, 2,640 kg of psychotropic substances were seized; thus, in Nigeria, more psychotropic substances were seized than in any other country in Africa and more depressants (benzodiazepines) were seized than in any other country in the world. A significant quantity of psychotropic substances was also seized in the Central African Republic. In several countries in Africa, self-medication, the sale of licit drugs through unregulated channels, the availability of fake drugs on the market and their use by large segments of the population unable to buy from legitimate pharmacies, are believed to be contributing to the spread of abuse of psychotropic substances.

199. The abuse of methaqualone (Mandrax) remains a problem mainly in countries in eastern and southern Africa. India has ceased to be a major source of methaqualone available in eastern and southern Africa. Over the last few years, there have been reports of clandestine manufacture

of methaqualone in Kenya, Mozambique, South Africa, Swaziland, the United Republic of Tanzania and Zambia.

200. Trafficking in and abuse of MDMA are increasing in western and southern Africa. Law enforcement authorities in South Africa have detected illicit barter trade whereby cannabis cultivated in that country is exchanged for MDMA manufactured in countries in western Europe.

Other issues

201. While the abuse of khat is not limited to countries in eastern Africa, its consumption has resulted in a loss of both hard currency and household income and in decreased productivity in Djibouti and Somalia. The Board is concerned that other drugs are also increasingly being trafficked and abused in Somalia. The Board therefore urges that the establishment of an appropriate framework and institutions for drug control be given priority in the reconstruction efforts in Somalia.

Missions

202. In March 1999, the Board sent a mission to Cameroon to discuss problems concerning the implementation of the provisions of the three main international drug control treaties. National control over drugs and precursors is weak, as evidenced by the persistent failure of the Government to fulfil its treaty obligations regarding the provision of information to the Board. The Board appreciates the intention of the Government to improve its treaty compliance and hopes that the Government will resume its cooperation with the Board by submitting reports in a timely manner and replying promptly to the Board's requests for information. The Board encourages the Government to allocate more resources to the Ministry of Health and to the national drug control committee in order to enable those institutions to fulfil the tasks accorded to them under national law.

203. The Board is concerned that pharmaceutical products that contain internationally controlled substances are being sold in Cameroon without restrictions on street markets, endangering public health and possibly resulting in serious problems involving drug addiction. The Board requests the Government to exercise increased vigilance with regard to street markets.

204. The Board notes that cannabis cultivation has increased and that important seizures of cannabis originating in Cameroon have been made in countries in Europe. The Government is encouraged to continue its measures against cannabis cultivation and to emphasize the dangers of

cannabis abuse in activities aimed at reducing illicit demand throughout the country.

205. In April 1999, the Board sent a mission to Kenya. The Board notes the increased concern of the Government of Kenya over the growing threat posed to society by illicit drug trafficking and drug abuse. Since 1993, when the last mission of the Board was sent to that country, the Government has taken some action to deal with the drug problem at the national level and has sought to cooperate with Governments of other countries, including neighbouring countries. There is a need to enhance the drug control efforts by the Government. That, however, is a difficult task, considering the inadequate resources and the other priorities in the country.

206. In Kenya, an inter-ministerial committee was established and new drug control legislation was enacted in 1994, but essential regulations relating to the control of licit drugs have yet to be formulated. The Government of Kenya is urged to expedite the refinement of both the 1994 law and the Pharmacy and Poisons Act, which, as the Government itself has acknowledged, contain a number of weaknesses. The Government should also put in place stricter controls over precursors as required under article 12 of the 1988 Convention, as the present controls are far from adequate. The Board calls on Kenya to accede to the 1971 Convention without further delay.

207. Drug abuse and illicit drug trafficking have increased in Kenya. One development that has caused considerable concern is the abuse of heroin by injection, which was noted by health-care workers. Cannabis is by far the most abused drug; it is cultivated for both local consumption and export. Some cannabis resin is transported by traffickers from India and Pakistan through Kenya to countries in Europe. The abuse of cocaine has been noted, but is not very widespread in view of the high cost of that substance. Khat is also abused and cultivated in Kenya. Programmes for reducing illicit drug demand are limited, and facilities for the treatment and rehabilitation of drug abusers are grossly inadequate. The Board urges the Government to reallocate resources or to obtain assistance in order to alleviate the current situation with regard to drug abuse.

208. The Board noted with appreciation efforts by the Government of Kenya to formulate a master plan for drug control.

209. In March 1999, the Board sent a mission to the Libyan Arab Jamahiriya. The Board appreciates the fact that the Government is fully committed to fighting illicit activities related to drugs and that current controls over the

licit manufacture and distribution of narcotic drugs and psychotropic substances are adequate.

210. The Board is pleased to note that the Government of the Libyan Arab Jamahiriya is taking steps to improve the implementation of the 1988 Convention. The Board encourages the Government to update its laws in that area, where necessary.

211. Neither illicit cultivation of drug crops nor illicit manufacture of drugs has been uncovered in the Libyan Arab Jamahiriya. There are indications that the movement of illicit drugs to and through that country, together with drug abuse, may become more significant in the future. The Board trusts that the Government of the Libyan Arab Jamahiriya will be well prepared to deal with such a situation in cooperation with other Governments. The Board calls on the Government of the Libyan Arab Jamahiriya to assess the extent and nature of drug abuse on its territory.

212. The Board undertook a mission to Mauritania in March 1999. Despite its status as a party to both the 1961 Convention and the 1971 Convention, Mauritania had for several years failed to furnish the required data on the movement within its territory of and international trade in narcotic drugs and psychotropic substances. The Board is greatly concerned about the fact that the provisions of those conventions have not been applied in the country and about the lack of cooperation with the Board, which indicates that there are serious problems related to the control of psychotropic substances, which, in turn, would imply that there are considerable public health risks.

213. Mauritania adopted in 1993 a law against the illicit production or manufacture of, trafficking in and use of narcotic drugs, psychotropic substances and precursors. However, a legal framework has never been introduced for monitoring the licit market for substances controlled by the international drug control treaties. In the absence of such a framework, the national authorities have encountered considerable difficulties in establishing a rigorous regime of control over the importation and distribution of drugs used for medical purposes, especially drugs containing psychotropic substances.

214. The Board therefore urges the Government of Mauritania to pass the bill on the control of the licit market for narcotic drugs, psychotropic substances and precursors. Coordination between the law enforcement agencies and the Ministry of Health in drug-related matters should be improved. The Directorate of Pharmacy and Medical Drugs should be strengthened and a group of pharmacy inspectors

should be established in order to ensure the strict application of regulations.

B. Americas

215. The Board appreciates the numerous activities in several drug-related fields that took place in the Americas in 1999 as part of what has come to be known as the Summit of the Americas process, initiated in 1994. The most salient among those activities were the following:

(a) A comprehensive mechanism for coordination evolved as a direct result of the Summit of the Americas process, to a large extent carried out within the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States. The mechanism is currently in an evaluation and consolidation phase;

(b) Governments of countries in the Americas initiated the development of a multilateral evaluation mechanism for which a distinct set of indicators and a timetable have been agreed upon. The Board expects that the mechanism will be used not only to evaluate the efforts of individual countries in facing drug abuse and illicit drug trafficking, but also to improve the exchange of information and experiences, providing a clearer view of the actual situation in the Americas and fostering cooperation;

(c) CICAD studies on the feasibility of adopting a convention against money-laundering in the Americas contributed greatly to the development of standardized legislation on an issue that, by its very nature, often involves cross-border criminal activities and needs to be handled on a multilateral basis;

(d) Preparatory work was carried out for the establishment of a centre for justice studies. Several ministerial and working group meetings were held in 1999. The Board hopes that the centre will soon become a reality, harmonizing legislation in the Americas and strengthening judicial cooperation.

216. Laudable efforts have recently been made in the cooperation and coordination of precursor control. The Board is of the opinion that Governments should increase regional and international activities related to health and regulatory aspects of drug control.

Central America and the Caribbean

Major developments

217. The region of Central America and the Caribbean is increasingly being used to trans-ship substantial quantities of cocaine and cannabis from countries in South America to the United States and to countries in Europe. The transit traffic has increased the availability of cocaine in Central America and the Caribbean and cocaine abuse is spreading in a number of countries in the region.

218. The Board is concerned about the increasingly liberal approach of some Governments in Central America and the Caribbean to the offshore banking and gambling industries in view of their potential for abuse by persons who engage in money-laundering. Since those industries are seen as new potential sources of income, Governments in the region have taken steps to facilitate the establishment of offshore financial centres and casinos. The proposed establishment of a stock exchange for the eastern Caribbean may also present opportunities for money-laundering that Governments must take measures to deal with. The establishment of offshore financial services should not result in safe havens being provided for assets derived from drug trafficking and organized crime. Governments in the region should therefore exercise vigilance and step up their efforts to adjust their legal and institutional frameworks to meet the growing challenges posed by those seeking to conceal the origin of proceeds derived from drug trafficking. Most countries in the region have laws aimed at preventing money-laundering. The Board encourages the Governments of those countries to effectively implement those laws. The Board strongly urges Governments that have not already done so to introduce such legislation. For example, in some countries in the region, there is no law requiring suspicious financial transactions to be disclosed to the authorities. Governments should thwart any attempts to tamper with legislation against money-laundering and to weaken its effectiveness. Recent cases involving the liquidation of offshore banks and the arrest of account holders on charges of money-laundering and corruption are evidence that the problem has continued to grow but can be forcefully dealt with by Governments in the region.

Treaty adherence

219. All States in Central America and the Caribbean are now parties to the 1988 Convention. However, Belize and Saint Vincent and the Grenadines are not yet parties to the 1961 and 1971 Conventions and Haiti, Honduras and Saint Lucia are not yet parties to the 1971 Convention. Those

States are urged to accede to those conventions as a matter of urgency. While the Board appreciates that those States have all acceded to the 1988 Convention, effective implementation of that Convention is dependent on the implementation of all the other international drug control conventions.

Regional cooperation

220. The Board notes with interest the efforts of Governments in the Caribbean to work together to reduce money-laundering and tax evasion in offshore banking centres. The Board trusts that those efforts will be made in both the well-established centres (Bahamas, Cayman Islands) and the emerging ones. In view of the increasing importance of offshore banking and the growing threat posed by money-laundering, the Board recommends that Governments of countries in the Caribbean should, as a matter of urgency, ensure control of financial services and improve transparency of financial transactions, particularly through the identification of the beneficial ownership of international business corporations.

221. States in Central America have been reactivating and enhancing their subregional cooperation in drug control matters.

222. Subregional cooperation has also continued within the framework of the Plan of Action on Drug Control Coordination and Cooperation in the Caribbean (also known as the Barbados Plan of Action), as demonstrated by the recent creation of a secretariat for the Association of Caribbean Commissioners of Police, the support given to the maritime project management office, and the willingness to begin working on a treaty on mutual legal assistance at the subregional level. A coordination mechanism of the Caribbean Community Secretariat (CARICOM) was established in October 1998 and is working closely with the Caribbean drug control coordination mechanism. The Board notes with satisfaction the subregional collaboration aimed at monitoring and reviewing the progress made in implementing the Barbados Plan of Action.

223. Bilateral agreements have been signed to enhance border controls and allow access to territorial waters in cases involving pursuit of suspected drug traffickers. Such agreements exist, for example, between Guatemala and Mexico and between Costa Rica and the United States.

National legislation, policy and action

224. The Governments of several countries in Central America and the Caribbean, such as El Salvador and

Guatemala, have made considerable progress in formulating national drug control plans. The Board notes with satisfaction the continued efforts made by Governments to improve their legal frameworks and criminal justice systems, in order to deal with problems associated with drug abuse and illicit drug trafficking, in particular activities aimed at concealing the origin of proceeds derived from drug trafficking and other forms of crime.

225. In the Bahamas, a financial intelligence unit has been established and the judicial system has been improved to speed up the investigation and prosecution of persons involved in money-laundering. The Board notes with satisfaction that attempts to weaken legislation against money-laundering in Antigua and Barbuda by amending rules to further increase banking secrecy have been defeated.

226. The Board also notes with satisfaction that the Governments of Barbados, El Salvador and Jamaica have introduced or strengthened legislation against money-laundering. It trusts that the Government of El Salvador will soon introduce legislation on the seizure of assets that is currently being elaborated, in order to ensure that the proceeds of criminal activities, including drug trafficking, may be confiscated, thus preventing such proceeds from being used to further finance criminal activities.

227. The Board notes the adoption in Saint Lucia of the Financial Services Act, 1999, and hopes that the mechanisms to prevent money-laundering will be effectively applied. The Government of Saint Lucia, which is currently discussing with certain professional groups and financial institutions the possibility of establishing an offshore banking centre, must make every effort to sensitize all concerned to the opportunities that offshore banking could present for drug trafficking.

228. The Board commends the Government of Barbados for its legislative initiatives such as amending the Evidence Act to facilitate the prosecution of drug traffickers. A penal reform bill has been adopted to expand the range of sentences that judges might impose for criminal offences, including drug-related offences. Special measures to deal with drug-addicted offenders have been introduced by the Attorney-General. A partnership between the Barbadian law enforcement authorities and the schools has reduced drug abuse among pupils in a number of areas in the country.

229. The Board notes the contribution of the Governments of the Dominican Republic and Guatemala to efforts in their countries to reform the criminal justice system in order to increase its efficiency. The Board notes with appreciation the strong stand taken by the Government of

the Dominican Republic against various forms of crime, including drug trafficking. Persons who are not nationals of the Dominican Republic and who have been convicted in that country of any of those forms of crime are now required to serve their sentences in that country.

230. The Board commends Trinidad and Tobago for its continued drug control efforts and for taking a leading role in several initiatives. A number of police officers in that country have recently been charged with drug trafficking. The Board urges the Government of Trinidad and Tobago to take the necessary action to ensure that recommendations made by the commission of inquiry into the escape of convicted drug traffickers are carried out expeditiously so that the police force does not become involved in the facilitation of drug trafficking offences.

231. The Board notes with interest the action taken by the Government of Belize to encourage a drug-free lifestyle and the public awareness programme aimed at school-aged children. The Board welcomes the establishment by the Government of Belize of a national drug abuse control council and encourages the Government to put into effect as soon as possible the comprehensive drug control strategy currently being developed. An agreement for sharing seized assets is currently being negotiated by Belize with the United States; the Board hopes that it will soon be possible to use such assets for drug control activities.

Cultivation, production, manufacture and abuse

232. Cannabis is illicitly cultivated in many parts of Central America and the Caribbean mainly for local consumption. Cannabis cultivated in Jamaica, however, is destined mainly for illicit markets in countries in North America. In almost all countries in Central America and the Caribbean, cannabis continues to be the most widely abused drug. Some countries in the region, such as the Bahamas, have reported a substantial increase in the abuse of cannabis, attributed to the increasing availability of cannabis and the false perception among young people that the drug is harmless. While most countries have reported either increasing or stable levels of cannabis trafficking, the Dominican Republic has reported a substantial decrease in such trafficking.

233. Limited illicit cultivation of opium poppy continues only in very isolated places in Guatemala, after successful eradication programmes were carried out several years ago. Heroin originating in Colombia has been seized mainly in Costa Rica and Panama, though small quantities of the substance have also been seized in several countries in the

Caribbean. Reports of heroin abuse in Central America and the Caribbean continue to be very limited.

234. Trafficking in and storage of cocaine hydrochloride and "crack", mainly from Colombia, continue unabated throughout Central America and the Caribbean.

235. The abuse of cocaine and "crack" has increased substantially in a number of countries in Central America and the Caribbean and has remained stable in a few others. In the Bahamas, however, the abuse of cocaine has decreased; that development is attributed to the decreased availability of the substance and an effective public education programme. In a number of countries, drug-related violence, particularly violence related to cocaine abuse, continues to be a matter of growing concern and several Governments have taken action to deal with the problem.

236. Cocaine seizures have remained at the same level for the region as a whole, but the level has varied from country to country. Haiti has emerged as the main transit point for smuggling cocaine from Colombia through the Caribbean corridor and into the United States. Drug traffickers are taking advantage of the economic and political crisis in Haiti, which has paralysed most efforts to intercept illicit drug consignments. The Board urges Governments to provide urgently needed assistance to the Government of Haiti in order to prevent the country from being overwhelmed by the cocaine traffic.

237. Employees of airline companies and other associated companies have been found to be frequently involved in drug trafficking. In September 1999, a number of employees of companies servicing aircraft in Miami, Florida, in the United States, were charged with smuggling drugs aboard aircraft. They had used their security privileges to smuggle drugs out of Aruba, the Bahamas, Costa Rica and Ecuador. Governments in Central America and the Caribbean are urged to exercise vigilance in the control of sensitive areas, such as airports, through which illicit drug consignments often pass.

238. The authorities of some countries in Central America and the Caribbean have expressed concern at the increasing number of small-scale drug traffickers entering their territory as tourists. The Board urges Governments of countries in the region, in particular, those heavily dependent on tourism, to remain vigilant. The reduction of drug trafficking should always remain a priority of all Governments concerned and should not be compromised by efforts to maintain the flow of tourists.

239. Because of its proximity to the major cocaine producers in South America, Central America is particularly

vulnerable to the diversion of precursors. Governments of countries in Central America are requested to be particularly vigilant in ensuring that quantities of precursors to be imported are within the limits of their legitimate requirements for industry.

Missions

240. A mission of the Board visited the Bahamas in June 1999. The Board appreciates the fact that the Government has recently strengthened drug control measures within the framework of new legislation covering the functions of health professions, the licensing of health-care facilities and the establishment of a public hospital authority.

241. The Board urges the Government to improve the coordination between the national authorities responsible for controlling the licit movement of narcotic drugs and psychotropic substances so that the Bahamas may fulfil its obligations under the international drug control treaties. The authorities should also strengthen the system of control over medical prescriptions of narcotic drugs as required by the 1961 Convention.

242. Significant resources have been invested in law enforcement in the Bahamas; for example, new equipment has been obtained for the coast guard. The Board encourages the Government to continue its cooperation with the Governments of neighbouring countries aimed at fighting illicit drug trafficking by sea in Central America and the Caribbean.

243. Bearing in mind the potential for misuse of the offshore banking system to launder money derived from drug trafficking and other illicit activities, the Board calls on the Government of the Bahamas to strengthen control mechanisms to prevent such misuse.

244. A mission of the Board visited Cuba in June 1999. The Board appreciates the efficient health-care system in that country, which provides health services to the entire population while, at the same time, exercising adequate control over the supply of narcotic drugs and psychotropic substances for medical use.

245. The Board notes the strong will of the Government of Cuba to fight drug abuse and illicit drug trafficking; however, severe financial and material constraints are impeding more comprehensive action.

246. The Board encourages the Government of Cuba to finalize and adopt, as soon as possible, comprehensive drug control legislation that will integrate all existing regulations aimed at countering drug abuse, illicit drug

trafficking and money-laundering and at controlling the licit movement of narcotic drugs, psychotropic substances and precursors. An amendment to the penal code passed in February 1999 has increased penalties for illicit drug trafficking. The Board encourages law enforcement authorities in Cuba to continue to participate in joint operations with their counterparts in neighbouring countries.

247. The Board welcomes recent efforts by the Government of Cuba to fight money-laundering by amending the penal code, thereby making money-laundering a criminal offence. Other amendments to the penal code were aimed at reducing drug trafficking and other forms of crime.

248. The actual extent of drug abuse in Cuba is not known. The authorities are concerned that the expanding tourism will make the population more vulnerable to drug abuse. Therefore, the Board encourages the Government to focus its drug control strategy on preventive measures, as foreseen in a project designed by the Ministry of Health to be carried out with the support of UNDCP.

249. Drug traffickers have taken advantage of the strategic location of Cuba in the Caribbean to smuggle drugs through its territorial waters. The Board recommends donor countries and relevant international organizations to provide technical assistance to the Government aimed at enhancing the efforts by the coast guard to intercept illicit drug consignments.

250. In April 1999, the Board sent a mission to Guatemala. The Board appreciates the commitment of the Government to complying with the three main international drug control treaties. The Government has achieved very positive results in recent years in, for example, restructuring the law enforcement sector (the police and customs authorities), making a first assessment of the drug abuse situation, initiating activities related to the prevention of drug abuse and the treatment and rehabilitation of drug abusers and introducing administrative controls for precursors.

251. Guatemala is faced with considerable problems involving the transit traffic in narcotic drugs and psychotropic substances. The diversion of psychotropic substances is taking place within the country, as is the illicit cultivation of cannabis and, to a smaller extent, opium poppy. As a result, drug abuse has spread, especially in the areas most affected by illicit drug trafficking. There have been several cases involving the diversion or attempted diversion of precursors using Guatemala as a transit point.

252. The Board notes with interest the plans by the Government of Guatemala to improve drug control. New,

more comprehensive legislation against drug trafficking, providing for, *inter alia*, the control of precursors, the use of controlled deliveries and the revision of penal sanctions, is being prepared. Integrated programmes for the prevention of drug abuse and the treatment and rehabilitation of drug abusers are being established. The Board encourages the Government to adopt, as soon as possible, the new legislation.

253. As a result of alleged corruption in the previous drug control administration, which weakened the administrative structure, and the lack of adequate resources, existing controls over the licit manufacture and distribution of narcotic drugs, psychotropic substances and precursors continue to be inadequate in Guatemala. The Board, therefore, calls on Guatemala to continue to improve the situation in order to comply fully with the provisions of the 1961 and 1971 Conventions.

North America

Major developments

254. Cannabis continues to be the most popular drug of abuse in Canada, Mexico and the United States. The increasing popularity of hydroponically grown cannabis with a high tetrahydrocannabinol (THC) content in the western part of Canada and in some parts of the United States is a major concern to law enforcement authorities in both of those countries.

255. The Board notes that the Government of the United States has issued new guidelines to ease the availability of cannabis for medical research and that both the National Academy of Sciences and the National Institutes of Health have recommended a more extensive programme of scientific research on cannabis. Moreover, the Government of Canada has put forward a research plan on the use of cannabis for medical purposes, which would allow clinical trials to be used to explore in a scientific manner the possibility of using cannabis for such purposes. The Board welcomes these initiatives and calls for prompt, thorough research. The Board is of the opinion that this issue, like other medical issues, must be approached in a scientific way rather than by holding referendums as in some states in the United States. The Board reiterates its position that objective scientific research into the possible medical use of cannabis should be carried out by the Governments concerned.

256. According to the last national survey carried out in the United States, in the period 1997-1998, "last-month

drug abuse"²⁶ declined among persons aged 12-17 and remained stable among the general population. Drug abuse appears to be at a lower level in Canada than in the United States. Cocaine abuse is increasing in some cities in Canada. Reports from Mexico indicate increased cocaine and heroin abuse, although such abuse is at a much lower level than in Canada and the United States.

257. The Board notes that the Governments of the countries in North America are making significant efforts to achieve the goals for reducing illicit drug demand that were established by the General Assembly at its twentieth special session, held in June 1998, as well as the goals set in their respective national strategies. At the same time, the Board notes with disappointment the slow progress made in Canada in controlling psychotropic substances in line with the requirements of the 1971 Convention and in participating effectively in the efforts of the international community to monitor precursors. While Canada fully supported the adoption of the action plans by the General Assembly at its twentieth special session, it has not yet implemented some of the basic provisions of the international drug control conventions related to them.

Treaty adherence

258. All States in North America are parties to the 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention.

Regional cooperation

259. Continued willingness to cooperate is one of the factors motivating the three countries in North America to forge new drug control initiatives. Drug control matters are routinely raised during high-level political meetings in the region. Cooperation at the regional and international levels remains an important element of drug control strategies in the region.

260. In 1999, the Governments of Mexico and the United States adopted "performance measures of effectiveness" to guide the implementation of the 1998 Bi-National Drug Strategy and make it possible to evaluate the progress achieved. A joint declaration for the reduction of drug abuse was signed by both Governments during the Bi-National Demand Reduction Conference held in Tijuana in June 1999.

261. The close economic ties between Canada and the United States offer many possibilities for drug traffickers. The Board welcomes the continued joint cross-border investigations and operations by the Governments of those countries, including a new project to improve the

coordination of the campaign against drug smuggling in the area of Lake Ontario.

262. In December 1998, Mexico signed a bilateral drug control agreement with Colombia aimed at improving the exchange of information and technology to combat drug trafficking.

National legislation, policy and action

263. The Board welcomes the new drug control strategy announced by the Government of Mexico in February 1999. The strategy is an inter-institutional initiative through which substantial resources will be devoted over the next three years to increasing the effectiveness of drug control.

264. The Board appreciates the efforts made by the Government of Mexico to approve new legislative reforms aimed at enhancing efforts against drug trafficking and organized crime, including regulations on the handling and disposal of seized assets derived from drug trafficking. The Board notes that Mexico has become the first Latin American country to be accorded observer status with the Financial Action Task Force on Money Laundering.

265. The Board notes that, in Canada, legislation was introduced in Parliament in May 1999, to allow for the setting up of a financial intelligence unit and to enforce mandatory reporting of suspicious transactions. The changes are aimed at bringing Canada into compliance with regulations of the Financial Action Task Force on Money Laundering.

266. The Board welcomes the release in the United States of the 1999 National Drug Control Strategy, which is based on a 10-year strategy adopted in 1998. The 1999 Strategy is accompanied by comprehensive "performance measures of effectiveness", linking outcome, programmes and resources. The Board notes the ongoing debate in the United States on the development of "know-your-customer" provisions and financial record-keeping to counter money-laundering.

267. The Board appreciates the ongoing National Youth Anti-Drug Media Campaign that is being implemented in the United States in collaboration with a wide array of non-profit organizations in both the public sector and the private sector. Now in its third phase, the campaign is reaching a multicultural audience by offering messages on drug abuse prevention in 12 different languages. A government evaluation of the second phase showed that the campaign had exceeded its goal of reaching 90 per cent of its target audience 4-7 times a week. There had been a

noticeable increase in the proportion of youth who avoided drug abuse because the advertisements had increased.

268. The Board appreciates the ongoing initiatives by non-governmental organizations and the public sector in Canada, Mexico and the United States in the areas of drug abuse prevention, research, education and the treatment and rehabilitation of drug abusers.

269. The Board congratulates the Governments of Canada, Mexico and the United States on the extensive use of Web sites for the dissemination of objective information relating to drug abuse. The Board welcomes the creation by the Government of the United States of a task force to examine unlawful uses of the Internet, including the illegal sale of controlled substances and prescription drugs on-line. The task force will prepare a report on whether existing laws are sufficient to investigate and prosecute crimes involving the use of the Internet.

270. In the United States, intensified drug law enforcement activities targeting offenders have resulted in a significant increase in the prison population. Mandatory sentencing remains controversial in that country. The Board appreciates that the number of programmes for the reduction of illicit drug demand is increasing. The Board notes that, in the criminal justice system, through the establishment of courts for drug offences, non-violent drug offenders and individuals on probation or on parole may be channelled into programmes for the treatment of drug abuse.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

271. Canada and the United States continue to be faced with major problems involving indoor cannabis cultivation. Seizure data continue to indicate the movement of illicit cannabis with a high THC content from western Canada and Quebec to the United States, as well as from west to east in the United States. In addition, cannabis is being smuggled into Canada and the United States in large quantities. The Board notes with concern that the indoor cultivation of very potent cannabis varieties is being promoted through the sale of both cannabis seeds and paraphernalia for growing cannabis over the Internet through Web sites located primarily on servers in Canada. There is an urgent need for action required to counter the spread of such cultivation.

272. In Mexico, in 1998, there was a decline in the amount of opium poppy that was destroyed and the number of clandestine laboratories for illicit drug manufacture that were dismantled. Seizures of ephedrine and opium gum also declined. Seizures of cocaine, marijuana and heroin also decreased, as did the number of drug-related arrests and the number of drug investigations either under way or completed. Preliminary seizure data for 1999, however, indicate an upward trend. Noting that Mexico has strengthened its drug control efforts, the Board is of the opinion that drug trafficking groups may be avoiding the territory of that country and shifting their operations to other Latin American countries and to the Caribbean. Nevertheless, Mexico remains an important transit country for cocaine shipments bound for the United States, as well as a significant source of cannabis.

273. In Mexico, drug abuse is at a much lower level than in Canada and the United States. According to the national survey on addictions, in 1998, only 5 out of 100 Mexicans had tried drugs once in a lifetime, and less than 1 per cent had abused drugs in the last month. Cocaine had been abused once in a lifetime by 1.45 per cent of the persons in the survey. Between 1993 and 1998, cocaine abuse tripled and drug abuse in general increased by 30 per cent. The abuse of inhalants among street children, who have lost their family ties, and among other vulnerable groups is of particular concern in large cities in Mexico.

274. The Board notes with appreciation that, in the United States, household surveys, emergency room surveys (the Drug Abuse Warning Network (DAWN)) and school surveys have been carried out on a regular basis for the last few decades. Future initiatives to measure illicit drug demand should, however, carefully review methodologies used in order to ensure that all segments of the population are included. According to the 1998 National Household Survey on Drug Abuse, in the United States, "last-month cannabis abuse" among persons aged 12-17 had fluctuated at 8 per cent in recent years, after reaching a peak of 14.2 per cent in 1979 and decreasing to 3.4 per cent in 1992. Cannabis abuse "in the past month" among the adult population in 1998 remained at 5 per cent, the same level as in 1997. Despite evidence that it has stabilized, cocaine abuse remains a major problem in many communities in the United States. The number of emergency-room "episodes" involving cocaine abuse has increased significantly in the United States since 1992, suggesting that cocaine abusers are suffering more and more health-related consequences. The number of persons who abused heroin "in the past month" in the United States fell to 130,000 in 1998 from 325,000 in 1997. It should be kept in mind, however, that

estimates of heroin abuse from the National Household Survey are conservative because the population of heroin abusers is probably not adequately covered. The number of emergency-room "episodes" involving heroin or morphine abuse stabilized between 1995 and 1997 after more than doubling between 1990 and 1995. Among persons in the age group 12-17, however, the number of emergency-room "episodes" involving heroin or morphine abuse increased 241 per cent between 1995 and 1997. In many cities in the United States, multiple drug abuse, such as the abuse by injection of a combination of heroin and cocaine powder, has been reported with greater frequency.

275. The Board appreciates the fact that data are available on drug abuse trends in specific cities in Canada; however, it notes that the last national survey in that country was conducted in 1994.

Psychotropic substances

276. Methamphetamine is the most prevalent controlled synthetic substance that is clandestinely manufactured in the United States. The number of methamphetamine laboratory seizures in that country almost doubled between 1996 and 1998. The abuse of and trafficking in methamphetamine continue to increase in the United States. The number of emergency-room "episodes" involving methamphetamine abuse increased from 4,900 in 1991 to 17,400 in 1997.

277. In the United States, the consumption of methylphenidate for the treatment of ADD has remained at a very high level and the number of prescriptions for amphetamines has increased by 500 per cent since 1993 (see paragraphs 159-163 above). The Board reiterates its concern that the utmost vigilance should be exercised to prevent the possible misdiagnosing and the inappropriate prescribing of methylphenidate and other stimulants. The extent of abuse of methylphenidate is not known; however, there are reports of methylphenidate tablets being crushed and snorted and, to a lesser extent, injected. In Canada, there have been reports of the abuse by injection of a combination of pentazocine and methylphenidate, commonly known as "poor-man's heroin", which seems to be reminiscent of the abuse of "Ts and blues" in the United States 20-30 years ago.

278. No significant change in the overall prevalence of benzodiazepine abuse has been reported in the United States. MDMA abuse in that country, which increased significantly from 1993 to 1997, is not as widespread as the abuse of many other drugs.

279. There continue to be reports in the United States of increased abuse of so-called "club drugs": substances such as ketamine and flunitrazepam, as well as sodium oxybate (*gamma*-hydroxybutyrate (GHB)) and its precursor *gamma*-butyrolactone (GBL). Therefore, the Board welcomes the decision in the United States to place ketamine in Schedule III of the Controlled Substances Act.

Missions

280. In April 1999, the Board sent a technical visit to Mexico to discuss with the authorities the monitoring of scheduled chemicals and the measures taken by the Government against the diversion of such chemicals into illicit channels.

281. The Board notes with appreciation that the control of substances in Table I of the 1988 Convention appears to be functioning reasonably well in Mexico. However, the Board continues to urge the Government to establish a comprehensive regulatory framework to ensure the effective implementation of the 1998 precursor control legislation, which covers all substances in Tables I and II of the 1988 Convention, as well as additional substances.

South America

Major developments

282. The Board notes with concern that, in South America, in spite of the exceptional coca bush eradication efforts made by Bolivia in 1998 and 1999 and the significant reduction of the area under illicit coca bush cultivation in Peru, the availability of coca leaf for the illicit manufacture of cocaine hydrochloride in the region as a whole and the supply of cocaine hydrochloride to illicit markets in Europe and North America do not seem to have been significantly reduced. The impressive achievements in reducing illicit coca bush cultivation in Bolivia and Peru in the past two years seem to have been offset by increased production of coca leaf in Colombia.

283. In Colombia, the deterioration of public safety in general and the fact that substantial illicit coca leaf production and cocaine manufacture are taking place in areas beyond government control are hampering efforts by the Government to fight illicit coca bush cultivation, coca leaf production, and cocaine manufacture and trafficking. In Peru, the use of land and riverine routes to smuggle coca leaf, cocaine base and cocaine hydrochloride into neighbouring countries is increasing. Traffickers have been trying to circumvent the comprehensive measures taken by

the Government of Peru against illicit drug trafficking by air, despite increases in the resources provided by the Government and by foreign donors to deal with that problem.

284. All countries in South America have increased their efforts to intercept shipments of potassium permanganate destined for the illicit manufacture of cocaine, and the results have been promising. (More detailed information is included in paragraphs 99-105 above.)

Treaty adherence

285. Almost all States in South America are parties to the three international drug control treaties, the sole exception being Guyana, which has still not become a party to the 1961 Convention.

286. As the Board has repeatedly stated in the past, the effective implementation of both the 1971 Convention and the 1988 Convention is not feasible without acceding to and fully implementing the provisions of the 1961 Convention. The Board therefore urges Guyana to accede to the 1961 Convention without further delay.

Regional cooperation

287. Practical cooperation on matters relating to drug abuse and illicit drug trafficking is being developed by the members of the Andean Pact²⁷ and the Common Market of the Southern Cone (MERCOSUR).²⁸ The Board calls on all Governments concerned to continue to make use of existing subregional mechanisms to further develop and strengthen regional interaction, coordination and information-sharing.

288. The Board welcomes negotiations taking place within MERCOSUR to simplify current judicial cooperation procedures and to standardize penal and procedural legislation, as well as regulations on the treatment and rehabilitation of drug addicts. The Board hopes that associate States of MERCOSUR and other interested countries in the region may be included in those endeavours, where feasible.

289. Through Operation Millennium, which involved close cooperation and the exchange of information, particularly between drug law enforcement authorities of Colombia, Ecuador and the United States, significant success in the fight against drug trafficking organizations was achieved, including the arrest of major organizers of illicit drug trafficking and money-laundering operations.

National legislation, policy and action

290. The Board notes with satisfaction the exceptional results achieved so far by Bolivia in its programme to eradicate illicit coca bush cultivation, which was launched in 1998 as part of its Anti-Drug Strategy 1998-2002, also known as the Dignity Plan. The Government of Bolivia deserves the recognition of the international community for the political will that it has shown and the financial, technical and human resources that it has invested in its coca bush eradication efforts. The Board calls on donor countries to support Bolivia in its efforts to achieve the goals set in its Dignity Plan.

291. The Government of Bolivia is aware that the closer that the country gets to achieving the goals of its Dignity Plan, the greater the risk that coca leaf (which is considered licit under current Bolivian legislation) may be diverted into illicit channels for use in the illicit manufacture of cocaine.

292. About 1,000 tons of coca leaf of Bolivian origin are estimated to be smuggled yearly into the northern Argentine provinces of Jujuy and Salta, where the possession and consumption (chewing) of coca leaf in its natural form and the preparation of *mate de coca* (coca tea) are not considered by law as possession and consumption of a narcotic drug. The Board trusts that the Government of Argentina, by strengthening its Northern Border Task Force, established late in 1998 to enhance efforts to combat illicit drug trafficking, will deal with the problem of coca leaf smuggling in cooperation with the authorities of Bolivia.

293. In Brazil, the reorganization of government structures and the updating of national legislation to combat drug abuse and illicit drug trafficking, initiated in 1998 with the creation of, *inter alia*, the national anti-drug council (CONAD), the national drug control commission, its National Anti-Drug Secretariat (SENAD) and the financial activities control board (COAF), as well as the enactment of a new regulation for substances and medication subject to special control (regulation 344), continued in 1999.

294. In June and July 1999, Brazil enacted laws regulating the disposal of seized and confiscated assets prior to sentencing in criminal trials and the protection of victims of, and witnesses in, criminal cases. Furthermore, several presidential decrees have streamlined the administration and functioning of the national drug control bodies. Strict regulations have been introduced on a variety of financial activities.

295. The Board notes with concern that in Colombia the law on the confiscation of assets has not brought the expected results. Of the many thousands of pieces of property seized so far, none has been subsequently confiscated pursuant to the provisions of the law. The Board hopes that the current discussion between the congress and the Government will result in the law being either amended or more effectively implemented.

296. Ecuador launched its National Strategy to Face Drugs, 1999-2003, which includes detailed objectives and financial requirements for the implementation of a phased plan to combat drug abuse and illicit drug trafficking in a comprehensive manner in the period 1999-2003. The Board welcomes the adoption of the strategy, which gives to the national drug control commission a leading role in the planning and execution of national drug control efforts. It is hoped that the current economic difficulties and the related social unrest in Ecuador will not hinder the implementation of the strategy, considering that drug traffickers are increasingly using the country as a base for their illicit operations.

297. In Peru, the national drug control commission was placed in April 1999 under the direct responsibility of the Council of Ministers, consolidating the legal status of the commission within the governmental structure. The Board expects that the required budgetary provisions will be adopted. The Government has formulated a comprehensive alternative development and demand reduction programme, most of which will be self-financed. The Board calls on donor countries to support the programme.

298. In the past few years, Peru has engaged in a more active coca bush eradication programme. In 1999, however, coca bush cultivation is expected to reach a level similar to that of 1998 instead of being reduced considerably as in previous years. To complement its new alternative development programme, the Government should formulate a clear policy on coca bush eradication and make the cultivation of coca bush illegal, in line with the requirements of the 1961 Convention.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

299. Data on the extent of illicit cannabis cultivation in countries in South America remain scarce. Throughout the region, cannabis continues to be produced mostly for local consumption, although consignments of cannabis produced in Brazil, Colombia, Guyana, Paraguay and Suriname

continue to be seized while being transported in neighbouring countries and in countries in the Caribbean, as well as at their destinations in Europe and North America. With few exceptions, authorities in countries in South America continue to seize increasing amounts of cannabis. Efforts are being made in the region to carry out on a regular basis abuse surveys that will yield comparable data. Data from hospital emergency rooms remain the most common indicator of drug abuse in the region; according to such data, cannabis continues to be the most common drug of abuse among persons aged 15-19 and is also the most often reported drug of initiation.

300. Governments of countries in South America should remain vigilant to prevent the spread of the illicit cultivation of opium poppy and the illicit traffic in heroin. The increasing availability of heroin in the subregion could have a spillover effect on its abuse, similar to the spillover effect that the illicit traffic in cocaine has already had in some parts of the region. Seizures of opium poppy seeds and opium in Peru increased significantly in 1999, perhaps indicating that the country will be increasingly faced with the problem of illicit opium poppy cultivation. The Government of Colombia has stepped up its opium poppy eradication efforts, causing sites for illicit opium poppy cultivation to be abandoned in some areas; however, new sites have been quickly replacing the abandoned ones, particularly in the Huila-Tolima area. Throughout South America, heroin abuse continues to be marginal, but it is increasing slightly, confirming that the availability of heroin is increasing, as reported in previous years.

301. In the region as a whole, the potential production, productivity and availability of coca leaf for illicit purposes seem to have remained stable. Despite increased eradication efforts in 1998 and in the first half of 1999, coca bush cultivation in Colombia seems to have increased; that is because cultivation sites were moved to areas beyond the reach of the eradication programme of the Government.

302. Bolivia seems to be well on its way to achieving its goal of eradicating from its territory the cultivation of coca bush, which is considered illicit under current legislation. In Peru, the total area under illicit coca bush cultivation decreased by more than 50 per cent between 1995 and 1998. Increases in coca leaf prices in both countries might jeopardize eradication efforts and make alternative development programmes more urgently needed.

303. Current data seem to confirm that the country with the largest area under coca bush cultivation is Colombia; the area under coca bush cultivation in that country may

even surpass the area under illicit cultivation in Bolivia and Peru combined. Although comprehensive comparative studies of soil and weather conditions in countries producing coca leaf have never been conducted, Peru is generally believed to have the greatest potential for illicit coca leaf production. Coca leaf produced in Peru is also considered to have a higher alkaloid content than coca leaf produced in Colombia; therefore, it is unlikely that illicit cocaine manufacturers in Colombia will be able to rely entirely on domestic illicit coca leaf production.

304. Colombia continues to be the world's leading cocaine producer. Efforts by Colombian law enforcement authorities have led to the discovery and destruction of several laboratories for illicit cocaine manufacture, one of which was capable of manufacturing up to 8 tons of cocaine per month. That is an indication of the technical and economic resources, as well as the manufacturing capacity, at the disposal of Colombian drug traffickers. Coca leaf is increasingly being processed into cocaine paste in Peru and sent directly overseas. Cocaine is more widely available at low prices on illicit markets in Peru, where its abuse seems to be increasing rapidly.

305. Illicit trafficking in cocaine destined for Europe and North America continues unabated. New routes and methods are being used to smuggle cocaine out of South America, as detection techniques are becoming more sophisticated. Most international airports in the region are used for smuggling relatively small amounts of cocaine by courier, while seaports of all countries, on both the Atlantic and the Pacific, are used for smuggling bulk consignments of cocaine among all sorts of goods, ranging from fresh flowers to furniture and decorative candles.

306. The routes used for illicit trafficking in cocaine have diversified considerably. Cocaine headed for western Europe usually follows well-established paths via the Caribbean or Africa; however, countries in central Asia, West Asia and eastern Europe are increasingly being used for the trans-shipment of cocaine to western Europe.

307. Seizures of controlled chemicals continue to be substantial and are increasing in South America. Countries in the region have understandably focused their efforts on chemicals used in the illicit manufacture of cocaine. The Board, aware of the resource limitations of Governments in the region, encourages the Governments of Colombia and its neighbouring countries to step up their control of chemicals used in the illicit manufacture of heroin, in particular acetic anhydride.

308. In view of the good results achieved through verification of the legitimacy of individual transactions, the

Board once again calls on States in South America to invoke article 12, paragraph 10 (a), of the 1988 Convention. Only Argentina, Brazil, Colombia, Ecuador and Peru have done so. The Board also calls on exporting countries, in particular member States of the European Union, to verify the legitimacy of individual transactions to all countries in South America, instead of only some countries in the region, since drug traffickers may circumvent targeted entry points.

Psychotropic substances

309. One of the main concerns in South America continues to be the abuse of amphetamine-type stimulants in the form of anorectics manufactured by the pharmaceutical industry. In Brazil, one of the countries most affected by the misuse of the prescription system for stimulants, new regulations and control mechanisms are expected to help reduce the high consumption levels of those substances. In Argentina and Chile, significant progress has been achieved already (see paragraph 166 above).

310. The 1998 national household surveys conducted in Bolivia and Peru showed that tranquillizers were the most often abused psychotropic substances, with prevalence close to that of cannabis. Stimulants and hallucinogens are abused to a considerably lesser extent.

Missions

311. A mission of the Board visited Brazil in July 1999. The Government has launched an extensive programme for introducing legal and institutional reform in the government structures for fighting drug abuse and illicit drug trafficking by establishing a new national body for making drug policy, an independent national sanitary surveillance agency responsible for the national drug control administration, and a new financial control organ.

312. The Board is of the view that Brazil has been taking the necessary steps to improve its ability to combat drug abuse and illicit drug trafficking. It is hoped that the required financial and technical resources will be provided to ensure that the new institutions and mechanisms produce the desired results.

313. The Board encourages the Government of Brazil to continue its reform efforts by strengthening the capacity of the national sanitary surveillance agency to enforce registration requirements and prescription regulations, as well as to carry out its inspection responsibilities, for importers, manufacturers, wholesale distributors and retailers of narcotic drugs and, in particular, psychotropic substances. The Board trusts that the reforms will eventually succeed in

addressing the serious shortcomings of recent years in the control of licit narcotic drugs and psychotropic substances.

314. Regarding the control over precursors, although the Government of Brazil seems to have the required structure, the financial and technical resources at its disposal continue to be insufficient to effectively control the large chemical industry in the country.

315. In Brazil, the execution and planning of activities to reduce illicit drug demand seem to be improving under the direction of SENAD. The Board is of the view that a comprehensive national system for conducting periodic drug abuse surveys would greatly enhance the planning, implementation and results of those activities.

316. Bearing in mind the geographical, demographic and economic factors of the situation, the Board calls on the Government of Brazil to assume an even more active role in fostering cooperation among Governments of countries in South America in drug-related matters and areas of common interest, such as combating drug and chemical trafficking in the Amazon river basin. Fighting transnational crime in general, especially money-laundering and illicit trafficking in drugs and precursors, would vastly benefit from increased cooperation among Governments in the region.

Technical visits

317. At the invitation of the Government of Bolivia, in July 1999, the Board sent a technical visit to the country to review the existing mechanisms for control over the cultivation of coca bush and the production and distribution of coca leaf for traditional use, to assess the progress made by the present programme to eradicate illicit coca bush cultivation and to discuss technical issues with the competent national authorities.

318. The Board, while it welcomes the present coca bush eradication campaign in Bolivia, which has achieved excellent results, calls on the Government to take the necessary measures to avoid a situation in which coca leaf production that is considered licit under its present legislation may result in coca leaf being diverted to supplement the diminishing illicit supply.

319. While it is cognizant of the historic, cultural, social and economic values in Bolivia, the Board is still of the view that the very purpose of such cultivation, production and distribution, namely to make available coca leaf for uses such as the chewing of coca leaf and the drinking of coca tea, is contrary to the provisions of the 1961 Convention.

C. Asia

East and South-East Asia

Major developments

320. In 1999, there was a major reduction in the total area under illicit opium poppy cultivation in the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam. China, Malaysia and Thailand remain important illicit markets for heroin and also serve as transit points for heroin destined for illicit markets in other parts of East and South-East Asia, in North America and in Oceania. The abuse of opiates by injection continues to contribute to increases in the prevalence of HIV infection in Myanmar and Viet Nam, as well as in some other countries in East and South-East Asia.

321. The abuse of and trafficking in amphetamine-type stimulants are spreading quickly across the entire region of East and South-East Asia. In the area of the Golden Triangle, facilities that once were used exclusively for the refining of heroin are increasingly being used for the manufacture of methamphetamine as well. China has remained a major source of clandestinely manufactured amphetamine-type stimulants. Traffickers of such stimulants appear to be targeting vulnerable groups in major urban areas, especially the young. In Thailand, for example, amphetamine-type stimulants have recently become the drug most widely abused by students. The Board urges the Governments of countries in East and South-East Asia: (a) to examine carefully the problem of the abuse of and trafficking in amphetamine-type stimulants in its entirety, including prevalence and the question of why an increasing number of youth in the region are turning to the abuse of methamphetamine; (b) to formulate and implement effective strategies to reduce the illicit demand for amphetamine-type stimulants based upon their examination of the problem; and (c) to increase cooperation with each other in regulatory and law enforcement activities targeting the illicit manufacture of and trafficking in amphetamine-type stimulants.

322. While recovery from the economic crisis has started, resource constraints are still preventing several Governments and their partners from fully implementing programmes to reduce illicit drug supply and demand.

Treaty adherence

323. The Republic of Korea acceded to the 1988 Convention at the end of 1998 and Indonesia became a party to that Convention in February 1999. In 1999, the

Government of Portugal notified the Secretary-General of the territorial application to Macau of the three international drug control treaties.

324. Cambodia and the Democratic People's Republic of Korea continue to be the only two States in East and South-East Asia that have yet to become parties to any of the international drug control treaties. While Mongolia has to date become a party only to the 1961 Convention as amended by the 1972 Protocol, the Board welcomes the recent approval by the Parliament of Mongolia to its accession to the 1971 Convention and hopes that it will soon deposit its instrument of accession with the Secretary-General.

325. As the relevant domestic legislation to meet the requirements of the 1988 Convention now appears to be in place, the Board expects that Thailand will become a party to that Convention without further delay. In view of the agreement on the six-year opium elimination programme, the Board also urges the Lao People's Democratic Republic to accede to the 1988 Convention without further delay.

326. The Board notes that, following the accession by Viet Nam to all three international drug control treaties late in 1997, a number of States objected to the reservations formulated by Viet Nam on the extradition provisions of those treaties. The Board reiterates its call for Viet Nam to review its position and to withdraw its reservations.

Regional cooperation

327. At an Asian drug law enforcement conference held in Tokyo in February 1999, representatives of the six countries in the Mekong²⁹ area (Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) agreed to boost cooperation in combating drug abuse and trafficking by strengthening border controls throughout the entire area. The Government of Japan agreed to provide support. In May 1999, ministers from the six countries reviewed the progress made regarding the UNDCP-assisted subregional action plans developed under a 1993 memorandum of understanding on drug control; the ministers agreed on a new initiative to fight the increasing abuse of amphetamine-type stimulants and to intensify joint action to reduce drug abuse and illicit drug trafficking in the Mekong area through an expanded cross-border cooperation programme. Interpol organized a fourth international conference on heroin in Yangon in February 1999; all countries in East and South-East Asia were represented at the Conference. The Board welcomes the opening of a law enforcement academy in Bangkok with the support of

the United States. In March 1999, the academy began training of 50 drug control officers from countries in East and South-East Asia.

328. Bilateral efforts to combat illicit drug trafficking and drug abuse in East and South-East Asia have continued. For example, Cambodia and Thailand agreed to increase cooperation in law enforcement along their common border. At the end of 1998, Thailand agreed to assist Cambodia in training programmes by, among other things, providing equipment. In December 1998, the Philippines and Thailand signed an agreement on cooperation in crime prevention; the agreement covers, *inter alia*, the illicit manufacture of and trafficking in drugs. With a view to sharing information, knowledge and drug crime investigation skills, an Australian federal police liaison office was opened in Hanoi in April 1999. Myanmar and Thailand agreed in March 1999 to establish a joint committee to oversee increased cooperation in the suppression of illicit drug manufacture and trafficking along their common border. Cooperation in drug law enforcement operations involving China, Myanmar and Thailand has improved as a result of regular cross-border meetings held by the authorities of those countries.

National legislation, policy and action

329. The Board welcomes the agreement reached in May 1999 by the Government of the Lao People's Democratic Republic and UNDCP on a six-year programme to eliminate illicit opium crops in that country. The Board encourages the international community, including bilateral donors and multilateral financial institutions, to provide the necessary financing for the implementation of the programme, the total value of which is estimated at US \$80 million.

330. As part of a major effort to strengthen the organizations involved in drug control in the Philippines, a presidential order was issued in January 1999 on the creation of the National Drug Law Enforcement and Prevention Coordinating Centre, which will oversee the government offensive against drug abuse and illicit drug trafficking. A presidential order was also issued on the establishment of the Philippine Centre on Transnational Crime, which will deal with, *inter alia*, issues related to drug trafficking. In addition, provincial and local drug abuse councils were created nationwide.

331. A law against money-laundering went into effect in Thailand in 1999. The law covers numerous offences, including offences involving proceeds derived from the illicit drug trade. Under the law, a new agency for the

control of money-laundering will be set up in the Office of the Prime Minister. A new law against money-laundering that took effect in Singapore in September 1999 provides for the confiscation of benefits derived from, *inter alia*, drug trafficking. The Board hopes that the draft law against money-laundering that is being prepared in Indonesia will soon be adopted.

332. The Board appreciates the efforts of the Government of Thailand to identify government officials who have been implicated in drug offences. The Board stresses the importance of punishing those officials who have been found to have engaged in drug trafficking or to have cooperated with drug traffickers.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

333. Significant illicit cultivation of cannabis continues to occur in Cambodia, Indonesia, the Philippines and Thailand. Cambodia is increasingly becoming a major source of the illicitly cultivated cannabis found on the illicit market in countries in East and South-East Asia and in other countries, primarily Australia. The illicit cannabis consignments are mainly concealed in cargo containers leaving Cambodia on board small boats, from which they are transferred to ships waiting in international waters. Cannabis is also illicitly cultivated, both for domestic consumption and for export, in remote, mountainous areas of the Philippines, despite efforts by law enforcement authorities to deal with the problem.

334. Eradication activities and bad weather conditions have brought about a decline in the total quantity of opium harvested in Myanmar. Data for 1998 show that, compared with previous years, there has been a significant increase in the quantity of heroin seized in China, indicating a possible increase in the use of the heroin trafficking route through that country and/or strengthened activities by Chinese law enforcement authorities, as well as a possible increase in the abuse of heroin in China. The abuse of opiates remains prevalent in many countries in East and South-East Asia.

335. Seizures of cocaine in the region increased in 1998, partly as a result of a large seizure of cocaine (believed to be in transit) that was made in the Hong Kong Special Administrative Region of China in December 1998. The region of East and South-East Asia does not appear to have a cocaine abuse problem.

Psychotropic substances

336. China and Myanmar remain the major sources of methamphetamine abused in East and South-East Asia. The Board takes note of the initiatives of Thai law enforcement and military authorities to prevent consignments of illicitly manufactured methamphetamine from entering Thailand, particularly from Myanmar, and encourages the Governments of both countries to strengthen their cooperation aimed at meeting the challenge posed by amphetamine-type stimulants. Methamphetamine illicitly manufactured in China is abused locally or exported to other countries in east Asia. Methamphetamine is also illicitly transported from the Philippines to other countries in East and South-East Asia. The number of abusers of methamphetamine exceeds the number of heroin abusers in Taiwan Province of China and in a number of countries in the region, such as Japan, the Philippines, the Republic of Korea and Thailand. Seizure data indicate that ephedrine, a chemical used in the illicit manufacture of methamphetamine, continues to be smuggled out of China and India and into Myanmar. Seizures of ephedrine of Indian origin have increased sharply on both sides of the border between India and Myanmar and have reached the order of several tons annually. Trafficking routes often lead through remote areas. The Board therefore reiterates its call, made in its report for 1998,³⁰ for increased cooperation between the countries in East and South-East Asia and those in South Asia. The Board welcomes the recent decision by China to introduce stricter controls over ephedrine.

337. Most of the MDMA ("ecstasy") available in East and South-East Asia has been smuggled into the region after being illicitly manufactured in Europe. In the past few years, however, there have been attempts to manufacture the substance clandestinely in some countries in East and South-East Asia. Law enforcement authorities in Singapore, for example, uncovered in 1999 for the first time a clandestine laboratory for making "ecstasy" tablets on a large scale. The abuse of MDMA is being reported with increasing frequency in several countries in the region.

338. China continues to be a source of amfepramone found on illicit markets in the Russian Federation and in various parts of Asia. The Board therefore trusts that the ban on the manufacture of the substance, which was issued by the Government of China, will be fully enforced.

Missions

339. In June 1999, a mission of the Board visited Japan. The Government of Japan continues to take

comprehensive, sustained and systematic measures against drug abuse and illicit drug trafficking. The message to young people by the various government authorities is unequivocal, supported by strong national consensus on the implementation of the government policy based entirely on the international drug control treaties.

340. In Japan, the drug abuse problem remains a limited social and public health problem; well controlled through a wide range of preventive and regulatory measures and a rigorous enforcement policy. There are indications that drugs are abused in Japan to a much lesser extent than in other developed countries. The country has not been affected by the scourge of heroin and cocaine abuse. However, the abuse of stimulants, in particular the recent rising trend in such abuse among young people, is understandably a matter of concern to the Government. Japan has managed to reverse rising trends in drug abuse on several occasions in the last few decades. The Board trusts that the Government will also take appropriate measures to counter the current rising trend in the abuse of stimulants.

341. The manufacture of and trade in drugs for medical purposes are effectively regulated in Japan. The use of morphine for the treatment of pain is increasing to a more adequate level. Since Japan is among the countries with the highest consumption levels for benzodiazepine-type hypnotics and sedatives, marketing and prescription practices should be closely monitored to avoid inappropriate use or abuse of those substances.

342. The Board appreciates the fact that the Government of Japan is taking important steps to enhance the detection and prevention of money-laundering by means of a new law against organized crime and through the establishment of a special investigative office in the Financial Supervisory Agency.

343. In September 1999, the Board sent a mission to Mongolia. The Government assured the Board that Mongolia intended to become a party to the 1971 Convention soon, noting that the Mongolian parliament had recently passed legislation authorizing the accession of Mongolia to that Convention. The importance of Mongolia becoming a party to the 1988 Convention was also recognized by the authorities.

344. *Ephedra*, the plant from which ephedrine is made, grows wild in Mongolia on the northern rim of the Gobi desert. While the abuse of and trafficking in narcotic drugs and psychotropic substances are minimal, there are indications that Mongolia is being increasingly targeted by drug traffickers, particularly for the diversion and manufacture of ephedrine. The Board notes with particular

concern the recent attempt by foreign investors to cultivate *Ephedra* and manufacture ephedrine without a licence. While financial constraints and the difficult climatic and geographical conditions of the sparsely populated country make communication and the enforcement of drug control policy in its outlying provinces difficult, the Board is confident that the Ministry of Health and Social Welfare will continue to cooperate with the General Department of Police and the General Customs Administration to ensure that proper controls are exercised over the international trade in and manufacture of ephedrine.

Technical visits

345. In June 1999, the secretariat of the Board made a technical visit to the Democratic People's Republic of Korea. The Government confirmed its willingness to cooperate with the Board and with the Governments of other countries in international drug control matters and to provide the information required to be submitted to the Board under the international drug control treaties. The Board appreciates the fact that progress has been achieved in that area.

346. The training of several drug control administrators of the Democratic People's Republic of Korea, to be carried out in cooperation with the Government of Malaysia, will enhance the technical knowledge available and contribute to more effective drug control at the regional and international levels. The Board invites the Government of the Democratic People's Republic of Korea and other Governments, in particular the Governments of other countries in East and South-East Asia, to cooperate with each other in matters involving international drug control.

South Asia

Major developments

347. Because of the proximity of South Asia to the world's two main opiate-producing countries, Afghanistan and Myanmar, drug trafficking and drug abuse in the region have been mainly transit-related. The transit traffic in drugs has led to a rise in drug abuse in South Asia. There seem to be millions of drug abusers in the region. While cannabis and opium have traditionally been the main drugs of abuse, the abuse of heroin and synthetic drugs is rapidly increasing. The abuse of stimulants (cocaine and "ecstasy") appears to be very limited.

348. Certain areas have emerged as major drug trafficking centres and/or have witnessed a rapid deterioration of the

drug trafficking or drug abuse situation. Those areas include the Chittagong port area in Bangladesh, the north-eastern part of India (in particular the states of Manipur, Mizoram and Nagaland) and the Indo-Pakistan border area (especially Punjab and the union territory of Chandigarh), as well as Mumbai and New Delhi.

349. India and Sri Lanka are being confronted with increasing numbers of drug-related court cases and prisoners. As neither the courts nor the prisons in India and Sri Lanka are currently in a position to cope with the situation, the Governments of both countries are considering the possibility of increasing the use of alternative measures for drug abusers, such as treatment and rehabilitation.

Treaty adherence

350. Of the six States in South Asia, four are parties to the 1961 Convention, three are parties to the 1971 Convention and five are parties to the 1988 Convention. The Board urges Bhutan, which is not a party to the 1961 Convention or the 1971 Convention, and Nepal, which is not a party to the 1971 Convention, to accede to those conventions as soon as possible. The Board notes with regret that Maldives, after having announced early in 1998 that it would soon be taking steps to become a party to each of the three main international drug control treaties, has not yet acceded to any of those treaties.

Regional cooperation

351. The Board notes with appreciation the continuing bilateral cooperation efforts to prevent drug trafficking between India and its neighbouring countries, Bangladesh, Myanmar, Nepal and Pakistan.

352. The Board welcomes the ongoing collaboration at the subregional level, including activities carried out by regional bodies, such as the Drug Advisory Programme of the Colombo Plan Bureau and activities of the secretariat of the South Asian Association for Regional Co-operation, and by a number of non-governmental organizations.

National legislation, policy and action

353. The Board welcomes the amendment in India of the law on the extradition of criminals, enabling the extradition of criminals from all States that are signatories to bilateral agreements with India. The Board trusts that the amendments to the Narcotic Drugs and Psychotropic Substances Act, the Foreign Exchange Management Act and the draft legislation on money-laundering will be approved in Parliament, particularly in the light of the liberalization of

the economy, including the lifting of restrictions on imports and the promotion of exports, which have led foreign exchange racketeers and money-laundering operators to change their modus operandi.

354. The Board also welcomes the recent establishment in Nepal of the Inter-Departmental Coordination Committee on Precursor Control, which is expected to formulate a policy proposal and to develop a control mechanism in the near future.

355. The Board notes with satisfaction that a number of countries in South Asia are devoting increased attention to the prevention of drug abuse and the treatment and rehabilitation of drug addicts and to the involvement of non-governmental organizations in those activities. The Government of India has adopted a multidimensional and multidisciplinary approach to reducing illicit drug demand, launching awareness-raising and education programmes on the effects of drug abuse, training officials involved in drug abuse prevention and carrying out community-based activities aimed at identifying, motivating, treating and rehabilitating drug addicts.

356. The Government of Sri Lanka is in the process of introducing legislation offering treatment and rehabilitation for drug abusers as an alternative to imprisonment. There are not enough government rehabilitation centres to cover the needs of drug abusers in the entire country. The Board notes with appreciation the increase in the number of community groups concerned with drug problems and the establishment of the Federation of Non-governmental Organizations against Drug Abuse, which coordinates activities of leading non-governmental organizations.

357. The Board notes with appreciation that Bhutan, a country in which there is no known drug abuse, has decided to take preventive action and to initiate a campaign to increase public awareness of substance abuse.

358. The Board welcomes the recommendations of a presidential task force in Sri Lanka on overcoming constraints on law enforcement activities imposed in the interest of drug trafficking groups. The recommendations have already led to more effective law enforcement activities.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

359. Despite cannabis eradication campaigns being conducted on a regular basis in India, Nepal and Sri Lanka,

illicit cannabis cultivation has continued in those countries, particularly in remote and inaccessible areas. The illicit demand for cannabis resin from Nepal, which has a high THC content, has increased in other countries. That has led to a sharp increase in the cultivation of cannabis and trafficking in cannabis resin and cannabis herb. It is estimated that about 70 per cent of the cannabis cultivated in Nepal enters international trafficking routes. While the cannabis herb smuggled out of Nepal is mainly destined for India, the cannabis resin is shipped to illicit markets in Asia, Europe and North America. Sri Lanka is increasingly being used as a transit point for illicit consignments of cannabis and heroin from South Asia and south-west Asia.

360. Large quantities of heroin have been smuggled out of Afghanistan through Pakistan and out of Myanmar and into countries in South Asia, mainly to be shipped further to illicit markets in Europe and North America, but also to be abused locally. Seizure data indicate an increase in trafficking in heroin from India to countries in Africa, some of which is destined for the more profitable illicit markets in the United States and countries in Europe. The number of local heroin abusers is increasing; the number is particularly high along the main trafficking routes and in major drug trafficking areas such as Mumbai in India and the south-western border area of Bangladesh with India. Because of the increasing abuse of heroin by injection and the sharing of needles, the number of HIV/AIDS cases is rising in most countries in South Asia. The preferred mode of administering heroin continues to be inhalation.

361. The supply of illicit opiates from south-west Asia continues and may increase as a result of record opium poppy harvests in Afghanistan. Trafficking in raw opium and heroin from north-western Myanmar has been on the rise for the past few years. New smuggling routes leading from Myanmar through the Indian border states of Manipur, Mizoram and Nagaland, mainly to markets overseas, were developed following intensified law enforcement activities in China and Thailand. The illicit cultivation of opium poppy and the production of opiates are also taking place in various parts of India and in Nepal. Regarding licit opium production in India, the Board notes with concern that there have been reports of fraud involving licensed opium poppy growers, whereby the opium poppy growers reported to control authorities that their crop yield was lower than it actually was and then sold to drug traffickers the difference between the actual and the reported crop yield. The Board encourages the Central Bureau of Narcotics to proceed with its efforts to reinstitute adequate control.

362. The preparation Proxyvon, which contains dextro-propoxyphene, a synthetic opioid used as an analgesic, is increasingly being abused by drug addicts in the north-east of India. Because Proxyvon is cheaper, it is used as a substitute for heroin and, while not available in injectable form, it is dissolved and injected by drug addicts, thereby exposing them to additional health risks, including the spread of HIV/AIDS. Mizoram, a particularly affected state in India, having about 6,000 Proxyvon addicts, plans to ban the drug from the pharmaceutical market.

363. In Bangladesh, India and Nepal, the abuse of codeine-based cough medicines continues, particularly the abuse of codeine-based cough medicine sold under the brand name Phensedyl, which is either diverted from licit channels or marketed in the form of counterfeit products. In Bangladesh, huge amounts of precursors used for the illicit manufacture of Phensedyl were seized by the police at the border between that country and India. In India, pharmaceutical preparations containing narcotic drugs and psychotropic substances are manufactured locally, are readily available and are cheaper than heroin. They are being used as substitutes for heroin mainly when heroin is not available. The Board is concerned that, despite Government regulations prohibiting pharmacies from selling any pharmaceutical preparation containing psychotropic substances or narcotic drugs without a prescription from a registered medical practitioner, domestic distribution channels, including pharmacies, stockholders and wholesale purchasers, are suspected of illicitly supplying such preparations.

364. In Bangladesh, chemicals included in Table I or II of the 1988 Convention are only controlled by existing legislation if they are used for the manufacture of pharmaceutical products. Those controls do not apply if the substances are for some other industrial use, such as in the textile industry or in the manufacture of paint. Amendments to the current regulations are under consideration. The Board trusts that the Government of Bangladesh will introduce the required legal and regulatory changes as soon as possible.

365. As India continues to tighten its control over exports of precursors, it is possible that other countries may be used by traffickers to trans-ship such precursors or to divert them from international trade. The Board encourages all countries in South Asia to exercise the necessary vigilance to prevent such a development. The Board notes with concern certain disquieting new trends in India such as the smuggling into Myanmar of precursors, including ephedrine, for the illicit manufacture of amphetamine-type

stimulants and the large-scale diversion of acetic anhydride from licit manufacture in India to be smuggled out of that country for use in the illicit manufacture of heroin. The Board therefore requests the authorities of India to tighten controls to prevent the diversion of precursors from domestic distribution channels.

Psychotropic substances

366. The large-scale abuse of psychotropic substances, in particular benzodiazepines such as diazepam and nitrazepam, continues in Bangladesh, India and Nepal. The pharmaceutical industry in India manufactures large amounts of psychotropic substances for medical purposes. Despite efforts by the various authorities in India, a number of those substances continues to be diverted from domestic distribution channels and are either abused in the country itself or smuggled into other countries.

367. For a number of years, the abuse of the analgesic buprenorphine in South Asia has been a major concern to the Board. The Board, therefore, notes with appreciation that intensified efforts by the authorities in India have prevented to a large extent the diversion of buprenorphine from licit distribution channels to the illicit market and, as a result, seizures of that substance have declined significantly.

368. In Sri Lanka, various psychotropic substances are abused as substitutes for or in addition to heroin. The abuse of psychotropic substances in prisons in Sri Lanka is a recent development, as prison surveys have shown. Controls over psychotropic substances at the retail level have been lacking in Sri Lanka for a long time.

369. In India, law enforcement authorities continue to report seizures of methaqualone tablets and the dismantling of illicit facilities for manufacturing that substance, while intensified law enforcement efforts and stringent new regulations have resulted in a continuous decline in illicit methaqualone manufacture. The Board encourages the authorities in India to keep up their vigilance to prevent any resurgence in the illicit manufacture of that substance. The Board notes with concern that methamphetamine tablets illicitly manufactured in the Wa hill area of Myanmar have begun to appear on the illicit market in India.

West Asia

Major developments

370. In Afghanistan, the large-scale illicit cultivation of opium poppy has continued to spread to areas in the country which were previously not affected by it. It is estimated that, due to favourable weather conditions, the production of opium in 1999 increased sharply compared with the 1998 figure, to a record level of about 4,600 tons. Thus, it is likely that approximately 75 per cent of the world production of opium takes place in Afghanistan.

371. The commitment of the Taliban in Afghanistan to ban opium poppy cultivation and heroin manufacture remains questionable, as it continues to collect taxes on the opium poppy crop that is harvested and the heroin that is manufactured. According to the latest survey, 97 per cent of the area under opium poppy cultivation was on territory controlled by the Taliban. Heroin manufacture has moved to Afghanistan from Pakistan, where it has virtually disappeared. The Board is concerned about this grave situation, which negatively affects not only West Asia, but also Europe and the rest of the world. It urges the world community to take appropriate measures.

372. Most countries in West Asia are used by traffickers as transit points for opiates originating in Afghanistan and destined mainly for Europe but also for other regions. Cannabis originating in Afghanistan and Pakistan is also smuggled through many countries in the region. Precursors used in the illicit manufacture of heroin continue to be trafficked into the opposite direction.

373. The Board is concerned about the rapid spread of illicit crop cultivation and the trafficking in and abuse of drugs, especially heroin, in countries in central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) and the Caucasus (Armenia, Azerbaijan and Georgia). In view of the overall rise in criminal activities in central Asia and the Caucasus, inadequate resources to deal with the problem, drug abuse and illicit drug trafficking, if left unchecked, would have devastating consequences for societies in those subregions.

374. While an increasing proportion of opiates originating in Afghanistan is smuggled through central Asia, the largest share of those drugs continues to be transported through the Islamic Republic of Iran to Turkey or from Pakistan to the Islamic Republic of Iran and other countries in the Persian Gulf area before being sent to its final destination. Turkey continues to be the major transit point for heroin destined for Europe.

375. The Islamic Republic of Iran has continued to make significant efforts to intercept illicit consignments of opiates en route from Afghanistan to Turkey, member States of the Commonwealth of Independent States (CIS), and other countries in Europe. The Board commends the Islamic Republic of Iran for its major contribution to reducing the availability of opiates on the illicit markets of those countries. More than 80 per cent of seizures of opium worldwide are carried out by Iranian authorities, who have suffered heavy human casualties and made considerable financial sacrifices.

376. The Caspian Sea is increasingly being used to trans-ship large amounts of both opiates and cannabis from Afghanistan through Turkmenistan to the Russian Federation and other countries in Europe.

377. The abuse of opiates appears to have continued to rise in Afghanistan and the Islamic Republic of Iran. In Pakistan, heroin abuse appears to have continued at a very high level. Although drug addiction has remained limited in most other countries in West Asia, increases have been reported in a number of countries in the region (Azerbaijan, Jordan, Kazakhstan, Kyrgyzstan, Lebanon, Tajikistan, Turkmenistan, the United Arab Emirates and Uzbekistan).

378. While West Asia offers many possibilities for money-laundering, many countries in the region have not yet enacted legislation to identify and counter such activities. Similarly, some Governments have not yet fully implemented the provisions of article 12 of the 1988 Convention to prevent the diversion of precursors for use in illicit drug manufacture.

379. In many countries in West Asia, controls over the licit distribution of pharmaceutical products containing narcotic drugs and psychotropic substances appear to be weak. Internationally controlled drugs are reportedly often sold over the counter, without medical prescription, because national schedules are not updated according to the schedules of the 1961 Convention and the 1971 Convention or because the prescription system is insufficiently applied.

Treaty adherence

380. Of the 24 States in West Asia, 20 are now parties to the 1961 Convention in its amended form, 3 are parties to the 1961 Convention in its unamended form, 23 are parties to the 1971 Convention and 22 are parties to the 1988 Convention.

381. The Board notes with satisfaction that Azerbaijan has acceded to the 1961 Convention in its amended form and to the 1971 Convention. The Board encourages the Government of that country to complement that positive step by adopting legislation for the control of substances scheduled under the international drug control treaties, in particular the 1988 Convention. The Board also notes with satisfaction that Pakistan has acceded to the 1972 Protocol amending the 1961 Convention.³¹

382. The Board urges Georgia, which is already a party to the other two main international drug control treaties, to accede to the 1961 Convention. Georgia has declared its intention to do so, and the Board trusts that the matter will be accorded high priority.

383. The Board encourages the Islamic Republic of Iran to accede to the 1971 Convention and to become a party to the 1972 Protocol. The Board also encourages Israel and Kuwait to accede to the 1988 Convention.

Regional cooperation

384. The Economic Cooperation Organization (ECO) has been active in fostering cooperation and harmonized action among its member States. A specialized drug control unit has been established at ECO headquarters in Tehran to coordinate training and the collection of reports on the drug control situation in parts of West Asia. In the Islamic Republic of Iran, ECO member States participated in a legal workshop held in Tehran in March 1999 on judicial cooperation in handling drug and money-laundering cases. A similar workshop for the training of judges and prosecutors took place in Tehran in November 1999. The Government of Turkey is about to establish an international law enforcement academy for training of law enforcement personnel, as well as prosecutors and other judicial agencies, from ECO member States and other countries in the region.

385. The Board welcomes many new activities aimed at fostering subregional cooperation and harmonization of drug control efforts among the countries in the eastern Mediterranean, such as a legal workshop planned for the training of judges and prosecutors. The Board is pleased that the Government of Israel and the Palestinian Authority have agreed to increase their cooperation in harmonizing drug control policies, which is in the best interest of both parties.

386. Member States of the Cooperation Council for the Arab States of the Gulf participated in a training seminar for judges and prosecutors on handling drug cases in Abu Dhabi in October 1999. In Qatar, a workshop on judicial

cooperation related to drug trafficking and money-laundering was held by UNDCP in November 1999 for judges and prosecutors from countries in the Persian Gulf area.

387. The Council of Arab Ministers of the Interior continues to actively promote cooperation and harmonization of efforts among Arab countries.

388. The Governments of several countries in West Asia have signed new or reviewed existing memoranda of understanding or protocols on cooperation in drug control matters or have otherwise agreed with each other and other Governments and institutions outside the region to combat drug trafficking. The Board notes with appreciation the agreements between Tajikistan and Uzbekistan, between the Islamic Republic of Iran and Kazakhstan and between UNDCP and Armenia, Georgia and the Islamic Republic of Iran and the declaration of the heads of State of China, Kazakhstan, Kyrgyzstan, the Russian Federation and Tajikistan pledging mutual cooperation in fighting, *inter alia*, drug trafficking. The Government of the Islamic Republic of Iran has concluded similar agreements with Governments of other countries in the Persian Gulf area (Kuwait, Oman, Qatar and Saudi Arabia) and with the Government of Pakistan and has signed a memorandum of understanding on the establishment of an Iranian/Turkish commission on drug control coordination.

389. The Board welcomes the first joint drug law enforcement operation involving Pakistan and Saudi Arabia and the signing by Pakistan of an extradition and judicial cooperation treaty with Egypt.

390. Since European countries are also affected by the traffic in heroin through central Asia, the Board calls on the authorities in central Asian countries to continue to cooperate with, and to seek the active assistance of, authorities in European countries. The Board welcomes initiatives such as the expert meeting held in Brussels in July 1999 to discuss elements of a comprehensive action plan on drug-related issues involving the European Union, UNDCP and the five central Asian States.

National legislation, policy and action

391. The Board notes with satisfaction that the Government of Pakistan has extended the Control of Narcotics Substances Act of 1997 to include the Federally and Provincially Administered Tribal Areas and that Lebanon has adopted a new penal code for drug-related offences. In the Palestinian Autonomous Areas, an inter-ministerial committee has been established to coordinate activities of

the Palestinian Authority related to drug control, and the drafting of a harmonized and updated drug control law has been initiated.

392. The Board notes with satisfaction that the Government of the Islamic Republic of Iran has accepted the establishment of an office of UNDCP in Tehran, thus reconfirming its commitment to cooperate at the international level in the fight against drug abuse and illicit drug trafficking.

393. The Governments of the Islamic Republic of Iran, the Syrian Arab Republic and the United Arab Emirates held national training seminars for judges and prosecutors on handling cases related to drug trafficking and money-laundering.

394. The Board trusts that in Lebanon a regulation will soon be promulgated for the implementation of the law on narcotic drugs, psychotropic substances and precursors that was adopted in 1998, as it will make individual import authorizations mandatory for all substances in Schedules III and IV of the 1971 Convention.

395. Grave economic and budgetary constraints have prevented States in central Asia and the Caucasus from investing sufficient funds in drug control. The resources and experience available in those subregions are inadequate to deal with the rapid growth in drug-related crime. In addition, most Governments in those subregions lack adequate legal systems and other national mechanisms for controlling the licit trade in narcotic drugs, psychotropic substances and precursors. The Board urges States in those subregions to accelerate the adoption of national drug control programmes, to make, if necessary, amendments to national drug control legislation and to strengthen their drug law enforcement activities.

396. The Board welcomes the adoption in Uzbekistan in August 1999 of a comprehensive law for the control of narcotic drugs, psychotropic substances and precursors. The Governments of Armenia, Azerbaijan, Tajikistan and Turkmenistan could enhance significantly their drug control efforts by enacting comprehensive legislation on drug and precursor control. The Board urges the Governments of Kazakhstan and Turkmenistan to create their own national structures for controlling the licit movement of narcotic drugs, psychotropic substances and precursors. The need for government control over the licit trade in chemicals is of particular importance to States in central Asia, especially Kazakhstan and Turkmenistan. Turkmenistan is a major transit point for the diversion and smuggling of chemicals for illicit heroin manufacture in Afghanistan. Kazakhstan has a significant chemical

industry that could increasingly become a source of chemicals used in the processing of heroin.

397. The Board appreciates the fact that the Government of Pakistan elaborated in 1998 a comprehensive drug law enforcement programme, involving several disciplines, aimed at, *inter alia*, strengthening the judicial system. The Board trusts that the establishment of special drug courts will enable the Government to deal with drug-related court cases in a more expeditious manner and that the reporting by banks of suspicious transfers of funds will soon become mandatory. In 1998, the Government uncovered a major drug trafficking organization, arresting key drug traffickers and freezing drug-related assets that, when confiscated, will be used in efforts to fight drug trafficking and reduce illicit drug demand. The Board encourages the Government to proceed with the long-awaited reforms that will enable the investigative, prosecuting and judicatory systems to better target major drug traffickers, and to prioritize cases involving drug trafficking. The Board notes with satisfaction that the Government, in its recently adopted national drug control master plan for the period 1998-2003, has given higher priority to the prevention of drug abuse.

398. The Board notes that the Government of Tajikistan has demonstrated that it has the political will to combat the movement of illicit drug consignments through and from its territory, with the cooperation of the Russian Federal Border Service, by establishing the Tajik Drug Control Agency on the basis of a protocol signed with the Office for Drug Control and Crime Prevention.

399. The Board continues to be concerned about the fact that effective measures against money-laundering have not yet been adopted in many countries in West Asia, particularly in those countries with a high potential to be used for money-laundering. At the same time, it welcomes the fact that the Governments of Bahrain and Kuwait have drafted legislation aimed at tightening measures against money-laundering and that the Government of the Syrian Arab Republic has initiated the drafting of such legislation. The Board encourages States that have drafted such legislation, such as the United Arab Emirates, to adopt it as soon as possible. The Board welcomes the fact that in Israel new legislation to combat money-laundering and to provide for the setting up of a financial intelligence unit has passed first reading and is awaiting consideration by the Knesset; the Board urges the Government to adopt without delay legislation that will enable Israel to become a party to the 1988 Convention.

400. The Board continues to be concerned that the Government of Lebanon is not taking steps to withdraw its

reservation on the provisions against money-laundering in the 1988 Convention. The Board notes the position of the Government of Lebanon that bank secrecy is needed for the development of the national economy. The Board would like to emphasize that the implementation of articles 5 and 7 of the 1988 Convention does not require the abolition of bank secrecy as such; instead, the provisions of the 1988 Convention as adopted by most States, among them States with efficient bank secrecy laws, are aimed at preventing bank secrecy from enabling drug traffickers and criminal organizations to enjoy impunity and prosperity. The Board therefore invites the Government of Lebanon to withdraw its reservation and modify its legislation to permit the judicial authorities to lift bank secrecy when investigating criminal activities. To do otherwise would make Lebanon attractive to international drug traffickers and other criminal groups interested in hiding their illicitly derived profits, which could lead to the undermining of the financial, economic and political system in the country and jeopardize the development of the national economy.

401. The Board commends the Government of the Islamic Republic of Iran for making it possible for confiscated funds derived from drug trafficking to be used for the prevention and treatment of drug abuse and for the rehabilitation of drug abusers, thus increasing the amount of funds made available for reducing illicit drug demand compared with previous years. The Board encourages other Governments to consider making similar arrangements. The Government of the Islamic Republic of Iran has also expanded the facilities available for the treatment of drug abuse.

402. The Board welcomes the assessment of the extent of drug abuse by the Government of the Islamic Republic of Iran and encourages other Governments in West Asia to assess the extent of drug abuse in their countries. Since relatively little is known about the current drug abuse situation and the abuse of psychotropic substances is assumed to be taking place in many countries in the region, such assessments should also take into account the abuse of stimulants and sedatives, including the abuse of those substances in the form of pharmaceutical products.

**Cultivation, production, manufacture,
trafficking and abuse**

Narcotic drugs

403. Cannabis continues to be illicitly cultivated and to grow wild on extensive areas in Afghanistan and Pakistan,

no cannabis eradication efforts having been reported in either country. Seizures of cannabis resin originating in Afghanistan or Pakistan are increasing in Europe. Cannabis continues to be the most frequently abused drug in West Asia. The world's largest single area covered by wild-growing cannabis plants, estimated to be about 300,000 hectares, is in Kazakhstan and it could develop into a significant source of illicitly trafficked cannabis. In Lebanon, efforts to eradicate the small-scale illicit cultivation of cannabis continue. Limited illicit cultivation of cannabis is also occurring in the Palestinian Autonomous Areas and the following countries: Israel, Jordan and Turkey.

404. In Afghanistan, the area under illicit cultivation of opium poppy seems to have exceeded 90,000 hectares in the 1998/1999 growing season; it thus increased by over 40 per cent compared with the 1997/1998 growing season, for two reasons: there was an increase in the number of districts in which opium poppy was cultivated and in most districts there was an increase in the area under opium poppy cultivation. In addition, the yield of opium during the 1998/1999 growing season was very high; as a result, it is very likely that total production will amount to about 4,600 tons, almost doubling the production of the previous year.

405. Illicit opium poppy cultivation in central Asia and the Caucasus remains limited. The opium produced there is destined primarily for local markets and does not significantly affect the international illicit market for opiates.

406. In Pakistan, the Government has reiterated its commitment to pre-empt the sowing of opium poppy seeds in the 1999/2000 growing season. It eradicated over 60 per cent of the opium poppy cultivation during the 1998/1999 growing season. The remaining area harvested in 1999 was about 280 hectares. Eradication was especially successful in the Dir district, where, as a result, almost no opium poppy was harvested in 1999. No more laboratories for the illicit manufacture of heroin have been detected in Pakistan; it is assumed that they have been moved to Afghanistan.

407. The Board appreciates the fact that the Government of Lebanon has prevented any upsurge of illicit opium poppy cultivation.

408. Poppy straw from licit cultivation is used for the extraction of alkaloids in Turkey. No diversion of opiates has been reported in that country.

409. A decree of the Taliban calling for a ban on laboratories for processing heroin was issued in December 1998,

and a campaign to enforce the ban was launched by the Taliban in February 1999. It was believed that many laboratories for processing heroin existed; 34 laboratories in the Nangarhar area were destroyed, together with the precursors that were found there, but no heroin was seized or destroyed and no traffickers were arrested. In June 1999, opium poppy cultivation and heroin manufacture were declared illegal by the Northern Alliance, and two laboratories for illicit heroin manufacture were seized, together with the drugs that were found in them.

410. Despite the success of the Government of Pakistan in eradicating the illicit opium poppy cultivation and the manufacture of opiates on its territory, the national law enforcement authorities are increasingly encountering difficulties resulting from the large-scale production of and trafficking in opiates in neighbouring Afghanistan. Trafficking in opiates in Afghanistan, Pakistan and even CIS member States continues to be organized by multinational trafficking groups based in Pakistan, as is trafficking in chemicals.

411. There is now substantial evidence that countries in central Asia are being used as transit points to transport from east to west illicit consignments of opiates and cannabis originating in Afghanistan and that chemicals used for the illicit manufacture of heroin are being transported in the opposite direction. Drug traffickers have taken advantage of the absence of controls on the borders between CIS member States and transportation links established in West Asia, especially in central Asia. It has been reported that heroin with a high purity level, smuggled via central Asian countries and the Russian Federation, has been introduced on the illicit market in a number of European countries.

412. Many countries in West Asia have been used as transit points for the diversion of precursors that continue to be predominantly imported from or smuggled out of China, India and countries in Europe. While some States, such as the Islamic Republic of Iran, Pakistan and the United Arab Emirates, have tightened their controls, more efforts have yet to be made by all States in West Asia to intercept consignments of precursors.

413. In the Islamic Republic of Iran and in many other countries in West Asia, seizures of opiates continue to increase. In Pakistan, there has been a significant decrease in the quantity of opiates seized, although the number of seizures of opium and heroin has increased. The quantity of seized acetic anhydride, the main precursor used in the illicit manufacture of heroin, has increased substantially in

Pakistan and the United Arab Emirates. In Turkey, the quantity of acetic anhydride seized continues to be large.

414. While a large portion of the opiates produced in West Asia is also abused in the region, the majority is destined for Europe and, to a lesser degree, South Asia. Heroin is increasingly being smuggled through Turkey but is no longer manufactured in large quantities on Turkish territory. Eight laboratories for the illicit manufacture of heroin were dismantled in Turkey in 1998. Seizures related to the transit traffic in heroin have also increased in other countries in West Asia (for example, Israel, Jordan and the Syrian Arab Republic). The majority of the heroin seized in Europe has been smuggled through Turkey along the Balkan route. In the Islamic Republic of Iran, the quantity of opiates seized continues to be the largest in the world. Drug trafficking through Pakistan and the countries in the Persian Gulf area continues unabated.

415. In Afghanistan, the abuse of opiates appears to have increased. Heroin abuse, in particular, is sharply increasing in the cities as Afghan refugees are returning from Pakistan. The number of drug addicts in the Islamic Republic of Iran is also increasing, although the final results of the rapid assessment of the extent of drug abuse have not yet been made available. The increase in the number of HIV cases in the Islamic Republic of Iran is also related to drug addiction. In Pakistan, heroin abuse by injection is increasing, but overall illicit heroin consumption is decreasing because of the low quality—and recent increases in the prices—of the heroin available on the illicit market.

416. Drug abuse has spread rapidly in countries in central Asia and in some countries in the Caucasus. The main drug of abuse is cannabis, followed by opium and its derivatives. In Tajikistan, however, opium and heroin are believed to have become the drugs of choice. It has been reported that the consumption of opiates in Azerbaijan has been growing at an alarming rate. A major concern in the CIS member States is the rapid spread of HIV and other infectious diseases related to the increase in drug abuse by injection.

417. While the extent of cocaine abuse and trafficking in West Asia is still relatively insignificant, in many countries in the region (for example, Israel, Lebanon, the Syrian Arab Republic and Turkey) seizures of cocaine have increased.

Psychotropic substances

418. In Kazakhstan and Kyrgyzstan, the clandestine manufacture of methcathinone continues. The drug is made

in small home laboratories. The principal precursor, ephedrine, is illicitly extracted from the *Ephedra* plant, which grows wild in the area. In recent years there has been increasing evidence of the abuse in central Asia of MDMA that has been smuggled out of Europe.

419. The large-scale smuggling of stimulants from Europe into the Persian Gulf area continues, as evidenced by seizures in transit countries such as Jordan, the Syrian Arab Republic and Turkey; however, information on the actual abuse of those substances in that area, on the origin and composition of the products involved and on the trafficking routes used, remains scarce. As in previous reports, the Board encourages all countries concerned to cooperate in obtaining that information so that the necessary action may be taken by the countries of origin of the products involved, which are being smuggled mainly under the brand name Captagon.

420. In September 1998, a significant quantity (about 70 kg) of amphetamine was seized in Pakistan for the first time.

Missions

421. In April 1999, a mission of the Board visited the Islamic Republic of Iran. The cooperation of the Government with the Board has been excellent.

422. The Board notes that legislative procedures to enable the Islamic Republic of Iran to become a party to the 1971 Convention have recently been completed. The Board therefore trusts that the Islamic Republic of Iran will soon deposit with the Secretary-General its instrument of accession to the 1971 Convention. The Board urges the Government to introduce, as a matter of priority, measures to enable the Islamic Republic of Iran to become a party to the 1972 Protocol amending the 1961 Convention.

423. The Board notes with concern that the situation in the Islamic Republic of Iran with regard to the abuse of drugs, in particular opiates, appears to be deteriorating and that a lack of resources has prevented the authorities from dealing with the problem more effectively, despite the fact that the Government is using confiscated funds derived from drug trafficking for such purposes (see paragraph 401 above). The Board recommends that the assessment of the drug abuse situation in the Islamic Republic of Iran should be finalized and that, on the basis of that assessment, the international community should consider supporting appropriate projects to reduce illicit drug demand.

D. Europe

Major developments

424. The availability of cannabis in Europe has increased considerably. This is partly the result of intensified cannabis cultivation in countries in southern Europe, mainly Albania, and soaring indoor cannabis cultivation in western Europe. The surge in indoor cannabis cultivation has been facilitated by the unrestricted sale of cannabis seeds and cannabis-growing accessories in so-called "hemp shops" and on the Internet. The increasing and, in many cases, uncontrolled availability of cannabis, coupled with a tolerant attitude towards the substance, has led to increases in cannabis abuse. Most European countries have reported that cannabis abuse is flourishing. For example, a study undertaken in Switzerland in 1998 revealed that the prevalence of cannabis abuse among 15-year-old pupils in secondary schools had quadrupled in the previous 12 years. Unless Governments take action against indoor cannabis cultivation, there will continue to be increases in both cannabis abuse and the sale of that substance on the illicit market.

425. Cocaine seizures throughout Europe have increased. Significant seizures of cocaine, amounting to more than 1 ton each, have been made in several countries in western Europe, indicating that the illicit demand for the substance remains high. Although there have been few comprehensive studies on its prevalence, surveys undertaken in secondary schools in western Europe have revealed an upward trend in cocaine abuse, brought about, in part, by lower prices.

426. The abuse of synthetic drugs, in particular amphetamine and amphetamine-type stimulants, has risen. While the abuse of MDMA ("ecstasy") is no longer increasing in those countries in Europe where it had appeared earlier, there has been an upward trend in the abuse of amphetamines in almost all countries in the region. Measures to prevent the abuse of those substances have been difficult to implement since most synthetic drugs are considered fashionable and harmless by young people, who also constitute the largest group of abusers of such substances. The abuse of synthetic drugs is viewed as commonplace by many young people frequenting dance locales, and fatalities resulting from the abuse of synthetic drugs, although still limited, have increased significantly.

427. The Board is satisfied that the number of heroin abusers is declining in most western European countries; however, heroin abuse has become a growing problem in eastern Europe, particularly in countries situated along

heroin trafficking routes. Several countries in central and eastern Europe are confronted with increasing problems involving the abuse of and trafficking in all types of drugs.

428. The Board believes that Governments of European countries need to make more efforts to reverse the above-mentioned negative trends, in order to accomplish the objective set by the General Assembly at its twentieth special session, devoted to countering the world drug problem, held in June 1998. In the Political Declaration adopted by the General Assembly at its twentieth special session,³² States committed themselves to achieving significant and measurable results in the field of demand reduction by the year 2008. The Board invites Governments to elaborate national strategies for the implementation of the goals and targets set out in the Political Declaration adopted by the General Assembly at its twentieth special session.

Treaty adherence

429. Since the last report of the Board was published, Andorra has acceded to the 1988 Convention. Of the 44 States in Europe, 41 are parties to the 1961 Convention, 40 are parties to the 1971 Convention and 38 States and the European Community are parties to the 1988 Convention.

430. Albania is the only country in Europe that is still not a party to any of the international drug control treaties, although it is a significant transit point for the smuggling of illicit drugs and is faced with a growing drug abuse problem. While the Albanian authorities have made efforts to remedy the situation through cooperation with other Governments, particularly in law enforcement, structural weaknesses of the legislative and judicial systems have seriously diminished the effectiveness of such efforts. The Board urges the Government of Albania to confirm its political will by acceding to the three main drug control conventions and to undertake the necessary measures to bring its national legislation in conformity with the provisions of those conventions.

431. Albania, Estonia, the Holy See, Liechtenstein, San Marino and Switzerland remain the only States in Europe that have not ratified the 1988 Convention.

Regional cooperation

432. The Treaty of Amsterdam amending the Treaty on European Union, the Treaties establishing the European Communities and certain related acts entered into force in May 1999, enhancing the ability of European Union institutions to act in areas of drug control where they previously had no formal right or initiative. The Treaty

makes possible the implementation of community-wide measures to provide information on and prevent drug abuse. It also reinforces efforts to reduce drug-related problems and provides for strengthened cooperation, *inter alia*, in the area of drug control within the European Union and at the international level.

433. The Board appreciates the fact that many Governments in Europe have stepped up their bilateral and subregional cooperation. In December 1998, the Governments of Hungary and Slovakia signed a protocol on cooperation in the fight against organized crime, terrorism, drug trafficking and other criminal activities. The Governments of Lithuania and the Russian Federation signed in June 1999 a protocol on cooperation against organized crime. In July 1999, the ministers of the interior of the Republic of Moldova, Romania and Ukraine agreed on joint efforts to fight drug and arms trafficking, including through the exchange of information, specialists and training methods.

434. In eastern Europe, there have been a large number of bilateral meetings, both formal and informal, to promote joint efforts against illicit drug trafficking. The network of agreements with authorities from the western part of Europe has also expanded.

435. The Board welcomes the positive results of the cooperation with, and assistance from, the European Union such as the Phare multi-country programme for the fight against drugs and the Tacis Programme of the European Union. Those programmes have assisted States in the region in improving their legislative framework and the effectiveness of their efforts to intercept illicit drug consignments.

436. The Pompidou Group of the Council of Europe continues to be active in facilitating both the discussion at the regional level on drug control issues and concerted efforts against the drug problem that involve all European countries.

437. The Board appreciates the efforts of Governments and international agencies to assist the authorities of Bosnia and Herzegovina and to promote cooperative agreements between the entities of that country, especially in drug law enforcement. The Board also recognizes the continuing cooperation between the Governments of countries in south-eastern Europe and the European Commission, Interpol and UNDCP aimed at the suppression of drug trafficking throughout Europe.

National legislation, policy and action

438. In Europe, various efforts have been made at the regional level to coordinate and strengthen legislation and measures to fight drug abuse and illicit drug trafficking. The Board takes note of the draft Action Plan to Combat Drugs (2000-2004), which was submitted by the European Commission to the European Council and the European Parliament in May 1999. The draft Action Plan, which provides for a multidisciplinary and integrated response to the drug problem, will improve coordination and ensure that the fight against drug abuse and illicit drug trafficking will remain a priority of the European Union.

439. In January 1999, the European Parliament and the European Council adopted a four-year Community action plan on promoting safer use of the Internet by combating illegal and harmful content on global networks. The action plan is aimed at creating a safer environment by establishing a European network of hotlines and by introducing activities to increase awareness. National law enforcement authorities, assisted by Europol, will continue to be in charge of prosecuting and punishing those responsible for such illegal content.

440. The Board notes that, in many European countries, numerous laws and other measures have been introduced to deal with the drug problem. Some noteworthy examples are provided below.

441. The Board welcomes the fact that Governments of countries in eastern Europe have paid increased attention to the link between organized crime and drug trafficking. They have focused on the fight against organized crime and its drug trafficking component. Many of those Governments, such as the Governments of Bulgaria, the Russian Federation and Slovakia, have declared that fighting organized crime and corruption is one of their main priorities.

442. The Board notes with satisfaction the adoption of new, or the strengthening of existing, drug control legislation in Bulgaria, Hungary and Latvia. Changes were also introduced in the criminal codes of those countries. In Ireland, the Criminal Justice Act was enacted in May 1999, introducing a minimum 10-year prison sentence for major drug traffickers.

443. Bosnia and Herzegovina, Bulgaria, Croatia, Estonia, Latvia, Poland and Romania have taken action against money-laundering by, *inter alia*, enacting legislation or regulations to deal with the problem. The parliament of Jersey (Channel Islands) passed tougher laws against money-laundering, bringing its legislation in line with current British law. Croatia passed a law removing legal

impediments to undercover operations, the use of controlled delivery and the collection of evidence.

444. The Board welcomes the establishment of the Confiscated Assets Fund in the United Kingdom, which will ensure that assets seized from drug traffickers are channelled back into activities aimed at fighting the drug problem. The Fund will also allow for seized assets to be shared with other Governments if they cooperate in the case. Luxembourg and Spain launched comparable initiatives in previous years. The Board encourages Governments that have not yet done so to undertake similar steps in that direction. The Board invites all Governments to consider following the example of Luxembourg and set aside at least part of such seized assets for international drug control programmes.

445. The Russian Federation and Slovakia have adopted new drug control strategies.

446. The Board notes with appreciation the initiative taken by the Government of Poland to establish a system of information on drug abuse which, when implemented, will be compatible with the drug abuse information system used in the European Union. The Board encourages other Governments to follow suit, since there continues to be a general lack of accurate data to enable the dimensions of drug abuse in eastern Europe to be determined.

447. The Government of the Russian Federation has established an inter-ministerial centre for the coordination of action against illicit drug trafficking. The Board reiterates its recommendation to Romania to establish a mechanism for coordinating its national drug control policy and to adopt legislation on the classification and control of licit narcotic drugs and psychotropic substances.

448. The Board encourages the authorities of Croatia and Slovakia to accelerate the adoption of legislation on precursors which would tighten the control of chemicals listed in the 1988 Convention.

449. In April 1999, a draft law was approved in Portugal stipulating that drug users will face fines rather than jail sentences. Under the new law, the abuse and possession of drugs for personal use will no longer be criminal offences but only administrative offences. As the Board has stated repeatedly, this is not in line with the international drug control treaties, which require that drug use be limited to medical and scientific purposes and that States parties make drug possession a criminal offence. It should be noted that the exercise of criminal jurisdiction is discretionary and Governments may provide offenders with alternatives to conviction and punishment.

450. The Board is concerned about a ruling of the Supreme Court of Switzerland by which the tribunal overturned a one-year prison sentence for a man convicted of trafficking in MDMA. The line of argument used, namely that MDMA is a "soft drug" the use of which "does not generally lead to criminal behaviour" and that it is mostly used by "socially integrated people", appears to be contrary to recent efforts by the international community to prevent the spread of trafficking in and abuse of amphetamine-type stimulants. Under Swiss law, serious drug offences carry prison sentences of up to 20 years.

451. The Board regrets that draft laws introduced in Germany and Luxembourg would allow for the establishment of drug injection rooms, also known as "shooting galleries" (see paragraphs 176-177 above).

452. The Board examined the report of the External Panel on the Evaluation of the Swiss Scientific Studies of Medically Prescribed Narcotics to Drug Addicts, which was released in April 1999. One of the key conclusions in the report is that the "Swiss studies were not able to examine whether improvements in health status or social functioning in the individuals treated were causally related to heroin prescription per se or a result of the impact of the overall treatment programme". It is also stated in the report that the Swiss studies did not provide convincing evidence that, even in cases where methadone treatment has persistently failed, the medical prescription of heroin generally leads to better results than further methadone-based treatment. In view of the conclusions of the External Panel and mindful of the responsibilities accorded to it in the international drug control treaties, the Board remains concerned over the Swiss heroin programme and policy of heroin prescription. The Board does not encourage other Governments to allow heroin to be prescribed to opiate addicts.

Cultivation, production, trafficking and abuse

Narcotic drugs

453. Albania has emerged as an important producer of cannabis, grown on large areas in the south of the country, from where it is smuggled into Greece, Italy, Slovenia and other European countries. In Italy, cannabis seizures increased from 11 tons in 1996 to over 54 tons in 1998. It is estimated that 90 per cent of cannabis herb trafficked in Slovenia is of Albanian origin and enters the country by sea. Impoverished small farmers in Albania have reportedly planted *Cannabis sativa*, at hundreds of sites, and cannabis prices have plummeted.

454. Belarus, Croatia and Lithuania have reported increased illicit cannabis cultivation, while Slovakia and Slovenia have reported a strong increase in trafficking in cannabis herb. In a continuing trend, cannabis is being smuggled into the region mostly in bulk (multi-ton) consignments hidden in containerized cargo.

455. The amount of cannabis grown indoors is increasing and is mostly very potent, having a high THC content. Indoor cannabis cultivation has increased significantly in many parts of Europe and has spread to Scandinavia and eastern Europe. Far from being cultivated "only" to supply personal consumption, indoor cannabis is increasingly being cultivated with the illicit market in mind. The expansion of indoor cannabis cultivation can be attributed partly to the ease with which cannabis seeds and paraphernalia may be obtained on the Internet and partly to the active marketing and advocacy of such cultivation by cannabis abusers and their supporters through the media. There are many Web sites based in European countries, particularly in the Netherlands and the United Kingdom, offering to sell and deliver quickly, to almost any destination in the world, potent varieties of cannabis. The Government of the Netherlands has enacted legislation to ban all indoor cultivation of cannabis ("Nederwiet") because of the increasingly serious dimension of the problem. The Board calls on the Governments of all countries where indoor cannabis cultivation has proliferated and where countermeasures have not yet been taken to urgently consider legislative and other measures to deal with the problem.

456. There are disturbing indications that fields where cannabis with a low THC content is allegedly cultivated for industrial purposes are in fact used for the cultivation of more potent cannabis destined for the illicit market. The Board notes with concern that, according to official reports from Switzerland, the vast majority of sites where hemp is cultivated purportedly for licit purposes are used for the production of cannabis for the illegal drug trade. It is estimated that, in 1998, more than 100 tons of cannabis were harvested in this way in Switzerland, distributed through a nationwide network of so-called "hemp shops" and to other European countries.

457. Morocco remains a major source of cannabis resin seized in Europe, despite the intensified activities of national law enforcement authorities in that country. Colombia has emerged as an important source of the cannabis herb sold on the illicit markets of Europe. Seizure data indicate that other countries, in particular in Africa and central Asia, may soon become major suppliers of cannabis for those markets.

458. The increased availability of cannabis in Europe, coupled with greater tolerance of cannabis abuse, has resulted in an expanded market for the substance. A survey published in April 1999 showed that one third of pupils in secondary schools in France had experimented with cannabis (the figure for Paris was more than 40 per cent) and one half of those that had experimented with cannabis abused it regularly. A similar study undertaken in secondary schools in the United Kingdom revealed that 25 per cent of the 13-year-olds surveyed had taken illegal substances (in most cases, cannabis). A study in Germany found that 69 per cent of juveniles participating in techno parties had taken cannabis.

459. It was the consensus of the international community to put cannabis, as well as other substances, under international control; that decision was based on evidence of its harmfulness to human health and its dependence potential. Cannabis abuse should by no means be treated as harmless or even inevitable. Governments must continue to emphasize the dangers of cannabis abuse in the context of activities aimed at reducing illicit drug demand and must not allow permissive attitudes towards cannabis abuse to develop, particularly at a time when increasingly potent cannabis, having a high THC content, is appearing on the illicit market.

460. Heroin seizures have remained stable. Most heroin seized in the European Union originates in south-west Asia. The Balkan route is still the main heroin trafficking route: it is estimated that 80 per cent of all the heroin seized in Europe has passed along that route. Reports of increased heroin seizures in Hungary and Romania reveal that trafficking along that route is continuing. Heroin from south-west Asia is being smuggled through countries in central Asia on its way to the Russian Federation or through countries in eastern Europe on its way to European Union member States. In 1998, heroin seizures increased more than fivefold in the Russian Federation.

461. In countries in central and eastern Europe depots have been set up for the distribution of heroin in smaller quantities to European Union States. There have been confirmed reports that several countries in central and eastern Europe are increasingly being used as storage points for drugs, heroin in particular, destined for sale in western Europe or for local distribution. Although Albania is reported to be used as an important channel for heroin trafficking, very few heroin seizures have been made in that country. The smuggling of heroin through the postal system remains frequent, though it generally involves smaller quantities of the substance. Seizures of Colombian

heroin confirm that it is being shipped to illicit markets in Europe.

462. Heroin abuse in western Europe, which is estimated to affect about 1 million people, stabilized or slightly declined in the period 1995-1997 in almost all western European countries; however, increases were reported in most countries in eastern Europe, particularly in countries situated along the Balkan route. Due to very low prices and increased purity, a new generation of heroin smokers has emerged in European Union member States and that may result in an upsurge in heroin abuse.

463. A particularly alarming trend has been the rapid spread of HIV infection in some eastern European countries. The number of HIV-infected persons in Latvia increased sevenfold between 1997 and 1998. There was a 12-fold increase in the number of HIV-infected persons in the Moscow area in the first half of 1999 compared with the same period in 1998. The rapid spread of HIV infection is largely attributable to the infection spreading among intravenous drug users.

464. Cocaine seizures have steadily increased in Europe over the past few years. Illicit consignments of cocaine are being hidden among cargo on ships travelling from South America to Spain, the leading point of entry for cocaine found on illicit markets in Europe. Seizures of illicit coca paste indicate that traffickers are attempting to manufacture cocaine in Europe; however, only one major laboratory for processing cocaine in Europe has been discovered and dismantled, and it had been set up to manufacture synthetic cocaine only.

465. There is almost no information available on the nature and patterns of cocaine abuse; all that is known is that heroin addicts often abuse cocaine in conjunction with heroin. The scarcity of information on the subject is attributable to the fact that cocaine abusers with considerable health and social problems rarely seek help in public centres for the treatment of drug abuse. A study undertaken in the United Kingdom in 1998 showed that the abuse of cocaine had grown faster than the abuse of any other drug among 20-year-olds. The increased availability of cocaine, the resulting low prices and the association of cocaine with fashion and the lifestyles of the rich and famous may have contributed to the increased demand for the drug. There are few comprehensive studies on the extent, patterns and trends of cocaine abuse. The Board encourages Governments to examine this problem in greater depth.

Psychotropic substances

466. In European Union member States, the rise in the abuse of amphetamine-type stimulants has been more pronounced than the rise in other substances, including cannabis. Thus, stimulants emerged in Europe as the second most widely used illicit drug after cannabis, ahead of cocaine and heroin. A study undertaken in the United Kingdom revealed that young people considered drug abuse at dances to be commonplace, the drugs most often used being MDMA, followed by amphetamine, cocaine and lysergic acid diethylamide (LSD). The competent authorities should continue to monitor these developments very closely.

467. Over the past few years, Europe has become a major location for illicit drug manufacture, mostly amphetamine and amphetamine-type stimulants. Trafficking in and abuse of amphetamine and amphetamine-type stimulants pose a serious threat to the entire region because of the growing appeal of synthetic drugs among young people. The lack of adequate control over precursors used in the illicit manufacture of amphetamine and amphetamine-type stimulants and the ready availability of technical expertise in that area have facilitated the clandestine manufacture of such substances.

468. The Netherlands has remained the main country in Europe in which amphetamine and amphetamine-type stimulants are manufactured; however, amphetamines are also manufactured in other countries in the region, such as Belgium, France, Germany, Poland, Slovakia and the United Kingdom. Law enforcement authorities in Ukraine dismantled more than 20 clandestine laboratories for illicit drug manufacture in 1998, several of which were involved in manufacturing amphetamine-type stimulants.

469. Methamphetamine, widely abused in Asia and North America, is not a major concern in Europe, though some seizures of methamphetamine originating in Myanmar have been made in Switzerland.

470. The Netherlands remains an important source country for MDMA and other amphetamine analogues, although the large-scale illicit manufacture of such substances has also been discovered in several other European countries. Major efforts have been made in the Netherlands and other countries to dismantle clandestine laboratories. Large seizures of MDMA suggest that the substance is being transported from the Netherlands, through airports in other countries in western Europe, to destinations in the United States, in particular Florida and New York. The Board notes with concern that western Europe is the main supplier of MDMA for illicit markets worldwide.

471. While the abuse of benzodiazepines appears to be increasing in western Europe, few European countries analyse information on general consumption patterns of psychotropic substances. The Board invites Governments to study such patterns, as well as prescription practices and trends involving psychotropic substances, with a view to detecting over-prescription or abuse and related public health problems.

472. Although drug abuse has not yet reached the dimensions known in the western part of Europe, it has grown at alarming rates in central and eastern Europe. Significant drug abuse problems have rapidly emerged in the Czech Republic, Hungary, Poland and Slovakia, which, in the past, were mainly used by drug traffickers as transit countries. In Ukraine, where the number of drug-related crimes has doubled since 1993, a rapid increase in the number of drug abusers has been reported.

Substances not under international control

473. The increased abuse of "psychedelic mushrooms", containing psilocin and psilocybine, has been reported in several European countries, in particular the Netherlands and Switzerland. The Board welcomes the fact that the Government of the Netherlands has reviewed its policy on such substances. In the Netherlands, a government task force has recently proposed a ban on four hallucinogenic plants producing substances that are fast-acting and, if used in large doses, poisonous. The Board encourages the Governments of other countries where the abuse of such substances exists to take steps to deal with the problem. In the Russian Federation, such substances have already been included in the list of prohibited substances, as a response to growing problems related to their abuse.

Missions

474. The Board sent a mission to France in April 1999. The Board reiterates to the French authorities that it endorses fully the principles of the national drug control policy of that country, which is fully in line with the international drug control treaties. The Board notes the adoption by the Government of France in July 1999 of a triennial plan to deal with problems related to the abuse of not only drugs, but also alcohol, tobacco and other psychoactive substances, regardless of their legal status. While the Board does not wish to suggest that control measures for alcohol and tobacco should be equated with those for substances under international control, the Board has always been of the opinion that it may be useful to deal with the consequences of all harmful substances through

prevention programmes. The Board appreciates the strong stand of the Government of France against decriminalizing the non-medical use of drugs and trusts that the Government will prevent any misuse of the new national drug control policy by those in favour of such decriminalization, of introducing a distinction between "soft" and "hard" drugs or of conveying messages implying that there is such a thing as the "safe use" of such drugs as cannabis.

475. The Board notes that in France the number of deaths caused by drug overdose has considerably decreased since the introduction of drug substitution programmes. However, the Board is concerned about the diversion into illicit channels of buprenorphine (Subutex), a substance used in those programmes, and its abuse by patients under treatment. The Board welcomes the plans by the French authorities to improve and to monitor closely the drug substitution programmes in order to provide the best possible treatment for patients while effectively preventing the abuse of drugs and their diversion into illicit channels.

476. Despite the already adequate medical supply of narcotic drugs for patients suffering from severe pain, there have been improvements in the pain management system in France resulting from the introduction of new prescription forms and the intensified efforts to inform the public about the system. The Board welcomes those improvements and trusts that the new system will not lead to an increase in falsified prescriptions and will not be misused to divert narcotic drugs from licit distribution channels.

477. The Board invites the Government of France to review the prescribing pattern for benzodiazepines, the consumption of which is at a very high level in that country, as it is in other European countries.

478. The Board welcomes the plans of the Government of France to improve existing legislation with regard to undercover activities and controlled deliveries, the seizure of precursors in case of suspicion, and the reversal of the onus of proof. The Board appreciates the efforts by the French authorities to monitor more closely the movement of precursors and to provide to the Board the required information on precursors.

479. The Board sent a mission to Germany in October 1999. The Board notes with appreciation that the German drug control policy puts major emphasis on the prevention of drug abuse among young people. The Board welcomes the intention of the Government to provide for a comprehensive and flexible system of prevention, treatment, rehabilitation and social reintegration programmes to deal with the abuse of drugs as well as alcohol and tobacco. The Board appreciates the intention of the autho-

rities to address the problem of abuse of licit medications, in particular those containing psychotropic substances. The Board notes the intention of the Government to update the national drug control plan.

480. The Board is concerned by the decision of the German authorities to establish a legal basis for the operation of drug injection rooms (see also paragraphs 176-177 and 451 above). Instead, the authorities should provide the largest variety possible of treatment options, including substitution treatment. The Board notes the positive experience of several German cities, such as Berlin, which base their drug policy on a balanced approach comprising both demand and supply reduction efforts.

481. Draft legislation has been prepared in Germany to provide for the establishment of registers of patients involved in the substitution programmes, as well as registers of appropriately qualified medical doctors permitted to prescribe controlled substances for substitution. The Board appreciates such measures. The Board notes the determination of the authorities to ensure that the pilot scientific project on heroin-based substitution, expected to start in the second half of the year 2000, will not lead to the reduction of resources available for current drug treatment programmes and will not bring about withdrawal of patients from such programmes. As expressed on previous occasions, the Board remains concerned over the possible proliferation of heroin experiments and the adoption of social policies, including the prescription of heroin before projects have undergone full and independent evaluation. The Board also remains concerned over the effect that the experiments may have on international efforts to curb the illicit supply of and demand for drugs. The Board notes with satisfaction that the authorities decided to consider the comments of the Board on similar research in other countries prior to the approval of the project (see also paragraph 452 above).

482. The Board highly appreciates the vigorous actions taken by the German law enforcement authorities to prevent illicit trafficking in narcotic drugs and psychotropic substances and the diversion of precursors. The relationship of the Board with the drug regulatory authorities has been excellent for many years. The control in Germany over licit activities related to narcotic drugs and psychotropic substances has been exemplary.

483. At the invitation of the Government of Hungary, a mission of the Board visited that country in October 1999 to discuss, *inter alia*, the matter of transactions involving purportedly seized opium from Tajikistan. The Board notes

with satisfaction that the Government did not authorize the purchase of seized or illicitly cultivated opium from other countries and will not do so in the future. Following the privatization of the manufacture of narcotic drugs, the Board urges the Government to ensure complete control over poppy straw cultivation and production which was previously in the hands of a State-owned enterprise.

484. The Government of Hungary is to be commended for its commitment to tackling the drug problem and for the creation of a new Interministerial Coordinating Committee on Drug Affairs, attached to the recently established Ministry of Youth and Sport Affairs. The Board trusts that the Coordinating Committee will become operational at the earliest opportunity and that it will give priority to finalizing the draft national drug control strategy.

485. The Board sent a mission to Italy in April 1999. In the opinion of the Board, the decriminalization of drug possession and abuse, which was introduced in Italy following a referendum in 1993, is not in line with several provisions of the 1961 Convention and the 1988 Convention. The Board welcomes the commitment of the Government of Italy to international drug control and its rejection of measures that could lead to further decriminalization of drug abuse. The Board invites the Government to enhance the collection of data on the extent, patterns and trends of the abuse of and trafficking in illicit drugs, in particular cannabis, in order to determine whether any increases in such abuse of and trafficking are linked to the decriminalization of drug possession and abuse.

486. In Italy, programmes for preventing drug abuse cover, in many cases, the prevention of alcohol and tobacco abuse, as well as drug abuse. The Board commends the Government of Italy for introducing this all-inclusive approach and for establishing an extensive network of institutions for the prevention of drug abuse and the treatment and rehabilitation of drug abusers. The Board fully supports the efforts by the Government to enlist the media in the fight against drug abuse and illicit drug trafficking.

487. The Board remains concerned about the low level of consumption of morphine for medical purposes in Italy, which may be indicative of insufficient availability of the drug for pain management purposes.

488. The Board commends the Government of Italy for its vigorous efforts in fighting organized crime in all its forms, and its efforts to combat the linkage between the Albanian and Italian organized crime.

489. The Board sent a mission to the United Kingdom in October 1999. Insofar as the general drug control policy in that country is concerned, as reflected in the Ten-Year Strategy for Tackling Drugs and the Annual Report and National Plan 1999/2000 of the United Kingdom Anti-Drugs Co-ordinator, there is shared concern and commitment at all levels of the relevant authorities in charge of drug control. In particular, the Board has noted that efforts to link the criminal justice system and treatment programmes are under way. The Board appreciates the stance of the Government against the decriminalization of drugs.

490. The Board notes that, for more than 70 years, medical practitioners in the United Kingdom have been authorized to prescribe heroin legally. Nonetheless, the number of addicts who receive heroin on prescription has declined significantly over the years. Today, addicts receiving heroin on prescription account for only a very small proportion of the total estimated number of heroin addicts in the United Kingdom. This fact, which reflects the judgement of practising physicians, strongly suggests that they believe that heroin prescription for the treatment of opioid addiction is of very limited value. Governments should consider the long experience in the United Kingdom with heroin prescription before undertaking similar programmes.

491. As regards controls over the licit manufacture of and trade in narcotic drugs and psychotropic substances, the Board notes the firm commitment of the Home Office of the United Kingdom to addressing all issues that the Board had raised earlier and to act on the specific recommendations made to tighten such controls. The Board hopes that, once the necessary legislative changes have been effected and staff resources have been put in place, the competent authorities will be in a position to carry out all its recommendations. It also trusts that the Home Office, working closely with the Department of Health, will initiate the proposed practical steps to be taken in the meantime for ensuring controls and full reporting to the Board under the international drug control treaties.

492. There is a close working relationship between various law enforcement agencies in the United Kingdom, including the National Criminal Intelligence Agency, the National Crime Squad and Her Majesty's Customs and Excise. The Board invites various United Kingdom law enforcement agencies to consider further deploying their experience in drug and chemical control and in gathering intelligence through, for instance, networks of drug liaison officers to assist law enforcement authorities of other countries, by using actual cases of common concern. Such efforts would help establish a network for sharing relevant

information particularly between the competent law enforcement authorities, which the Board has always promoted. The Board stands ready to assist in that endeavour.

Technical visits

493. The Board made a technical visit to Estonia in June 1999 to discuss the implementation of recommendations made to the Government following the 1996 mission of the Board to that country. The Board notes with satisfaction that resources set aside by the Government for activities to reduce illicit drug demand among youth and for the treatment of drug addicts have increased. The capacity of the police to intercept illicit drug consignments has been strengthened. The control system for licit narcotic drugs, psychotropic substances and precursors is in place and is functioning effectively. The Board trusts that the Government of Estonia will continue to strengthen its efforts to prevent drug abuse in response to the increasing availability of heroin on the illicit market in that country. The Board invites the Government to enhance the capacity of its customs services to prevent drug smuggling and to ensure the implementation of the new legislation against money-laundering. The Board encourages the Government to accede to the 1988 Convention without further delay. Estonia is the only country among those that are currently candidates for European Union membership that is not yet a party to the 1988 Convention.

E. Oceania

Major developments

494. In Australia, the average age of first-time use of heroin has fallen below 18 years of age, and in some areas the average age of first-time use of heroin by injection is in the mid-teens. The purity level of the heroin available on the street remains high and the heroin death rate is increasing. Domestic cultivation of cannabis is rising and local manufacture of amphetamine-type stimulants has increased substantially in the states of New South Wales and Queensland. The Board notes the extensive public debate in Australia regarding the drug problem. The Board trusts that decision makers in Australia will carefully choose policies, programmes and projects that will reverse these trends and that those policies, programmes and projects will be in full compliance with the international drug control treaties to which that State is a party.

495. The Government of New Zealand passed in early 1999 national legislation introducing controls over benzo-

diazepines, thus bringing that State into full compliance with the provisions of the 1971 Convention.

496. The Board welcomes the completion in July 1999 of the rapid assessment survey of drug abuse in Papua New Guinea. The survey confirmed that, *inter alia*, the level of cannabis abuse in that country is quite high. The Board is confident that the results of the survey will assist in the elaboration of a national master plan for drug control in Papua New Guinea.

Treaty adherence

497. New Zealand became a party to the 1988 Convention at the end of 1998. Of the 14 States in Oceania, 9 are parties to the 1961 Convention, 8 are parties to the 1971 Convention and 4 are parties to the 1988 Convention. The Board notes that the rate of accession to each of those treaties continues to be slow in that region. The Board once again urges all States in the region that are not yet parties to the international drug control treaties to accede to them without delay.

Regional cooperation

498. Increasing attention has been given over the past year to the fact that some Pacific island States are vulnerable to being exploited as offshore financial centres in money-laundering operations. The Board notes the efforts to improve cooperation among the countries in Asia and the Pacific in the fight against money-laundering and trusts that appropriate legislation and systems will soon be in place.

499. The Board also notes the efforts of Pacific island States to deal with common social problems, including drug abuse, through the Pacific Forum.

National legislation, policy and action

500. The Board urges the Government of Australia not to permit the establishment and operation of drug injection rooms, or so-called "shooting galleries". In the view of the Board, such establishments would provide an outlet for illicit drug abuse and facilitate or encourage illicit drug trafficking, which, under the international drug control treaties, Governments are obliged to combat in all its forms (see paragraphs 176-177 above).

501. New Zealand released in March 1999 an updated national action plan on drugs. The Board commends the Government for banning drug-smoking paraphernalia, targeting doctors who excessively prescribe controlled drugs and calling for more research and information about

drug problems among the Maori. The action plan reaffirms that cannabis will not be legalized or decriminalized and reclassifies MDMA ("ecstasy") as a class A drug under the Misuse of Drugs Act, which, in effect, imposes the strictest level of control on the substance and increases the penalties for the use and supply of "ecstasy".

502. The Board welcomes the priority given to demand reduction by the National Narcotics Bureau of Papua New Guinea in implementing the Declaration on the Guiding Principles of Drug Demand Reduction, adopted by the General Assembly at its twentieth special session, held in June 1998, and encourages the Government to enact legislation to update its national drug control laws as a further step to enable it to meet the requirements of and become a party to the 1988 Convention.

Cultivation, production, manufacture, trafficking and abuse

Narcotic drugs

503. Cannabis continues to be the most widely abused narcotic drug in Oceania. The illicit cultivation of cannabis plants in Australia appears to be expanding, and there has been a noticeable shift away from open-area cultivation towards indoor hydroponic cultivation. That country is also a key market for cannabis cultivated in Cambodia and Papua New Guinea. Efforts to eradicate cannabis crops in Papua New Guinea have been hampered by the mountainous and swampy terrain.

504. In New Zealand, there is no significant cultivation of opium poppy for the illicit manufacture of heroin on a commercial scale; however, opium poppy is illicitly cultivated and consumed locally. Seizure data indicate that New Zealand is sometimes used as a transit point for south-east Asian heroin en route to Australia. Heroin abuse does not appear to be a major problem in New Zealand, Papua New Guinea and the Pacific island States. The abuse of opiate substitutes, such as morphine sulphate tablets and "homebake" derived from codeine-based tablets, is common in New Zealand.

505. Trafficking in and abuse of cocaine appear to be minimal in all countries in Oceania except Australia. Seizure data indicate that New Zealand and the Pacific island States, as well as countries in east Asia, are at times used as transit points for South American cocaine destined for Australia, where both trafficking in and abuse of cocaine are increasing.

Psychotropic substances

506. In 1999 methamphetamine remained the principal drug manufactured in clandestine laboratories in Australia, though one seizure of amphetamine was also made. Sudafed tablets, which contain pseudoephedrine and are widely available without a prescription, are increasingly being sought after for use in the manufacture of methamphetamine in Australia. The Board remains concerned that not all jurisdictions in Australia have enacted legislation specifically covering the illicit use of precursor chemicals. The authorities in New Zealand have also seized a laboratory used for the clandestine manufacture of methamphetamine.

507. LSD is smuggled out of the United States and countries in Europe and into New Zealand, where it is purportedly much more widely abused than in many other developed countries.

(Signed) Antonio Lourenço Martins
President

(Signed) Jacques Franquet
Rapporteur

(Signed) Herbert Schaepe
Secretary

Vienna, 18 November 1999

Notes

¹ United Nations, *Treaty Series*, vol. 520, No. 7515.

² *Ibid.*, preamble.

³ *Ibid.*, vol. 1019, No. 14956, preamble.

⁴ A similar underlying principle governs article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (*Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988*, vol. 1 (United Nations publication, Sales No. E.94.XI.5)) in limiting the manufacture of, trade in and use of precursor chemicals to legitimate pharmaceutical or medical and industrial purposes.

- ⁵ United Nations, *Treaty Series*, vol. 976, No. 14152.
- ⁶ *Report of the International Narcotics Control Board for 1994* (United Nations publication, Sales No. E.95.XI.4), para. 4.
- ⁷ *Ibid.*, para. 20.
- ⁸ The term “opioid”, as used in the present publication, covers all natural, semi-synthetic and synthetic substances with chemical structures and pharmacological effects similar to those of morphine.
- ⁹ Unless otherwise indicated, the data concerning the manufacture and consumption of narcotic drugs and psychotropic substances discussed in the present publication are those reported to the Board by Governments.
- ¹⁰ *Report of the International Narcotics Control Board for 1994 ...*, paras. 1-33.
- ¹¹ *Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988*, vol. I (United Nations publication, Sales No. E.94.XI.5).
- ¹² Extent of competence: article 12.
- ¹³ The term “precursor” is used to indicate any of the substances in Table I or II of the 1988 Convention, except where the context requires a different expression. Such substances are often described as precursors or essential chemicals, depending on their principal chemical properties. The plenipotentiary conference that adopted the 1988 Convention did not use any one term to describe such substances. Instead, the expression “substances frequently used in the illicit manufacture of narcotic drugs or psychotropic substances” was introduced in the Convention. It has become common practice, however, to refer to all such substances simply as “precursors”; although that term is not technically correct, the Board has decided to use it in the present report for the sake of convenience.
- ¹⁴ More detailed information on compliance by individual States with the reporting obligations may be found in the technical reports of the Board on narcotic drugs (*Narcotic Drugs: Estimated World Requirements for 2000; Statistics for 1998* (United Nations publication, Sales No. 00.XI.4.4)) and psychotropic substances (*Psychotropic Substances: Statistics for 1998; Assessments of Medical and Scientific Requirements for Substances in Schedules II, III and IV* (United Nations publication, Sales No. E/F/S.00.XI.2)).
- ¹⁵ The findings, conclusions and recommendations were published in 1996 in a special report entitled *Availability of Opiates for Medical Needs* (United Nations publication, Sales No. E.96.XI.6).
- ¹⁶ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1999 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.00.XI.3).
- ¹⁷ *Report of the International Narcotics Control Board for 1995* (United Nations publication, Sales No. E.96.XI.1).
- ¹⁸ The proposals by the Board regarding the nomenclature of the substance under review are contained in the 1998 report of the Board on the implementation of article 12 of the 1988 Convention (*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.99.XI.4)).
- ¹⁹ *Report of the International Narcotics Control Board for 1998* (United Nations publication, Sales No. E.99.XI.1), paras. 99-101.
- ²⁰ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1999 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.00.XI.3); see also *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.99.XI.4).
- ²¹ General Assembly resolution S-20/4 B.
- ²² Economic and Social Council resolution 1999/31, entitled “Lucknow Accord on the Adoption of Uniform Measures to Control Trade in Precursors and Other Chemicals Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances”.
- ²³ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.99.XI.4), annex V, para. 11.
- ²⁴ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1999 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.00.XI.3).
- ²⁵ *Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1998 on the Implementation of Article 12 of the United Nations*

Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (United Nations publication, Sales No. E.99.XI.4), annex V, paras. 41-42.

²⁶ Defined as use of an illicit drug at least once during the 30 days prior to the survey interview.

²⁷ Bolivia, Colombia, Ecuador, Peru and Venezuela.

²⁸ Argentina, Brazil, Paraguay and Uruguay.

²⁹ Called Lancang Jiang in China.

³⁰ *Report of the International Narcotics Control Board for 1998* (United Nations publication, Sales No. E.99.XI.1), para. 311.

³¹ United Nations, *Treaty Series*, vol. 976, No. 14151.

³² General Assembly resolution S-20/2, annex, para 17.

Annex I

Regional groupings used in the report of the International Narcotics Control Board for 1999

The regional groupings used in the report of the International Narcotics Control Board for 1999, together with the States in each of those groupings, are listed below.^a

Africa

| | |
|-------------------------------------|-----------------------------|
| Algeria | Liberia |
| Angola | Libyan Arab Jamahiriya |
| Benin | Madagascar |
| Botswana | Malawi |
| Burkina Faso | Mali |
| Burundi | Mauritania |
| Cameroon | Mauritius |
| Cape Verde | Morocco |
| Central African Republic | Mozambique |
| Chad | Namibia |
| Comoros | Niger |
| Congo | Nigeria |
| Côte d'Ivoire | Rwanda |
| Democratic Republic of the Congo | Sao Tome and Principe |
| Djibouti | Senegal |
| Egypt | Seychelles |
| Equatorial Guinea | Sierra Leone |
| Eritrea | Somalia |
| Ethiopia | South Africa |
| Gabon | Sudan |
| Gambia | Swaziland |
| Ghana | Togo |
| Guinea | Tunisia |
| Guinea-Bissau | Uganda |
| Kenya | United Republic of Tanzania |
| Lesotho | Zambia |
| | Zimbabwe |

Central America and the Caribbean

| | |
|---------------------|----------------------------------|
| Antigua and Barbuda | Guatemala |
| Bahamas | Haiti |
| Barbados | Honduras |
| Belize | Jamaica |
| Costa Rica | Nicaragua |
| Cuba | Panama |
| Dominica | Saint Kitts and Nevis |
| Dominican Republic | Saint Lucia |
| El Salvador | Saint Vincent and the Grenadines |
| Grenada | Trinidad and Tobago |

North America

Canada
Mexico

United States of America

South America

Argentina
Bolivia
Brazil
Chile
Colombia
Ecuador

Guyana
Paraguay
Peru
Suriname
Uruguay
Venezuela

East and South-East Asia

Brunei Darussalam
Cambodia
China
Democratic People's
Republic of Korea
Indonesia
Japan
Lao People's Democratic
Republic

Myanmar
Philippines
Republic of Korea
Singapore
Thailand
Viet Nam

Malaysia
Mongolia

South Asia

Bangladesh
Bhutan
India

Maldives
Nepal
Sri Lanka

West Asia

Afghanistan
Armenia
Azerbaijan
Bahrain
Georgia
Iran (Islamic Republic of)
Iraq
Israel
Jordan
Kazakhstan
Kuwait
Kyrgyzstan

Lebanon
Oman
Pakistan
Qatar
Saudi Arabia
Syrian Arab Republic
Tajikistan
Turkey
Turkmenistan
United Arab Emirates
Uzbekistan
Yemen

Europe

| | |
|------------------------|---|
| Albania | Lithuania |
| Andorra | Luxembourg |
| Austria | Malta |
| Belarus | Monaco |
| Belgium | Netherlands |
| Bosnia and Herzegovina | Norway |
| Bulgaria | Poland |
| Croatia | Portugal |
| Cyprus | Republic of Moldova |
| Czech Republic | Romania |
| Denmark | Russian Federation |
| Estonia | San Marino |
| Finland | Slovakia |
| France | Slovenia |
| Germany | Spain |
| Greece | Sweden |
| Holy See | Switzerland |
| Hungary | The former Yugoslav Republic of Macedonia |
| Iceland | Ukraine |
| Ireland | United Kingdom of Great Britain and Northern Ireland |
| Italy | Yugoslavia |
| Latvia | |
| Liechtenstein | |

Oceania

| | |
|-------------------------------------|------------------|
| Australia | Palau |
| Fiji | Papua New Guinea |
| Kiribati | Samoa |
| Marshall Islands | Solomon Islands |
| Micronesia (Federated States of) | Tonga |
| Nauru | Tuvalu |
| New Zealand | Vanuatu |

Notes

^aThe States that had previously comprised the former Union of Soviet Socialist Republics are listed under the regional grouping Europe or under an Asian regional grouping, following the practice of the Statistics Division of the Secretariat.

Annex II

Current membership of the International Narcotics Control Board

Edouard Armenakovich Babayan

Graduate of the Second Moscow Medical Institute (1941). Professor, Doctor of Medical Science, Academician. Senior Scientific Researcher at the Scientific Research Institute of Social and Forensic Psychiatry. Honorary Vice-President of the International Council on Alcohol and Addictions. Author of over 200 scientific papers, *inter alia*, monographs and courses on drug control, published in many countries throughout the world. Winner of the E. Brauning International Award for valuable contribution to narcotic drug control; winner of the Skryabin Award for the contribution to the development of biology and medical science; and winner of the Semashko Award for the best publication on public health management. Honorary member of the Purkinje Society; and Honoured Physician of the Russian Federation. Head of the Russian delegation to the Commission on Narcotic Drugs (1964-1993). Chairman of the Commission (1977 and 1990). President of the Standing Committee Narcotics Control Board of the Russian Federation (1999). Member of the International Narcotics Control Board (since 1995). Second Vice-President of the Board and Chairman of the Standing Committee on Estimates (1997). Member of the Standing Committee on Estimates (since 1995).

Chinmay Chakrabarty

Graduate of Calcutta University with honours in History. Participant in various courses on Criminal Law, Public Administration, Personnel Management, Information Systems, and National Security and International Relations. Various positions in criminal law enforcement and in narcotics administration, starting from West Bengal State Excise (1956-1959) and ranging from Assistant Superintendent of Police to Deputy Inspector General in Orissa State Police Force and subsequently Director-General, Narcotics Control Bureau, Government of India (1990-1993), including 22 years in executive field positions in two states and 15 years in the highest echelons of national police administration and at directional level in the Government of India. Head of the interministerial committees for the preparation of the national master plan for drug abuse control (1993-1994) and for the preparation of terminal reports on projects in India funded by the United Nations International Drug Control Programme (UNDCP) (1996). Member of the delegations of India to the International Criminal Police Organization (Interpol)

General Assembly (1990-1992), to the Commission on Narcotic Drugs (1992) and to numerous regional and bilateral meetings. Participant in fellowship study tours of UNDCP and the Drug Enforcement Administration of the United States of America. Author of numerous papers published in professional journals. Recipient of the President's Police Medal for Distinguished Service (1990). Recipient of the Indian Police Medal for Meritorious Service (1977). Member of the International Narcotics Control Board (1997). Member of the Standing Committee on Estimates (since 1997).

Nelia Cortes-Maramba

Doctor of Medicine, Professor of Pharmacology and Toxicology, College of Medicine, University of the Philippines, Manila, and Head of the National Poisons Control and Information Service, Philippine General Hospital. Diplomate, American Board of Pediatrics; and Fellow of the Philippine Pediatric Society and the Philippine Society of Experimental and Clinical Pharmacology. Vice-Chairman, National Drug Committee, Department of Health. Previous posts in 37 committees and advisory panels in the fields of research, pharmacology, drug dependence, toxicology and medical curricula of national and international organizations, including: Chairman, Department of Pharmacology, University of the Philippines College of Medicine (1975-1983); member of the Advisory Committee on Medical Research, Western Pacific Region, World Health Organization (WHO) (1981-1984); and member of the Advisory Panel on Drug Dependence and Alcohol Problems, WHO, Geneva. Author of 52 works, including books, articles published in journals and proceedings of international workshops and monographs in the fields of pharmacology, toxicology and paediatrics. Researcher in the fields of teratology, developmental pharmacology, medicinal plants, and occupational and clinical toxicology. Recipient of 16 honours and awards (since 1974), including the following: Lingkod Bayan Award, presented by President Corazon Aquino and the Civil Service Commission (1988); Life Achievement Award in Medical Research, National Research Council of the Philippines (1992); Most Outstanding Researcher (1993) and Most Outstanding Teacher (Basic Science, 1996); Most Outstanding Teacher, University of the Philippines, Manila (1993 and 1999); Outstanding Individual in the Prevention and Control of

Drug Abuse, Dangerous Drugs Board (1994); the Tuklas Award (1996) and Most Outstanding Award in Medical Research (1998), Philippine Council for Health Research and Development, Department of Science and Technology; and Special Award in Pediatric Pharmacology, Toxicology and Medicinal Plant Activities (1999). One of the "100 Women of the Philippines" (1999). Participant in 48 international meetings (1964-1999) in the fields of toxicology, drug dependence, medicinal plant research and pharmacology. Member of the International Narcotics Control Board (since 1997). Vice-Chairman of the Standing Committee on Estimates (1998). Second Vice-President of the Board and Chairman of the Standing Committee on Estimates (1999).

Jacques Franquet

Prefect for Security and Defence for Northern France. Master of Law and recipient of diplomas in criminology and in languages and civilization of the southern Slav world—Croatian. Head of the Economic and Financial Section, Head of the Criminal Section, Regional Judicial Police Service, Lyon (1969-1981). Head of the Regional Judicial Police Service, Ajaccio, Corsica (1981-1983). Head of the National Central Office for Illicit Drug Traffic Control (1983-1989). Head of the Anti-Terrorist Coordination Unit, reporting to the General Director of the National Police (1988-1989). Director, Police International Technical Cooperation Service (1990-1992). Central Director of the Judicial Police and Head of the National Central Bureau, Interpol France (1993-1994). General Inspector of the National Police, reporting to the General Director of the National Police; and UNDCP external consultant (1995-1996). Recipient of the Officer of the Legion of Honour and the National Order of Merit, the Commander of the Luxembourg Order of Merit, the Officer of Spain Order of Merit for Police and seven other honours. Member of the International Narcotics Control Board (1997). Member of the Standing Committee on Estimates (1997). Member of the Committee on Finance and Administration of the Board (1998). Rapporteur of the Board (1999).

Hamid Ghodse

Professor of Psychiatry, University of London. Hon. Consultant, Public Health Medicine, Merton, Sutton and Wandsworth Health Authority. Director, Regional Drug Dependence Treatment, Training and Research Unit; Director, Addiction Resource Agency for Commissioners, South Thames Region, and Consultant Psychiatrist, St. George's and Springfield University Hospitals, United

Kingdom of Great Britain and Northern Ireland. President, European Collaborating Centres for Addiction Studies. Chairman, Departments of Addictive Behaviour and of Psychological Medicine; Director, Education and Training Unit, and Director, Research, Evaluation and Monitoring Unit, Centre for Addiction Studies, St. George's Medical School and Joint Faculty of Health Sciences, University of London and University of Kingston; and Member of the Academic Board, Quality Assurance Committee, Equal Opportunity Committee, St. George's Hospital Medical School, University of London. Convener, Association of Professors of Psychiatry in the British Isles; and Member of the Executive Committee of the Federation of Clinical Professors, United Kingdom. Chairman, Higher Degrees in Psychiatry, University of London. Adviser, Joint Formulary Committee, British National Formulary. Member of the WHO Expert Advisory Panel on Drug Dependence. Member of the Executive Committee, Substance Misuse Faculty, Royal College of Psychiatrists. Member of the Executive Board, Medical Council on Alcoholism, United Kingdom. Editor, *International Journal of Social Psychiatry* and *Substance Misuse Bulletin*. Member of the Editorial Advisory Board, *Addiction*. Author of books and over 200 scientific papers on drug-related issues and addictions. Fellow of the Royal College of Psychiatrists, United Kingdom. Fellow of the Royal College of Physicians of London, the Royal College of Physicians of Edinburgh and the Faculty of Public Health Medicine, United Kingdom. Chairman, Association of European Professors of Psychiatry; and member of the International Association of Epidemiology. Member, Rapporteur and Chairman of various WHO and European Community expert committees, review groups and other working groups on drug and alcohol dependence. Convener of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. M. S. McLeod Visiting Professor, Southern Australia Postgraduate Medical Education Association (1990). Honorary Professor, Beijing Medical University. Member of the International Narcotics Control Board (since 1992). Member of the Standing Committee on Estimates (1992). President of the Board (1993, 1994, 1997 and 1998).

Dil Jan Khan

Bachelor of Arts, Bachelor of Laws and Master of Arts in Political Science. Secretary of the States and Frontier Regions Division of the Government of Pakistan (1990-1993), Secretary of the Interior Division of the Government of Pakistan (1990) and Secretary of the

Narcotics Control Division (1990 and 1993-1994) of the Government of Pakistan. Commandant, Frontier Constabulary, North-West Frontier Province (1978-1980 and 1982-1983). Inspector General of Police, North-West Frontier Province (1980-1982 and 1983-1986). Additional Secretary, Ministry of Interior of Pakistan (1986-1990). Counsellor (1973-1978) and First Secretary (1972), Embassy of Pakistan, Kabul. Recipient of Sitara-i-Basalat, one of the highest awards for gallantry, awarded by the President of Pakistan (1990). President of the International Club, Kabul. Dean of the Counsellor/Administration Corps, Afghanistan. Member of the Asian-African Legal Consultative Committee. President of the Police Service of Pakistan Association (1993-1994). Patron of the non-governmental organization anti-narcotics society (1982-1983). Participant in the seminar on replacement of opium poppy cultivation, held in Bangkok (1978). Head of the delegation of Pakistan to the Executive Committee of the Office of the United Nations High Commissioner for Refugees (UNHCR) (1990-1993); the workshop of the UNHCR Asian-African Legal Consultative Committee (1991); the UNHCR meeting (1991); the Asian-African Legal Consultative Committee, New Delhi (1991); the World Food Programme Authority (1992); and the talks on relief assistance for Afghan refugees, Geneva and Washington, D.C. (1993). Head of the delegation of Pakistan to the Commission on Narcotic Drugs (1993 and 1994); the technical consultation between India and Pakistan, held in Vienna under the auspices of UNDCP, on cooperation in drug control activities (1994); and the First Policy-Level Meeting on Technical Cooperation between Pakistan and India (1994). Responsible for "Free Dispensary" for the treatment of poor patients, including drug addicts and child labourers, in rural areas (1999). Member of the International Narcotics Control Board (since 1995). Member of the Standing Committee on Estimates (since 1995). First Vice-President of the Board (1998).

Mohamed Mansour

Former Director of Training Institute Affairs Administration, Director of Operation Administration, Drug Enforcement Administration, Ministry of Interior of Egypt. Teacher of trainees and officers in drug enforcement and criminal investigations, Police Academy, Cairo, and Arab Institute for Police Studies, Saudi Arabia. Recipient of Bachelor's degree in law and police science, training at the Drug Enforcement Administration, Washington, D.C. (1974 and 1978). Recipient of the Honour of El-Gomhoria (1977) and the Honour of

El-Estehkak (1984). Participant in various conferences and meetings in the field of drug law enforcement. Member of the International Narcotics Control Board (since 1990). Rapporteur (1992) and First Vice-President (1995) of the Board. Member of the Standing Committee on Estimates (1992, 1993, 1997, 1998 and 1999). Chairman of the Committee on Finance and Administration of the Board (1998). Member of the Committee on Finance and Administration of the Board (1999).

António Lourenço Martins

Graduate in Law, University of Coimbra. Prosecutor (1965-1972); Judge (1972-1976); General Director of Judicial Police (1977-1983); Deputy Attorney-General and member of the Consultative Council of Procuradoria-Geral da República. Judge of the Supreme Court of Justice of Portugal. Head of the working groups that drew up Portuguese anti-drug legislation (1983 and 1993). Professor of a postgraduate course in computer law at the Law Institute for Communications, University of Coimbra. Author of articles on questions concerning drugs, of a book containing commentaries on the main international and national legislation, entitled *Drug and Law*, and of articles on informatics and law. Member of the International Narcotics Control Board (since 1995). Member of the Standing Committee on Estimates (1995). Member of the Committee on Finance and Administration of the Board (1998). Rapporteur (1996) and President (1999) of the Board.

Herbert S. Okun

Diplomat and educator. Visiting Lecturer on International Law, Yale Law School, United States of America. United States Diplomatic Service (1955-1991). Ambassador to the German Democratic Republic (1980-1983). Ambassador and Deputy Permanent Representative to the United Nations (1985-1989). Member of the Secretary-General's Group of Experts on the United Nations Structure for Drug Abuse Control (1990). Member of the International Narcotics Control Board (since 1992). First Vice-President (1996) and Rapporteur (1997) of the Board. Member of the Standing Committee on Estimates (1998). Vice-Chairman of the Standing Committee on Estimates and member of the Committee on Finance and Administration of the Board (1999).

Alfredo Pemjean

Medical Doctor (1968). Psychiatrist (1972). Professor of Psychiatry, University of Chile (since 1979).

Professor of Psychiatry, School of Psychology, Universidad Católica de Chile (since 1983). Head of Psychiatry Clinical Service, Hospital Barros Luco-Trudeau. Head of the Department of Mental Health and Psychiatry, Faculty of Medicine, Campus South, University of Chile (1976-1979 and 1985-1988). Professor in the Magister Program entitled "Public Health, Mention in Mental Health", School of Public Health, University of Chile (1993-1996). Head of the Mental Health Unit, Ministry of Health of Chile (1990-1996). President of Sociedad Iberoamericana para el Estudio del Alcohol y las Drogas (1986-1990). Member of the International Narcotics Control Board (since 1995). Member (1996 and 1998), Vice-Chairman (1997) and Chairman (1998) of the Standing Committee on Estimates. Second Vice-President (1998) and First Vice-President (1999) of the Board.

Oskar Schroeder

Lawyer and administrator. Doctor of law. Public Prosecutor (1957). Director-General, Inland Revenue and Tax Auditing Unit in the Financial Administration of North Rhine-Westphalia (1957-1964). Ministry for Youth, Family Affairs, Women and Health of the Federal Republic of Germany (1965-1989): Personal Secretary to the State Secretary and Head, Budget Division and several Divisions of Health Legislation (1965-1973); Head, Division for Legislation on Narcotic Drugs (1973-1982); and Director-General for Family Affairs and Social Welfare (1982-1989). Head of the delegation of the Federal Republic of Germany to the Commission on Narcotic Drugs (1973-1982) and Chairman of the Commission (1980). Chairman of the Commission for Social Development (1989). Member of the International Narcotics Control Board (since 1990). Member of the Standing Committee on Estimates and Chairman of the Budget Committee (1990). President (1991, 1992, 1995 and 1996) and Rapporteur of the Board (1998). Member of the Standing Committee on Estimates (1998 and 1999). Chairman of the Committee on Finance and Administration of the Board (1999).

Elba Torres Graterol

Lawyer. Central University of Venezuela (1959). Adviser on drug-related matters, Ministry of Foreign Affairs of Venezuela (1985-1994). Director for Social Protection, Office of the Attorney-General of the Republic (1971-1981); representative of the Department of Public Prosecution to the Drug Abuse Control Commission (1971-1981); member of the commission to prepare a preliminary draft law on narcotic drugs and psychotropic substances

(1974-1984); and Adviser, Department of Crime Prevention, Ministry of Justice (1982-1983). Member of the Venezuelan delegation to the Commission on Narcotic Drugs (1985-1993). Participant in the intergovernmental expert group meetings to consider the draft convention against illicit traffic in narcotic drugs and psychotropic substances (1986-1988); the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988); meetings of the group of experts designated by the Inter-American Drug Abuse Control Commission of the Organization of American States to draft model regulations on the laundering of assets derived from illicit drug trafficking (1990-1992); and the first meeting on the implementation of articles 5 and 7 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1993). Head of the Venezuelan delegation at the meeting convened in Panama City by the Inter-American Drug Abuse Control Commission to analyse the problem of money-laundering regulations (1993). Member of the International Narcotics Control Board (since 1995). Member of the Standing Committee on Estimates (1995 and 1996). First Vice-President of the Board (1997).

Sergio Uribe Ramirez

Graduate in Political Sciences, University of the Andes, Bogotá (1977); Master of Arts, School of Advanced International Studies, Johns Hopkins University, Washington, D.C. (1979). Consultant/adviser on subjects relating to the reduction of the supply of illicit drugs; Technical Cooperation Officer, Inter-American Development Bank (1979-1986); Adviser, Instituto Colombiano Agropecuario and Ministry of Agriculture of Colombia (1986-1990); Regional Adviser, Junta del Acuerdo de Cartagena y de la Oficina Nacional de Atención de Emergencias de Colombia (1988); Consultant/adviser, Food and Agriculture Organization of the United Nations (1988-1990); Professor, University of the Andes, Department of Political Sciences, pre-graduate programme (1988-1991 and 1995-1996); Adviser, Instituto Colombiano Agropecuario and World Bank (1989-1990); United Nations Development Programme (UNDP) Adviser assigned to the Plan Nacional de Rehabilitación de la Presidencia de la República (1991-1992); Consultant, Inter-American Development Bank, loans for alternative development (1991, 1995 and 1997-1999); UNDP Adviser on the Plan Nacional de Rehabilitación de la Presidencia de la República (1992-1994); Consultant, National Narcotics Directorate, UNDP and Narcotics Affairs

Section (1994); Consultant, Dublin Group (1994); Researcher, UNDP project on the narco-industry in Colombia (1994-1995); Coordinator and lecturer, University of the Andes, High-Level Management Programme, narco-trafficking module (1995 and 1996); Professor, University of the Andes, postgraduate and specialization programmes (1995 and 1997-1998); Director of Planning of the National Plan for Alternative Development (1995-1997); Adviser, National Narcotics Directorate (1996-1998). Author of articles in various academic journals on the subject of drugs; *Journal of the National Narcotics Directorate* (since 1996); Thoumi Francisco and others, *Los cultivos ilícitos en Colombia: su impacto económico, político y social* (1997). Fulbright Scholar (1977-1979); and Chase Manhattan Bank Fellow (1977-1979). Adviser, Conference on the Poppy, Bogotá (1993), Conference on Alternative Development, Lima (1993) and Santa Cruz (1996), and Conference on Environmental Crime, Bogotá (1998). Member of the Standing Committee on Estimates (1999).

THE ROLE OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

The International Narcotics Control Board is an independent and quasi-judicial control organ, established by treaty, for the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations. The responsibility of the Board is to monitor and promote compliance by Governments with the provisions of the international drug control treaties and to assist them in their efforts to fulfil their obligations under those treaties.

The functions of the Board are laid down in the following treaties: the Single Convention on Narcotic Drugs of 1953 as amended by the 1955 Protocol; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Broadly speaking, the Board deals with the following:

(a) As regards the licit manufacture of, trade in and use of drugs, the Board endeavours, in cooperation with Governments, to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels does not occur. The Board also monitors Governments' control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into the illicit traffic;

(b) As regards the illicit manufacture, trafficking and use of drugs, the Board identifies weaknesses in national and international control systems and contributes to correcting such situations. The Board is also responsible for assessing chemicals used in the illicit manufacture of drugs, in order to determine whether they should be placed under international control.

In the discharge of its responsibilities, the Board:

(a) Administers a system of estimates for narcotic drugs and a voluntary assessment system for psychotropic substances and monitors licit activities involving drugs through a statistical returns system, with a view to assisting Governments in achieving, *inter alia*, a balance between supply and demand;

(b) Monitors and promotes measures taken by Governments to prevent the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and assesses such substances to determine whether there is a need for changes in the scope of control of Tables I and II of the 1988 Convention;

(c) Analyses information provided by Governments, United Nations bodies, specialized agencies or other competent international organizations, with a view to ensuring that the provisions of the international drug control treaties are adequately carried out by Governments, and recommends remedial measures;

(d) Maintains a permanent dialogue with Governments to assist them in complying with their obligations under the international drug control treaties and, to that end, recommends, where appropriate, technical or financial assistance to be provided.

The Board is called upon to ask for explanations in the event of apparent violations of the treaties, to propose appropriate remedial measures to Governments that 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. If, however, the Board notes that the measures necessary to remedy a serious situation have not been taken, it may call the matter to the attention of the parties concerned, the Commission on Narcotic Drugs and the Economic and Social Council. As a last resort, the treaties empower the Board to recommend to parties that they stop importing drugs from a defaulting country, exporting drugs to it or both. In all cases the Board acts in close cooperation with Governments.

The Board meets at least twice a year. Each year, it issues a report on its work, supplemented by technical reports on narcotic drugs, on psychotropic substances and on precursors and other chemicals frequently used in the illicit manufacture of drugs.

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