

INTERNATIONAL NARCOTICS CONTROL BOARD

Vienna

**Report of the International Narcotics
Control Board
for 1992**



UNITED NATIONS

ABBREVIATIONS

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

<i>Abbreviation</i>	<i>Full title</i>
Board (or INCB)	International Narcotics Control Board
Commission on Narcotic Drugs (or Commission)	Commission on Narcotic Drugs of the Economic and Social Council
1961 Convention	Single Convention on Narcotic Drugs, 1961, signed at New York on 30 March 1961
1971 Convention	Convention on Psychotropic Substances, signed at Vienna on 21 February 1971
1988 Convention	Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, signed at Vienna on 20 December 1988
Council	Economic and Social Council of the United Nations
EEC	European Economic Community
General Assembly	General Assembly of the United Nations
ICPO/Interpol	International Criminal Police Organization
Narcotic drug	Any of the substances in Schedules I and II of the 1961 Convention, whether natural or synthetic
1972 Protocol	Protocol amending the Single Convention on Narcotic Drugs, 1961, signed at Geneva on 25 March 1972
Psychotropic substance	Any substance, natural or synthetic, or any natural material in Schedule I, II, III or IV of the 1971 Convention
Secretary-General	Secretary-General of the United Nations
UNDCP	United Nations International Drug Control Programme
WHO	World Health Organization

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

NOMENCLATURE OF COUNTRIES AND TERRITORIES

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

REPORTS PUBLISHED BY THE INCB IN 1992

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

1. Narcotic Drugs: Estimated World Requirements for 1993—Statistics for 1991 (E/INCB/1992/2)
2. Psychotropic Substances: Statistics for 1991 — Assessments of Medical and Scientific Requirements — Requirement of Import Authorizations for Substances in Schedules III and IV (E/INCB/1992/3)

ADDRESS OF THE SECRETARIAT OF THE INCB

Vienna International Centre
P.O. Box 500
Room F-0855
A-1400 Vienna, Austria

Telephone: 211310
Telex: 135612
Telefax: 2309788/232156
Cables: unations vienna

INTERNATIONAL NARCOTICS CONTROL BOARD
Vienna

**Report of the International Narcotics
Control Board
for 1992**



UNITED NATIONS
New York, 1992

E/INCB/1992/1

UNITED NATIONS PUBLICATION

Sales No. E.93.XI.1

ISBN 92-1-148088-4

ISSN 0257-3717

Foreword

The International Narcotics Control Board is the successor to the drug control bodies, the first of which was established by international treaty over 60 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. ^{1/} 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 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 ten 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. ^{1/} 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.

The 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, ^{2/} that Convention as amended by the 1972 Protocol, ^{1/} the Convention on Psychotropic Substances of 1971 ^{3/} and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. ^{4/} 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 two detailed technical reports containing data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with the Board's analysis of 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.

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. One regional training seminar, for drug control administrators from Asian

countries, was held at Beijing in June 1992 and another, for drug control administrators from African countries, will be held at Abidjan in December 1992.

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 treaties and to maintain a continuous dialogue with Governments in order to promote measures to prevent illicit drug production, trafficking and abuse.

Notes

- 1/ United Nations, *Treaty Series*, vol. 976, No. 14152.
- 2/ *Ibid.*, vol. 520, No. 7515.
- 3/ *Ibid.*, vol. 1019, No. 14956.
- 4/ E/CONF.82/15 and Corr.2.

Contents

	<i>Paragraphs</i>	<i>Page</i>
Foreword		<i>i</i>
<i>Chapter</i>		
I. Overview	1-28	1
A. View of the Board on the question of legalization of the non-medical use of drugs	13-24	3
B. Attempts to develop a legal international market for coca products	25-28	6
II. Operation of the international drug control system	29-88	8
A. Narcotic drugs	29-52	8
B. Psychotropic substances	53-72	11
C. Substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances	73-88	14
III. Analysis of the world situation	89-358	17
A. Africa	89-119	17
B. East and South-East Asia	120-155	20
C. Oceania	156-166	25
D. South Asia	167-185	26
E. Near and Middle East	186-211	28
F. Europe	212-269	31
G. North America	270-296	39
H. South and Central America and the Caribbean	297-358	42
 <i>Annex. Current membership of the International Narcotics Control Board</i>		 49

I. OVERVIEW

1. Measures taken nationally and internationally to reduce drug abuse and trafficking have yet to yield more universally visible and decisive results and, consequently, the validity and appropriateness of the drug control measures that Governments have agreed upon in international conventions and resolutions have continued to be questioned. The drug abuse and trafficking situation, which is accompanied by violence and corruption, remains grim, but the International Narcotics Control Board is not convinced that valid alternatives to present policies have been found that would meaningfully reverse the situation. Worldwide efforts to combat drug abuse and trafficking have to be continuous, balanced and in an internationally concerted manner in order for further positive results to be achieved. Drug abuse is closely linked to political, social and economic problems, and progress in these areas will undeniably contribute to the solution of the drug abuse problem. In a number of countries positive developments have been reported and these should be more carefully studied and discussed so that successful experiences in one country can be considered by others. In addition, the mass media are invited to analyse and report on such positive developments.

2. The efforts of the United Nations International Drug Control Programme (UNDCP) are highly appreciated by the Board. During 1992, UNDCP cooperated with 97 countries through 130 regional and country-specific drug control programmes. In addition, the operational work programme for 1992 included 30 global projects supporting a broad range of drug control activities, such as specialized training, research and advisory services. These activities have been implemented by UNDCP in collaboration with various specialized agencies of the United Nations system, other international organizations and various non-governmental organizations. In addition, there are 150 projects in the pipeline. The budget for UNDCP technical cooperation in 1992 and 1993 totals 186 million United States dollars. UNDCP also supports the work of the Board by providing a secretariat administratively integrated into its structure, as well as other support on request.

3. The Board is concerned over the impact on the drug control situation of a number of military, political and economic events in the world. Many newly independent countries reorganizing their administrative structures have not yet adopted legislation that would enable them to adequately control the licit movement of narcotic drugs and psychotropic substances. UNDCP, on the basis of initiatives of the Board in 1988 to assist Governments in strengthening their national drug control administrations, has worked out model legislation of which immediate use can be made in order to create the necessary legislative basis for effective drug control. Other model legislation on specific drug control issues such as money-laundering and precursor* control has been adopted by regional organizations such as the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS). Governments of all countries where national legislation is not yet in line with the international drug control conventions should examine, without delay, existing model legislation with a view to adopting it. Accession to the international drug control treaties and the existence of adequate drug control legislation are prerequisites for effective practical measures and international assistance in the field of drug control. A country without adequate legislation cannot effectively participate in concerted worldwide drug control activities.

*The term "precursor" is used to indicate any of the substances in Table I or Table II of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (E/CONF.82/15 and Corr.2), except where the context requires a different expression. Such substances are often described as essential chemicals, solvents or precursors, 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 brevity.

4. In some countries, the production and manufacture of and trafficking in illicit drugs have had a strong impact on the economy as a whole, generating a high percentage of the gross national product. Once a national economy is dependent on such illicit activities, any effort to combat them will have an important recessionary impact or will be accompanied by costly compensatory schemes. Therefore, each Government should take all possible measures to prevent illicit drug-related activities from becoming integrated to such an extent into the national economy that combating them will have serious economic consequences.

5. Illicit cultivation of narcotic plants and illicit trafficking in drugs continue to be a threat to the political, economic and social stability of several countries. Links appear to exist between illicit cultivation and drug trafficking and the activities of subversive organizations in some countries in South America and south-east Asia, but similar connections have also been reported in other regions of the world. Proceeds derived from offering "protection" to illicit cultivators and from involvement in the illicit marketing and distribution of the illicit products often constitute the main financial basis of terrorist activities.

6. Close international and regional cooperation is a cornerstone in the fight against the activities of drug cartels. To further develop such concerted efforts, all Governments should bear in mind that their action must be based on national laws compatible not only with the international drug control treaties, but with international law in general. Governments should make sure that their national laws do not violate the sovereignty of other countries. Lack of respect for these principles will harm the good relationship between Governments and will have a negative impact on cooperation. A controversial judicial decision in the United States of America relating to extradition has unfortunately led in 1992 to renewed friction in the relationship between Governments in the Americas.

7. Trafficking groups have succeeded in making available drugs, in particular cannabis, cocaine and heroin, virtually everywhere in the world. Most drug law enforcement authorities have focused their efforts on combating trafficking in heroin and cocaine. Less attention has been given to worldwide trafficking in psychotropic substances that have similar abuse potential and that sometimes produce worse withdrawal effects. Trafficking in and abuse of stimulants and sedative hypnotics are widely occurring not only in Africa and in parts of Asia and Latin America, but also in Europe and North America. Prices for such substances are normally much lower than those for cocaine and heroin and they often serve as substitutes or are the drugs of choice. The Board is very concerned that diversion of the stimulant pemoline from Europe to Africa and Asia continues to occur unabated in spite of numerous interventions. All of these diversions have their origin in Europe or are passing through Europe. Diversion of benzodiazepines is occurring in many parts of the world.

8. In Europe, some companies appear to have taken advantage of certain inadequacies and the diversity in national control measures for psychotropic substances by choosing those countries with the weakest import and export controls for the diversion of tablets into illicit trafficking worldwide. Therefore, the Board hopes that the Conference on Control of International Trade in Psychotropic Substances in Europe, to be held at Strasbourg from 3 to 5 March 1993, will help to bring to an end the diversion of psychotropic substances from Europe. The Conference is being organized jointly by the Board and the Pompidou Group of the Council of Europe. Concerted action in the field of legislation and law enforcement in Europe is needed if efforts of UNDCP and the Board to strengthen drug control administrations in developing countries are to have a real impact on the abuse of and traffic in psychotropic substances.

9. While recognizing the necessity of efficient law enforcement measures, most Governments seem to agree that more efforts must be made in the field of prevention, treatment and rehabilitation. Since drug abuse is related to psychosocial problems in general, the solution of such problems will also contribute to the reduction of drug abuse. General psychosocial problems may only be solved in countries where it has been decided that the necessary resources should be allocated for that purpose.

10. In almost all countries, most of the funds made available for measures against drug abuse are being used by the law enforcement sector. The time has come to evaluate more carefully the effects of police efforts to curb drug abuse and, in particular, illicit trafficking. Only a few countries have introduced effective mechanisms through which the law enforcement sector cooperates closely with the treatment and rehabilitation sector. In Sweden, for example, such close cooperation helps to keep down the level of demand for illicit drugs and ensures that a maximum number of drug abusers are identified by the authorities and are offered treatment and rehabilitation.

11. The rise of the human immunodeficiency virus (HIV) pandemic during the last decade, in both developed and developing countries, has been significant, particularly among drug abusers. There is considerable regional variation in the prevalence of HIV among drug abusers. Anonymous tests for HIV have been conducted in most European countries; however, sampling bias may account for some of the variation. Among persons who administer drugs by injection, the proportion estimated to be infected with HIV ranges from 1-5 per cent in the United Kingdom of Great Britain and Northern Ireland to 20 per cent in Germany, 30 per cent in the Netherlands, 30-80 per cent in Italy, 40-60 per cent in Spain and 58 per cent in France. There is a need for more adequate epidemiological data on the extent and nature of the relationship between drug abuse and HIV infection. The results of studies on the subject should be taken into consideration in developing national drug policies.

12. The Board has been closely following the emergence of proposals to legalize the non-medical use of drugs, in effect, the recreational use of all or some narcotic drugs and/or psychotropic substances. Such action would be contrary to existing provisions of the international drug control treaties. Any party to those treaties permitting such use would be failing to implement in good faith the provisions of the treaties and, in addition, would be undermining the cornerstone of the international drug control system, namely the universal application of all treaty provisions. Nonetheless, movements advocating such legalization have increased their activities in a number of consumer and producer countries, sometimes with institutional support. In order to facilitate the task of Governments, the Commission on Narcotic Drugs and other national and international policy-making bodies confronted with such proposals, a short analysis of the meaning and consequences of legalization of the non-medical use of drugs is presented below.

A. View of the Board on the question of legalization of the non-medical use of drugs

13. The debate on legalization of the non-medical use of drugs, together with its media coverage, reflects the widespread misunderstanding of the obligations of parties to the international drug control treaties, particularly with regard to the extent to which parties are required to penalize non-medical personal consumption by drug abusers. It is necessary to clarify these obligations before examining some of the main arguments put forward by advocates of legalization.

14. In general, parties to the Single Convention on Narcotic Drugs of 1961 1/ and the Convention on Psychotropic Substances of 1971 2/ are required to limit to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs. To that end, each party to the 1961 Convention is required in article 4 of that Convention to take "such legislative and administrative measures as may be necessary" and each party to the 1971 Convention is required in article 5 of that Convention to take "such measures as it considers appropriate".

15. Under certain conditions, the 1961 Convention, the 1971 Convention and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 3/ also require parties to establish as punishable offences a wide range of activities relating to controlled drugs. None of the conventions require illicit drug consumption *per se* to be established as a

punishable offence. Instead the conventions deal with illicit drug consumption indirectly in their provisions on activities such as the cultivation, purchase or possession of illicit drugs. In so far as these activities are engaged in for the purpose of non-medical personal consumption:

(a) Parties to the 1961 Convention and the 1971 Convention may take the view that they are not required to establish such activities as criminal offences under law. The basis for this view appears to be that, since obligations relating to penal provisions appear among articles relating to illicit traffic, the obligations only apply to cultivation, purchase or possession for the purpose of illicit trafficking;

(b) Unless to do so would be contrary to the constitutional principles and basic concepts of their legal systems, only the 1988 Convention clearly requires parties to establish as criminal offences under law the possession, purchase or cultivation of controlled drugs for the purpose of non-medical personal consumption;

(c) None of the conventions requires a party to convict or punish drug abusers who commit such offences even when they have been established as punishable offences. The party may choose to deal with drug abusers through alternative non-penal measures involving treatment, education, after-care, rehabilitation or social reintegration. Nevertheless, a party may choose to apply penal sanctions in such cases, since each convention permits a party to adopt more strict or severe measures than those provided by the convention if, in its opinion, such measures are desirable or necessary to prevent or suppress illicit trafficking.

16. Turning to the main arguments put forward by those in favour of legalization, examination of just three of those arguments will serve to illustrate some of the concerns of the Board. Advocates of legalization suggest that:

(a) "Legalization is justified, since law enforcement has failed to control illicit supply or to reduce illicit demand": This argument, however, ignores the fact that legal sanctions have helped to deter or delay potential abusers, thereby limiting the growth of the illicit market;

(b) "Given current levels of access to illicit drugs, legalization would only have a minimum adverse impact on current drug abuse levels and would thus generate few additional health, safety or behavioural problems": This argument, however, ignores the potential expansion of demand by individuals and society, particularly among young people, which could follow the removal of legal barriers, the freeing of entrepreneurial initiative and the lowering of market prices. It also ignores the possibility that there may be a substantial increase in economic and social costs, particularly to health-care systems (given the global experience with alcohol and tobacco abuse). This may include a sharp increase in costs resulting from accident-related injuries and other health-related problems;

(c) "Legalization would remove evils created by drug laws, such as corruption, violence and drug-related crime, which are worse than the drugs themselves": This argument assumes that drug-related black markets and corruption would significantly decline, but surely no community would accept making available, without any restriction, all drugs of abuse to all existing and potential abusers (including children) at sufficiently low prices. Even if one assumes that crime to support personal drug abuse may decline, crime committed under the influence of drugs, as well as chronic violence in the family and in the community, may increase. The assumption that organized criminal activity and related violence would significantly decrease may underestimate the capacity of organized crime to adjust to changing conditions without significant loss of economic, political or social power.

17. Moreover, it appears to the Board that advocates of legalization have not adequately dealt with the tough practical questions that must be answered if proposals for legalization of the non-medical use of narcotic drugs and psychotropic substances are to be taken more seriously. The following questions help to demonstrate some of the complexities implicit in the proposals:

(a) What drugs would be legalized (cannabis, cocaine, crack (the free-base form of cocaine), heroin, hallucinogens, "ecstasy")? According to what criteria would they be legalized and who would determine those criteria?

(b) What potency levels would be permitted (5 per cent, 10 per cent or 14 per cent tetrahydrocannabinol (THC) content of cannabis; Burmese No. 3 grade, "Mexican black tar" or "China white" heroin)?

(c) Since legalization would entail the removal of prescription requirements for psychoactive pharmaceuticals, what would be done to control the adverse consequences of their non-medical use? How would the marketing of such new drugs be dealt with? Would they be permitted without even a qualifying period and evaluation? What would happen with "designer drugs"?

(d) Would production and manufacture be limited? If so, how would the limits be enforced (e.g. limited to home production for personal use or to cottage industries or to major enterprises)?

(e) What market restrictions would there be? Would the private sector or the public sector or both be involved? How would price, purity and potency levels be established and regulated? Would advertising be permitted? If so, what drugs would be advertised and by whom?

(f) Where would such drugs be sold (e.g. over the counter, through the mail, vending machines or restaurants)? Would the sale of such drugs be limited to dependent abusers? If so, how many and from which cities or countries? What about experimenters and those not yet granted dependent status?

(g) Would there be age limits for the use of legalized drugs and, if so, for which ones (e.g. access to cannabis at age 16, to cocaine at age 18 and to heroin at age 21)? Would there be restrictions on use because of impairment of function (e.g. restrictions on use by transport, defence, nuclear power and other workers)?

(h) For any restrictions found necessary or desirable, what agency would enforce the law, what penalties and sanctions would be established for violations and how would the risks of corruption and continued "illicit traffic" be dealt with?

18. These questions are by no means exhaustive. A proper analysis of the proposals is hindered by unclear definitions of some of the terms most frequently used. For example, it is difficult to form an opinion about the distinction between so-called "hard" and "soft" drugs because these are popular expressions that have never been clearly defined. These terms appear usually in the vocabulary of those who are in favour of the legalization of the use of some narcotic drugs, first of all cannabis. However, the use of these terms can be misleading, implying that the difference between "hard" and "soft" drugs can be equated with the well-known clear distinction between hard and soft drinks.

19. It appears that the basic aim of the advocates of legalization is to allow the recreational use of narcotic drugs and/or psychotropic substances. It must be noted that such a step would create a legal demand for those drugs and, consequently, the current restrictions in respect of supply (cultivation, production, manufacture, trade and distribution) would need to be abolished or fundamentally changed. History offers a good example of the consequences of such a change. The result would be similar to the situation of China in the nineteenth century, when, after the Opium War, the country was forced to accept the free availability of opium. Following that action, the number of opium addicts in the country increased drastically to an estimated 20 million.

20. The availability of narcotic drugs and psychotropic substances is limited not only by the provisions of the international drug control treaties but by national pharmaceutical laws and regulations. The majority of narcotic drugs and psychotropic substances are pharmaceuticals that

are currently subject to twofold regulations: restrictions designed to prevent drug abuse; and prescribing and dispensing limitations designed to prevent health injuries and to promote compliance with good clinical practice. Without removing public health regulations, it would be impossible to ensure the availability of opiates, stimulants (cocaine or amphetamines), barbiturates, benzodiazepines etc. for recreational purposes.

21. It can be assumed that advocates of the legalization of some narcotic drugs and/or psychotropic substances do not intend to ruin the pharmaceutical regulatory system, but the maintenance of this system with the simultaneous legalization of, say, heroin or cocaine, would create an absurd situation: restrictions would apply to less addictive or non-addictive pharmaceuticals, but not to members of the same pharmacological categories having greater abuse potential and dependence-producing properties.

22. Most of the debates on legalization of the non-medical (i.e. recreational) use of drugs are at present centred on cannabis. Since the adoption of the 1961 Convention, very potent new products like "cannabis oil" or "hashish oil" (e.g. "cannabis concentrate") have appeared on the illicit markets and new technologies have been applied to increase the THC content of cultivated cannabis plants. In this context, the Board would like to draw the attention of industrialized countries to the fact that in 1961 they initiated the introduction of the international control of cannabis at a period when serious cannabis abuse problems did not exist in their countries. Countries in which cannabis consumption was traditional implemented the provisions of the 1961 Convention. If cannabis were to be legalized, the responsibility of industrialized countries would be enormous: they would be obliged to justify, at the same time, their 1961 decision to prohibit cannabis and their new decision to add cannabis to other legalized substances like alcohol and tobacco.

23. The arguments put forward by advocates of legalization, although well-intended, can appear to be logical and simple when they are not; they do not withstand critical evaluation and they tend to run contrary to general experience. The proposals in favour of legalization have tended to present possible legalization benefits against the costs of maintaining existing legal controls, without adequately addressing themselves to either the benefits of those controls or the social and economic costs of removing them. As the Board sees it, legalization advocates have not yet presented a sufficiently comprehensive, coherent or viable alternative to the present system of international drug abuse control. The Board firmly believes that permitting the recreational use of drugs would have a substantial and irreversible adverse impact on public health, social well-being and the international drug control system.

24. A pilot study to evaluate the results of prescribing heroin to a limited number of persons severely dependent on opiates is being conducted in Switzerland. The Board is of the opinion that this experiment should be considered a monitored clinical trial and should not be interpreted as a step towards decriminalization or even legalization of opiate abuse.

B. Attempts to develop a legal international market for coca products

25. As legalization movements seek to gain media and political attention, particularly in Europe, a concerted campaign has been conducted by Bolivia to relax the controls under the international drug control treaties over coca leaves and a variety of coca-based products such as coca tea and coca toothpaste. The campaign is contrary to the provisions and aims of the 1961 Convention. Although in Peru similar campaigns have been undertaken on a smaller scale, the Board understands that other producer States in the region do not support relaxation of the controls of the 1961 Convention.

26. The 1961 Convention specifically limits all such activities, from production to use of coca leaves and of coca-leaf products.* Relaxing the controls of that Convention to enable coca leaves and coca-leaf products to be marketed internationally for other purposes would require a radical change in the attitude of the international community and amendments to the 1961 Convention. Without amending the 1961 Convention, its control over imports for non-medical or scientific purposes would effectively embargo attempted exports for such purposes.

27. The mandate of the Board is to ensure that provisions agreed upon are actually implemented by all parties. For that purpose, the Board has been in contact with all Governments, including the two concerned in this case, and has repeatedly drawn their attention to the provisions of the 1961 Convention governing coca leaves. The major problem has been, for the last few decades, the inadequate implementation of those provisions, particularly in relation to the cultivation of the coca bush and the use of coca leaves as a result of the prevailing circumstances in the countries concerned. National legislation should be brought more in line with the relevant requirements of the 1961 Convention.

28. The Board is confident that the two countries concerned will continue their constructive work towards fulfilling their control obligations under the provisions of the 1961 Convention in relation to the coca bush and coca leaves. A slackening of the control over the main raw material used in cocaine manufacture, namely coca leaves, would certainly not be in line with concerted international efforts to introduce controls over substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances.

*The 1961 Convention contains special provisions aimed at the eradication of illicit cultivation of the coca bush and the illicit use of coca leaves (articles 22, 26 and 27). The Convention also allows a party to reserve the right to permit temporarily the chewing of coca leaves in any of its territories, subject to the restriction that it should be abolished within 25 years of the entry into force of that Convention (14 December 1989).

The 1988 Convention contains mandatory measures to prevent illicit cultivation of and to eradicate the coca bush. Paragraph 2 of article 14 of that Convention requires that these measures must, among other things, "take due account of traditional licit uses, where there is historic evidence of such use" (E/CONF.82/15 and Corr. 2). Because of concern that this paragraph might be interpreted as lessening the obligations of parties to the 1961 Convention, a special non-derogation provision was included in paragraph 1 of article 14 of the 1988 Convention to reinforce the general non-derogation provision in article 25 of that Convention.

II. OPERATION OF THE INTERNATIONAL DRUG CONTROL SYSTEM

A. Narcotic drugs

1. Status of the conventions and cooperation with Governments

29. As of 1 November 1992, the number of States parties to the 1961 Convention or that Convention as amended by the 1972 Protocol ^{4/} stood at 135, of which 110 are parties to the Convention in its amended form. Since the last report of the Board, Seychelles and Slovenia have become parties to the 1961 Convention and that Convention as amended by the 1972 Protocol. In addition, Burkina Faso, already a party to the 1961 Convention, has become a party to that Convention in its amended form.

30. Nearly 30 years after the entry into force of the 1961 Convention, 52 States, including most of those of the Commonwealth of Independent States (CIS), are not yet parties to that Convention or its amended form. The largest number of non-parties are located in Africa, the south Pacific and the Caribbean. Moreover, a number of States parties lack up-to-date and comprehensive laws and regulations that conform to the international drug control conventions.

31. A total of 101 countries and territories submitted complete statistical information for 1991 as required under article 20 of the 1961 Convention. Sixty-eight other States submitted only partial data, of which three are major manufacturing and exporting countries, namely, Brazil, Italy and Portugal. No statistical information has so far been received from 16 countries and territories; these included Anguilla, Belize, Burundi, Cambodia, Central African Republic, Djibouti, Gabon, Gibraltar, Grenada, Liberia, Mauritania, Nicaragua, Saint Lucia, Somalia, Viet Nam and Zambia. Some have failed to furnish statistical information for the past several years.

32. In respect of annual estimates of narcotic drugs for licit requirements for 1993, 124 States and 6 territories furnished them in accordance with article 19 of the 1961 Convention. The Board established estimates for the remaining 60 States and 4 territories which had failed to provide their own estimates. In addition, in 1992, Governments furnished approximately 700 supplementary estimates which were confirmed by the Board. As the high number of supplementary estimates imposes administrative burdens, Governments may be induced to prepare their annual estimates of narcotic drugs more carefully.

33. In spite of the repeated appeals by the Board to Governments, statistical information and annual estimates of narcotic drugs from several countries continue to reach the secretariat too late. A recent phenomenon has been the lack of or late submission by certain major manufacturing and exporting countries of the annual statistical information. This has delayed the detailed analysis by the Board of the information required to initiate prompt action to ensure adequate control. Should this continue, the Board would find it difficult to assess the degree to which national authorities are effectively implementing the provisions of the conventions. In addition to this, it would be difficult to determine the limits within which international trade in and manufacture of narcotic drugs should be conducted in a manner compatible with maintenance of the necessary balance between supply and demand.

34. The Board urges Governments to continue to pay adequate attention to their obligations under the conventions and to take immediate action to redress the situation. If the success achieved so far in preventing diversion of narcotic drugs from licit sources is to be maintained in the future, Governments must continue to accord high priority to the control of licit movement of narcotic drugs.

2. Assessment of the operation of the drug control system

35. As mentioned in previous reports of the Board, the diversion of narcotic drugs from licit trade has remained relatively rare. When this occurs, the quantities involved are negligible in comparison to the volume of licit transactions. This also holds true for narcotic drugs in the domestic wholesale market. During the past 10 years, 26 cases of diversion and attempted diversion in international trade have come to the attention of the Board. These often involved the disappearance at airports of entire consignments of narcotic drugs or parts thereof *en route* to final destinations.

36. The diversion of narcotic drugs from licit sources is generally the result of deficiencies in the application of control measures in international trade. These deficiencies include the lack of strict control measures at harbours and airports, exportation without prior issuance of export authorizations, and importation on the basis of import certificates issued by authorities other than those competent to issue them.

37. Deficiencies in the application of the international drug control conventions also extend to the system of estimates. The Board has become increasingly concerned at the insufficient and inaccurate information provided by certain Governments in support of supplementary estimates. These Governments are urged to ensure that all information provided is as accurate and comprehensive as required by the conventions. They should spare no effort in ensuring that those directly responsible for the implementation of the international drug control treaties have full and detailed knowledge of the requirements. The Board is prepared to assist Governments in that regard if requested to do so.

38. Owing to exceptional circumstances in some States related to political unrest and natural disaster, a number of exporting countries have sought the advice of the Board on how to supply narcotic drugs. While the Board has adopted a practical approach in such situations to facilitate the expeditious delivery of minimum essential requirements, exporting countries should bear in mind that the success of the international control system depends largely on strict government compliance with the provisions of the treaties and the monitoring efforts of the Board, and Governments should, therefore, ensure that narcotic drugs donated by charitable and similar organizations are subject to the same control measures required for any transaction, in particular, with respect to the import and export authorization system.

3. Availability of opiates for medical purposes

39. Following the publication in 1989 of the special report prepared jointly by the Board and the World Health Organization (WHO) ^{5/} in accordance with Economic and Social Council resolution 1989/15, a number of Governments reassessed their medical need for opiates and took steps to make them more widely available. Appropriate control measures were also introduced to avoid possible diversion into illicit channels. Restrictions, however, in several countries continued to limit the availability of morphine and similar drugs for medical purposes. The deciding factors for the introduction of such limitations have been the prevailing social and political climate and current attitudes toward drugs. As stated in the above-mentioned special report, the regulatory agencies, national health authorities and health-care professionals must coordinate their efforts to ensure a balance between proper controls to prevent diversion and adequate availability of the necessary opioid analgesics for needy patients.

40. The Board has noted with concern a scientific research project in one European country involving the prescription of heroin to drug abusers during treatment. In view of this recent development, the Board urges Governments to take cognizance of the resolutions of the Economic and Social Council and the Commission on Narcotic Drugs as well as the recommendations of WHO, which call for the prohibition of the manufacture, export, import and use of heroin on human beings, as it is no longer recognized by the medical profession in most countries as having any therapeutic value.

4. Diagnostic kits

41. In the light of administrative problems and other burdens that diagnostic kits are likely to impose upon national regulatory agencies, there has been renewed interest in their exemption from the import and export authorization system.

42. Diagnostic kits are used by laboratories and other bodies for drug testing purposes and consist of vials of freeze-dried biological material containing minute quantities of a wide range of drugs under international control. The quantity of the drug concerned and the composition of the kits are such that no drug can be retrieved easily in a yield that would present a potential for abuse or constitute a risk to public health. This also includes biological materials spiked with narcotic drugs and used by laboratories for quality control. There is no provision under the 1961 Convention for the exemption of small quantities of narcotic drugs that fall outside the group of drugs included in Schedule II.

43. Such an exemption would require the consent of both the exporting and importing countries concerned. Since some countries provide exemptions in their national legislation and in order to have an internationally accepted policy on the question, the Board considers it advisable to draw the attention of the Commission on Narcotic Drugs to this issue.

5. Demand for opiates and supply of opiate raw materials for medical and scientific needs

44. During the past two decades, worldwide consumption of opiates has remained at approximately 200 tonnes in morphine equivalent per annum, with codeine accounting for 160 tonnes. Of the principal opiates concerned, only the consumption of dihydrocodeine and morphine is on the increase, reaching 18 tonnes and 11 tonnes in morphine equivalent respectively in 1991, the last year for which complete statistical information is available. It is noteworthy that the growing consumption of morphine is related mainly to its utilization as an analgesic through oral administration for the treatment of cancer patients. By contrast, consumption of other opiates has either declined or remained stable. Ethylmorphine and pholcodine are amongst the opiates whose consumption has been declining, while use of codeine and preparations of opium appears to be stabilizing. On the basis of the trend of previous years, annual aggregate consumption of opiates for the medium term is likely to remain at the current level of 200 tonnes in morphine equivalent.

45. Owing to climatic conditions and economic and policy considerations, global production of opiate raw materials has generally fluctuated. Between 1980 and 1985, on average, 207 tonnes in morphine equivalent were produced annually. During the following five years, production of opiate raw materials fell below consumption of opiates, by about 15 tonnes in morphine equivalent per year, on average. However, in response to the depletion of stocks of concentrate of poppy straw at the end of 1990, production of opiate raw materials increased substantially in 1991 and 1992, exceeding consumption of opiates by approximately 43 tonnes and 52 tonnes in morphine equivalent respectively. On the basis of information available to the Board, it is expected that the cultivated area will be significantly reduced in 1993, a year for which it is forecast that production may exceed estimated consumption only by approximately 12 tonnes in morphine equivalent.

46. As a result of the shortage of concentrate of poppy straw, which continued in 1991, opium exports during the biennium 1990-1991 rose substantially, totalling 155 tonnes in morphine equivalent. The United States imported 93 tonnes in morphine equivalent; the CIS member States, a total of 27 tonnes; the United Kingdom, 22 tonnes; Japan, a record of 15 tonnes; and the fifth main importer, France, imported 7 tonnes. By contrast, exports of concentrate of poppy straw declined from a maximum of 88 tonnes in morphine equivalent in 1988 to 60 tonnes in 1990 and 1991. The shortage in supplies of concentrate of poppy straw is expected to end in 1992.

47. Following the increase in opium exports for two consecutive years, opium stocks held by India decreased from 248 tonnes at the end of 1989 to 172 tonnes in morphine equivalent at the end of 1991. On the basis of information received by the Board, at the end of 1992 Indian opium stocks are expected to fall to a level representing approximately one year's global consumption of opiates.

48. In 1991, the Board undertook missions to Australia and India, with a view to discussing, as a matter of priority, measures aimed at bringing about both a rapid solution to the problem of excess stocks of opiate raw materials and a lasting balance between supply and demand of opiates. Following these missions, the Government of Australia, at the request of the Board, reduced the area of opium poppy cultivation from 8,030 hectares in 1992 to 6,500 hectares in 1993. In addition, recommendations on the further reduction of stocks and related matters in India were communicated to the Government of that country. Suitable technical and financial cooperation could be provided for their implementation.

49. The Board also visited the Islamic Republic of Iran in connection with the large stocks of seized opium held in that country as a result of intensive law enforcement activities. While noting the steps taken by the authorities of that country for the depletion of these stocks, the Board reiterates its appeal to all Governments to destroy stocks of seized opiate raw materials in excess of short-term domestic medical and scientific needs.

50. In view of the need to maintain a long-lasting balance between demand for and supply of opiates, the Board urges Governments concerned to restrict global production of opiate raw materials to a level corresponding to actual needs in opiates and to refrain from any proliferation of production. The Board also appeals to the major importing countries of opiate raw materials to continue to bear in mind the recommendations of the Economic and Social Council.

51. To assist Governments, the Board published in 1981 a detailed study of the supply and demand situation. This study was subsequently supplemented by two special reports. During the thirty-fifth session of the Commission in April 1992, the Board held an informal meeting with the main producer countries of opiate raw materials and the main importers about supply and demand. As requested by the Council in its resolution 1992/30, the Board will continue to organize such meetings during future sessions of the Commission.

52. In response to Council resolutions 1990/31 and 1991/43, in which the Council requested the Board to accord priority to monitoring the implementation of the recommendations contained in the 1989 special report of the Board prepared in conjunction with WHO, the Board has continued to systematically review the methods used by Governments in assessing their domestic needs for opiates, with a view to recommending improvements, as well as assisting in establishing guidelines for estimating medical needs for opiates. In this connection, the Board has continued to collaborate closely with WHO. In particular, a representative of WHO has been participating in training seminars organized by the Board for drug control administrators from African and Asian countries, to promote the rational use of opiates, including codeine and morphine, which are on the WHO list of essential drugs.

B. Psychotropic substances

1. Status of the 1971 Convention and cooperation with Governments

53. As of 1 November 1992, the number of States parties to the 1971 Convention stood at 109. Since the last report of the Board, Ireland, Seychelles and Slovenia have become parties.

54. Statistics on psychotropic substances required under article 16 of the 1971 Convention are provided annually to the Board by approximately 140 Governments, both parties and non-parties.

The punctuality of the submission of reports, their comprehensiveness and reliability reflect to a large extent how Governments implemented the provisions of the Convention as well as the recommendations of the Board, endorsed by Economic and Social Council resolutions, to strengthen the control of the international movement of psychotropic substances.

55. The Board continuously analyses the data received from Governments in order to assist them in identifying any shortcomings in national drug control systems and preventing diversion of substances for non-medical use. Through the analysis of data and subsequent enquiries, the Board assisted several Governments in the detection of companies or individuals violating their national legislation or diverting psychotropic substances into illicit channels.

56. While most States parties have regularly submitted their annual statistics, the Board notes with concern that Brazil, Cameroon, Gabon, Mauritania and Peru have failed for over three years to provide annual reports on psychotropic substances. In addition, the following parties have not provided annual reports for the last two years: Costa Rica, Malawi, Nicaragua, Senegal and Uruguay. The Board will continue its dialogue with these parties in order to ensure an improvement in their cooperation.

57. In 1992, several parties have submitted annual reports to the Board with a considerable delay compared with previous years. This made it difficult for the Board to carry out in a timely manner an analysis of the international movement of psychotropic substances. The Board is concerned that among these parties were also some highly developed countries which are major manufacturers and exporters of psychotropic substances. It appears that in some of these countries the control of the licit movement of psychotropic substances was adversely affected by budgetary constraints of their Governments. The Board hopes that the Governments concerned will allocate the necessary funds to this field of drug control in order to ensure the full implementation of their treaty obligations, including timely compliance with reporting duties.

58. While most non-parties are voluntarily cooperating with the Board, some of those which are major manufacturers and exporters have not yet adopted the legislation necessary for the effective control of all psychotropic substances in Schedules III and IV of the 1971 Convention, including the control of their imports and exports. The absence of data on imports and exports from these countries substantially complicates the efforts of other Governments and the Board to prevent diversion of these substances into illicit channels. Some of the non-parties in question, major manufacturers and exporters of psychotropic substances, namely Austria, Belgium, Netherlands and Switzerland, are taking steps to adhere to the 1971 Convention. The Board reiterates its request to these countries to adhere to the Convention without further delay. They should urgently start to control their exports and report to the Board in order to close the serious gap in the international control system.

2. Operation of the control system and prevention of diversion into the illicit traffic

59. Experience shows that the diversion of psychotropic substances from licit manufacture and trade into illicit channels can be prevented if effective controls are in force in all countries concerned and if Governments cooperate closely with the Board. This has been the case for substances included in Schedule II of the 1971 Convention, for which control of international trade by the system of import and export authorization is mandatory and for which a simplified estimate system has been operating successfully since the early 1980s, pursuant to a recommendation of the Board endorsed by the Council in its resolution 1981/7.

60. In close cooperation with Governments, the Board has thwarted attempts of traffickers to divert psychotropic substances included in Schedule II, mainly methaqualone, fenetylline and secobarbital, from licit sources. Governments are carefully reviewing the legitimacy of orders for those substances and are consulting with the Board in cases of doubt.

61. The Board welcomes the fact that the stocks of methaqualone worldwide have been further reduced to a level now in line with declining medical requirements. Similarly, the Board welcomes the positive response of the Governments of Germany and Switzerland to its request to reduce stocks of fenetylline which have been at an excessive level of over 3 tonnes since the inclusion of this substance in Schedule II in 1986. In Switzerland, all stocks of fenetylline were destroyed in December 1991. The Government of Germany decided that, as a first step, 50 per cent of fenetylline held in stock would be destroyed before the end of 1992.

62. As no diversion of fenetylline from licit sources has been detected since 1989, it appears that fenetylline tablets seized in the Near and Middle East had originated mainly from illicit manufacture. In this connection, the Board endorses the importance of chemical analysis of each seizure of tablets in order to identify the source of their active ingredients and chemicals used in their manufacture. The Board also stresses the importance of demand reduction efforts in countries confronted with the abuse of fenetylline.

63. The Board is concerned that amphetamine illicitly manufactured in Bulgaria has been used by a pharmaceutical company in that country for the manufacture of mesocarb, a stimulant not under international control. This substance has then been used for the manufacture and export of "look-alikes" of amphetamine tablets destined for illegal channels, mainly in Africa. The Board had referred to the manufacture of "look-alikes" of illegal amphetamine tablets in Bulgaria in its report for 1991. The Board hopes that the Government of this country will urgently take all the necessary measures to prevent unscrupulous companies from supplying stimulants for non-medical use in other countries.

64. Since the mid-1980s, the Board has repeatedly drawn the attention of Governments to large diversions of substances included in Schedules III and IV, in respect of which the control mechanism for international trade laid down in the 1971 Convention had proven ineffective. The suggestion of the Board to extend the system of import and export authorization to these substances was endorsed by the Council in its resolutions 1985/15 and 1987/30. Currently, more than 70 Governments are applying these additional control measures for most of the substances in Schedules III and IV.

65. To further strengthen the control system for international trade, the Board then suggested to Governments to extend to substances in Schedules III and IV the simplified estimate system. The Council endorsed this recommendation in its resolution 1991/44. The Board notes with satisfaction that more than 70 Governments have already submitted assessments of their annual medical and scientific requirements for substances in Schedules III and IV. The Board has analysed the data received and requested some Governments to review their assessments if they appeared not to be in line with the actual consumption of the substances.

66. In February 1992, the Board disseminated for the first time the information on legitimate annual requirements for substances in Schedules III and IV. Updated information will be included in the Board's technical report on psychotropic substances to be published as a supplement to this report. Governments of all exporting countries are urged to develop a mechanism to ensure that exports of psychotropic substances are in line with legitimate needs of importing countries. The Board should be informed of excessive orders and will assist all Governments to determine the legitimacy of the transactions.

67. The Board noted with concern that certain Governments which are parties to the 1971 Convention have failed for several years to bring under control of their national legislation substances added by the Commission to the Schedules of the 1971 Convention. Gaps thereby created in the international control system have been exploited by traffickers for diversion attempts. In 1991 and 1992, for example, traffickers initiated the manufacture of pemoline tablets in India from pemoline imported in bulk from Europe. Their activities were facilitated by the fact that pemoline, although included in Schedule IV of the 1971 Convention in 1989, had not been placed under national control for psychotropic substances in India. The Board notes with

satisfaction that after its intervention the national list of controlled psychotropic substances in India was updated in October 1992 to include pemoline.

68. Pursuant to repeated recommendations of the Board, Governments are taking advantage of the provisions of article 13 enabling them to prohibit imports of certain psychotropic substances. However, the Board detected that pemoline tablets were exported in 1991 from Singapore and in 1992 from Hong Kong to Nigeria, which prohibited in 1990 imports of this substance in accordance with article 13. Pursuant to the request of the Board, the Governments concerned took all the necessary steps to prevent any recurrence of such exports in the future. The Board expects that all exporting countries will respect these prohibitions and enforce adequate measures.

3. Illicit traffic in pemoline

69. The illicit traffic in pemoline has reached dimensions which merit a serious and effective response globally and by Governments. The repeated request of the Board to apply supplementary control measures to trade in this substance has not met with a positive response by most Governments.

70. Since 1989, when pemoline was subjected to international control, more than 30 tonnes of this substance, equivalent to 1,500 million tablets, have been exported from manufacturing countries in Europe on the basis of orders initiated by drug traffickers. Diversion attempts were further intensified in 1992 when the Board, in close cooperation with some Governments, prevented exports of at least an additional 15 tonnes of pemoline destined for illicit use.

71. The inclusion of pemoline in Schedule IV has not had a major impact on the illicit traffic in this substance. Traffickers promptly adjusted their operations to the strengthening of control measures in some countries and shifted their activities to others. Their basic diversion method has been the transfer of pemoline by means of several trade transactions from countries where it is strictly controlled by the system of import and export authorization to countries with either none or an ineffective export control. They have been moving large consignments of pemoline by air between distant places in Europe and Asia before exporting pemoline tablets to countries in west Africa. Several countries in this region have not been in a position to prevent unauthorized imports of pemoline tablets, especially in mislabelled consignments.

72. Since the control measures applied to substances in Schedule IV have proved insufficient to stop diversions of pemoline, the Board would have liked to suggest that Governments should consider its transfer from Schedule IV to Schedule II (under article 2 of the 1971 Convention). However, in view of the insufficient information on the social and health implications of large-scale illicit traffic in and suspected abuse of pemoline, the Board recommends that a study on this subject be undertaken without delay by UNDCP and WHO in cooperation with interested Governments to facilitate such consideration. The Board requests countries manufacturing and exporting pemoline, namely Croatia and the Netherlands, to bring their manufacture into line with legitimate needs for this substance as reported by Governments to the Board. It also requests the Governments of Belgium and Italy, countries through which pemoline tablets were recently channelled into illicit traffic, to strengthen their control system and, in the case of Italy, to protect from diversion attempts the large stocks of pemoline which have accumulated with certain trading companies and manufacturers of pemoline tablets.

C. Substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances

1. Status of the 1988 Convention

73. The 1988 Convention entered into force on 11 November 1990. As of 1 November 1992,

67 States and the European Economic Community (EEC) had become parties to that Convention. The Board welcomes this development and again urges all States which have not already done so to become parties as soon as possible.

74. The Board, at the same time, invites all States to apply provisionally the measures stipulated under the 1988 Convention, even before the Convention becomes formally binding on each one of them, in order to ensure its universal application. Governments will note that such a recommendation was made not only by the plenipotentiary conference that adopted the 1988 Convention, but also by the Economic and Social Council and the General Assembly, as well as by a number of international conferences held on the subject during 1992.

2. Cooperation with Governments

75. Article 12, paragraph 12, of the 1988 Convention requires parties to submit annually to the Board information on seizures of substances listed in Tables I and II, on substances not included in these Tables but identified as having been used in the illicit manufacture of drugs, and on methods of diversion and illicit manufacture.

76. As of 1 November 1992, a total of 82 States and territories, including the 12 EEC member States through the Commission of the European Communities (CEC), had submitted the requisite data for 1991. This figure represents 42 per cent of the total of 193 States and territories requested to supply the information. The submission of the data for the years 1989 and 1990 has been 51 per cent (97 out of 187) and 49 per cent (94 out of 191), respectively.

77. It is of concern to the Board that, for 1991 also, more than half of the States parties have not yet submitted data. The Board will contact the Governments concerned to ensure that there is appropriate coordination between the competent administrative and law enforcement bodies and that all necessary steps are taken to enable prompt reporting to the Board and full compliance with the provisions of the 1988 Convention.

3. Operation of the control system and prevention of diversion into the illicit traffic

78. In 1991, upon a notification submitted by the Government of the United States to the Secretary-General pursuant to article 12 of the 1988 Convention, the Board conducted its first assessment of substances for possible change in the scope of control of that Convention. In 1992, following the assessment and recommendations of the Board, the Commission decided to include 10 additional substances in Table I or II of the 1988 Convention; this decision became effective on 23 November 1992.

79. As additional substances have now been included in Tables I and II of the 1988 Convention, the Board deems it necessary for Governments to first put in place workable mechanisms and procedures to prevent diversion before considering any further addition to the Tables. Moreover, any further review for possible change in the scope of control would need to be supported by sufficient data on both licit and illicit movements of the substances. Adequate administrative and regulatory mechanisms also need to be established in individual countries for collection of such data.

80. On the recommendation of the Commission, the Council adopted resolution 1992/29, entitled "Measures to prevent diversion of precursor and essential chemicals to the illicit manufacture of narcotic drugs and psychotropic substances", in which it invited States to take specific preventive measures.

81. In its resolution 1992/29, the Council, *inter alia*, invited the Board to publish and maintain directories listing names, addresses and telephone and telefax numbers of competent administrative and enforcement authorities responsible for implementing the provisions of article 12 and a summary of the regulatory controls that apply in each State. For that purpose, in

July 1992, a communication was transmitted by the Secretary-General to all States, in addition to one sent previously in October 1991, requesting the necessary information. As of 1 November 1992, 56 countries had provided the data.

82. Experience shows that direct contacts, where appropriate, are often the most expeditious means to identify and stop suspicious transactions. To that end, Governments should as a matter of urgency identify the competent authorities and their respective roles in the implementation of article 12. The Board requests all States which have not already done so to inform it without delay of the identities of competent authorities and to provide it with contact addresses, together with information on the actual control measures currently being applied or planned to be applied, especially as regards the importation and exportation of precursors.

83. In its report for 1991, the Board referred to a number of working meetings being held in cooperation with the Board and other international bodies with a view to establishing worldwide mechanisms to prevent diversion of precursors. In this respect, consideration is being given to the best use of relevant information available to the "international databases" maintained by the international bodies within their respective areas of competence and to developing guidelines for such use by national authorities.

84. Comprehensive international databases are required to assist Governments in considering applications for authorizations to export or import controlled chemicals and to investigate suspicious transactions. The Board, through its secretariat, is expected to serve as the gateway to an international network of databases maintained by UNDCP, the Customs Cooperation Council (CCC) and the International Criminal Police Organization (ICPO/Interpol). For that purpose, arrangements are under way to establish an electronic communication network between the competent national and international bodies. All Governments will wish to consider, where feasible, such links to expedite information exchange.

85. Governments are now invited to make use of the international databases in verifying the legitimacy of transactions. The effectiveness of the databases will, however, depend entirely on the data which Governments provide to them. The Board therefore requests the respective competent authorities to provide it and the Secretary-General with data as required under the treaties and to provide other relevant data, as appropriate, to other competent international bodies.

86. Draft guidelines are also being developed to assist national authorities in preventing diversion of precursors. They provide concrete guidance to exporting, importing and transit countries with respect to the identification of suspicious transactions. The guidelines are intended to be general enough to be useful to countries with differing national control systems, from those with strict regimes requiring specific export and import authorizations for each transaction, to those with less stringent systems designed to establish mechanisms of control.

87. A significant number of regional and international meetings have now been held to establish working mechanisms and procedures to help prevent diversion of precursors. In addition to practical means, such as the network of international databases and the draft guidelines now being developed, regional efforts are also being made, for instance, through CEC and CICAD. The Board believes that firm consensus has now been reached in the international community to build these mechanisms and procedures. Actual implementation is now required.

88. In some regions, however, basic legislative foundations as well as administrative and enforcement mechanisms first need to be established. This is, for example, the case in various Asian countries that are affected by the illicit manufacture of heroin, that produce the chemicals needed for such manufacture, or through which such chemicals transit. The Board proposes that the international community consider technical assistance, where appropriate, particularly to this region. Africa also merits attention; otherwise, serious diversion of precursors through that region may begin to emerge. Different types of assistance will be needed to establish drug control administrations.

III. ANALYSIS OF THE WORLD SITUATION

A. Africa

89. In 1992, Seychelles ratified the 1961 Convention and the 1971 Convention, raising to 36 the number of African States that are parties to the 1961 Convention and raising to 29 the number of States in the region that are parties to the 1971 Convention.

90. Three African States have recently acceded to the 1988 Convention: Côte d'Ivoire in November 1991 and Burkina Faso and Seychelles in 1992. As of 1 November 1992, 13 African States had become parties to that Convention.

91. Fifteen countries in the region have not acceded to any of the three international drug control treaties: Angola, Burundi, Central African Republic, Comoros, Congo, Djibouti, Equatorial Guinea, Gambia, Guinea-Bissau, Mozambique, Namibia, Sao Tome and Principe, Sierra Leone, Swaziland and United Republic of Tanzania.

92. To encourage the ratification of the international drug control treaties and the establishment of effective drug control structures, legal assistance continued to be provided by UNDCP in 1992 to African countries. Twenty-five countries in the region are involved in legal assistance projects, aimed at developing comprehensive drug control legislation that is appropriate to a particular subregion. The countries of central Africa, under the auspices of the Economic Community of Central African States (ECCAS) and with UNDCP assistance, have elaborated drug control legislation on, *inter alia*, the control of licit commerce, the repression of criminal offences, mutual assistance, and coordination, which is to serve as a standard for ECCAS member States. The Board welcomes the prospect of the model legislation and plan of action being endorsed at the upcoming ECCAS summit of heads of State.

93. The Board notes with great satisfaction that Cape Verde has enacted new legislation on the control of licit drug commerce, based on recommendations by UNDCP specialists, and that Guinea-Bissau is about to do the same.

94. The Board urges African Governments to which legal and other assistance have been given for the development of comprehensive, up-to-date legislation in compliance with the international drug control treaties to give priority to its adoption.

95. The situation with regard to drug abuse and illicit trafficking has been worsening in Africa for a number of years, and 1992 has not been an exception. Severe drought, famine and civil war have resulted in the death of hundreds of thousands of people, mass migration and ecological disasters. In addition, the global economic recession has had a particularly adverse impact on the region. If effective steps are not taken soon, illicit trafficking and drug abuse will escalate, compounding the misery, violence, corruption and instability of communities.

96. The Governments of many African countries have shown great willingness to fight the growing menace of drug abuse and related problems; however, such action requires more resources than those Governments and regional and subregional organizations have at their disposal. Once again, the Board stresses the need to support the efforts of African Governments and to recommend the establishment and implementation of comprehensive drug control strategies and action programmes in the region.

97. There are no reliable comprehensive drug abuse assessments or estimates for the region. The lack of trained personnel is the main reason given by many Governments in the region for their inability to assess the extent and nature of drug abuse at the national level. To obtain a clearer

picture of the drug abuse situation, epidemiological studies will be carried out in the coming years with the financial support of UNDCP.

98. In the region as a whole, the abuse of opiates is limited, but a small number of cases involving intravenous heroin abuse have recently been recorded. The abuse of drugs by injection is a new and worrying development in Africa. The spillover effect of the increasing heroin transit traffic is contributing to the growth in heroin abuse. Large quantities of heroin from south-east and south-west Asia are routed through Cairo and through Lagos, Accra, Addis Ababa and Nairobi for distribution on illicit markets in other parts of the world. Heroin traffic has spread from the western to the central subregion, the capital cities of Cameroon, Chad, the Congo and Gabon being the prime targets. In Egypt, the abuse of opium is being replaced by the abuse of heroin by sniffing and by the abuse of some psychotropic substances. There is still a substantial number of opium abusers in the country.

99. There are repeated reports of efforts to cultivate the opium poppy in Kenya and the Sudan. Poppy plantations have been discovered in different parts of Egypt.

100. Cannabis is the most abused drug in Africa. Egypt remains one of the world's largest consumers of cannabis resin, which is smuggled into the country from Lebanon. In many other countries in the region, there has been a marked increase in cannabis abuse, frequently associated with the abuse of alcohol and/or psychotropic substances.

101. In most African countries, cannabis is supplied mainly by local cultivation and regional trafficking. There is evidence that African harbours are often used as transit points for cannabis resin from south-west Asia destined for Europe. In 1991, 1.7 tonnes of cannabis were seized in Zambia.

102. Cannabis continues to be cultivated throughout Africa. There are no precise data on the extent of that cultivation but the number of detected plantations indicates an increasing trend. Besides the traditional small plots, large plantations were discovered, *inter alia* in Benin, Ghana, Liberia, Mali, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Sudan, Zaire and Zambia.

103. A mission of the Board visited Morocco in 1992 to discuss with governmental authorities the problems of national and international drug control, particularly cannabis cultivation and illicit traffic in cannabis products. Large-scale cannabis cultivation has continued in Morocco, which remains one of the world's biggest sources of cannabis resin. The cultivation has increased over the last few years and takes place in some parts of the Rif area, even beside the main roads.

104. Cannabis is illicitly cultivated in Morocco for two reasons: to satisfy domestic illicit demand for cannabis and to produce cannabis resin to be smuggled into Europe. In the first half of 1992, over 2.8 tonnes of cannabis, 17.7 tonnes of cannabis resin and 74 tonnes of cannabis plants were seized in the country. It would be misleading to draw any conclusion on the basis of the amounts seized, however, because there are no reliable estimates of the size of cannabis plantations or of the extent of domestic cannabis abuse, which is believed to be substantial.

105. There is an urgent need for the Government of Morocco to initiate action aimed at eradicating the cannabis plantations, making use of *inter alia*, assistance offered by UNDCP. The success of crop substitution programmes depends on whether the alternative products are able to enter European markets and the willingness and efforts of the Government, including the undertaking of the necessary law enforcement measures. At the same time, European consumer countries need to play a more active role in dismantling drug trafficking rings. In addition, there is a need for comprehensive programmes aimed at reducing the illicit demand for cannabis resin in consumer countries; it is unrealistic to believe that the abuse of cannabis resin could be reduced solely by action aimed at reducing its supply in producer countries.

106. European crime syndicates in control of the import and distribution of cannabis resin on illicit markets have extended their activities to countries in sub-Saharan Africa. This dimension in illicit traffic could lead to an increase in cannabis production in Africa. Illicit consignments of cannabis of Ghanaian and Nigerian origin have been seized in a number of European countries.

107. Several countries in the region have reported an increase in cocaine abuse, which had previously been sporadic. Cases involving crack abuse have been recorded in Côte d'Ivoire. Considering the popularity of drugs of abuse with stimulant properties, an increase in the availability of cocaine could lead to a drastic increase in cocaine abuse in Africa.

108. Countries in the western and northern subregions of Africa are increasingly being used as transit States for cocaine from South America, as indicated by recent seizures in Algeria, Morocco and Tunisia of cocaine destined for Europe. European and South American criminal organizations have predominantly been utilizing couriers to smuggle cocaine into Europe by air via Ghana, Morocco and Nigeria and, more recently, Cape Verde, Côte d'Ivoire and Senegal. Nigerian customs authorities seized 555 kg of cocaine in 1991, compared with 606 kg of cocaine reported seized in the entire region that year. In Africa as a whole, the total quantity of cocaine seized in 1991 represents a sixfold increase over the figure for 1990.

109. The abuse of stimulants continues to constitute a major problem in many countries in the region. Amphetamine, amphetamine derivatives, pemoline and ephedrine are the synthetic stimulants most frequently smuggled into African countries from Europe.

110. Most African countries are affected by the abuse of hypnotics, sedatives and anxiolytics (minor tranquillizers). Countries in different parts of the region have reported the abuse of licitly manufactured barbiturates, above all secobarbital and phenobarbital (and, in the case of Morocco, butalbital). The abuse of benzodiazepines, such as flunitrazepam and diazepam, is common in many countries in Africa.

111. In general, non-adherence to the 1971 Convention, loopholes in import controls and inadequate pharmaceutical control services, as well as corruption of some Government officials, are factors contributing to the flow into the region of large amounts of psychotropic substances for which there is no medical need.

112. The smuggling of methaqualone from Bombay to the eastern and southern subregion of Africa has continued to increase, as evidenced by seizures reported in Botswana, India, Kenya, Zambia and Zimbabwe. The illicit manufacture of methaqualone or methaqualone tablets has been detected in Lesotho, Mozambique, South Africa and the United Republic of Tanzania.

113. Illicit traffic in pemoline has reached enormous dimensions. Pemoline tablets diverted from licit manufacture and trade were destined mainly for Nigeria. The Board has also identified attempts to divert large illicit consignments of pemoline to Benin, Mali and Togo (see paragraphs 69-72 above).

114. There is a lack of data on possible pemoline abuse in western Africa. In the light of the huge amounts of pemoline being smuggled into the subregion from Europe, it is important for information to be provided on the forms, extent and consequences of its possible abuse.

115. There are frequent cases involving the clandestine manufacture and counterfeiting of pharmaceutical preparations containing psychotropic substances in Nigeria. The preparations are sold on local markets or are smuggled into other countries in western Africa. Large amounts of psychotropic preparations reach illicit markets after having been diverted from licit sources. Tablets containing psychotropic substances are often sold by street vendors; the analysis of such markets is the subject of a study initiated by the Board in Côte d'Ivoire and Senegal. The findings of that study are about to be completed.

116. The Workshop on Counterfeit Drugs, organized by WHO jointly with the International Federation of Pharmaceutical Manufacturers' Association, was held at Geneva from 1 to 3 April 1992. The Workshop made a number of recommendations for the prevention and detection of the export, import and smuggling of counterfeit pharmaceuticals. Because of parallels between the illicit trade in counterfeit medicines and illicit trafficking in narcotic drugs and psychotropic substances, the Board is of the opinion that further strengthening of the cooperation in this field between (a) UNDCP and the Board and (b) WHO would be beneficial.

117. In response to increasing needs in the fields of drug abuse prevention and the treatment and rehabilitation of drug-dependent persons, the Government of Egypt has taken several decisive steps, including the establishment of a national coordination council for drug abuse matters and a special committee for treatment and rehabilitation. According to a preliminary plan, one general hospital in each of the 26 governorates will have a unit for drug abuse treatment, services in State-run mental hospitals will be extended and the number of social defence clubs will be increased from 32 to 80.

118. There are few drug demand reduction programmes in Africa. Courses funded by UNDCP have been organized by the International Council on Alcohol and Addictions and UNDCP is going to assist national demand reduction programmes in the region.

119. The Board notes the increase in the traffic in khat (*Catha edulis*), which has taken international dimensions. Khat, a stimulant drug that is not subject to international control, is cultivated mainly in Ethiopia, Kenya and Yemen. Large quantities of fresh khat leaves are consumed locally and in neighbouring countries, but increasing quantities of freeze-dried and vacuum-packed khat are also being shipped to Europe. Some European countries have introduced national control measures to prevent the importation of khat. The consequences of the khat traffic are felt mainly in the Horn of Africa. The International Conference on Drug Abuse Control in East and South Africa, held at Arusha, United Republic of Tanzania, from 20 to 25 January 1992, recommended that khat cultivation, use and trade should be put under national and international control.

B. East and South-East Asia

120. Of the 15 countries in East and South-East Asia, 12 are parties to the 1961 Convention, 7 are parties to the 1971 Convention and 3 (Cambodia, the Democratic People's Republic of Korea and Viet Nam) are not parties to any of the international drug control treaties.

121. In 1992, the 1988 Convention was ratified by the Government of Japan, raising to four the number of countries in the region that are parties to that Convention.

122. There has been an increase in the cooperation between neighbouring countries in the region. These cooperation efforts were supported by UNDCP. Bilateral agreements aimed at joint action against illicit drug trafficking have been signed by China, the Lao People's Democratic Republic, Myanmar and Thailand. Further evidence of the willingness of Governments in the region to cooperate was the First Ministerial Conference on Cooperation of Drug Abuse Control, held at Bangkok in March 1992, at which the Lao People's Democratic Republic, Myanmar and Thailand were represented.

123. The region continues to be a major supplier of illicit heroin. A substantial amount of opium is produced in the Lao People's Democratic Republic, Myanmar and, to a lesser extent, Thailand, where illicit poppy cultivation has been drastically reduced; the opium is processed into heroin in clandestine laboratories in border areas. Drug trafficking syndicates operating in this area have extended their activities further north into China, which is being used as a transit country to send illicit heroin consignments mainly through Hong Kong and Macau. Bangkok, however, continues

to be a principal centre for trafficking heroin by sea and air, as well as overland via Peninsular Malaysia. Indonesia, Malaysia, the Philippines and Singapore continue to be used as transit countries for illicit heroin consignments destined for Australia, Europe and North America.

124. Cannabis remains one of the most abused and trafficked substances in the region, the principal producer countries being the Lao People's Democratic Republic, the Philippines and Thailand.

125. Several countries in the region, above all Japan, the Philippines and Thailand, are concerned about the increase in the abuse of and illicit traffic in stimulants, mainly methamphetamine. Taiwan Province of China has become a major source of methamphetamine destined for illicit markets in Hong Kong, Japan, the Philippines, the Republic of Korea and on the west coast of the United States of America.

126. In Brunei Darussalam the number of students and other youth abusing drugs, which has increased steadily over the past few years, rose sharply by nearly 60 per cent in 1992. Although heroin and opium are among the illicit drugs abused in the country, the main drugs of abuse are benzodiazepines (diazepam, triazolam and nitrazepam) and cough mixtures containing codeine. Insufficient control over the licit trade and distribution of benzodiazepines might have contributed to an increase in the amount of drugs illegally entering the country.

127. Increased trafficking through China from across its southern border has created addiction problems in parts of the country. The National Narcotics Control Commission is coordinating the organization of the fight against illicit drug cultivation, trafficking and abuse. In most provinces, autonomous regions and major cities, drug control agencies and offices have been set up or reinforced. A 1991 directive of the Commission introducing a complete ban on illicit poppy cultivation has resulted in the destruction of 3.3 million poppy plants. A few clandestine laboratories for the illicit manufacture of methamphetamine have also been uncovered. In 1991, the police seized approximately 2 tonnes of opium, 2 tonnes of heroin, 328 kg of cannabis, 454 kg of methamphetamine, 33 kg of morphine and 49 tonnes of chemicals and solvents. Drug treatment and rehabilitation efforts in the country have been strengthened; in 1991, 41,227 drug-dependent persons received compulsory treatment. UNDCP has provided assistance to strengthen drug control in the southern province of Yunnan. A UNDCP mission sent to China in late 1991 recommended further assistance; a project being prepared has been budgeted at about US\$ 3 million, much of which will be used to purchase equipment.

128. Methamphetamine abuse continues to be the main concern of the Government of Japan, the number of offenders being around 20,000 persons annually. While the number of persons arrested has shown a slight decline in recent years, the authorities remain vigilant in view of the large quantities seized. Organized crime syndicates are the principal distributors of methamphetamine, which is smuggled into the country, primarily from Taiwan at present. Because of a sudden increase in cocaine seizures in recent years, which reached a record high of nearly 70 kg in 1990, and because of similarities between the euphoriant properties of cocaine and amphetamines, the authorities fear a possible increase in cocaine abuse in the country.

129. The Japanese Government is taking a number of preventive measures, including nationwide public campaigns against drug abuse, volunteer systems for prevention of stimulant abuse and for counselling, and coordination of the works of the Drug Abuse Prevention Centre established in 1987. Having promulgated new laws in 1991, *inter alia*, to incorporate the provisions of the 1988 Convention, Japan ratified that Convention in 1992.

130. In the Lao People's Democratic Republic, dependence on opium continues to be a major problem among a number of highland Lao communities in the northern part of the country. There are between 30,000 and 50,000 drug-dependent persons in the country. Since 1990, opium production has declined to between 60 and 140 tonnes annually, according to governmental reports. This decline may be attributed to the increased commitment of the Government to drug

control, reinforced by international assistance. Two large-scale integrated rural development projects are being implemented with the support of UNDCP. Although the Lao People's Democratic Republic is a party to the 1961 Convention, it has not yet introduced laws that formally prohibit poppy cultivation. In the past, most of the opium was shipped to Thailand; in recent years, however, illicit consignments of opium have been shipped in part through China, Myanmar and Viet Nam, and possibly through Cambodia as well. Thailand remains a major conduit for opium; considerable amounts of opium are being smuggled from the Lao People's Democratic Republic to the north-western provinces of Thailand. Cannabis is cultivated in the southern provinces of the Lao People's Democratic Republic, where several eradication campaigns have been undertaken.

131. The Lao National Commission for Drug Control and Supervision is responsible for the coordination of all drug-related issues in the country. Created in 1990, the Commission has few permanent staff and no budget of its own. In 1992, with the assistance of UNDCP, the Government launched a project to assess the drug control situation and to ascertain what would be needed to improve its drug control capability.

132. In Malaysia, heroin continues to be the main drug of abuse, followed by cannabis and, to a lesser extent, morphine. Despite government efforts, Malaysia, due to its geographical location, remains an important transit country for heroin originating in south-east Asia.

133. Since 1983, the Malaysian Government has given the drug problem unprecedented priority by declaring it a primary security problem. The National Anti-Narcotics Committee has, since 1986, operated under the chairmanship of the Prime Minister. The Royal Malaysian Police have set up a special investigating unit with some 200 personnel within the Anti-Narcotics Division. In addition, the Royal Customs and Excise Department and the Border Anti-Smuggling Unit have been strengthened.

134. There are a number of drug rehabilitation centres, drug abuse detection centres and drug detoxification centres throughout Malaysia. The construction of another six centres is being planned.

135. The second National Anti-Narcotic Five-Year Plan (1991-1995) was formulated by the Malaysian Government with emphasis on educating and informing youth pursuant to a suggestion listed under target 3 of the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control. 6/

136. Myanmar remains the world's largest illicit source of opium and heroin. Poppy is illicitly cultivated mostly in the rugged, mountainous area of the country. Illicit opium production has doubled since 1988; in recent years, it has remained at record-high levels. According to some reports, insurgent groups have continued to engage in illicit narcotics activities in areas under their control.

137. In 1991, the Government of Myanmar publicly stated its commitment to combating the narcotics problem and acceded to the 1988 Convention. To facilitate more accurate estimates, the Government has indicated its willingness to conduct a comprehensive survey, using aerial photography and satellite inventory, of areas under illicit poppy cultivation.

138. Public destruction of narcotic drugs took place in Myanmar in January, February and June 1992. Since 1990, the destruction of substantial quantities of heroin, opium, cannabis and chemicals has been reported by the Government. Seven thousand hectares of illicit poppy fields have also been destroyed.

139. In the Philippines, cannabis and methamphetamine are the main drugs of abuse but benzodiazepines, cough syrup that is not under control (containing ephedrine or pseudo-ephedrine) and other pharmaceuticals and volatile organic solvents are also abused.

140. Illicit cannabis cultivation is common in many areas of the Philippines, particularly in the less accessible, mountainous areas of northern Luzon. Between 80 and 90 per cent of the cannabis cultivated in these areas is smuggled out of the Philippines by illicit traffickers into Australia, China (Taiwan Province), Japan, Republic of Korea and United States, as well as into some European countries. There is evidence that the production of cannabis resin may be re-emerging: significant shipments of cannabis resin bound for Australia and Germany have been seized. Methamphetamine is usually smuggled into the country, mainly from China (Taiwan Province), mainland China and Hong Kong, but domestic clandestine methamphetamine laboratories have also been detected and, in 1991, 112 kg of pseudo-ephedrine (a precursor for the manufacture of methamphetamine) were seized after having been smuggled into the country from Germany. Due to its strategic location, the Philippines remains an important transit country for foreign-based criminal groups smuggling heroin from Thailand to Australia, the United States and countries in Europe.

141. The Philippine Government operates a drug supply reduction programme complemented by a drug demand reduction programme that emphasizes treatment and rehabilitation, preventive education, training and research activities with the participation of governmental and non-governmental agencies. The programmes are assisted by intergovernmental and non-governmental organizations and by other Governments on a bilateral basis.

142. In the Republic of Korea, a sharp rise in the abuse of methamphetamine ("ice") was observed in the 1980s. Following the detection of clandestine laboratories and intensified intervention, the amount of methamphetamine seized declined substantially, as did the number of methamphetamine offenders. Some mental hospitals have been designated for the free treatment and rehabilitation of drug-dependent persons and a special centre is under construction.

143. In Singapore, heroin is the main drug of abuse. Intravenous abuse is uncommon: inhalation ("chasing the dragon") is the usual method of abuse. Drug offenders in the country are faced with severe penalties, including the death penalty.

144. Each year, several thousand drug-dependent persons are admitted to the Drug Rehabilitation Centre in Singapore for treatment and rehabilitation. Drug preventive education is introduced in primary and secondary school.

145. There are signs that Singapore has become a major centre for money-laundering. A bill currently under consideration provides for the seizure of assets derived from drug trafficking and for penalties against money-laundering in drug-related cases. To permit the tracing, freezing and seizure of assets, the Banking Secrecy Act will be amended. The ratification of the 1988 Convention by the Government would be an important step towards the prevention and detection of money-laundering.

146. In Thailand, a disturbing rise in heroin abuse among hill-tribes is a major concern of the Government. The development is apparently the result of a number of factors, such as the declining availability of opium coupled with the increasing availability of heroin, as well as social and cultural changes in traditional hill-tribe villages. The Government, with the support of UNDCP, is taking steps to prevent this development from escalating.

147. In Thailand, there has been a marked rise in the abuse of stimulants, above all methamphetamine. The use of stimulants by truck drivers often causes traffic accidents. Amendments to the Land Transportation Act and the Land Traffic Act prohibit the use of amphetamines by drivers of transport vehicles while they are on duty and authorizes the competent authorities to subject drivers to amphetamine tests.

148. Opium production in Thailand has continued to decline as a result of activities aimed at income substitution and rural development among hill-tribes and of efforts to destroy poppy fields manually. The Government has estimated that only about 10 tonnes of opium were actually

illicitly produced from poppies grown in the 1991/92 growing season. United Nations assistance to Thailand has spanned some 20 years and much of the resources are used for the development of rural areas affected by illicit poppy cultivation.

149. Cannabis, which can be grown year-round if water resources are sufficient, is mainly cultivated in north-eastern Thailand. It has been estimated, however, that the main areas in the country for cultivating cannabis have been reduced substantially as a result of persistent law enforcement efforts.

150. Despite the efforts of the Thai authorities, clandestine laboratories for the illicit manufacture of heroin continue to exist along the Myanmar-Thai border. Several such laboratories have recently been discovered.

151. Thailand, with its well-developed transportation network, remains one of the major outlets for illicit drugs, especially heroin and cannabis, leaving East and South-East Asia for illicit markets in other parts of the world. Such drugs are smuggled out of the country by air, sea and land routes. A significant amount of benzodiazepines is being diverted in Thailand and illicitly exported, even to countries in other regions. The Government should consider placing a limit on the number of new licences issued for manufacturing and trading in narcotic drugs and psychotropic substances.

152. The following measures have been introduced in Thailand to prevent the illicit manufacture of heroin and amphetamine:

- (a) Acetic anhydride, acetyl chloride and ethylidene diacetate are subject to stricter control;
- (b) Ephedrine is controlled as a psychotropic substance;
- (c) Ether, chloroform and glacial acetic acid are considered controlled substances.

153. In September 1991, a new act was adopted in Thailand providing for the confiscation of assets derived from drug trafficking. An act on the compulsory treatment of drug-dependent persons was also adopted.

154. Viet Nam is currently implementing significant changes in its economic system that will probably have a significant impact on narcotic crop cultivation, drug abuse and illicit trafficking in the country. A change in government policy is resulting in an increase in the movement of people and goods both within the country and in neighbouring countries. Given its proximity to the Golden Triangle and its geographical and cultural similarities with other countries in the subregion, Viet Nam will undoubtedly be targeted by drug traffickers as a source of illicit drugs, a transit country and a potential market.

155. In December 1991, at the request of the Government of Viet Nam, a joint mission of UNDCP and the Board, headed by the President of the Board, was sent to that country. Noting the potential for increased drug abuse and illicit trafficking in the country and the limited means at the disposal of the Government to deal with those problems, the mission recommended that a comprehensive master plan for drug abuse control should be formulated to rationalize and enhance the response by the Government. The Government accepted the recommendation and has established an inter-agency task force to elaborate the master plan, which should be completed in early 1993 with technical assistance from UNDCP. The Board appreciates the efforts of the Government to deal with current and anticipated drug-related problems in the country in a comprehensive and coordinated manner.

C. Oceania

156. Of the 13 countries in the region of Oceania, five are not parties to any of the international drug control treaties. The Board regrets to report that none of the countries in the region have become parties to the 1988 Convention.

157. The coastal areas between Australia and the island countries of the south Pacific are vulnerable to maritime drug trafficking and it is difficult for law enforcement agencies to cover large and isolated areas; for those reasons, international drug traffickers appear to be using several of those countries as stepping-stones to move illicit consignments to Australia.

158. In the island countries in the region, the diversion of narcotic drugs and psychotropic substances from licit trade into illicit channels is rare; however, an increase in the illicit cultivation and distribution of cannabis has become apparent.

159. Most countries in the region, regardless of whether they are parties to the international drug control treaties, lack up-to-date and comprehensive laws and regulations that conform to the treaties. The Board urges the international community to assist those countries in updating their national drug laws.

160. In December 1991, a mission of the Board visited Australia, where it discussed measures to balance the worldwide supply of and demand for opiate raw materials. The mission found the licit opiate industry in that country to be modern, secure and highly efficient; the activities of the industry were being conducted in strict conformity with the requirements of the 1961 Convention. As a result of the mission, the Government of Australia has considerably reduced its estimate of the area to be under poppy cultivation in 1993.

161. Cannabis remains the most readily available drug of abuse in Australia. It is cultivated domestically, though some of the cannabis found on illicit markets has been smuggled into the country. Cocaine and heroin, including heroin of high purity, continue to be abundant in most states in Australia.

162. Amphetamine abuse is also widespread in Australia. Most of the amphetamines available in the country are manufactured in local clandestine laboratories, mainly in the State of Victoria; however, there is evidence that amphetamines are also being smuggled in from other countries, particularly the Philippines. Other psychotropic substances, particularly lysergic acid diethylamide (LSD) and MDMA, are abused by young people, in conjunction with other drugs or alcohol.

163. In April 1985, in response to the deteriorating drug abuse situation in the country, the Government of Australia launched a national campaign against drug abuse. Conducted mainly through the mass media, the campaign emphasized suppression of the illicit supply of drugs, prevention, demand reduction, and the treatment and social reintegration of drug-dependent persons. The campaign was evaluated in 1988 and 1991 and was found to be effectively achieving its objectives. Emphasis is currently being placed on specific segments of society, above all, women and young people.

164. The Board welcomes the fact that, in June 1992, the Government of Australia took the initiative in organizing at Melbourne an international training seminar for national administrators in charge of controlling the licit movement of narcotic drugs and psychotropic substances in the region. Co-sponsored by the Board, the seminar, which was the first ever organized for that region, provided an excellent opportunity to encourage Governments to implement more effectively the provisions of the international drug control treaties. Governments of States that were not yet parties to the treaties were invited to accede to them.

165. In New Zealand, cannabis continues to be illicitly cultivated in large quantities. Of the approximately 18,000 drug offences recorded in 1991, about 16,000 involved cannabis. Several other drugs under international control are also abused. Law enforcement agencies continue to vigorously combat illicit drug trafficking. The Government is conducting a national campaign against drug abuse.

166. There is evidence suggesting that the illicit cultivation of cannabis has increased in Papua New Guinea and that substantial quantities are available, mainly in cities, where cannabis is abused mostly by young people. In addition, large quantities of cannabis grown in Papua New Guinea are transhipped to Australia and other countries.

D. South Asia

167. Of the six countries in South Asia, four are parties to the 1961 Convention but only two are parties to the 1971 Convention. Bhutan and Maldives have not acceded to either of those treaties. It is appreciated by the Board that, with the exception of Maldives, all the other States in the region are already parties to the 1988 Convention.

168. In Bangladesh, the licit cultivation of cannabis, which had begun in 1917, was stopped in 1990 when the Government closed all of the enterprises engaged in selling cannabis. There are no reports on illicit opium cultivation in the country. It appears that Bangladesh is increasingly being used as a transit country for illicit drugs.

169. The Government of Bangladesh is finalizing an amendment to the 1990 Narcotics Control Act that will incorporate provisions of the 1988 Convention and the 1990 South Asian Association for Regional Co-operation (SAARC) convention with respect to the forfeiture of assets, controlled delivery, extradition and international cooperation.

170. A five-year UNDCP assistance programme will begin in Bangladesh in January 1993. The programme will include projects in law enforcement and legal assistance, preventive education, and treatment and rehabilitation for drug abusers.

171. The recent spread of intravenous heroin abuse in north-eastern India is of major concern to the Indian Government. The advent of intravenous drug abuse has been followed by the spread of HIV infection. Since 1989, when the first case involving HIV infection was registered, there has been a sharp increase in the number of such cases in the States of Manipur and Nagaland and in the territory of Mizoram. Recent studies have revealed that at least 50 per cent of the heroin abusers in Manipur are HIV positive.

172. In line with the spirit of Economic and Social Council resolutions, the total area licensed for poppy cultivation in India was reduced from 66,000 hectares in the 1977/78 growing season to about 14,200 hectares in the 1991/92 growing season. Diversion of licit opium into illicit channels has been attributed to the fact that licit poppy cultivation in India is spread over a wide area and about 149,000 cultivators are licensed. Another factor is that farmers' income is low and many of them are attracted by the high prices offered by illicit traffickers. The Government has agreed with the Board to conduct a study on the licit production of opium in the country.

173. Illicit poppy cultivation is limited to a few remote areas of India. Illicit plantations are destroyed by law enforcement authorities when they are detected.

174. Since early 1992, several clandestine heroin laboratories have been seized in India and a number of heroin producers and distributors have been arrested. Despite the efforts of law enforcement authorities, heroin smuggling across the Indo-Pakistan border has continued, along old and new routes. Most of the heroin shipments have been destined for Europe.

the National Dangerous Drugs Control Board is presently engaged in a review of existing drug control legislation with a view to consolidating it and bringing it in line with the 1971 Convention.

184. In Sri Lanka, problems related to the abuse of drugs, mainly heroin, among youth has grown steadily since the early 1980s, when drug abuse was thought to have been introduced into the country by tourists. There are currently about 47,000 heroin users and 200,000 cannabis abusers in the country.

185. Illicit cannabis cultivation in Sri Lanka is increasing, mainly in the southern and south-western regions of the country. In 1992, about 72,000 cannabis plants were destroyed during two eradication operations. There are indications that cannabis is being illicitly exported from Sri Lanka.

E. Near and Middle East

186. Of the 16 countries in the Near and Middle East, all except Yemen are parties to the 1961 Convention and 11 are parties to the 1971 Convention.

187. The 1988 Convention was ratified by Afghanistan and Saudi Arabia in 1992, raising to eight the number of countries in the region that are parties to that Convention.

188. Cannabis and cannabis resin are commonly abused but the abuse of heroin and opium constitutes the main problem in the region. The enormous problems in the region include the illicit cultivation of cannabis and poppies, the illicit production of cannabis resin and opium, the clandestine manufacture of morphine and heroin and illicit traffic in cannabis resin and heroin through the Islamic Republic of Iran and Turkey to Western Europe via the Balkan route.

189. Many countries in the region are seriously affected by the large-scale illicit traffic in psychotropic substances, mainly stimulants. Original, counterfeit and fake fenetylline tablets are smuggled from European countries, mainly Bulgaria and Yugoslavia, under the brand name of Captagon. In the 1980s, nearly 30 million tablets were seized in the region, most of which were destined for Saudi Arabia. In 1991, nearly 4 million tablets were seized in Jordan, Saudi Arabia, Syrian Arab Republic, Turkey and United Arab Emirates.

190. Future collaboration between countries in the region may take place under the auspices of the Economic Cooperation Organization, which has established a technical committee for narcotic matters. Membership in the Organization, which currently comprises the Islamic Republic of Iran, Pakistan and Turkey, is being extended to Afghanistan and to CIS member States in central Asia.

191. According to small-scale surveys conducted in refugee camps in Pakistan, heroin addiction among Afghan refugees has reached alarming proportions, not only among the male population but increasingly among females as well. The return of the refugees to Afghanistan will aggravate the situation, not only in regions where illicit opiate production, trafficking and addiction have been prevalent, but also in other parts of the country. The widespread destruction of infrastructure and agricultural areas in Afghanistan as a result of the conflict that has prevailed in the country for the past several years will further exacerbate the living conditions of the refugees.

192. The constantly changing political and security situation in Afghanistan makes it difficult to obtain data on illicit opium production. Small-scale surveys were carried out in the province of Badakhshan in the 1989/90 growing season and in the province of Nangarhar in the 1990/91 growing season; the results of those surveys suggest that illicit poppy cultivation in those provinces alone could have resulted in an annual opium production of some 900 tonnes. According to

information from other parts of Afghanistan, there has been a substantial expansion of illicit opium production in recent years.

193. Because of the expansion of illicit opium production in Afghanistan, illicit heroin manufacture in that country has also increased. No estimates have been made of the amount of heroin illicitly manufactured in Afghanistan, but it is known that large amounts of Afghan opium are processed in other countries of the region.

194. The amount of opium and heroin leaving Afghanistan in the direction of the Islamic Republic of Iran and Pakistan has increased even as new trafficking routes, leading from Afghanistan to central Asia and beyond, have apparently begun to emerge. The new routes north of Afghanistan cross the borders of the newly independent States of the former Soviet Union, which are not in a position to prevent transit traffic.

195. In Afghanistan, a system-wide coordinated United Nations programme called Operation Salam is under way to assist in reconstructing the war-ravaged country. Since 1989, under the Afghanistan Rehabilitation and Reconstruction Project, UNDCP has supported 45 drug-related subprojects in agriculture, construction, irrigation, education and health.

196. The Government of the Islamic Republic of Iran inherited in 1979 a situation in which drug abusers numbered about 2 million, or about 4 per cent of the total population of the country. Drug abuse is considered to be a crime in the Islamic Republic of Iran, as is the distribution of illicit drugs. Many drug abusers are sent for therapy to one of 17 rehabilitation centres, where 15,351 drug-dependent patients are currently under treatment. In 1980, following the revolution, the Government totally banned poppy cultivation.

197. Illicit drugs usually enter the Islamic Republic of Iran from the east and usually cross its western border, mainly in the direction of Turkey. In 1991, 23 tonnes of opium, more than 8 tonnes of morphine, 450 kg of heroin and 3.5 tonnes of cannabis were seized by the Iranian authorities. Significant seizures made in the first three months of 1992 included two shipments of morphine, one weighing 2.2 tonnes and the other 3.5 tonnes, and a shipment of heroin weighing 1.3 tonnes. Traffickers in possession of more than 30 grams of heroin or 5 kg of opium are faced with the death penalty and the confiscation of all their property. The Iranian media frequently report on illicit drug seizures and the execution of drug traffickers.

198. A mission of the Board visited the Islamic Republic of Iran in November 1991. At the centre of the discussion were issues associated with the holding by the Government of large stocks of seized opium, in the context of the prevailing fragile worldwide balance between the supply of and demand for opiate raw materials. Between 1983 and 1990, an average of 25 tonnes of opium originating primarily in Afghanistan and Pakistan were seized annually in the Islamic Republic of Iran. At the end of July 1992, the accumulated stocks of seized opium in the Islamic Republic of Iran amounted to 130 tonnes. Since 1986, seized opium has been used for the manufacture of licit opiates. The immediate objective of this action appears to be to meet domestic needs (currently limited to codeine and, to a lesser extent, morphine) (see paragraph 49 above).

199. Considerable changes have taken place in Lebanon in respect of the cultivation of narcotic crops. In May 1992, a UNDCP mission was informed by local authorities in Lebanon that, following a joint decision by their Government and the Syrian authorities in the El Beqaa valley on the eradication of illicit narcotic crops, 3,500 hectares of cannabis and 1,500 hectares of poppies were eradicated in 1991; according to some sources, that represented 80 per cent of the illicit narcotic crops in that area. In 1992, despite information campaigns conducted against the illicit cultivation of narcotic crops, the authorities have detected and destroyed about 600 hectares of poppies and arrested about 100 farmers. The UNDCP mission was given an opportunity to see the results of the eradication efforts in several areas that had formerly been known sites of illicit narcotic crop cultivation.

208. In Saudi Arabia, cannabis is the main drug of abuse, and the one most often seized, followed by psychotropic substances, particularly stimulants of the central nervous system (e.g. Captagon tablets, some of which contain fenetylline, but the majority of which are fake, containing other amphetamines, caffeine and quinine) and depressants such as secobarbital (in the form of Seconal tablets). Seconal tablets are often smuggled into the country by pilgrims from Africa. Treatment and rehabilitation programmes for alcohol and drug addiction started in 1982. Of the patients treated, more than half are addicted to alcohol, 25 per cent are addicted to heroin and most of the remaining 25 per cent are addicted to stimulants.

209. While there is a strongly expressed political will in Saudi Arabia to combat drug abuse and enforce control, activities of different ministries and agencies are still not coordinated efficiently. Analytical procedures to identify the drugs smuggled into Saudi Arabia should be strengthened in order to determine the full range of drug abuse in the country.

210. The dismantling of makeshift heroin laboratories in remote areas in south-east Turkey was reported by authorities in that country. Some reports suggest that because of a shortage of acetylating agents, morphine is increasingly being transported to Turkey for conversion into heroin. The Turkish authorities were made aware of the danger and steps were taken to detect illicit consignments of acetic anhydride. The action resulted in a drastic increase in the amount of acetic anhydride seized in Turkey, from less than 1 tonne in 1989 to 27 tonnes in 1991. The fact that the shipments arrived from Western Europe shows that there is a need to strengthen the control of acetic anhydride in countries that produce and export it.

211. Turkey remains the principal transit country for south-west Asian heroin destined for Western markets. The heroin traffic is organized by criminal groups based mainly at Istanbul. The same criminal groups and their partners also play an important role in the transport and distribution of heroin within Western Europe.

F. Europe

212. There is an urgent need for the newly independent States in Europe, which had been part of the former Union of Soviet Socialist Republics or Yugoslavia, to be integrated into the system of international drug control treaties as soon as possible. Slovenia has already become a party to the 1961 Convention, the 1971 Convention and the 1988 Convention. It is hoped that other newly independent States will follow. The Board and UNDCP are providing advice to the new Governments on the procedures to be followed and on other legal and administrative matters.

213. In addition to Slovenia, Ireland has become a party to the 1971 Convention and the accession of Albania, Austria, Belgium, Liechtenstein, Netherlands, Romania and Switzerland is pending.

214. The 1988 Convention was ratified by Denmark, Greece, Luxembourg, Portugal and Slovenia, increasing to 15 the number of European States that are parties to that Convention.

215. In the majority of the former socialist countries in Eastern Europe, in the Baltic States and in the CIS member States, drug abuse has not reached the levels prevailing in countries in Western Europe. The drastic changes that have recently occurred in Eastern Europe might have an impact on the abuse and illicit traffic situation in Europe as a whole.

216. In the past, the manufacture, export, import, domestic trade and distribution of pharmaceuticals in Eastern European countries were monopolized by the State. Narcotic drugs and psychotropic substances were manufactured by a small number of State-run enterprises and usually only one such enterprise was authorized to export and import pharmaceuticals. In the last few years, dozens of new manufacturers and hundreds of new trading companies have started to deal in pharmaceuticals. Care needs to be taken to prevent free market economies from being

exploited by unscrupulous companies. In the interest of both public health and the international drug control system, a limit should be placed on the number of new licences issued for manufacturing and trading in narcotic drugs and psychotropic substances in order to ensure adequate supervision of such activity. The strengthening of the national drug control administration is also necessary; otherwise, the small number of professionals who, in former times, were able to adequately control the activities of a number of State-run pharmaceutical enterprises and an even more limited channel for foreign trade in pharmaceuticals, will not be able to deal with their increased responsibilities.

217. The Board invites Governments of Western European countries providing necessary assistance to former socialist countries in the region on a bilateral or multilateral basis to consider as a matter of high priority the creation or strengthening of narcotics control administrations in those countries.

218. With the entering into force of the Single European Act on 1 January 1993, persons, goods, services and capital will be allowed to move freely within EEC. EEC member States are encouraged to strengthen control mechanisms at the outside borders of the Community, as well as law enforcement and control systems within the countries themselves.

219. A European Council directive adopted in June 1991 obliges its member States to introduce by 1 January 1993 measures against the use of the financial system for money-laundering. The European Economic Area Agreement between EEC member States and member States of the European Free Trade Association (EFTA) is expected to be ratified by 1 January 1993; afterwards, the same directive shall also apply to EFTA member States.

220. The Board notes with satisfaction the CEC directives on monitoring the trade in precursors, on the prevention of money-laundering and on the establishment of the Customs Information System, allowing customs offices in EEC member States to send coded messages concerning suspected drug-smuggling activities and fraudulent export certificates.

221. In June 1992, agreement was reached on the establishment of the European Monitoring Centre on Drugs and Drug Addiction. The aim of the Centre will be to compare and to synthesize data received from the relevant authorities and to furnish reliable and comparable information.

222. The Pompidou Group of the Council of Europe has continued to give priority to increasing cooperation on a pan-European basis, extending its technical cooperation to additional countries and drawing up an action plan to monitor implementation of the main areas in the declaration of the First Pan-European Ministerial Conference on Co-operation on Illicit Drug Abuse Problems, held at Oslo from 9 to 10 May 1991.

223. There have been increasing efforts to develop regional drug demand reduction programmes using, for example, the European plan to combat drugs that was adopted by the Council of Europe. The Nordic Committee on Narcotic Drugs is implementing a three-year plan of action that includes a wide range of measures in the field of demand reduction. Joint activities of customs and police authorities include the posting of liaison officers from the Nordic countries in a number of producer and transit countries.

224. A cooperation group of officials responsible for controls in ports of the eastern Mediterranean has been set up along the lines of the airport group that has functioned for several years. Work to improve data on drug abuse has continued; a pilot study on first treatment demand has produced a possible basis for treatment-reporting systems. Similar projects are aimed at improving the collection of data on police arrests, non-fatal emergencies and survey techniques.

225. International cooperation is increasing. There have been numerous UNDCP initiatives and projects. One training project undertaken by UNDCP, in cooperation with CCC and ICPO/Interpol, provides training to officials from countries along the Balkan route. ICPO/

Interpol developed a Probalkan Programme that began operating in 1990. A European customs centre for coordinating and exchanging intelligence was established by CCC at the Customs Criminological Institute (ZKI) at Cologne.

226. Cannabis remains the main drug of abuse in Europe as a whole, though in several countries in the region attention has focused more on other illicit drugs, above all, heroin and cocaine. Although the amount of cannabis seized in Europe has remained stable, the amount of cannabis resin seized is on the increase. Morocco continues to be the principle source of cannabis resin in many European countries, though occasionally illicit consignments of cannabis resin of Lebanese origin weighing several tonnes are seized; smaller quantities arrive by the Balkan route or by sea freight from south-west Asia.

227. The situation with respect to heroin abuse varies from country to country, but in several countries in the region an upward trend has again been observed. A number of countries have reported a substantial rise in the number of deaths resulting from heroin overdose.

228. Several countries in the region have reported an increase in the amount of heroin seized. Heroin is reaching illicit markets in Europe mainly from south-west Asia and the Near and Middle East through the Islamic Republic of Iran, Turkey, Bulgaria and then Yugoslavia. It is estimated that 70-80 per cent of the heroin is transported via the Balkan route. At times, largely because of the turmoil in the former republics of Yugoslavia, the path taken by heroin traffickers has diverged from the traditional Balkan route, which begins at Istanbul and passes through Bulgaria and Yugoslavia to Austria. There is evidence that a transit road leading through Bulgaria, Romania, Hungary and then Czechoslovakia, is being increasingly used by heroin traffickers. The Caucasian republics are also used as transit points. Greece has also become an important transit country in the region: 272 kg of heroin were seized there in 1991, compared with only 84 kg in 1990 and 35 kg in 1989. Heroin leaving Greece is usually transported to Italy on ferries. Cyprus remains an important transshipment place.

229. In many countries in the region, a substantial increase in cocaine abuse has been observed. Until now, there have apparently been mainly sporadic cases involving the abuse of crack.

230. The amount and frequency of cocaine seizures are also increasing. Cocaine is transported mainly from South American countries to southern Europe, where some illicit cocaine-refining laboratories have been discovered. For the most part, Latin American traffickers are involved in the cocaine operations, though there is evidence that African heroin couriers are increasingly carrying cocaine as well. Increasing quantities of cocaine are reaching Europe via countries in western and northern Africa. Portugal and Spain continue to be important centres for its distribution.

231. The abuse of amphetamines, including the hallucinogenic MDMA (commonly known as "ecstasy" or "XTC"), is widespread in Europe. In the Nordic countries, amphetamine continues to be the main drug of abuse. According to some reports, after several people had died as a result of MDMA abuse, clandestine laboratories began manufacturing methylenedioxyamphetamine (MDA), a similar amphetamine derivative that is also known as tenamphetamine. The Netherlands and Poland are apparently the main suppliers of amphetamines in the region. There is evidence that large amounts of legally manufactured pemoline are being diverted in Europe to illicit channels and smuggled into Africa (see paragraphs 69-72 above).

232. The abuse of LSD seems to be re-emerging, at least in some countries, as illustrated by a fourfold increase in LSD seizures in the region in 1991. France and the United Kingdom have reported the seizure of particularly large quantities of LSD. Apparently, one of the main sources of LSD on the illicit markets in the region is located in the Netherlands.

233. There are relatively few reports and data on the abuse of hypnotics, sedatives and anxiolytics, but dependence on those types of medicine seems to be a common feature of most

countries in the region. The extent of the dependence and the related public health and social problems are frequently underestimated. Multiple drug abuse, usually associated with alcohol abuse, is common in most countries in the region. Ephedrine, a precursor substance under the control regime of the 1988 Convention, continues to be abused in several countries.

234. For the time being, the legislation of the former Soviet Union is being applied in the Baltic States (Estonia, Latvia and Lithuania); however, efforts are being made to develop new national legal systems, with assistance provided by UNDCP. The Baltic States are also receiving assistance from the Nordic Committee on Narcotic Drugs and from some Western European countries.

235. It is difficult to get a clear view of the extent of drug abuse in individual CIS member States. The assessment of the drug problems is hindered by the legislation and administrative procedures of the former Soviet Union, which are followed even today in the new republics. Neither the small number of registered addicts (individuals diagnosed as drug-dependent) nor the number of drug offenders (people found to possess more narcotic drugs than the amounts defined as "negligible" by the former Standing Committee of Narcotics) reflect the real extent of drug abuse. Without systematic data collection and epidemiological surveys, the reports of there being between 1 million and 2 million drug abusers in CIS member States cannot be considered reliable.

236. The abuse of narcotic drugs of natural origin (preparations and extracts of *Cannabis sativa* and *Papaver somniferum*) produced within the borders of the CIS member States appears to be a problem. The abuse of synthetic drugs or of other drugs originating in other countries is negligible by comparison.

237. There is evidence that cannabis and cannabis resin are abused in the majority of the CIS member States, but the extent of that abuse varies greatly. In central Asia, in the eastern part of the Russian Federation and in the northern Caucasus, where cannabis grows wild throughout huge areas, such abuse is apparently much more prevalent than in other areas.

238. Cannabis is cultivated in the CIS member States in Europe (such as Belarus, the Russian Federation and Ukraine), where small cannabis plantations are often detected and destroyed. Because cannabis grows wild on about 140,000 hectares in Kazakhstan and 6,000 hectares in Kyrgyzstan, there is no demand for illicit cannabis cultivation. The eradication of cannabis poses problems that are not only technical and financial in nature: in the Chu valley in Kazakhstan, cannabis is the only plant growing in the sand and its immediate eradication would result in an ecological disaster, transforming the valley into a desert. There is considerable illicit traffic in cannabis within CIS member States, moving from central Asia, the northern Caucasus and the eastern part of the Russian Federation towards other parts of the former Soviet Union. In addition, CIS member States are being used as transit points to transport large illicit consignments of cannabis resin westward from Afghanistan or Pakistan.

239. There are two different forms of opiate abuse in CIS member States, both of which are connected with the cultivation of *Papaver somniferum*. In the CIS member States in central Asia, opium abuse is the continuation of a tradition of opium consumption that is prevalent among the rural populations of Tajikistan, Uzbekistan and other CIS member States in the south. The opium poppy is cultivated on small plots, mainly in the mountainous areas of the CIS member States in central Asia. Law enforcement authorities have destroyed a number of those plots in the more accessible areas. There is no evidence of large plantations or organized illicit opium traffic in those areas.

240. The abuse of opiates in the form of poppy straw extract is a relatively new development in Belarus, the Russian Federation and Ukraine. Poppy straw extract is usually injected without further processing or after the conversion of its morphine content into heroin. Such home-made preparations usually contain some morphine, acetylmorphine, heroin, degradation products of alkaloids and plant materials. There is no evidence of large-scale clandestine manufacture; the preparations are usually produced by the drug-dependent persons themselves. Cultivation of the

so-called "oil-poppy" variety of *Papaver somniferum* for seeds used for culinary purposes has a long tradition in the CIS member States in Europe. The prohibition of poppy cultivation, which has been in effect since 1987, is not very popular among the farmers in Ukraine and in the other CIS member States; consequently, they do not always comply with the new regulations and the destruction of their poppy plantations by the police often results in disputes. Apparently there is not much illicit traffic in poppy straw extract, but there is some illicit traffic in poppy straw.

241. In some CIS member States, ephedrine is extracted from pharmaceutical preparations and is converted into the more potent ephedrone, which is chemically identical to the methcathinone that is abused in the United States. In some central Asian republics, such as Kyrgyzstan, ephedrine is extracted from the wild-growing *Ephedra* species.

242. Most CIS member States suffer from inadequate national drug legislation and drug control administration. Following a UNDCP fact-finding mission to seven CIS member States in April 1992, legal assistance has been provided by UNDCP to several new Governments in the drafting of new laws and regulations. There is a need of international assistance for the establishment of national drug control administrations that are, in many CIS member States, practically non-existent. With the dissolution of the Soviet system, most newly independent States have been left without customs services. There are no controls at the new internal borders: illegal products, including drugs, can easily be transported through them.

243. In many CIS member States, there are no structures for the treatment, rehabilitation and social care of drug-dependent persons and there is often a lack of professionals with experience in those fields.

244. The Board carried out its first mission to Albania in 1992. According to its findings, Albania is being increasingly used as a transit country for illicit drugs transported from the Middle East to Europe. Drug control administration in the country is deficient and there is an urgent need for international assistance.

245. In Austria, the amount of heroin, cocaine and cannabis seized has once again increased considerably. Under a new law that is expected to enter into force at the beginning of 1993, persons convicted of money-laundering may be sentenced to up to five years of imprisonment. Banks in Austria have agreed to intensify their efforts against money-laundering, for example, by limiting to the equivalent of 200,000 schillings the amount of foreign currency that may be deposited anonymously; however, no limit has been established for the amount of domestic currency that may be deposited anonymously.

246. Belgium seems to be affected by the increasing activity of international illicit traffickers of psychotropic substances. It is hoped that the ratification of the 1971 Convention will allow the Government to introduce more effective preventive measures.

247. In Bulgaria, the changes in the national administrative and economic structures have increased deficiencies in control over drug manufacture and trade (see paragraph 63 above). It is hoped that these difficulties will be solved by adapting national legislation and control mechanisms to the new situation and that vigorous measures against illicit exports of stimulants will be taken by the Government.

248. New laws are being implemented in France to combat money-laundering, making it mandatory for financial institutions to make a declaration whenever they have reason to believe that funds stem from drug trafficking. Two new structures have been set up to monitor and implement the new policy: the Processing of Data and Action against Illegal Financial Affairs office (TRACFIN) in the Ministry for Economic and Financial Affairs and the Budget; and the Main Office for Law Enforcement regarding Major Financial Offences (OCRGDF) in the Ministry of the Interior.

249. Drug-dependent persons in France are increasingly making use of services provided by the Government. There are currently 145 centres for the prevention and care of such persons, 5 hospital wards and 58 post-treatment centres in the country. A "drug helpline", available since December 1990, can be reached by phone free of charge. In 1991, more than 50,000 calls were received from persons with drug-related problems. More and more of the calls are coming from drug-dependent persons themselves. Another demand reduction endeavour is the creation of social environment committees, an initiative that started in 1990; there are currently more than 800 operating units, which bring together persons working in the educational system.

250. In Germany, the number of drug-related deaths rose in 1991 by more than 35 per cent to 2,125. Each year, 40-50 clandestine laboratories engaged in the illicit manufacture of synthetic drugs (mainly amphetamine) are detected by the police, but a substantial amount of amphetamine enters the country from the Netherlands and Poland. Drug cartels have intensified their efforts to increase their share of the illicit market in Germany, as evidenced by the falling prices for heroin and cocaine and by the increased purity of the heroin sold in the street. There are some indications that drug trafficking is beginning to establish itself in the new eastern states (the former German Democratic Republic), albeit at a much slower pace than anticipated. Money-laundering has recently become a punishable offence and, by the end of 1992, a law on the identification of profit sources will close loopholes that have been used by drug traffickers to reroute into legal channels proceeds derived from illicit activity.

251. A mission of the Board visited Ireland subsequent to its accession to the 1971 Convention. Drug abuse problems relate mainly to cannabis resin. Diversion of opiates from licit sources constitutes a major source of supply for drug abusers. Consequently the Government is strengthening control mechanisms, including the training of medical practitioners in the rational prescribing of narcotics. Air and sea surveillance will be intensified, taking into account the new situation within EEC and the particular geographical situation of the country.

252. The implementation of new legislation and concerted law enforcement action in Italy continue to result in record seizures of illicit drugs and in increasing numbers of arrested traffickers.

253. In July 1991, a new law was introduced in Italy to prevent money-laundering. Banks and financial institutions must identify and report suspicious transactions, and sensitive records are being stored on a database for use by investigators.

254. A mission of the Board visited the Netherlands in October 1992. On the basis of its opium law of 1976, which distinguishes between "hard drugs" and "soft drugs" with regard to law enforcement measures, the Government has a policy of tolerating cannabis abuse and the sale of up to 30 grams of cannabis products in so-called coffee-shops. The public health authorities have estimated that there are between 550,000 and 600,000 regular cannabis abusers in the Netherlands. It is believed that the public health problems associated with cannabis abuse are not significant and that the penalties of its abuse should not be more damaging than the effect of the drug itself. It is also believed that the abuse of cannabis has not drastically increased despite the fact that the number of coffee-shops in the country appears to have increased to between 1,000 and 2,000. There is evidence that some coffee-shops are increasingly being used by traffickers and that, in some of those shops, other drugs are being sold in addition to cannabis products. A number of coffee-shops have been closed down for that reason. The Government is concerned about these developments and is investigating the situation with a view to reviewing its policy.

255. Cannabis has been grown in the Netherlands for industrial, horticultural and environmental (wind protection) purposes. The rapid spread of cultivation of cannabis in the Netherlands for illicit purposes is relatively new and is a cause for concern. In 1991, 54 plantations, including 37 in glass-houses, were detected by the Dutch police, leading to the destruction of 68,000 cannabis plants. The THC content of the selected cannabis varieties is much higher than that of cannabis products smuggled into the country from abroad. Such cultivation is openly promoted by

individuals in advertisements in which selected cannabis plant material and sophisticated horticultural techniques for growing better cannabis are offered. Unless countermeasures are adopted, it is possible that the Netherlands could become a regional supplier of cannabis of high quality.

256. These trends have led to debates, at various levels of Dutch society, in which relatively few people seem to disagree with the current drug policy. At present, it does not appear that many people are in favour of stricter law enforcement measures. Most of the politicians who met with the mission of the Board supported the current drug policy and a few saw legalization, cultivation and controlled marketing as the next logical step. The mission discussed, among other issues, the repercussions such action would have in a common European market and throughout the world and the associated problems (see paragraphs 13-24 above).

257. The authorities in the Netherlands have made plans to review their current policy in respect of cannabis abuse and distribution. In the opinion of the Board, that policy is contrary to the provisions of the 1961 Convention.

258. It was reported that the number of hard-core drug-dependent persons in the Netherlands has remained steady at around 20,000. It is estimated that between 70 and 80 per cent of drug-dependent persons are reached by an extensive outreach network. Comprehensive treatment services are provided for drug-dependent persons. Methadone maintenance and other treatment facilities are widely offered, and the care given to opiate injectors includes providing clean syringes, needles and condoms, in addition to prescribing methadone, as protection against HIV infection. Cocaine abuse appears to be spreading and the countermeasures being taken by the authorities emphasize general health and drug education and awareness-raising. Cocaine has not yet caused a major health problem, but the situation is being closely monitored.

259. In Poland, various international criminal organizations have increased their activities, taking advantage of loopholes in the national drug legislation and control system. The current legislation was introduced several years ago, when international trafficking was not a serious threat. It focuses on ways to deal with problems connected with the emergence and spread of drug abuse, such as prevention of the abuse of home-made poppy straw extract and heroin preparations, restriction of poppy cultivation, and the treatment, rehabilitation and care of drug-dependent persons. Current regulations are not adequate for the prosecution of persons engaged in illicit traffic or in the clandestine manufacture of amphetamines, an activity that has been increasing since 1988. A mission of the Board to Poland is scheduled for December 1992 in order to discuss with the Government the possibilities of overcoming these difficulties, including the use of international assistance.

260. In February 1992, Spain passed a constitutional law on public safety that makes it a serious offence to unlawfully possess drugs and/or to consume them in public places; the sanctions may be suspended if the drug-dependent person accepts treatment. This law clearly indicates the change in the Spanish policy compared with the previous less restrictive attitude towards drug abuse.

261. In December 1991, Spain issued a decree based on EEC regulations on the control of precursors and other chemical substances that might be used in the manufacture of illicit drugs. In October 1992, it issued a decree establishing a register of all sentences passed by courts in Portugal and Spain, as well as in Latin America, in cases involving illicit traffic in narcotic drugs and psychotropic substances.

262. Spain is a major point of entry for cocaine from South America and cannabis products from northern Africa destined for Europe. Thirty-six per cent of the cannabis and 44 per cent of the cocaine seized in Europe in 1991 were confiscated in Spain. Most of the illicit consignments that were seized were destined for other European countries.

263. Domestic heroin abuse in Spain has decreased slightly and the heroin-dependent population is getting older. Heroin is usually smoked or inhaled rather than injected, because of the fear of HIV transmission. Cocaine abuse is increasing, even among heroin-dependent persons and, paradoxically, cocaine is often injected rather than inhaled. The number of drug-related deaths increased in 1991.

264. New activities were initiated in Spain in the fields of drug demand reduction, the treatment and rehabilitation of drug abusers, and drug abuse prevention. The current trend in the treatment of drug dependence is towards facilities that do not separate drug-dependent persons from their environment. The immediate objective is to reduce the waiting lists for drug-dependent persons who need treatment.

265. A mission of the Board visited Sweden in September 1992. The Swedish Government has devoted considerable resources to combating drug abuse and illicit trafficking, in the form of control measures, information campaigns and rehabilitation programmes. In the opinion of the Government, the escalation of drug abuse in the late 1960s was a consequence of the prevailing liberal attitude towards drug abusers, a lack of police intervention at the street level, and the increased availability of drugs caused by the prescription of amphetamines and opiates to drug-dependent persons. Since the end of the 1960s, the Government has followed closely the development of drug abuse trends and has continuously adapted its drug control policy and measures to new findings. Demand reduction programmes, combined with increased police intervention, have contributed to a reduction of drug abuse among youth. Among 16-year-old schoolchildren, the proportion who have tried drugs has dropped from 14 per cent in the early 1970s to 3 per cent, and among military conscripts the figure has decreased from 15-19 per cent to 6 per cent. A similar downward trend has been observed in the figures for persons who have abused drugs more regularly. In the last decade, there has been no major change in the number of heavy drug abusers (mainly daily abusers of cannabis, amphetamines or opiates). The number of drug-related deaths in Sweden is not increasing either.

266. The drug abuse situation in Switzerland remains critical. In the first quarter of 1992, more restrictive measures were taken against drug abuse and trafficking in public places, mainly at Bern and Zurich. In 1991, there were 405 drug-related deaths in the country, a record figure. As in Germany, prices for heroin have fallen sharply in Switzerland because of increased competition between rival drug trafficking gangs. Efforts to combat money-laundering have been intensified; any cash transaction above 25,000 Swiss francs requires identification. Switzerland has undertaken a controversial pilot project involving the prescription of heroin to a limited number of drug-dependent persons under close medical supervision (see paragraph 24 above).

267. In the United Kingdom, cannabis remains the most popular drug of abuse, but record seizures of cocaine, totalling more than 1 tonne, indicate an increase in the supply of and demand for this drug. Crack is increasingly being encountered outside London, the centre of drug abuse. The number of crack seizures is significant, accounting for approximately one third of all seizures involving cocaine. The quantity of crack seized is, however, relatively small, accounting for only about 5 per cent of the total.

268. The Home Office Drug Prevention Initiative, established in 1989, has undergone further development. Local drug prevention teams have been set up in 20 high-risk locations in the United Kingdom to work in close cooperation with parents, local communities, health authorities, the police and other interested persons. Over US\$ 9 million will be committed to the project in 1993. A "seized assets fund" consisting of proceeds of drug trafficking seized under international confiscation agreements was established in 1991. The resources available from this fund in financial year 1992/93, which will total around US\$ 1.5 million, will be allocated to agencies involved in the treatment and care of drug abusers.

269. The amendment of the Drug Trafficking Offences Act, 1986, to strengthen the confiscatory powers in respect of the proceeds of drug trafficking is currently under consideration in the United Kingdom. It is expected to become law in 1993.

G. North America

270. The three countries in the North American region - Canada, Mexico and the United States - are parties to the 1961 Convention, the 1971 Convention and the 1988 Convention.

271. In Canada, cannabis products remain the most widely available and abused drugs, though surveys conducted in recent years have indicated an overall decline in their abuse. In 1991, 74 tonnes of cannabis resin, 7.5 tonnes of cannabis and about 400 kg of cannabis oil were seized in the country and an additional 103 tonnes of cannabis resin destined for Canada were intercepted abroad. The number of indoor and outdoor cannabis plantations detected has been increasing. Hydroponic equipment is readily available in Canada, facilitating year-round cultivation of the most potent cannabis varieties.

272. In 1991, there was an increase in the amount of heroin seized in Canada: 100 kg of heroin were seized on Canadian territory and about 50 kg of heroin destined for Canada were intercepted abroad.

273. The availability and abuse of cocaine in Canada have remained at high levels. In 1991, more than 1.2 tonnes of cocaine were seized, a substantial increase compared with the 247 kg seized in 1990. Although crack constituted only 10 per cent of the seized amounts, its abuse has been spreading from large cities to smaller cities and towns across the country.

274. There have been reports of the clandestine manufacture of methamphetamine, other amphetamine derivatives and phencyclidine (PCP) in Canada. LSD remains the most abused hallucinogen; it is reportedly being manufactured in clandestine laboratories in California before being smuggled into Canada. In 1991, there was an increase in the supply and in the number of seizures of psilocybin in Canada. *Psilocybe* mushrooms have been harvested in British Columbia and there have been reports of them being cultivated indoors in other provinces.

275. The diversion of licit pharmaceuticals represents a significant part of the drug problem in Canada. The seizure of 90 kg of diazepam by the Quebec Police Force and 220,000 diazepam tablets by United States customs authorities in the second half of 1991 seems to be connected with the clandestine manufacture of fake methaqualone tablets in Quebec.

276. In April 1992, the Government of Canada announced that its national drug strategy would be renewed for another five years and that its funding would be increased to 270 million Canadian dollars. The strategy represents a comprehensive approach to alcohol and drug abuse and includes treatment, enforcement, research and international cooperation.

277. The Royal Canadian Mounted Police has seized, or referred to other agencies for confiscation or civil process, Can\$ 47.1 million in cash and various assets. The Government is establishing special multidisciplinary teams in major cities to deprive criminals of proceeds derived from drug trafficking.

278. Mexico continues to be a major producer of cannabis and, to some extent, opium poppies. In 1991, intensified law enforcement activities led to the eradication of one fourth of the estimated cannabis cultivation. In the first nine months of 1992, similar efforts resulted in the eradication of more than 8,000 hectares of poppies, an increase of 47 per cent compared with the corresponding period in 1991.

279. Mainly cannabis and heroin (known as "black tar") are smuggled across the Mexican border into the United States. In addition, a considerable amount of cocaine continues to pass through Mexico. Methaqualone tablets are apparently being manufactured in Mexico before being smuggled into the United States.

280. The Mexican army and navy, as well as the Northern Border Response Force, participated actively in drug control efforts in 1991. The effective law enforcement activities of the Government resulted in the seizure of 50 tonnes of cocaine, 95 kg of opium, 255 tonnes of cannabis and large numbers of vehicles and weapons. Seizure statistics for the first half of 1992 indicate that illicit drug activities have continued at levels similar to those of the previous year.

281. The Mexican Government is preparing a new bill that will include measures against money-laundering and measures to control precursors and chemicals used in the illicit manufacture of drugs.

282. Comprehensive studies and broad nationwide surveys in Mexico show that, with the exception of cocaine, there has been no significant increase in the abuse of drugs over the last five years. This situation has been attributed to prevention activities, including public information campaigns and involvement of teachers and parents.

283. The Fifth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held at Acapulco from 28 September to 2 October 1992, recommended that a technical advisory service should be established in Mexico to deal with problems connected with illicit poppy cultivation in several Latin American countries.

284. In the United States, drug trafficking and abuse remain a subject of great concern. The Board appreciates that drug trends continue to be well documented, as evidenced by the large amount of research and the many surveys that have been carried out. The number of abusers of any illicit drug within the most recent 30-day period continued to decline, according to the 1991 National Household Survey on Drug Abuse. From 1988 to 1991, that figure dropped by about 12.3 per cent, from an estimated 14.5 million to 12.6 million. The overall trend continues to be downward, but at a slower pace than in previous years. A survey undertaken by the National Institute on Drug Abuse showed that in 1991 drug abuse among pupils in their final year of secondary school was at its lowest level since 1975, when the survey was carried out for the first time.

285. In contrast to the favourable, declining trend in drug abuse in general, there are currently more hard-core heroin and cocaine abusers in the United States than there were three years ago. In 1991, their number was estimated to have reached 3 million, a disturbing development.

286. The abuse of cannabis has been declining steadily in the United States since 1979, when there were approximately 22.5 million abusers compared with 9.7 million in 1991. The number of emergencies related to cannabis abuse was reported to have declined in 1991 by 31 per cent. The share of the cannabis found in the United States accounted for by domestic illicit cultivation increased to an estimated 22 per cent of the illicit market. There was a marked increase in the potency of the cannabis on the illicit market, mainly because of the high THC content of the cannabis plant varieties cultivated indoors. The average THC content of the normal "commercial-grade" cannabis was 3.1 per cent, but the average THC content of the unpollinated and seedless female (sinsemilla) cannabis was 11.7 per cent. In 1991, 48 per cent of the 5.2 million cannabis plants destroyed were sinsemilla plants.

287. The abuse of heroin in the United States has remained at about the same level since 1988. It seems that heroin abuse has decreased significantly among occasional young abusers but has remained high among hard-core abusers, mainly persons over the age of 35. The purity of heroin at the retail level has increased significantly, averaging over 36 per cent compared with less than 10 per cent in the 1970s and early 1980s. The increase of 24 per cent in emergency cases related

to heroin abuse might be connected with the increased purity. In New York, the abuse of heroin by sniffing increased from 25 per cent in 1988 to 38 per cent in 1991. Heroin seizures by customs authorities increased by 97 per cent in 1991 compared with the figure for 1986.

288. There are no reports of increased clandestine manufacture and abuse of fentanyl and its derivatives ("China white" or "synthetic heroin") in the United States; however, in August and September 1992, 32 fentanyl-related deaths were reported in California and Pennsylvania. This might be interpreted as a sign of re-emerging abuse; it may also be a consequence of knowingly or unknowingly selling fentanyl as, for example, heroin.

289. The diversion of pharmaceutical preparations containing opiates continues to be a major problem in the United States. In 1991, oxycodone, hydromorphone, hydrocodone, pentazocine, and codeine combinations were the most frequently used heroin substitutes or supplements.

290. In 1991, both occasional and regular cocaine abuse rose in the United States, reversing a significant downward trend that had begun in 1985. The number of cocaine abusers was estimated at 1.9 million, compared with 1.6 million in 1990. The abuse of crack, which had fallen by as much as 50 per cent since 1989, levelled off. The number of cocaine-related hospital emergency cases increased.

291. In 1991, there was a rise in the availability of cocaine in the United States, which was associated with increasing purity and decreasing prices; in the early part of 1992, however, those trends reversed. Successful drug law enforcement efforts in the first six months of 1992 had a significant impact on the illicit traffic in cocaine, leading to increased price levels and decreased average purity levels in several major metropolitan areas in the United States. A major national trafficking ring based at Los Angeles (with links to the Medellin cartel) was broken up in January 1992. The ring had reportedly imported and distributed approximately 400 kg of cocaine per month since 1982.

292. The effective implementation of the National Air Interdiction Strategy in the United States forced drug traffickers to abandon private aircraft as the favoured mode of transporting cocaine into the United States and to resort to other, more complex modes of smuggling, such as commercial maritime cargo concealment.

293. Several cases of clandestine manufacture of methcathinone ("cat") have recently been reported in the United States. Methcathinone is chemically identical to ephedrone, a substance which is abused in a number of CIS member States.

294. In the United States, LSD remains a popular drug among young people. The number of arrests for LSD abuse increased from 102 in 1989 to 205 in 1991, although some experts believe that the extent of abuse was stable over the same period. The average dose in a single unit of LSD is certainly less than that of the 1960s. The incidence rate of PCP abuse in 1991 was lower than that of the early 1980s. A wide range of psychotropic substances diverted from licit sources continues to be abused.

295. Since 1990, federal spending on drug law enforcement and treatment in the United States has increased by over 65 per cent. In 1993, the Government intends to spend US\$ 12.7 billion to fight drug abuse, of which 44 per cent will be spent on domestic law enforcement, 32 per cent will be spent on drug demand reduction and 24 per cent will be spent on interdiction and international efforts.

296. The Government of the United States has initiated the activities of the Chemical Action Task Force and the Financial Action Task Force established by the heads of State or Government of the Group of Seven major industrialized countries and the President of CEC. In addition, the United States Government has signed a number of bilateral agreements in the narcotics field, mainly with Governments of countries in South and Central America and the Caribbean.

H. South and Central America and the Caribbean

297. The Board notes with satisfaction that all countries in South America are parties to the 1961 Convention and to the 1971 Convention. In Central America, all countries except El Salvador are parties to the 1961 Convention and all except Belize, El Salvador and Honduras are parties to the 1971 Convention. In the Caribbean, however, the rate of accession is one of the lowest worldwide: half of the countries are not yet parties to the 1961 Convention or the 1971 Convention. The Board calls on the Governments concerned to take the necessary action to accede to those international drug control treaties without further delay.

298. In South America, all countries except Argentina, Colombia and Uruguay are parties to the 1988 Convention; in Central America and the Caribbean, however, the majority of the countries are not yet parties to that Convention. The Board is aware that steps are being taken by most of the countries in Central America and in the Caribbean to accede to the 1988 Convention.

299. Major law enforcement efforts in the region of South and Central America and the Caribbean have yielded significant results, particularly in terms of reducing illicit coca bush cultivation and of seizing substantial amounts of cocaine. More effective action on the part of Governments has made it more difficult for drug traffickers to conduct activities such as money-laundering and illicit trafficking in precursors. The countries in the Andean subregion have strengthened their bilateral cooperation in law enforcement activities and are developing ways to replace the coca economy with legal economic activities. Moreover, improved cooperation among countries has made it more difficult for drug traffickers to find alternative routes and to secure environments in which to operate. Regional cooperation in law enforcement is increasing. The Conference of the Operational Forces of the Southern Cone was established by Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay for the exchange of information and the undertaking of joint operations.

300. Most countries in the region have introduced control mechanisms to prevent the diversion of precursors and chemicals used in the illicit manufacture of cocaine. Argentina, Bolivia, Colombia, Ecuador, Panama, Paraguay, Peru and Venezuela have adopted legislation consistent with the CICAD model regulations to control chemical precursors and chemical substances, machines and materials and are implementing recommendations of the Chemical Action Task Force and measures to halt suspicious transactions involving chemicals.

301. The OAS General Assembly, which met at Nassau in 1992, unanimously approved the model legislation on money-laundering developed by CICAD and recommended that it should be enacted by all OAS member States. Some legal and administrative measures for the prevention of money-laundering have already been introduced in Argentina, Belize, Chile, Colombia, Panama, Paraguay, Peru, Uruguay and Venezuela.

302. In September 1992, a major multilateral law enforcement operation was undertaken against the financial and money-laundering structure of the Cali cartel. The operation, which involved the coordinated efforts of eight countries, led to the seizure of US\$ 44 million in assets and the arrest of 152 people, including 122 in the United States, 7 of whom were top financial managers of the cartel. Canada, Cayman Islands, Colombia, Costa Rica, Spain, United Kingdom and United States participated in the operation.

303. Bolivia, Colombia, Ecuador, Mexico, Peru, Venezuela and United States participated in a drug summit held at San Antonio, Texas, from 26 to 27 February 1992. The summit reflected the increasing commitment of the countries in the region to work together to fight the drug menace in the areas of drug law enforcement and the administration of justice, economic and financial efforts and drug abuse prevention and demand reduction. It was a follow-up to a drug summit held at Cartagena, Colombia, in February 1990.

304. In recent years, illicit laboratories have started to operate not only in Bolivia, Colombia and Peru, but also in other countries in the region. Some of the laboratories are located in countries such as Argentina and Brazil, which produce chemicals used in the manufacture of cocaine.

305. Virtually all countries in the region are being used more and more frequently to convey or to store illicit drugs and are suffering from the consequences of such activity. They are also being used for the transshipment of chemicals to countries where illicit cocaine manufacture takes place.

306. The abuse of cocaine is increasing in the region, the smoking of coca paste mixed with tobacco or cannabis (*basuco, pitillo* etc.) being the most frequent form of drug abuse among youth in countries such as Bolivia, Colombia and Peru. Coca paste is a raw intermediate of cocaine manufacture containing toxic impurities that can cause serious health problems. Drug abuse has reached alarming proportions among streetchildren in some major urban areas in the region, particularly in Brazil.

307. Illicit poppy cultivation has created new problems in several countries in the region. The detection and eradication of large poppy plantations in Colombia should be regarded by other countries in the region, particularly Peru, as a warning signal. In Ecuador, illicit consignments of heroin of Colombian origin have been seized on three occasions within two months.

308. Cannabis is illicitly cultivated and abused in most South American countries.

309. Unfortunately, the absence of information does not allow the analysis and assessment of the extent and forms of abuse of psychotropic substances. Governments of the region should devote more attention to that matter.

1. South America

310. A mission of the Board visited Argentina in February 1992 at the request of the Government of that country, after high-ranking officials had been accused of being involved in money-laundering activities. The Government announced its determination to clear up the matter and to fight vigorously against drug trafficking, money-laundering and corruption. Court proceedings have been initiated.

311. The Government of Argentina has, in recent years, taken a series of legislative, organizational and operative measures to combat drug abuse and illicit trafficking and has intensified cooperation with its neighbouring countries. A government office is coordinating the execution of a national plan against drug trafficking.

312. The main drugs of abuse in Argentina are cannabis of Paraguayan origin, cocaine and psychotropic substances. Drug demand reduction programmes are an important part of the government drug control strategy. One innovative approach is a public information campaign in major summer resorts that has been organized for the third consecutive year. The Government of Argentina is assisting other Latin American Governments in launching similar campaigns.

313. A decree imposing import and export controls over 43 chemical precursors has recently come into force in Argentina. The decree has already contributed to the interception and prevention of exports of substances used in the illicit manufacture of cocaine. Strict export controls may, however, lead to an increase in the amount of coca leaves entering Argentina and to the establishment of cocaine-producing laboratories. The amount of coca leaves seized increased from 30 tonnes in 1990 to 47 tonnes in 1991. The Government is therefore using advanced technology to step up its efforts to monitor movement along its long, vulnerable borders.

314. The Government of Argentina has made great efforts in drug control training. A programme for educating law enforcement officers in drug control by correspondence courses has

been established, in addition to a two-year postgraduate course in related subjects offered by a university.

315. In Bolivia, efforts by the Government to implement 1988 drug control legislation, combined with efforts by the international community, have reduced illicit coca bush cultivation by approximately 10,000 hectares during the last two years. In spite of that favourable development, high-level Bolivian authorities announced that they were considering the industrialization of the cultivation of the coca bush and would export coca leaves and products containing them. The President of Bolivia has asked WHO to carry out a detailed study on the nutritional value and pharmacological effects of the coca leaf. In the 1961 Convention, the coca leaf is defined as a narcotic drug subject to all control measures of that Convention, to which Bolivia is a party. Coca leaves are no longer subject to restriction only if the cocaine and ecgonine are extracted from them.

316. Operations aimed at intercepting illicit drug consignments and at controlling precursor chemicals in Bolivia were successfully carried out throughout 1991, mostly in close cooperation with the authorities of neighbouring countries and of the United States. The operations resulted in the destruction of 1,375 laboratories, the seizure of 48 airplanes and the surrender of 8 major traffickers. Seizures, however, continue to represent only a tiny fraction of the total amount of coca paste and cocaine produced in the country.

317. The price of coca leaves has dropped to unprecedented levels, owing to intensified efforts by both the Bolivian and the Colombian authorities. Those efforts have forced buyers of coca leaves to limit their illicit activities.

318. Reliable data on levels of drug abuse in Bolivia are not available. There seems to be general agreement, however, that coca-leaf chewing is decreasing. Increasing urbanization has had a negative effect on the popularity of coca-leaf chewing. The abuse of coca products, mostly *pitillos*, is increasing and its abuse among streetchildren is a matter of particular concern.

319. In Brazil, locally cultivated cannabis is the main drug of abuse. The abuse of cocaine, coca paste and, more recently, crack has been steadily increasing, especially in the main cities and in areas bordering producer countries. Since it first emerged in 1990, crack abuse has posed a considerable threat to public health.

320. Brazil is being used more and more for processing coca leaves and for cocaine trafficking. The country is a major producer of precursor chemicals. In addition, Bolivian and Colombian traffickers have allegedly established clandestine cocaine laboratories in Brazil.

321. The amount of coca paste and cocaine seized in Brazil rose from 2.7 tonnes in 1990 to 4.4 tonnes in 1991. Since 1989, however, the offices of the Brazilian federal police in areas bordering Bolivia, Colombia and Peru have suffered a continuous reduction in personnel and resources.

322. Due to the weaknesses of the control over the distribution of medicines, it can be assumed that drug abusers consume a substantial proportion of the large quantities of pharmaceutical preparations containing psychotropic substances.

323. Because of its relatively sophisticated financial system, Brazil could become a major target for money-laundering. Frequent seizures of valuable assets from convicted drug traffickers have resulted in the creation of the Fund for Prevention, Treatment and Law Enforcement, which manages resources stemming from the sale of confiscated assets.

324. In Chile, cannabis is the most abused drug but cocaine abuse appears to be on the rise among young people in urban areas.

325. In November 1991, the Government of Chile started to implement a coordinated national plan for drug abuse prevention and drug control. In April 1992, the Government presented a draft law to parliament for the implementation of the 1988 Convention, including the provisions on money-laundering.

326. In Colombia, a major event, the taking into custody of the chief and many members of the most powerful trafficking organization in the country in 1991, was overshadowed by their escape from prison in 1992. In spite of that incident, the intensified efforts of the Colombian Government against trafficking activities have had a strong impact on illicit cocaine manufacture and trafficking in the entire region. Anti-drug operations in 1991 resulted in the destruction of 293 clandestine laboratories, the seizure of 77 tonnes of cocaine hydrochloride and the confiscation of 27 airplanes.

327. Eradication efforts of the Colombian authorities, in cooperation with authorities in other countries, have resulted in a slight reduction in illicit coca bush cultivation. Already in 1988, the Board reported on evidence that large-scale illicit poppy cultivation might develop in Colombia. Unfortunately, illicit poppy cultivation has since expanded to areas covered by virgin forests and inhabited by indigenous people, causing harm to the environment as well as people. It has recently been reported that, in Colombia, the area under illicit poppy cultivation has expanded to an estimated 18,000 hectares, thereby equalling the size of the area under illicit coca bush cultivation. In cooperation with local authorities, the Government launched a new eradication programme, and in the first eight months of 1992 about 12,000 hectares of poppy plants were destroyed. The Government is also concerned that expansion of illicit poppy cultivation may lead to increased abuse of opiates in Colombia.

328. There are no statistics on drug abuse in Colombia; therefore, in 1992, the Government is undertaking an epidemiological survey to evaluate the situation, particularly the smoking of *basuco*. A national plan adopted in April 1992 includes a wide range of measures in the field of drug abuse prevention, treatment and rehabilitation.

329. Money-laundering has not yet been made a criminal act under Colombian law. The financial institutions in the country have to keep records on all cash transactions over US\$ 10,000. Since central data collection and retrieval are not possible and bankers cannot be summoned for negligence, no real impact has been observed on the influx into Colombia of money derived from drug trafficking.

330. Ecuador is being used as a transit country for the increasing amount of coca paste that is being shipped from Bolivia and Peru to Colombia for processing into cocaine hydrochloride. At the same time, precursors and essential chemicals are being smuggled from the main port of Ecuador by road to clandestine laboratories in Colombia. The implementation of the new comprehensive drug control law in Ecuador is expected to reduce chemical diversion and money-laundering activities. Illicit coca bush cultivation in Ecuador is limited to an area of only 200-300 hectares near the Colombian border.

331. In 1991, around 1.3 tonnes of cocaine were seized in Ecuador. In February 1992, 3.3 tonnes of cocaine, the biggest seizure ever in the country, were intercepted on the Colombian border. Also in 1992, the Government of Ecuador arrested the leader and 60 members of Reyes Magos, the largest drug trafficking network in the country; confiscated property, vehicles and communication equipment; and closed down a private air transport company.

332. In north-eastern Paraguay, cannabis is cultivated for domestic abuse, as well as for export to Argentina and Brazil. Some small-scale efforts to eradicate cannabis have been made. Paraguay continues to be used as a transit country for smuggling cocaine from the Andean subregion destined for illicit markets worldwide and for chemicals diverted towards countries in that subregion for use in the manufacture of cocaine.

333. The world's largest production of coca leaves continues to take place in Peru. According to Peruvian authorities, the area under illicit coca bush cultivation is currently approximately 350,000 hectares, an increase of 40 per cent compared with the 1990 figure of 250,000 hectares. Illicit coca bush cultivation has decreased in the Upper Huallaga valley, where a fungus (*Fusarium oxysporum*) is destroying coca plantations; however, such cultivation is expanding towards new areas in the north. In those areas, law enforcement efforts have been hindered by activities of the Shining Path and Tupac Amaru movements. In other remote areas of the country, illicit poppy cultivation has been reported. UNDCP is making efforts to implement an alternative development strategy; there are currently two UNDCP projects in the Upper Huallaga area and one in the Convención de Laras area. Some bilateral projects have been suspended in reaction to political developments.

334. Peru has experienced increased production of and trafficking in coca paste and cocaine. Government action to control illegal drug activities has been limited because of economic instability, terrorism and resource shortages. In 1991, law enforcement authorities seized only 4.4 tonnes of cocaine base and several hundred kilograms of cocaine hydrochloride.

335. In 1991, Peru approved a new penal code and, in 1992, regulations on chemical precursors and money-laundering were adopted. Several important drug traffickers and terrorists have been arrested. The jailing of the leader of the Shining Path movement in September 1992 was considered a first step towards breaking up that movement.

336. Coca paste abuse among young people in Peru rose by approximately 30 per cent from 1988 to 1991.

337. Suriname has recently emerged as an important transit point for both cocaine destined primarily for Europe and precursor chemicals from Europe destined for other countries in South America. It is hoped that the close cooperation that has recently begun with a number of countries in Europe and in the Americas will bring positive results.

338. In Uruguay, bank secrecy laws, the free repatriation of benefits and dividends and the absence of taxes on dividends and on interest on capital, regardless of its volume, have attracted funds derived from illicit trafficking in narcotic drugs. Huge amounts of such funds have been discovered in financial institutions at Montevideo. In reaction to that development, the Government of Uruguay has established regulations for monitoring major financial transactions and has urged banks to reject and report any requests for the deposit of suspicious money.

339. In Venezuela, the abuse of drugs, particularly cannabis and *basuco*, appears to be on the increase. In March 1992, 24 people died following the abuse of a cocaine-heroin mixture ("speedball"). Since 1990, a drug abuse prevention programme has been carried out in cooperation with UNDCP.

340. The illicit cultivation of cannabis and coca bush, as well as the manufacture of cocaine, appears to be spreading in areas in Venezuela near the Colombian border. In 1991, the Venezuelan authorities strengthened their law enforcement activities, for example, by creating a unified drug command, and seized approximately 9 tonnes of cocaine, representing a 100 per cent increase over the amount seized in 1990. In the first eight months of 1992, 7 tonnes of cocaine were confiscated.

2. Central America

341. Central America plays a major role in the transshipment of cocaine from South America to illicit markets in Europe and North America.

342. Belize, which has tried for several years to eradicate illicit cannabis cultivation, has become a marginal producer of cannabis. Transit traffic in cocaine remains a growing problem in the country. Belize has already enacted money-laundering legislation.

343. In Costa Rica, cannabis production is estimated to exceed domestic demand by a significant amount. The Government has conducted some eradication operations, but most cannabis plantations are in parts of the country to which access is difficult. In 1991, law enforcement efforts resulted in the seizure of 800 kg of cocaine. That same year, a number of amendments were passed to bring the 1988 National Drug Law into line with the 1988 Convention.

344. In 1990, the Government of El Salvador formed the Anti-Narcotics Commission and set up the Executive Anti-Narcotics Unit, which seized 156 kg of cocaine in 1990 and 3.1 tonnes in 1991. The Government has enacted a new anti-narcotics law to facilitate the implementation of the international drug control treaties.

345. Eradication operations in Guatemala, conducted by the Treasury Police with support from the United States, reportedly destroyed about one third of the 1,721 hectares of poppies illicitly grown in remote areas of the country, as well as extensive illicit cannabis plantations near the border with Belize. Guatemala is an important transshipment point for cocaine, as evidenced by the seizure of 15 tonnes of cocaine in 1991.

346. The Guatemalan National Council for the Prevention of Alcoholism and Drug Addiction (CONAPED) is becoming more and more active in its support of efforts to increase public awareness of the dangers of drug abuse.

347. In 1991, the Government of Nicaragua seized more than 730 kg of cocaine in transit. In Panama, a record amount of 9.3 tonnes of cocaine in transit and nearly the same amount of cannabis were seized in 1991. The Government has strengthened controls in an effort to fight money-laundering, which is causing serious problems in the country; however, further regulations on the practical implementation of those controls have yet to be introduced.

3. The Caribbean

348. Traffickers continued to use the Caribbean to transship significant quantities of cannabis and cocaine destined for Canada, the United States and countries in Europe and to carry out money-laundering activities. In the Bahamas about 4 tonnes of cocaine were seized in the first half of 1992, a 44 per cent increase over the same period in 1991. As a result of intensified efforts, the Government of the Bahamas, in cooperation with United States authorities, has apparently put an end to the organized cannabis traffic from Colombia and Jamaica through the Bahamas by air and sea to Florida. The resulting drastic decline in the supply of cannabis has led to a decrease in the abuse of cannabis in the Bahamas.

349. The waters of the Caribbean island States, particularly the Bahamas, Cuba and Jamaica, are among the preferred sites for dropping off illicit cocaine consignments transported by air that are picked up by speedboat to be transported mainly to the southern coast of the United States.

350. In an increasing number of countries in the Caribbean, cannabis and cocaine are abused by the local population and tourists. Cannabis remains the most popular drug but the abuse of cocaine, mainly in the form of crack, has been reported in almost all of the Caribbean countries.

351. An increasing incidence of drug-related crime has been reported by law enforcement agencies in the Caribbean. Smaller islands that had not previously experienced any significant drug problems are being used as transshipment points. The routes continually alternate but attempts are being made by traffickers to create or enlarge domestic illicit markets.

352. The Governments of countries in the Caribbean have continued to implement measures to reduce the extent of illicit cannabis cultivation, traffic and abuse.

353. Most countries have revised and/or introduced new anti-drug legislation providing for severe penalties, including the confiscation of assets, for drug offences. The Organization of Eastern Caribbean States (OECS) has sought to harmonize drug control legislation in its member States (Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and Grenadines) and, as a result, a number of them have introduced new anti-drug laws. Barbados, which is not an OECS member and has not adopted the OECS model, adopted its own anti-drug legislation in 1990.

354. The Government of the Bahamas believes that stiff legislation, together with strict monitoring of the banking system, has been successful in preventing money-laundering.

355. In several countries in the Caribbean, national councils on drug abuse control have been revised or established in order to better coordinate and implement preventive action. The councils are composed of high-level officials from various institutions, such as the ministries of health, education, justice, police and customs.

356. National law enforcement activities in the Caribbean have been supported at the international level, mainly through bilateral programmes. UNDCP has provided assistance for law enforcement projects at the regional level. The first phase of a telecommunications network project being carried out jointly by UNDCP and ICPO/Interpol has ended with the installation of equipment in 32 countries.

357. UNDCP continues to focus its efforts on the reduction of illicit drug demand, assisting ongoing national projects in Anguilla, Bahamas, British Virgin Islands, Dominican Republic, Grenada, Jamaica, Netherlands Antilles, Saint Lucia, Saint Vincent, Trinidad and Tobago and Turks and Caicos Islands. The first phase of the Integrated Demand Reduction Project has been completed in Jamaica with the establishment of 15 community committees to implement comprehensive programmes, including drug abuse prevention, treatment and rehabilitation.

358. At the regional level, the Eastern Caribbean Schools' Drug Education Project, which produced preventive educational material for use in secondary schools, has been extended.

(Signed) Oskar Schroeder
(*President*)

(Signed) Mohamed Mansour
(*Rapporteur*)

(Signed) Herbert Schaepe
(*Secretary*)

Vienna, 26 November 1992

Notes

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

2/ *Ibid.*, vol. 1019, No. 14956.

3/ E/CONF.82/15 and Corr.2.

4/ United Nations, *Treaty Series*, vol. 976, No. 14152.

5/ *Demand for and Supply of Opiates for Medical and Scientific Needs* (United Nations publication, Sales No. E.89.XI.5).

6/ See *Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987* (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A.

**CURRENT MEMBERSHIP OF THE INTERNATIONAL
NARCOTICS CONTROL BOARD**

Sirad ATMODOJO

Pharmacist. Assistant Instructor, Drug Dispensing Laboratory, Gajah Mada University (1955-1959). High-school teacher of Chemistry (1957-1959). Staff member, Directorate of Pharmaceutical Affairs, Ministry of Health of Indonesia (1959-1965). Director of Pharmaceutical Affairs, Ministry of Health (1965-1967). Director of Distribution, Directorate General of Pharmacy, Ministry of Health (1967-1975). Director of Narcotics and Dangerous Drugs, Directorate General of Food and Drug Control, Ministry of Health (1975-1991). Secretary of the Directorate General of Food and Drug Control, Ministry of Health (1981-1987). Dean, Faculty of Pharmacy, "17 Agustus 1945" University (1987-1991). Second Vice-Rector, "17 Agustus 1945" University (since 1991). Member of the Board and member of the Standing Committee on Estimates since 1987.

CAI Zhi-Ji

Professor of Pharmacology. Director, National Institute on Drug Dependence, Beijing Medical University. Chairman of the Expert Committee on Narcotics and member of the Expert Committee on Drug Evaluation, Ministry of Public Health. Member of the Expert Committee on Evaluation of Fund for New Drug Research, State Pharmaceutical Administration. Member of the Chinese Pharmacopoea Committee. Member of the Executive Committee and Chairman of the Organizing Committee, Vice-Chairman of Section of Toxicology and member of Section of Clinical Pharmacology, Chinese Pharmacological Society. Editor-in-Chief of the *Chinese Bulletin on Drug Dependence* and member of the Editorial Board of the *Chinese Journal of Clinical Pharmacology*. Member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems (since 1984). Member of the Board and member of the Standing Committee on Estimates since 1985. Second Vice-President of the Board and Chairman of the Standing Committee on Estimates in 1989, 1990 and 1992. Vice-Chairman of the Standing Committee on Estimates in 1991.

Huáscar CAJIAS KAUFFMANN

Lawyer. Certificate of Specialization, School of Criminal Law, Rome University. Director of the Institute of Criminal Law, University of La Paz. Former Ambassador of Bolivia to the Holy See. Professor of Criminology and Penology, Universidad Mayor de San Andrés, La Paz. United Nations expert at Latin American seminars and study groups on crime prevention and the treatment of offenders (1953, 1963 and 1974). Member of the commissions that drafted the first narcotics control law in Bolivia (1959) and the present narcotics control law in Bolivia (1986). Alternate Representative of Bolivia at the International Conference on Drug Abuse and Illicit Trafficking (1987). Head of delegation at all meetings of experts to draft the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (1987-1988). Member of the Board since 1990 and Rapporteur in 1991.

A. Hamid GHODSE

Professor of Psychiatry. Head, Psychiatry of Addictive Behaviour, Saint George's Hospital Medical School, University of London. Director, Regional Drug Problem Treatment, Training and Research Unit, and Chairman of the Drug and Alcohol Advisory Committee, South West Thames Region. Secretary, Society for the Study of Addiction to Alcohol and Other Drugs. Adviser, Joint Formulary Committee, British National Formulary. Member of Expert Advisory Panel of WHO on Alcohol and Drug Dependence. Chairman of Substance Misuse Section and

member of the Council, Royal College of Psychiatrists, United Kingdom. President, Association for the Prevention of Addiction, United Kingdom. Advisor, Health Advisory Service, National Health Service, United Kingdom (since 1992). Editor, *International Journal of Social Psychiatry*. Member, Editorial Advisory Board, *British Journal of Addiction*. Fellow, Royal College of Psychiatrists, United Kingdom (since 1985). Member, Royal College of Physicians, United Kingdom (since 1988) and Fellow (1992). M. S. McLeod visiting Professor, Southern Australia Postgraduate Medical Education Association (1990). Member, rapporteur and chairman of various WHO and EEC expert committees, review groups and other working groups on drug dependence, in particular, convenor of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. Member of the Board since 1992 and member of the Standing Committee on Estimates in 1992.

Mohsen KCHOUK

Pharmacist-biologist, former student at the Pasteur Institute, Paris. Former Deputy Director of the Pasteur Institute, Tunis. Former Director of the Laboratories of Medical Biology and Former Inspector General of the Ministry of Public Health, Tunis. Member of the Board since 1977, Rapporteur in 1981 and 1982 and Vice-Chairman of the Standing Committee on Estimates in 1984. Vice-President of the Board and Chairman of the Standing Committee on Estimates in 1985. Rapporteur in 1987 and First Vice-President of the Board in 1988 and 1990.

Gottfried MACHATA

Doctoral degree in Chemistry (1951) and Professor (1968). Pharmaceutical scientist and industrial chemist (1951-1954). Expert on the Disarmament Commission of the United Nations (1983-1985). Head of the Department of Chemistry, Institute of Forensic Medicine, University of Vienna (1955-1990). Court Expert in Forensic Sciences and General Chemistry (since 1955). Member of the Senate Commission of the German Research Organization. Member of the Board and member of the Standing Committee on Estimates since 1992. More than 135 published works in the field of toxicology. Recipient of the International Widmark Award and the Jean Servais Stas Médaille. Gold medal of honour for scientific research of the Republic of Austria.

Mohamed MANSOUR

Director of Training Institute Affairs Administration, Former Director of Operation Administration, Drug Enforcement Administration, Ministry of Interior, Egypt. Lecturer to trainees and officers in drug enforcement and criminal investigations, Police Academy, Cairo, and Arab Institute for Police Studies, Saudi Arabia. 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 drug enforcement field. Member of the Board since 1990 and member of the Standing Committee on Estimates since 1991.

Bunsom MARTIN

Doctor of Medicine with postgraduate advanced training in tropical medicine. Long-time service as hospital, medical school and university official, in particular as Dean, President and Chairman of the University Board. Director of Department of Physical Education. In addition to official duties, active participation in a variety of areas, such as sports, the Red Cross and the Scout Association. Chairman of the Committee for Prevention and Publicity of Drug Abuse for 22 years. Minister for Education (1982) and Minister for Health (1984).

Herbert S. OKUN

International executive and Ambassador. Special Advisor and Deputy to the Co-Chairman of the International Conference on the Former Yugoslavia, convened at Geneva. Executive Director, Financial Services Volunteer Corps, New York, New York. Visiting Lecturer on International Law, Yale University Law School. Deputy Permanent Representative and Ambassador of the United States to the United Nations (1985-1989). Ambassador to the German Democratic Republic (1980-1983). Vice-Chairman of the United States delegations to the SALT II negotiations and to the trilateral talks between the United States, the United Kingdom and the former Union of Soviet Socialist Republics on a Comprehensive Test Ban Treaty (1978-1980). Special Assistant to the Secretary of State, Washington, D.C. (1969-1971). Member of the Secretary-General's Expert Group to study the enhancement of the efficiency of the United Nations structure for drug abuse control (1990). Member of the Board since 1992.

Manuel QUIJANO

Doctor of Medicine. Practicing surgeon for 35 years at a teaching hospital. Professor of a postgraduate three-year course in general surgery. Scientific counsellor to the Mexican Delegation to the United Nations Educational, Scientific and Cultural Organization (1980-1983). Director of International Affairs of the Ministry of Health. Member of the Executive Board of the World Health Organization and Chairman (1988-1989). Member of the Board and member of the Standing Committee on Estimates since 1992.

Maruthi Vasudev Narayan RAO

Commerce and law graduate. Administrator. As a member of the Indian Customs and Central Excise Service, held various senior positions at policy-making and management levels dealing with customs, central excise and narcotics administration (1954-1970). Collector of Central Excise, Allahabad (1970-1973). Director, Tax Research (1973-1974). Director of Training (1974-1978). Director of Inspection (1978-1979). Joint Secretary to the Government of India (1979-1980). Additional Secretary to the Government of India, Gold Control Administrator and Member (Customs), Central Board of Excise and Customs (1980-1986). Chairman, Central Board of Excise and Customs, and Secretary to the Government of India, Ministry of Finance (1987-1989). Head of the Indian delegation to the Commission on Narcotic Drugs (1983, 1984 and 1985). Chairman, United Nations Expert Group on Tracing, Freezing and Confiscation of the Proceeds and Properties of Drug Traffickers (1984). Member, United Nations Expert Group on Reduction of Stocks of Licit Opiate Raw Materials (1985). Representative of India at the Policy Commission meetings and sessions of the Customs Cooperation Council, held at Brussels and Ottawa (1985-1988), and Chairman of the Policy Commission (December 1988). Chairman of the Drafting Committee, United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). Member of the Board since 1990, First Vice-President in 1991 and member of the Standing Committee on Estimates in 1990 and 1992.

Sahibzada RAOOF ALI KHAN

Lawyer and administrator. Former Inspector General of Police of the Punjab (Pakistan). Former Chairman of the Pakistan Narcotics Control Board at the level of Permanent Secretary to the Government. Former Director General of the National Police Academy. Head of the Delegation of Pakistan to the Commission on Narcotic Drugs and the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East (1975-1979). Vice-Chairman of the Commission (1979). Alternate leader of the delegation of Pakistan to the first regular session of the Economic and Social Council (1984). Visiting Lecturer in Criminology, University of the Punjab (1960-1961), and in the History of Administration, Sharia Faculty of the Qaide Azam University, Islamabad (1979-1983). Awarded the Sitara-e-Khidmat (a civil decoration) for distinguished public service (1971). Member of the Board from 1985 to 1990 and since 1992.

President of the Board in 1987 and 1988. Representative of the Board at the International Conference on Drug Abuse and Illicit Trafficking in 1987 and at the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances in 1988.

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). In the Federal Ministry for Youth, Family Affairs, Women and Health: 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; 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 Board since 1990. Member of the Standing Committee on Estimates and Chairman of the Budget Committee in 1990. President of the Board in 1991 and 1992.

THE ROLE OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

The responsibilities of the International Narcotics Control Board under the international drug control treaties are to endeavour, in cooperation with Governments, to limit the cultivation, production, manufacture and use of narcotic drugs to the amounts required for medical and scientific purposes, to ensure that the quantities of those substances required for legitimate purposes are available and to prevent illicit drug cultivation, production, manufacture, trafficking and use. Since the entry into force of the Convention on Psychotropic Substances of 1971, the functions of the Board also include the international control of such drugs. Moreover, with the entry into force of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, the Board has specific responsibilities related to the control of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, as well as the assessment of such substances for possible inclusion in Table I and Table II of that Convention. Under the provisions of the 1988 Convention, the Board also reports annually to the Commission on Narcotic Drugs on the implementation of article 12 of that Convention.

The Board is required, in carrying out these responsibilities, to investigate all stages of the licit trade in narcotic drugs; to ensure that Governments take all the requisite measures to limit the manufacture and import of drugs to the quantities required for medical and scientific purposes; to see that precautions are taken to prevent the diversion of those substances into the illicit traffic; to determine whether there is a risk that a country may become a major centre of the illicit traffic; to ask for explanations in the event of apparent violations of the treaties; to propose appropriate remedial measures to Governments 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. The Board has therefore frequently recommended, especially since the adoption of the Single Convention on Narcotic Drugs of 1953 as amended by the 1972 Protocol, that multilateral or bilateral assistance, either technical or financial or both, should be accorded to a country experiencing 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, the Commission on Narcotic Drugs and the Economic and Social Council in cases where it believes that that would be the most effective way to facilitate cooperation and to improve the situation. As a last resort, the treaties empower the Board to recommend to parties that they stop importing drugs from the defaulting country, exporting drugs to it or both. Naturally, the Board does not confine itself to taking action only when serious problems have been discovered; on the contrary, it seeks to prevent major difficulties before they arise. In all cases the Board acts in close cooperation with Governments.

If the Board is to be able to perform its task, it must have the relevant information on the world drug situation as regards both licit trade and illicit traffic. Consequently, the treaties stipulate that Governments shall regularly provide the Board with such information; almost all Governments, parties and non-parties alike, are conforming to this practice. Accordingly, in cooperation with Governments, the Board administers the system of estimated world requirements of narcotic drugs and the system of statistics on narcotic drugs. The first of these systems enables the Board, in analysing future licit requirements, to verify in advance whether these requirements are reasonable; and the second enables it to exercise *ex post facto* control. Finally, the information on illicit traffic that is communicated to the Board either directly by Governments or through the competent organs of the United Nations system enables the Board to determine whether the aims of the 1953 Convention are being seriously endangered by any country and, if necessary, to take the measures described in the preceding paragraph.

كيفية الحصول على منشورات الأمم المتحدة

يمكن الحصول على منشورات الأمم المتحدة من المكتبات ودور التوزيع في جميع أنحاء العالم . استلم عنها من المكتبة التي تتعامل معها أو اكتب الى : الأمم المتحدة ، قسم البيع في نيويورك او في جنيف .

如何购取联合国出版物

联合国出版物在全世界各地的书店和经售处均有发售。请向书店询问或写信到纽约或日内瓦的联合国销售组。

HOW TO OBTAIN UNITED NATIONS PUBLICATIONS

United Nations publications may be obtained from bookstores and distributors throughout the world. Consult your bookstore or write to: United Nations, Sales Section, New York or Geneva.

COMMENT SE PROCURER LES PUBLICATIONS DES NATIONS UNIES

Les publications des Nations Unies sont en vente dans les librairies et les agences dépositaires du monde entier. Informez-vous auprès de votre libraire ou adressez-vous à : Nations Unies, Section des ventes, New York ou Genève.

КАК ПОЛУЧИТЬ ИЗДАНИЯ ОРГАНИЗАЦИИ ОБЪЕДИНЕННЫХ НАЦИЙ

Издания Организации Объединенных Наций можно купить в книжных магазинах и агентствах во всех районах мира. Наводите справки об изданиях в вашем книжном магазине или пишите по адресу: Организация Объединенных Наций, Секция по продаже изданий, Нью-Йорк или Женева.

COMO CONSEGUIR PUBLICACIONES DE LAS NACIONES UNIDAS

Las publicaciones de las Naciones Unidas están en venta en librerías y casas distribuidoras en todas partes del mundo. Consulte a su librero o diríjase a: Naciones Unidas, Sección de Ventas, Nueva York o Ginebra.