

INTERNATIONAL NARCOTICS CONTROL BOARD  
Vienna

**REPORT OF THE  
INTERNATIONAL  
NARCOTICS  
CONTROL BOARD  
FOR 1994**



UNITED NATIONS

## REPORTS PUBLISHED BY THE INTERNATIONAL NARCOTICS CONTROL BOARD IN 1994

The *Report of the International Narcotics Control Board for 1994* (E/INCB/1994/1) is supplemented by the following technical reports:

*Narcotic Drugs: Estimated World Requirements for 1995; Statistics for 1993* (E/INCB/1994/2)

*Psychotropic Substances: Statistics for 1993; Assessments of Medical and Scientific Requirements for Substances in Schedules II, III and IV; Requirement of Import Authorizations for Substances in Schedules III and IV* (E/INCB/1994/3)

*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1994 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (E/INCB/1994/4)

This year, the Board has issued an additional supplement: *Effectiveness of the International Drug Control Treaties: Supplement to the Report of the International Narcotics Control Board for 1994* (E/INCB/1994/1/Supp.1). All of the above-mentioned reports are issued as United Nations sales publications.

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

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UNITED NATIONS  
New York, 1995

E/INCB/1994/1

UNITED NATIONS PUBLICATION  
Sales No.: E.95.XI.4  
ISBN 92-1-148094-9  
ISSN 0257-3717

## **IN MEMORIAM**

### **Sahibzada Raof Ali Khan**

It is with deep sorrow that the members of the International Narcotics Control Board and its secretariat learned that Sahibzada Raof Ali Khan, former member and President of the Board, died in Pakistan on 6 August 1994. Mr. Raof Ali Khan's experience and contribution to international drug control were invaluable. He was highly regarded by all those involved in national and international drug control and was greatly respected by members of the Board and the secretariat.

Mr. Raof Ali Khan served with great distinction as a member of the Board for seven years and as the President of the Board in 1987 and 1988. He contributed to the Board not only his legal expertise and profound experience in the functioning of national and international drug control systems, but also his wisdom and vision.

In his long and distinguished career, Mr. Raof Ali Khan served as Chairman of the Pakistan Narcotics Control Board and as Director General of the National Police Academy of Pakistan. He was Head of the Pakistan delegation to the Commission on Narcotic Drugs and to the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East. He served as Vice-Chairman of the Commission on Narcotic Drugs and Representative of the Board at the International Conference on Drug Abuse and Illicit Trafficking and at the United Nations Conference for the Adoption of a Convention on Illicit Traffic in Narcotic Drugs and Psychotropic Substances. He was also a lecturer in Criminology at the University of Punjab and a lecturer in the History of Administration at Qaide Azam University at Islamabad. He was a recipient of the Sitara-e-Khidmat, a civil decoration for distinguished public service.

Mr. Raof Ali Khan dedicated his life to the fight against drug abuse problems and human suffering. He will be remembered by all his colleagues and friends for his breadth of knowledge and precision and for his courtesy, sensitivity, kindness, sense of humour and humanity.

Mr. Raof Ali Khan was the rare combination of a modest and compassionate gentleman and a brilliant international administrator. The Board has lost not only an invaluable colleague but also a dear friend.

In recognition of his services in the fight against drug abuse and illicit traffic worldwide, the Board wishes to dedicate this report to the memory of Sahibzada Raof Ali Khan.



## 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.<sup>1</sup> 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 10 members are elected from a list of persons nominated by the Members of the United Nations and by States parties that are not Members of the United Nations, in accordance with article 9 of the 1961 Convention as amended by the 1972 Protocol. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with the Board, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. Revised administrative arrangements prepared on behalf of the Secretary-General by the Executive Director of the United Nations International Drug Control Programme (UNDCP) in agreement with the Board were approved by the Council in its resolution 1991/48.

The Board collaborates with UNDCP, of which its secretariat forms a part, and with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially the International Criminal Police Organization and the Customs Co-operation Council (also called the World Customs Organization).

The international drug control treaties require the Board to prepare an annual report on its work. The annual report contains an analysis of the drug control situation worldwide, so that Governments are kept aware of existing and potential situations that may endanger the objectives of the Single Convention on Narcotic Drugs of 1961,<sup>2</sup> that Convention as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971<sup>3</sup> and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.<sup>4</sup> The Board draws the attention of Governments to gaps and weaknesses in national control and in treaty compliance; it also makes suggestions and recommendations for improvements at both the national and international levels. The conventions envisage special measures available to the Board to ensure the execution of their provisions.

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

As a special contribution to the follow-up of General Assembly resolution 48/12, in which the Assembly requested the Commission on Narcotic Drugs, in cooperation with the Board, to monitor and evaluate action at the national and international levels in implementing the international drug control instruments, the Board has decided to include a brief evaluation of the effectiveness of those instruments in its overview and to deal with that subject in more detail in a supplement to the present report.

The Board assists national administrations in meeting their obligations under the conventions. To that end, it proposes and participates in regional training seminars and programmes for drug control administrators. One regional training seminar, for drug control administrators from countries in Central America and the Caribbean, was held at Santo Domingo in March 1994; another, for drug control administrators from countries in central eastern and southern Africa, was held at Libreville in July 1994; and another, for drug control administrators from countries in West Asia, took place at Ankara in October 1994.

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

#### *Notes*

<sup>1</sup>United Nations, *Treaty Series*, vol. 976, No. 14152.

<sup>2</sup>*Ibid.*, vol. 520, No. 7515.

<sup>3</sup>*Ibid.*, vol. 1019, No. 14956.

<sup>4</sup>*Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988* (United Nations publication, Sales No. E.94.XI.5), vol. I.



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## EXPLANATORY NOTES

In the table, two dots (..) indicate that data are not available or are not separately reported.

The following abbreviations have been used in this report:

AIDS	acquired immunodeficiency syndrome
CCC	Customs Co-operation Council (also called World Customs Organization)
CEC	Commission of the European Communities
CICAD	Inter-American Drug Abuse Control Commission
CIS	Commonwealth of Independent States
CONACUID	Comisión Nacional contra el Uso Ilícito de Drogas (Venezuela)
CONFEN	Federal Council on Narcotic Drugs (Brazil)
ECCAS	Economic Community of Central African States
GHB	sodium oxybate ( <i>gamma</i> -hydroxybutyrate)
HIV	human immunodeficiency virus
ICPO/Interpol	International Criminal Police Organization
LSD	lysergic acid diethylamide
MDA	methylenedioxyamphetamine
MDEA	<i>N</i> -ethylmethylenedioxyamphetamine
MDMA	methylenedioxymethamphetamine
NAFTA	North American Free Trade Agreement
PCP	phencyclidine
THC	tetrahydrocannabinol
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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



## **I. OVERVIEW: EVALUATION OF THE EFFECTIVENESS OF THE INTERNATIONAL DRUG CONTROL TREATIES**

1. The mandate of the International Narcotics Control Board under the international drug control treaties, and the very essence of its work, is to evaluate treaty implementation, based on the examination and analysis of information provided by Governments and on its own continuous evaluation of efforts by Governments. The General Assembly, in its resolution 48/12, requested the Commission on Narcotic Drugs, with the support of the United Nations International Drug Control Programme (UNDCP) and in cooperation with the Board, to monitor and evaluate action at the national and international levels in implementing the international drug control instruments, with a view to identifying areas of satisfactory progress and weakness. The Board has accordingly been working closely with the Commission, Governments and the Executive Director of UNDCP in evaluating the impact of the treaties and in determining weaknesses, as well as strengths, in their provisions.
2. The present chapter contains some major findings of the Board with respect to the working of the treaties. In addition, the Board has prepared a report<sup>1</sup> presenting in more detail the main features of its assessment of the treaties and its proposals.
3. The assessment by the Board is based on several decades of continuous follow-up and evaluation. In its assessment, the Board has placed special emphasis on the treaty provisions which it bears a particular responsibility to administer or for which its mandate places it in a unique position to determine their strengths or weaknesses. The Board also has taken into consideration the views expressed, at its invitation, by the World Health Organization (WHO). The assessment made by the Board should be considered together with those made by the Commission.
4. The Board has decided not to articulate all the achievements of the international drug control treaties in the present chapter or in its more detailed report. Where necessary, a few major successes have been highlighted. Without going into all the technical details, the Board has drawn the attention of Governments to areas where the treaty provisions have not been effective enough or have not been wholly adequate, considering the present drug abuse and trafficking situation, or have been misunderstood.

### **A. Changes in drug abuse and illicit trafficking problems and in international responses to them**

5. The genesis and development of the international drug control treaties are closely connected with national and international responses to the changing drug abuse and illicit trafficking situation. The recommendations of the first international conference on narcotic drugs, which was held at Shanghai in 1909 (and which later became known as the Opium Commission), and the provisions of the International Opium Convention, signed at The Hague in 1912, are to be seen as the result of the international consensus reached on how to react to the then unlimited availability in several countries of narcotic drugs for non-medical use, in particular opium, which had led to the widespread abuse of those drugs, with all its health and social implications.
6. There have been numerous changes in the nature and extent of drug abuse since then. First, the development of sciences, such as synthetic organic chemistry and pharmacology, and industrial manufacturing technologies has led to the discovery and marketing of hundreds of new psychoactive drugs, which in turn have contributed to the fast development of medical therapy, making it possible to treat and cure millions of people. The inappropriate medical use and, to an even greater extent, the non-medical use of the same drugs, however, have opened the door for new types of drug abuse. Secondly, drug abuse has ceased to be a problem of a limited number

of countries and has become a global problem, and drugs that used to be specific to certain cultures have spread to other cultures.

7. The responses to that dynamic process are reflected in the international drug control conventions, including those currently in force. The Single Convention on Narcotic Drugs of 1961<sup>2</sup> incorporates and builds upon earlier national and international measures to control the cultivation, production, manufacture and distribution of natural drugs (and, in the case of opiates, their synthetic analogues) and obliges Governments to take measures against the illicit traffic in and abuse of such drugs. The Convention on Psychotropic Substances of 1971<sup>3</sup> is a response to the diversification and expansion of the spectrum of drugs of abuse, introducing controls over a number of synthetic drugs (hallucinogens, stimulants, hypnotics, sedatives and anxiolytics). The immediate purpose of those two treaties is to codify universally applicable control measures in order to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, and to prevent their diversion from licit sources into illicit channels. They also include provisions of a general nature on the illicit traffic in and abuse of drugs.

8. The system of international control of the licit movement of narcotic drugs, as embodied in the 1961 Convention and that Convention as amended by the 1972 Protocol,<sup>4</sup> has functioned in a generally satisfactory manner, as the Board has already stated several times. The system has succeeded in limiting the licit cultivation, production, manufacture and distribution of and trade in narcotic drugs to the quantities required for medical and scientific purposes. Those treaty provisions have kept to a minimum the diversion of narcotic drugs from licit sources into illicit channels.

9. As for the 1971 Convention, the diversion of psychotropic substances in Schedule II from licit sources into illicit channels has been successfully curtailed. But that achievement is attributable mainly to the control measures recommended by the Board and endorsed by the Economic and Social Council to reinforce the original measures of that Convention.

10. The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988<sup>5</sup> reflects the response of the international community to the ever-increasing illicit cultivation, production, manufacture and trafficking activities. The implementation of measures of control has resulted in a situation where most of the drugs in the illicit traffic or on illicit markets are no longer produced and manufactured in licit production areas: the international illicit traffic is supplied mainly by illicit producers and clandestine laboratories. The general provisions of the earlier conventions against illicit traffic were not comprehensive and specific enough.

11. To counteract the rapid increase in illicit activities involving narcotic drugs and psychotropic substances, the 1988 Convention provides for comprehensive and innovative measures against drug trafficking, such as provisions against money-laundering and against illicit activities related to precursors and provisions for new methods of international cooperation against illicit traffic (transfer of proceedings, controlled delivery etc.). Although it is too early to expect a significant impact of the 1988 Convention, which came into force in 1990, there are already signs that it is leading to enhanced drug control and effective results. However, wider application of its provisions by Governments is necessary.

12. Hence, the three major international drug control treaties are mutually supportive, and complementary. Each of them builds upon and reinforces the provisions of the others and none of them alone would be comprehensive enough. The main focus of the strategy reflected in each of the three conventions has evolved, but the conventions have only one main goal, one philosophy to prevent the use of drugs for non-medical purposes. That common and unique objective should be constantly kept in mind by all involved in national and international drug control.

## **B. Areas of improvement**

13. When evaluating the effectiveness of the treaties with regard to the "ideal" objective of a society free of non-medical use of drugs, it has to be taken into account that the abuse of and illicit trafficking in drugs (including illicit cultivation, production and manufacture) have many reasons - social, economic, cultural and political - upon which the drug control instruments do not have a direct influence.

14. The international community realized that even preventing the diversion of drugs from licit channels and strengthening and coordinating the fight against illicit drug cultivation, production, manufacture and trafficking would not by themselves solve the problem of the persisting demand. Without reducing the demand for drugs of abuse, limiting the illicit supply would result in only temporary or partial success. The Board appreciates that demand reduction programmes therefore now constitute a key element in the fight against drug abuse, in the same way as supply reduction measures. The Board presented in detail its views on demand reduction in its report for 1993<sup>6</sup> and made several recommendations to Governments for action in that area.

15. In the 1961 and 1971 Conventions, demand reduction is specifically addressed, albeit not in detail. Though they obligate Governments to take appropriate measures, the conventions leave it to them to define those measures. That approach, in a field where uniform actions are hardly possible, may have led Governments to underestimate the importance of such measures for a long time. The 1988 Convention contains provisions on demand reduction that go into more detail, referring to recommendations of the competent United Nations bodies and to the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control<sup>7</sup> as a basis for demand reduction measures.

16. It has been questioned whether there should be a specific convention on demand reduction, or whether the provisions of the existing conventions should be amended to ensure greater commitment by Governments to demand reduction strategies. Present treaty obligations may indeed be supplemented by those of other instruments, emphasizing the importance of demand reduction in the context of comprehensive drug control strategies and stating general principles and guidelines. But the Board is not convinced that specific, universally binding treaty provisions on demand reduction could be agreed upon or that such a treaty would be an appropriate instrument to deal with such an issue. The Board considers that demand reduction is a national task, which in a number of countries may have to be carried out with international support, and that demand reduction programmes are to be designed at the national and local levels, based on knowledge of the real drug abuse situation and taking into consideration the cultural, political, economic and legal environment. Demand reduction programmes should also deal with the use of licit psychoactive substances, such as alcohol and nicotine.

17. The cooperation of the mass media and publishers is of crucial importance to demand reduction efforts. The Board urges Governments and the mass media to develop policies to prevent promotion of the non-medical use of drugs, with due respect for freedom of expression and freedom of the press. The general public, and vulnerable groups in particular, have a right to be protected.

18. Limiting the use of narcotic drugs to medical and scientific purposes is motivated by humanitarian considerations, such as protecting the individual from the slavery of drug dependence and protecting society from the irresponsible behaviour of intoxicated individuals. The provisions of the international drug control treaties aimed at limiting the use of drugs to medical and scientific purposes should be regarded as "limiting" free choice in human behaviour in the same way as traffic regulations, restrictions on the availability of weapons or poisons or other dangerous substances, or regulations on prescribing, dispensing and using pharmaceutical products. (Thus, promoting the non-medical using drugs can be compared to promoting the violation of traffic regulations, free access to weapons or poisons, or the use of pharmaceuticals

(such as antibiotics) without medical diagnosis.) Protecting the well-being of the individual and society is the purpose of prohibiting the non-medical use of drugs, which is certainly not an attempt to limit human rights. The Board wishes to draw attention to the confusion created by some advocates of legalization of the non-medical use of drugs with their statements about human rights. The prevention of drug abuse problems, by means of national and international drug control, and demand reduction activities, can be regarded as a basic right of the individual and society.

19. Most countries, developed as well as developing countries, have not yet properly assessed the real extent of the abuse of narcotic drugs and, to an even greater degree, the abuse of psychotropic substances as a result of their being excessively prescribed or consumed. That aspect of demand reduction appears to have been neglected by most parties despite the requirement laid down in the conventions to ensure that prescriptions are issued in accordance with sound medical practice. The inadequacy of the licit distribution systems for pharmaceuticals contributes to the development of so-called parallel distribution systems. It would also be necessary to study the use of drugs procured outside of pharmacies and other authorized drug-dispensing places, in order to assess the impact of parallel distribution systems on the development of drug abuse.

20. The treaty objective of ensuring an adequate supply of narcotic drugs, especially opiates used for medical purposes, has not been universally achieved. The countries most affected by the situation are developing countries, where, for example, according to WHO, the majority of cancer cases occur. Of the 12 tonnes of morphine used worldwide in 1993 to treat severe pain, less than 20 per cent was used in developing countries. Similar statistics could be cited for codeine and other opiates. The Board, recalling that ensuring the availability of an adequate amount of drugs for medical and scientific use is an obligation under the international drug control treaties, encourages all Governments to take measures to that end. National measures to prevent diversion should never hinder the availability of drugs for legitimate medical purposes. National strategies to improve availability should also deal with the problems of irrational prescribing of drugs and self-medication, inadequate distribution systems for pharmaceuticals, and improperly functioning national drug control systems.

### **C. Possible future adjustments in the international drug control treaties**

21. It does not appear necessary to substantially amend the international drug control treaties at this stage, but some technical adjustments are needed in order to update some of their provisions. Some provisions of the 1961 and 1971 Conventions should be harmonized, shortcomings should be eliminated and some administrative procedures, including reporting requirements, should be simplified. The Board has elaborated the following proposals (for details on the proposals and for a discussion of areas where clarifications from Governments are needed, see the report of the Board on the effectiveness of the international drug control treaties<sup>1</sup>):

(a) In the light of the widespread abuse of preparations obtained from poppy straw in some producer countries, the Commission on Narcotic Drugs should consider measures to strengthen the control of poppy cultivation and poppy straw production;

(b) The Board wishes to draw the attention of Governments to a problem linked to the appearance of new, highly potent cannabis varieties of which also the leaves have a very high tetrahydrocannabinol (THC) content. The classification and control of the cannabis plant and cannabis products listed in the 1961 Convention should ensure that there is a correlation with the potency of the plants and the products;

(c) The conflict between the provisions of the 1961 Convention and the views and legislation of countries where the use of the coca leaf is legal should be solved. There is a need to undertake a scientific review to assess the coca-chewing habit and the drinking of coca tea;



(d) The control regime of the 1971 Convention for substances in Schedule II with the simplified estimate system has been effective enough to prevent the diversion of such substances from licit international trade. A similar simplified estimate system could be used for synthetic narcotic drugs (synthetic opioids such as pethidine and methadone), thereby reducing the administrative obligations of Governments;

(e) Practical experience has shown that the provisions laid down in the 1971 Convention could not ensure the prevention of the diversion of substances in Schedules II, III and IV of that Convention. There is an urgent need for the mandatory introduction of the simplified estimate system and import and export authorizations for all substances in Schedules II, III and IV of the 1971 Convention. Such measures would also allow the better implementation of import prohibitions under article 13 of that Convention;

(f) The furnishing of information on the countries of origin of imports and the countries of destination of exports of substances in Schedules III and IV of the 1971 Convention (as requested by the Economic and Social Council in its resolutions) should become a treaty obligation. Without that information, the Board is not in a position to thoroughly analyse international trade in psychotropic substances and to assist Governments in preventing the diversion of such substances;

(g) There is evidence that the provisions of the 1971 Convention on the exemption of preparations from certain control measures are not respected in many countries. Consideration should be given to revising the complex procedure provided for in the 1971 Convention on the exemption of preparations containing psychotropic substances;

(h) Quarterly statistics on international trade in narcotic drugs and psychotropic substances do not appear to facilitate significantly early detection of their diversion, contrary to what was originally expected. Eliminating that obligation would reduce the administrative burden of national authorities;

(i) In order to ensure the timely provision of drugs in emergency situations, the control obligations could, in such situations, be limited to the competent authorities of the exporting countries;

(j) The supply of very small quantities of drugs contained in diagnostic kits used by medical services can be ensured without the involvement of the present cumbersome exemption system of the conventions. The Board invites the Commission on Narcotic Drugs to consider endorsing the present practice of a number of exporting countries whereby no import and export authorizations are required for international trade in those kits;

(k) In order to enhance the effectiveness of the 1961 and 1971 Conventions, consideration should be given to harmonizing the scheduling criteria and process. Amending the 1971 Convention to conform with the respective provisions of the 1961 Convention would lead to the elimination of contradictions, to transparency and to easier scheduling decisions, while reducing the costs of the evaluation process.

#### **D. Monitoring the implementation of the international drug control treaties**

22. The role of the Board in monitoring and promoting the implementation of the international drug control treaties is clearly defined under the 1961 and 1971 Conventions. One issue to be raised under the present evaluation exercise is the measures by the Board to ensure the execution of the treaties, which are spelt out in article 14 of the 1961 Convention and article 19 of the 1971 Convention. Over the years, the Board, building on the practice of its predecessors (the Permanent Central Opium Board, the Permanent Central Narcotics Board and the Drug

Supervisory Body) and in line with the provisions and spirit of the treaties, has established its own procedure for promoting treaty implementation, within the context of a constant diplomatic dialogue with Governments and good international cooperation. As part of that continuing dialogue, the Board has established procedures to deal with serious drug abuse and illicit trafficking situations and with problems in treaty implementation. Those include exchanging letters with the Governments concerned, raising the problems in its report, sending missions to the countries concerned and mentioning the conclusions of those missions in its report. Within that context, the Board has often requested certain Governments to provide explanations or to take remedial measures and has frequently drawn the attention of the parties to the conventions, of the Economic and Social Council and of the Commission to particularly worrying situations. The Board has, until now, never made use of the final steps foreseen in article 14 of the 1961 Convention and article 19 of the 1971 Convention. As for the specific procedure under those articles, the Board believes that an explicit provision for conducting "local inquiries", of a more technical nature than those of its regular missions would be useful in the context of the measures to ensure the execution of the treaties set forth in those articles. The possibility of conducting "local inquiries" was included in the Protocol for Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in, and Use of Opium, signed in 1953,<sup>8</sup> but was not included in the provisions of the 1961 and 1971 Conventions.

23. Ensuring that national drug control legislation is reviewed and evaluated in a systematic and continuous manner is of particular importance to determining whether the provisions of the international drug control treaties are being implemented by Governments. The Board is not equipped at present to conduct such an analysis on a regular, country-by-country basis, though it does review the adequacy of national legislation during some of its missions and on the basis of the information it receives from Governments.

24. So far, there has not been a systematic evaluation of the extent to which Governments have, under domestic law, established as offences the acts stipulated to be defined as such by the international drug control conventions or of whether Governments have provided for the appropriate sanctions in the spirit of the conventions. The Board wishes to underline the fact that, while the conventions require the acquisition and possession of drugs for non-medical use to be established as punishable offences, the conventions also provide for alternatives to conviction or punishment. In many circumstances those alternatives provide a better instrument to deal with the problem of drug abuse, which imprisonment would not solve. Alternatives foreseen in the conventions include treatment, education, after-care, rehabilitation or social reintegration. Further to article 3 of the 1988 Convention, which is more specific on this aspect, such measures may be provided as alternatives to conviction or imprisonment, in minor cases and for offences of possession, purchase or cultivation for personal consumption, and in addition to conviction or imprisonment for other offences defined in that Convention. The extent to which Governments have actually provided such alternatives is not known. In addition, the conventions do not define precisely the scope and main characteristics of such alternatives, and there might be room for interpretations that would not be in line with the spirit of the conventions.

25. The Board, when it identifies shortcomings in treaty implementation that call for the provision of technical assistance to certain countries, has the right to recommend that various forms of technical assistance should be provided by the United Nations system to further the objectives of the 1961 Convention as amended by the 1972 Protocol. The Board notes that it is important to evaluate systematically the results and effectiveness of technical assistance provided to Governments to counteract illicit traffic and drug abuse.

26. Since provisions of the 1988 Convention relate to provisions of the 1961 and 1971 Conventions and make their implementation more effective, the Board is of the opinion that, within its mandate to monitor treaty implementation, it also has to take into account the implementation by Governments of the 1988 Convention.

27. As the 1988 Convention entered into force only on 11 November 1990, it would be premature to evaluate the functioning of that Convention as a whole. However, it may be appropriate to make some preliminary observations on how the provisions of article 12 of that Convention, on precursor control, function, since many national and international measures have been taken to implement that article.

28. The objective of article 12 of the 1988 Convention is to prevent the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, which are included in Tables I and II of that Convention. To that end, the article provides for, *inter alia*, measures to control the manufacture and domestic distribution of, and international trade in, substances in Tables I and II. Unlike the provisions of the 1961 and 1971 Conventions, article 12 of the 1988 Convention only provides for general measures of control. There is consequently a need for Governments to translate those general provisions into specific control activities.

29. One of the most serious problems concerning the general monitoring of the licit movement of chemicals, particularly substances in Table II of the 1988 Convention, is that a large number of countries do not yet have in place mechanisms enabling them to obtain information on the licit requirements for, and general availability and use of, the substances listed in the tables of that Convention. Manufacturers, distributors, importers and exporters of such substances are unknown. It is difficult to see how, under such circumstances, adequate controls can be established. As for international trade in such substances, exchanging information between exporting, importing and transit countries, so that the countries that are the immediate recipients of shipments of precursors are alerted, has proved to be an effective means of identifying suspicious transactions. One example of this is the pre-export notification requirement for substances in Table I of the 1988 Convention, provided in article 12, paragraph 10, of that Convention. At present, only one State party to the 1988 Convention has availed itself of this requirement, which is applied only when special notification is made to the Secretary-General. The Board has noted, however, that a number of countries actually send pre-export notifications to importing countries. Recent experience gained in preventing diversion, however, seems to indicate that some type of import and export authorization system may be needed to prevent diversion more effectively. The European Union has adopted a regulation requiring export authorization under certain conditions, and a few individual countries have similar requirements.

30. Pursuant to article 12 of the 1988 Convention, parties to that Convention are under the general obligation to collect data, since it is a prerequisite for their monitoring of international trade in, and their manufacture and distribution of, substances in Tables I and II, and such information is necessary for the assessment by the Board of substances in Tables I and II for scheduling purposes. Though much has been achieved to prevent the diversion of precursors\* since the 1988 Convention came into force, the international community recognizes that much remains to be done to improve controls and to prevent chemicals from falling into the hands of illicit drug manufacturers. The need for such improvement stems not from a need to deal with major shortcomings of the 1988 Convention itself but from the fact that many countries have yet to develop the legal framework and appropriate mechanisms for the application of the measures provided for in that Convention.

31. In its report for 1993,<sup>9</sup> the Board underscored the importance of measures against money-laundering, which are essential to the struggle against organized crime and illicit drug trafficking. Various measures have been adopted by Governments – individually or collectively – to combat

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\*The term "precursor" is used to indicate any of the substances in Table I or II of the 1988 Convention, except where the context requires a different expression. Such substances are often described as precursors or essential chemicals, depending on their principal chemical properties. The plenipotentiary conference that adopted the 1988 Convention did not use any one term to describe such substances. Instead, the expression "substances frequently used in the illicit manufacture of narcotic drugs or psychotropic substances" was introduced in the Convention. It has become common practice, however, to refer to all such substances simply as "precursors"; although that term is not technically correct, the Board has decided to use it in the present report for the sake of brevity.

the laundering of proceeds derived from illicit drug trafficking and from the whole range of organized criminal activities. However, the provisions of the 1988 Convention against money-laundering have yet to be fully implemented. The Board encourages Governments of States parties to the 1988 Convention to urgently adopt the necessary legislative provisions on the prevention of money-laundering, the tracing, seizure and confiscation of the instrumentalities and the proceeds of drug trafficking. The Board recommends that parties to the 1988 Convention should, pursuant to article 5 of that Convention, consider reversing the onus of proof regarding the lawful origin of alleged proceeds or other property liable to confiscation, subject to appropriate safeguards. The Board notes with interest the ongoing discussion on the possibility of incorporating all such international measures against the laundering of proceeds of illicit activities, including some of the measures introduced at the national level, into an international convention against the laundering of money derived from organized criminal activities.

### **E. Concluding observations**

32. Each of the different international drug control conventions adopted during the past few decades was developed based on the particular situation that prevailed when it was designed. Each of their provisions is the outcome of various national or international drug control experiences, of the exchange of views and expertise, and of compromises between various national situations and priorities. The history of international drug control reflects its various stages of development, and each international instrument was a necessary condition for moving to the next stage and identifying, designing and implementing the provisions of the next instrument. The three conventions are mutually supportive and none of them alone would be a perfect instrument. As mentioned in the preamble to the 1988 Convention, the parties to that Convention recognized the need to reinforce and to supplement the measures provided in the 1961 Convention as amended by the 1972 Protocol and in the 1971 Convention.

33. In the fight against drug abuse and illicit trafficking, the role of the international drug control conventions is of crucial importance. They constitute the legislative foundation of the United Nations drug control system and the basis for common efforts and mutual legal action involving all States. They create obligations for the overwhelming majority of States in the world and those States have accepted those obligations of their own will. There are four basic conditions that are necessary to ensure the efficacy of those conventions:

(a) The conventions require universal adherence. Loopholes in the global preventive network are constantly being exploited by criminal organizations. A serious problem in the implementation of the control system for psychotropic substances, in particular, stems from the fact that some major manufacturing and exporting countries have not yet acceded to the 1971 Convention. Indeed, a large part of the shortcomings of the international drug control system may be attributed to the fact that the conventions were meant to be universal but have not yet been universally adopted;

(b) Adherence is not enough; provisions of the international drug control treaties must be properly implemented at the national level. The treaty requirements must be considered as minimum common denominators that must be supplemented by specific national measures. In many areas, national controls are below those minimum requirements. In particular, some countries, including State parties to the 1971 Convention, do not yet control international trade in all psychotropic substances. In some countries, difficulties in treaty implementation are related to the absence of a special drug control administration to carry out the provisions of the treaties, which is essential to the effective coordination of drug control activities. In many other countries, drug control administrations lack sufficiently trained and qualified personnel and adequate financial resources, because of the overall economic situation or low government priority. In addition, a number of developing countries find it difficult to enforce several treaty requirements, such as the control of imported narcotic drugs or psychotropic substance at national borders or

the control of the internal distribution channel for pharmaceuticals, particularly for psychotropic substances. It is the duty and in the interest of every State to assist, within its capacity, other States by providing them with the necessary resources for the fulfilment of their national responsibilities. Demand reduction, supply reduction and the fight against illicit traffic, as well as cooperation and solidarity with other countries, constitute integral elements of the implementation of treaty requirements at the national level;

(c) Thorough implementation of treaty requirements at the international level, including cooperation among Governments and with the Board, is another key factor in efficient drug control. More specifically, the Board has repeatedly drawn the attention of the international community to the non-compliance of a number of Governments with the reporting requirements set by the international drug control treaties and the Economic and Social Council in its resolutions. Such non-compliance is often indicative of deficiencies in national drug control systems and in national implementation of treaty provisions. With a view to facilitating overall reporting to the Board and the Secretary-General, the Commission on Narcotic Drugs and the Board have encouraged the use of electronic data transmission and storage. The associated problems of confidentiality and authenticity of the information submitted are being considered by the Board with the support of UNDCP;

(d) Drug abuse and illicit trafficking are dynamic processes; consequently, any effective response to them must also be dynamic. The international drug control system depends not only on the adequate functioning of government authorities, but also on the proper functioning of the international bodies and organizations (the Board, the Commission on Narcotic Drugs, UNDCP, WHO etc.) responsible for the rapid adaptation of that system to the fast-changing drug scene. The adoption of timely decisions on scheduling, the updating of treaty provisions, the incorporation of new drug control measures into the existing treaties, and the provision of appropriate and timely technical assistance to Governments to overcome difficulties constitute major areas to be focused on in order to ensure the efficacy of the global fight against illicit drug cultivation, production, manufacture, trade and use.

## **II. OPERATION OF THE INTERNATIONAL DRUG CONTROL SYSTEM**

### **A. Narcotic drugs**

#### **1. Status of the international conventions on narcotic drugs**

34. As of 1 November 1994, the States parties to the international conventions on narcotic drugs numbered 149, of which 21 were parties to only the 1961 Convention and 128 were parties to that Convention as amended by the 1972 Protocol. Since the Board last published its report, the following five States have succeeded or acceded to the 1961 Convention as amended by the 1972 Protocol: Czech Republic, Kyrgyzstan, Lithuania, Saint Kitts and Nevis and Sierra Leone.

35. Ethiopia and the Sudan ratified the 1961 Convention as amended by the 1972 Protocol, following initiatives by the Board in 1993 to encourage its ratification by States parties to the 1961 Convention. In addition, the Governments of Mali, Mauritius, Myanmar, Switzerland and Ukraine have informed the Board that they are taking steps to ratify, in 1994 or in the beginning of 1995, the 1961 Convention as amended by the 1972 Protocol.

36. Of the States that have yet to accede to the international conventions on narcotic drugs, 14 are in Africa, 6 are in Asia, 5 are in Central America and the Caribbean and 5 are in Oceania. In addition, a number of newly independent States of the former Union of Soviet Socialist Republics have yet to indicate whether they intend to succeed or otherwise become parties to those conventions.

37. The Board hopes that the States concerned not only will take speedy action to become parties to the international conventions on narcotic drugs, but also will enact the necessary national legislation and regulations to conform to those conventions. The Board believes that accession to the conventions could soon result from mechanisms already in place in States such as Azerbaijan, Bhutan, El Salvador, Grenada, Guyana and Saint Vincent and the Grenadines, which have become parties to the more recent international drug control treaties, and in all States benefiting from international assistance.

#### **2. Cooperation with Governments**

38. In carrying out the responsibilities assigned to it under the international conventions on narcotic drugs, the Board maintains a continuous dialogue with Governments. The information provided by Governments enables the Board to study the licit movement of narcotic drugs, thereby ensuring that all Governments strictly observe the provisions prescribed under those conventions to limit the manufacture and importation of narcotic drugs to the quantities required exclusively for medical and scientific purposes and that, when necessary, measures are taken to prevent the diversion of narcotic drugs into the illicit traffic. That information, which is published every year by the Board,<sup>10</sup> may be used by Governments to verify whether they have adequately applied the provisions of the conventions.

39. Annual estimates of narcotic drug requirements for 1995 have been received from 143 States and territories. The Board established such estimates for 65 States and territories that had failed to furnish their own estimates for 1995. Estimates furnished by Governments in respect of each drug are a basic element in the calculation of their import limits. It is, therefore, important that estimates are furnished by the national competent authorities, who have the most precise information on the medical and scientific needs of their countries.

40. The Board notes with satisfaction that efforts have been made by the Governments of Cambodia and Ukraine to apply some provisions of the 1961 Convention by furnishing their own

estimates of narcotic drug requirements for 1995. The Board appreciates those efforts and looks forward to further cooperation in the control of the licit movement of narcotic drugs.

41. The States and territories that have failed to furnish estimates of their narcotic drug requirements for three consecutive years are as follows: Afghanistan, Angola, Antigua and Barbuda, Bosnia and Herzegovina, Comoros, Djibouti, Gabon, Kenya, Liberia, Saint Lucia, Somalia, United Republic of Tanzania, Viet Nam and Zambia.

42. As for the statistical returns required under article 20 of the 1961 Convention, 100 States and territories submitted complete statistical returns for 1993. The Board notes with satisfaction that Azerbaijan and Latvia have begun to apply the provisions of the 1961 Convention for the first time by furnishing statistical returns. Moreover, Anguilla, Bolivia and Grenada have recently submitted all statistical returns that had previously been missing. The Board regrets, however, that the statistical returns submitted by Bolivia contain no data on coca leaf and therefore do not fully meet the requirements of the international conventions on narcotic drugs.

43. No statistical returns have been received in 1994 from 38 States and territories, of which the following have failed to furnish statistical returns for the past several years: Cambodia, Djibouti, Gabon, Liberia, Mauritania, Papua New Guinea, Saint Lucia, Solomon Islands, Somalia and Zambia.

44. The Board emphasizes once again that the submission of statistical returns is important to the efficacy of the international control system. It continues to hope that States that are not yet able to comply with that requirement will soon remedy the situation, if necessary by requesting assistance in establishing the required control mechanism.

### **3. Assessment of the operation of the international narcotic drug control system**

45. The Board notes that a substantial number (600-700) of supplementary estimates are being furnished each year by Governments. The frequent submission of supplementary estimates may indicate that the government administration concerned has not adequately planned the medical use of such drugs or may even be unaware of actual requirements. Complete information on the distribution of narcotic drugs should, however, be available within a well-functioning drug control administration. Governments should take into account any foreseeable needs when preparing annual estimates in order to avoid as far as possible the need for supplementary estimates.

46. The most frequently amended estimates were those for morphine and methadone. The increase in the number of supplementary estimates for morphine was partly attributed to amendments to prescription regulations in some countries and to the development of new analgesics for the treatment of cancer patients. Supplementary estimates for methadone continued to be furnished more frequently because of expanded methadone programmes and the increasing number of drug abusers in such programmes. In the case of alfentanil, fentanyl and sufentanil, there has been a gradual increase in their use in medical practice in the last few years. With the introduction of fentanyl plasters, which require high concentrations of the drug and changes in prescription rules, further demand for fentanyl is expected.

47. Some deficiencies in the application of control measures relating to international trade in narcotic drugs, particularly at points of entry in the countries of destination, have contributed to the diversion of narcotic drugs from licit sources into illicit channels. In 1993 and in the first half of 1994, the Board was informed of only four cases concerning the diversion of narcotic drugs from licit trade into illicit channels, invariably involving small quantities of base narcotic drugs. It was also informed of difficulties encountered by certain Governments investigating the circumstances leading to the diversion of narcotic drugs. The Board wishes to stress the importance of close cooperation between Governments investigating cases involving the diversion or attempted diversion of narcotic drugs.

48. In the same period, the Board also examined the circumstances in which narcotic drugs had been imported and/or exported by Governments in quantities in excess of the limit allowed under the system of estimates, which is binding on all States. Inadequate knowledge of the system of estimates and oversights committed by the national drug control administrators were often the main causes for excess quantities. The Board wishes to remind Governments that international trade in narcotic drugs should always be within the prescribed limit of estimates published by the Board on a monthly basis.

#### **4. Measures to ensure the execution of the provisions of the international conventions on narcotic drugs**

49. In 1993, the Board conducted a review of the application by Governments of the provisions of the international drug control treaties to non-governmental organizations in 21 countries in which humanitarian non-governmental organizations were most likely to be involved in the export of drugs as part of their normal humanitarian activities. The review showed that in those countries, the authorities concerned exercised the necessary control over humanitarian non-governmental organizations. It also revealed that whenever urgent circumstances or the absence of competent national authorities in the importing country made it impossible to comply fully with the import authorization requirement, the authorities developed a system to account for the drugs or substances concerned and were able to ensure that the quantities involved were appropriate to the situation and that no diversion into illicit channels took place.

#### **5. Shortcomings in the control of fentanyl**

50. The Board has been aware of the increasing diversion of fentanyl from licit distribution channels in Colombia to illicit channels in Venezuela. The Governments of those countries are already taking remedial action. The Board wishes to point out that similar uncontrolled distribution or manufacture of fentanyl may be taking place in other parts of South America. The Board therefore urges the Governments in that region to exercise stricter control over the manufacture and distribution of fentanyl and to report to the Board any suspicious or illegal distribution or manufacture of fentanyl.

#### **6. Demand for opiates and supply of opiate raw materials**

##### *(a) Consumption of opiates*

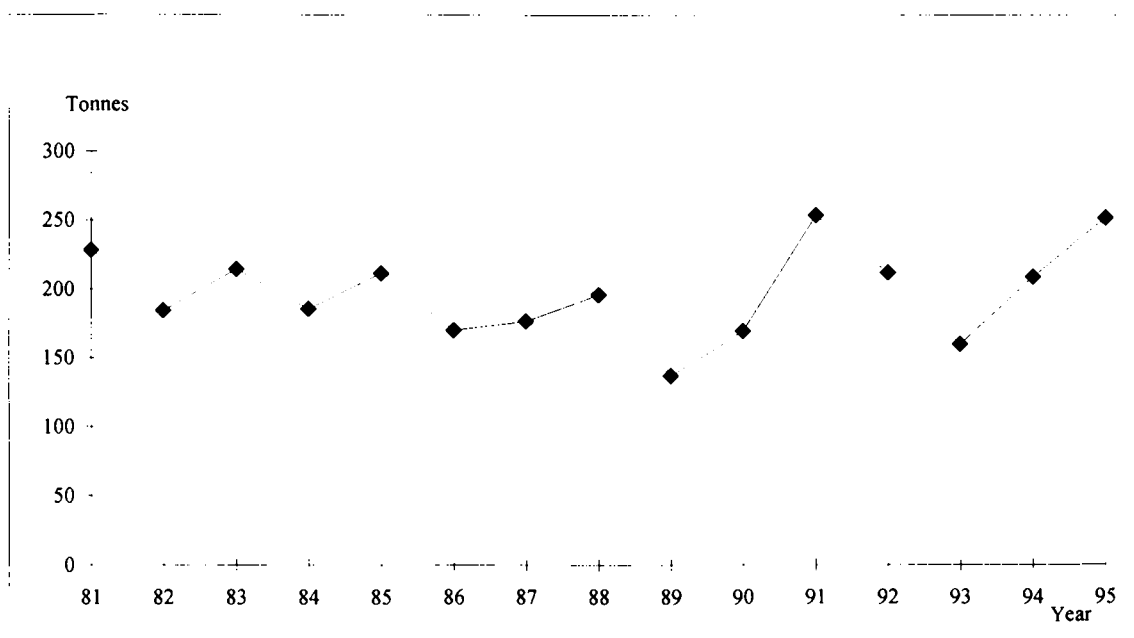
51. Global consumption of opiates reached 223 tonnes in morphine equivalent in 1993, because of the increasing use of morphine and dihydrocodeine and a moderate increase in the use of codeine during that year. In contrast, the use of ethylmorphine, pholcodine and opium preparations has continued to decrease. For 1994 and 1995, it is expected that the moderate increase in global consumption of opiates observed in 1993 will continue.

##### *(b) Production of opiate raw materials*

52. Global production of opiate raw materials has increased in 1994 after a steep decline in 1993 caused by poor harvests in India and Turkey (see figure I). It is estimated that global production of opiate raw materials in 1995 is likely to increase to approximately 245 tonnes in morphine equivalent, as the estimated area under cultivation has increased in all the major producer countries. The increase is particularly noticeable in Australia and India.



**Figure I. Global production of opiate raw materials, in morphine equivalent, 1981-1995<sup>2/</sup>**

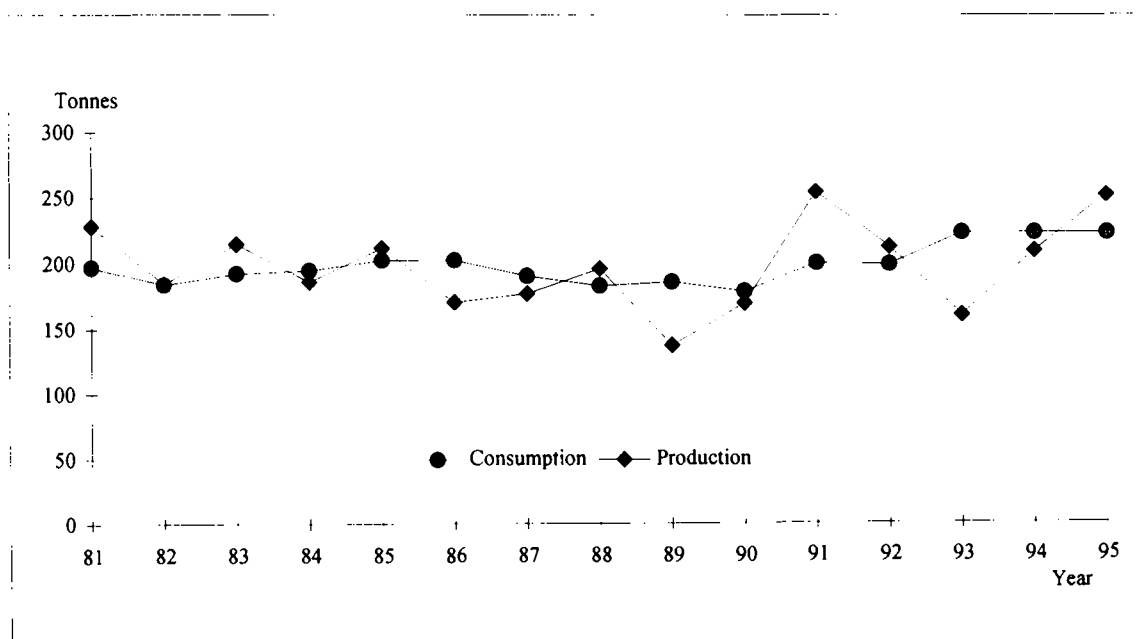


<sup>2/</sup>Figures for the years 1994-1995 are based on advanced statistics and projections.

*(c) Balance between the production of opiate raw materials and the consumption of opiates*

53. In 1993, the production of opiate raw materials decreased considerably while consumption of opiates increased; as a result, the consumption of opiates was higher than the production of opiate raw materials by more than 60 tonnes in morphine equivalent. In 1994, the rising production of poppy straw in Australia and Turkey has helped to restore the balance, although global production of opiate raw materials has remained below the level of consumption by about 13 tonnes in morphine equivalent. For 1995, it is expected that the production of opiate raw materials will exceed the consumption of opiates by approximately 28 tonnes, owing to the considerable increase in the total area under cultivation (see table and figure II).

**Figure II. Global production of opiate raw materials and consumption of opiates, in morphine equivalent, 1981-1995<sup>2/</sup>**



<sup>2/</sup>Figures for the years 1994-1995 are based on advanced statistics and projections.

**Production of opiate raw materials, consumption of opiates and balance between the two, 1981-1995**  
(Area harvested in hectares; production and consumption in tonnes of morphine equivalent)

Item	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995 <u>a/</u>
<b>Australia</b>															
Area harvested	3 742	2 459	5 273	5 738	4 851	3 994	3 274	3 462	5 011	5 581	7 155	8 030	6 026	6 735	8 980
Production	33.3	20.5	41.4	42.3	49.4	38.5	31.8	38.5	38.8	43.0	67.5	89.8	66.9	78.1	94.8
<b>France</b>															
Area harvested	2 615	4 460	3 731	3 705	4 029	3 200	3 300	3 113	2 644	2 656	3 598	3 648	4 158	4 431	4 166
Production	11.4	25.0	12.7	23.2	20.7	15.7	16.6	21.4	13.4	19.5	30.2	21.8	28.8	32.2	27.1
<b>India</b>															
Area harvested	35 378	31 958	31 359	18 620	25 153	23 811	22 823	19 858	15 019	14 253	14 145	14 361	11 907	12 500	24 000
Production	127.8	108.0	113.8	53.4	86.8	75.1	76.8	63.8	53.9	48.0	43.1	54.3	34.6	41.5	74.2
<b>Spain</b>															
Area harvested	67	1 602	3 311	4 567	4 042	3 458	3 252	2 935	2 151	1 464	4 200	3 084	3 930	1 666	4 545
Production	0.1	2.2	11.4	17.3	11.2	5.6	12.3	10.8	5.7	8.0	24.2	12.8	9.0	5.9	12.4
<b>Turkey</b>															
Area harvested	15 330	8 534	7 002	12 569	4 902	5 404	6 137	18 260	8 378	9 025	27 030	16 393	6 930	25 320	19 047
Production	36.5	13.3	11.5	20.8	9.2	8.4	9.2	24.7	7.2	13.3	57.9	18.7	7.8	37.7	29.4
<b>Other countries</b>															
Area harvested	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Production	<u>19.2</u>	<u>15.5</u>	<u>23.9</u>	<u>28.8</u>	<u>34.6</u>	<u>27.1</u>	<u>30.3</u>	<u>36.9</u>	<u>18.4</u>	<u>38.0</u>	<u>31.2</u>	<u>14.9</u>	<u>13.2</u>	<u>14.0 a/</u>	<u>14.0</u>
<b>Total</b>															
Area harvested	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Production (1)	228.3	184.5	214.7	185.8	211.9	170.4	177.0	196.1	137.4	169.8	254.1	212.3	160.3	209.4	251.9
<b>Total consumption (2)</b>															
	<u>197.1</u>	<u>183.6</u>	<u>192.2</u>	<u>194.5</u>	<u>202.4</u>	<u>202.3</u>	<u>190.4</u>	<u>182.8</u>	<u>186.0</u>	<u>178.7</u>	<u>200.0</u>	<u>199.1</u>	<u>223.0</u>	<u>223.0 a/</u>	<u>223.0</u>
<b>Balance</b>															
((1) minus (2))	+31.2	+0.9	+22.5	-8.7	+9.5	-31.9	-13.4	+13.3	-48.6	-8.9	+54.1	+13.2	-62.7	-13.6 a/	+28.9

a/ Estimates or projections.

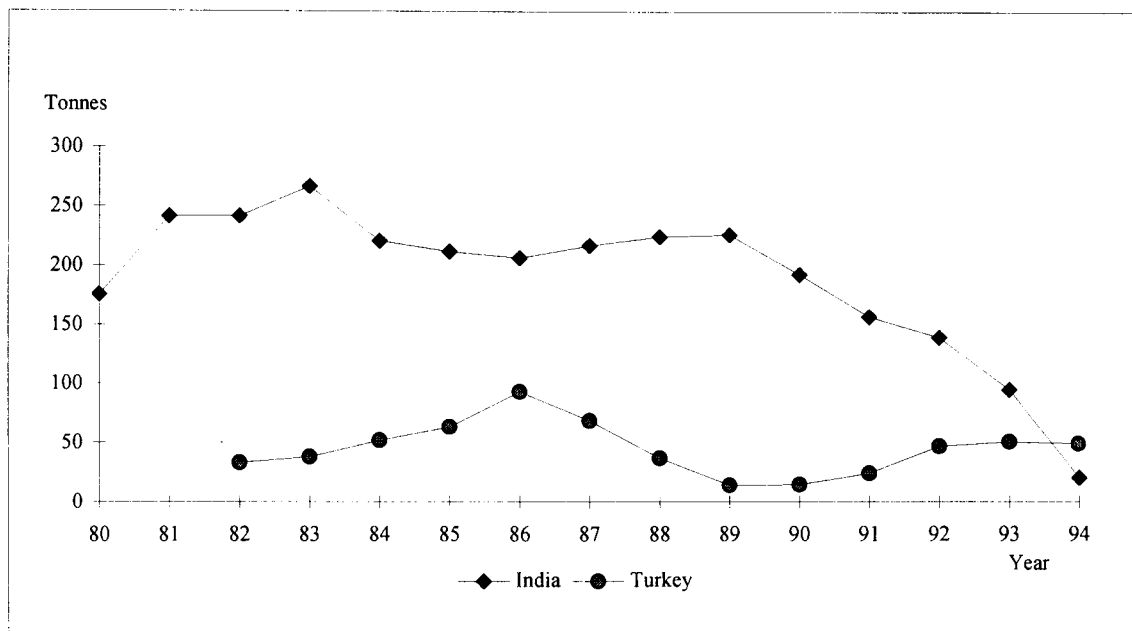
(d) Stocks of opiate raw materials

54. Of the five major producers of opiate raw materials, only India and Turkey have in the past maintained significant stocks of such materials. The other three producers, Australia, France and Spain, have, as a matter of policy, kept such stocks to cover either their domestic requirements or the short-term needs of foreign buyers. Whereas India holds opium stocks, the other four major producers maintain stocks consisting almost exclusively of concentrate of poppy straw.

55. At the end of 1993, the total amount of concentrate of poppy straw held in stock by Australia, France, Spain and Turkey was approximately 64 tonnes in morphine equivalent, of which 50 tonnes were held in Turkey. The combined stocks of those four countries appear to be adequate to cover the short-term needs of countries importing concentrate of poppy straw for the manufacture of opiates.

56. The Board is concerned about the fact that in 1994 there was a considerable decrease in the availability of opium in India (see figure III). According to the Government, the country may have difficulty in meeting its domestic and export requirements in the period immediately prior to its next harvest, as a result of the combined effects of increased opium exports since 1990, two consecutive poor harvests in 1993 and 1994 and, above all, the fact that opium stocks in India were actually considerably lower than previously reported by the Government of India to the Board. This concern of the Board is further heightened by the fact that India is the only country that licitly produces opium for export. China also licitly produces opium but only to meet its own medical requirements.

**Figure III. Stocks of opiate raw materials, in morphine equivalent,<sup>a/</sup> India,<sup>b/</sup> 1980-1994, and Turkey, 1982-1994**



<sup>a/</sup> Figures for the year 1994 are based on advanced statistics.

<sup>b/</sup> Figures furnished by the Government of India.

57. The Government of India attributes the inaccurate reporting of its stocks to the Board to the fact that there were no regular stock inventories for a considerable period of time; such inaccurate reporting was not in line with its obligation under article 20, paragraph 1 (f), of the 1961 Convention.

58. In order to ensure the continued supply of licit opiate raw materials, and to verify the situation with respect to stock inventories, the Board sent an urgent mission to India in October 1994. Upon examining the report of the mission, the Board requested the Government of India to urgently take measures to ensure the sustained availability of opium in the long term, as well as to implement fully the above-mentioned provision of the 1961 Convention.

59. The Government of India was requested to take the following measures:

- (a) To reduce the number of farmers and villages authorized to cultivate opium poppy;
- (b) To maintain the strength of law enforcement staff at appropriate levels to prevent the diversion of opium into illicit channels;
- (c) To conduct physical inventory of opium stocks at least at the end of every calendar year and to report on actual stocks and losses, expressed in morphine equivalent, to the Board;
- (d) To implement systematically and continuously the recommendations made by the missions of the Board to India in 1991, 1993 and 1994.

60. The Government of India has assured the Board in writing that the measures described above will be fully and immediately implemented. It has also agreed to the Board's regularly reviewing the situation.

*(e) Economic and Social Council resolutions on demand for and supply of opiates*

61. The Economic and Social Council adopted resolution 1994/5, in which it commended the Board for its efforts (a) in urging Governments to restrict global production of opiate raw materials to a level corresponding to the actual licit needs and to avoid any proliferation of production; and (b) in convening meetings with the main States producing and importing opiate raw materials.

62. At informal consultations held in April 1994 in response to Economic and Social Council resolution 1993/37, concern was expressed that one country might export opiates manufactured from seized opium. Concern was also expressed that other countries licitly cultivating opium poppy for purposes other than the manufacture of opiates would increase their opiate exports. While both kinds of exports would not constitute a breach of the international conventions on narcotic drugs, they nevertheless might adversely affect the balance between the supply of and demand for opiates for medical and scientific needs.

63. In view of the need to maintain the stability of existing distribution channels and the international control system, the Board urges countries importing opium to temporarily make use of their existing stocks. The Board also invites all Governments to avoid any proliferation of supply sources and invites the Governments of countries that are major importers of opiates for medical purposes to cooperate by maintaining their current policy.

## **B. Psychotropic substances**

### **1. Status of the Convention on Psychotropic Substances of 1971**

64. As of 1 November 1994, the number of States parties to the 1971 Convention stood at 132. Since the last report of the Board was issued, Czech Republic, Kyrgyzstan, Lithuania, Myanmar, Saint Kitts and Nevis and Sierra Leone have become parties to that Convention.

65. Of the States that have yet to become parties to the 1971 Convention, 18 are in Africa, 19 are in Asia, 6 are in Central America and the Caribbean, 9 are in Europe and 6 are in Oceania.<sup>11</sup> These figures include several newly independent States in Asia and eastern Europe that have yet to indicate whether they wish to succeed to the Convention.

66. Missions of the Board have met with the Governments of Austria, Belgium and Switzerland to remind them of their longstanding promises to accede to the 1971 Convention. The failure of those major manufacturing and exporting countries to control international trade in many psychotropic substances has had a negative impact on the effectiveness of the international drug control system. The Board hopes that those States will act expeditiously to close a serious gap in the control of international trade in psychotropic substances.

67. The Board appreciates the fact that legal assistance is provided by UNDCP and other international bodies to States wishing to enact laws and regulations in conformity with the 1971 Convention. The Board hopes that those States that have already established adequate control structures and are implementing the provisions of the 1971 Convention will accede to the Convention without further delay.

## **2. Cooperation with Governments**

68. Statistical reports on psychotropic substances required pursuant to article 16 of the 1971 Convention are provided annually to the Board by approximately 150 States and territories. Those reports are furnished by both parties and non-parties to the 1971 Convention. The timely submission, comprehensiveness and reliability of the annual statistical reports are indicators of how well Governments have implemented the provisions of the 1971 Convention, as well as the recommendations of the Board, endorsed by the Council in its resolutions, to enhance the control of international trade in psychotropic substances.

69. The Board continuously analyses the data provided by Governments in order to identify possible gaps in national control mechanisms and attempts to divert psychotropic substances from licit manufacture and trade into the illicit traffic. Through its analyses and subsequent inquiries, the Board has assisted several Governments in identifying companies or individuals attempting to divert psychotropic substances into illicit channels or not complying with national legislation.

70. While most parties to the 1971 Convention have regularly submitted their annual statistical reports on psychotropic substances, the Board notes with concern that some have failed to furnish statistical information for the past several years, namely, Gabon, Malawi, the Marshall Islands and Mauritania. The Board will continue its dialogue with those parties in order to facilitate improvement in their control of psychotropic substances and in their reporting.

71. In 1994, several parties to the 1971 Convention have submitted their annual statistical reports after 30 June 1994, the date requested by the Board for their latest submission. The late submission of annual statistical reports makes the monitoring by the Board of international movements of psychotropic substances difficult. The Board urges all the Governments concerned to adopt organizational measures to ensure timely compliance with their reporting obligations.

72. The Board noted that several parties to the 1971 Convention reported in their annual statistical reports the use of psychotropic substances for the manufacture of preparations exempted from measures of control provided in the Convention but had not notified the Secretary-General of their decisions to exempt those preparations. The Board requests the Governments concerned to adhere strictly to the provisions of article 3 of the 1971 Convention regarding the exemption of preparations from certain measures of control.

### **3. Operation of the control system for international trade in substances in Schedules I and II of the 1971 Convention**

73. The control system for international trade in substances in Schedules I and II of the 1971 Convention continues to work satisfactorily. Pursuant to article 12 of the 1971 Convention, international trade in those substances is controlled by the system of import and export authorizations. Furthermore, pursuant to article 7 of the 1971 Convention, international trade in substances in Schedule I is restricted to small quantities required for scientific and very limited medical purposes. For substances in Schedule II, a simplified estimate system has been operating successfully since the early 1980s, providing Governments of exporting countries with information on legitimate requirements for those substances in importing countries.

74. In close cooperation with Governments, the Board has initiated steps to prevent traffickers from using premises of licit pharmaceutical companies for the manufacture of methylenedioxy-methamphetamine (MDMA), a substance listed in Schedule I of the 1971 Convention, and to divert from licit sources substances included in Schedule II, mainly fenetylline, methaqualone and secobarbital. Governments are carefully reviewing the legitimacy of orders for those substances and are consulting the Board in cases of doubt. As no diversion of substances in Schedule II has been detected since 1990, it appears that tablets containing such substances, which have emerged on illicit markets in different parts of the world, are predominantly from illicit manufacture.

### **4. Industrial use of DMA and PMA**

75. The 1971 Convention did not foresee the industrial use of substances in Schedule I. However, large quantities of DMA, a substance included in Schedule I of that Convention, continue to be utilized in the United States of America for the manufacture of photographic film. The substance PMA, also included in Schedule I, has been used in France for the manufacture of fenoterol, a non-psychoactive substance. No loss or diversion of those substances has occurred. The Board closely monitors cases involving those substances, in cooperation with the Governments concerned. Terminating such industrial use, transferring the substances in question to another schedule or amending the 1971 Convention to allow the industrial use of substances in Schedule I are possible solutions to this problem.

### **5. Increase in the medical use of methylphenidate**

76. The worldwide use of methylphenidate, a substance in Schedule II of the 1971 Convention, has more than doubled since 1990. The global trend largely reflects developments in the United States, where methylphenidate is increasingly being used for the treatment of attention deficit disorder in children and adults. The use of methylphenidate to treat that disorder has increased in other countries as well. The Board invites the Governments of countries where methylphenidate is increasingly being used for medical purposes to exercise vigilance with regard to trade in and dispensing of the substance in order to prevent any attempts to divert it into the illicit traffic.

### **6. Control mechanism for international trade in substances in Schedules III and IV of the 1971 Convention**

77. The control measures laid down in the 1971 Convention for international trade in substances in Schedules III and IV have not prevented those substances from being diverted from licit manufacture and trade into the illicit traffic. Since the mid-1980s, the Board has repeatedly recommended that Governments should apply additional control measures to international trade in those substances.

78. The Board has suggested controlling the import and export of substances in Schedules III and IV by means of the system of import and export authorizations and by a simplified estimate system. Governments have been invited to provide, in their annual statistical reports to the Board, details on imports and exports of those substances. The Council has reiterated those recommenda-

tions in several of its resolutions, the most comprehensive being its resolutions 1987/30, 1991/44 and 1993/38. The majority of Governments have already introduced such voluntary control measures. The Board invites other Governments to do so without further delay.

79. At present, import authorizations are required by national legislation in more than 110 countries for all substances in Schedule III and in more than 90 countries for all substances in Schedules III and IV. In an additional 40 countries, the requirement of import authorizations has been introduced for at least some substances in those schedules. Since the last report of the Board was published, more than 30 Governments have for the first time provided the Board with assessments (simplified estimates) of their annual medical and scientific requirements for substances in Schedules III and IV. Altogether, more than 130 Governments have submitted assessments to the Board. About 90 per cent of Governments have included in their annual statistical reports to the Board details on the countries of origin of imports and the countries of destination of exports of substances in Schedules III and IV.

#### **7. Prevention of diversion of substances in Schedules III and IV of the 1971 Convention**

80. The Board appreciates the fact that most Governments have already established effective mechanisms of export control for substances in Schedules III and IV of the 1971 Convention and are consulting the Board in cases where there is a doubt concerning the legitimacy of import orders. The Board would like to commend, in particular, the authorities of Germany and India for their close cooperation in preventing the diversion of large quantities of psychotropic substances from licit manufacture and trade into illicit channels.

81. In 1994, the Board and the competent authorities of exporting countries carried out joint investigations of the legitimacy of 60 suspicious commercial orders, thereby preventing the diversion of hundreds of millions of tablets containing psychotropic substances, including stimulants (pemoline), tranquillizers (chlordiazepoxide and diazepam) and anti-epileptics (phenobarbital). The tablets were destined for illicit markets in several countries in Africa, Central America and eastern Europe. In most cases, traffickers had attempted to divert psychotropic substances by using falsified import authorizations or other import documents.

82. While most Governments reply promptly to inquiries by the Board on the legitimacy of import orders placed by companies from their countries, the competent authorities of some Governments provide clarification only after they have been reminded to do so. Such delays not only make it difficult to prevent diversion, but also hinder the legitimate importation of psychotropic substances. The Board hopes that the Governments concerned will take measures to reply quickly to its inquiries on the legitimacy of import orders.

83. An illicit consignment of 12 million pemoline tablets was seized in Nigeria in January 1994. According to reports by the Nigerian authorities, companies in China and Singapore were involved in the manufacture of the tablets and in the attempt to smuggle them into Nigeria. As in many similar cases, the Board facilitated the exchange of information between the competent authorities of the countries concerned. The Board invites the Governments of the three countries to cooperate closely and to assist each other directly, in conformity with the provisions of article 21 of the 1971 Convention, in order to identify the illicit source of the tablets and the methods used to divert them.

84. The prevention of diversion requires prompt and decisive action by national authorities. In the past, certain incidents involving the diversion of psychotropic substances could have been prevented if information on attempts at such diversion, provided to Governments by the Board, would have been immediately followed by vigorous action on the part of all sections of the competent authorities.

## **8. Diversion involving countries with non-existent or weak export control**

85. Several Governments in Africa, Asia and Europe have informed the Board of the detection of large consignments of psychotropic substances that have been exported to their countries without the import authorizations required under their national legislation. Such exports were effected by companies in States in Asia and Europe that have not yet become parties to the 1971 Convention or that do not control international trade in such substances by means of the system of import and export authorizations.

86. In one such case currently under investigation in Nigeria, 90 million tablets containing diazepam and chlordiazepoxide were exported from Ireland to Nigeria and then probably diverted into the illicit traffic. Companies in Ireland exported the tablets to Nigerian importers that were not in possession of the import authorizations required by law in Nigeria. The Board requests all exporting countries to ensure that their companies respect the control requirements of importing countries.

## **9. Deficiencies in the control of benzodiazepines**

87. One decade after benzodiazepines were brought under the scope of control of the 1971 Convention, they are still among the psychotropic substances most frequently diverted from licit manufacture and trade into the illicit traffic. The widespread abuse of benzodiazepines and their availability on illicit markets are partly attributable to the low priority accorded by some Governments to their control. The Board is concerned about recent reports indicating that established criminal groups in some countries are increasing their involvement in illicit trafficking in benzodiazepines as it appears to offer profits comparable to those of other forms of illicit drug trafficking but at substantially lower risk.

88. International control of benzodiazepines has been adversely affected by the failure of States that are not parties to the 1971 Convention, namely, Austria, Belgium and Switzerland, the latter probably being the main manufacturer of some of those substances, to control their import and export. In countries that have not implemented the respective provisions of the 1971 Convention, the diversion of benzodiazepines to domestic illicit channels or to the illicit traffic abroad cannot be prevented. The absence of relevant laws and regulations prevents the prosecution of the traffickers involved. In one such case in Austria in October 1994, large quantities of flunitrazepam tablets had been diverted at the retail level for local abuse. The persons involved could not be prosecuted for having committed a drug-related crime because there were no legal provisions concerning such acts involving benzodiazepines.

89. A few parties to the 1971 Convention, including Canada, Luxembourg and New Zealand, do not yet control international trade in all benzodiazepines. That represents a violation of their obligations under the 1971 Convention. The Board has been in communication with those countries for a number of years but their response has thus far been insufficient. The Board reiterates its request to those countries to begin controlling, without further delay, their imports and exports of all benzodiazepines listed in the 1971 Convention.

90. Several countries have not yet implemented for benzodiazepines the voluntary control measures for international trade in substances in Schedules III and IV recommended by the Board. In those countries, imports and exports of benzodiazepines are not controlled under the system of import and export authorizations. Traffickers are constantly trying to take advantage of such situations, to divert benzodiazepines into illicit channels. Examples of cases that were detected by the relevant competent national authorities are provided below.

91. In the Bahamas, a broker company established as a front by drug traffickers obtained large quantities of diazepam tablets from a local wholesaler. The company claimed that the diazepam tablets were to be exported to other countries in the Caribbean. In fact, the diazepam tablets purchased by the company were to be smuggled into the United States. In the United Kingdom



of Great Britain and Northern Ireland, several millions of temazepam capsules were diverted by drug traffickers from licit trade into the domestic illicit market. The traffickers had obtained the temazepam capsules from legitimate wholesalers through trade companies that had been set up as fronts. Those trade companies had claimed that the temazepam capsules were to be exported to countries in Africa and Asia. The Board welcomes the action taken by authorities in both the Bahamas and the United Kingdom to stop the diversion of benzodiazepines.

#### **10. Abuse of benzodiazepines by drug addicts**

92. Prompted by reports on the frequent abuse by heroin addicts of flunitrazepam in Germany and of temazepam in the United Kingdom, the Board undertook a study on benzodiazepine abuse by drug addicts. The study was carried out in close cooperation with the Governments of several countries throughout the world.

93. The study confirmed a trend (reflecting the rising incidence of polydrug abuse in general) whereby benzodiazepines were increasingly being abused worldwide in combination with other drugs such as heroin, other opiates, cocaine, cannabis, amphetamines, hallucinogens and tranquillizers, as well as with alcohol. Information provided by Governments confirmed that benzodiazepine abuse in combination with other drugs was considered extremely harmful. The adverse effects of such abuse included physical addiction with severe withdrawal symptoms, amnesia, lack of control over behaviour, and other physical and psychological complications.

94. According to the study, diazepam, the most widely used benzodiazepine in the world, is also the benzodiazepine most widely abused by drug addicts. Flunitrazepam is the second most frequently abused benzodiazepine among drug addicts although its licit use is more limited. The study also referred to reports on the abuse by drug addicts of alprazolam, bromazepam, chlordiazepoxide, clonazepam, lorazepam, nitrazepam, oxazepam, temazepam and triazolam.

95. The illicit market was identified in the study as one of the main sources of benzodiazepines abused by drug addicts, in addition to better known sources such as misused prescriptions, prescription forgeries and small-scale pharmacy theft.

### **C. Precursors**

#### **1. Status of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988**

96. As of 1 November 1994, nearly four years after the entry into force of the 1988 Convention, 103 States and the European Economic Community had become parties to that Convention. That number represents about 54 per cent of all the States in the world. Thirteen States have acceded to the 1988 Convention since the report of the Board for 1993 was issued: Brunei Darussalam, Colombia, Czech Republic, Ethiopia, Finland, Germany, Kyrgyzstan, Latvia, Panama, Poland, Saint Vincent and the Grenadines, Sierra Leone and Sudan. The Board wishes to reiterate its request to all States that have not already done so to become parties to that Convention as soon as possible.

97. The Board notes with satisfaction that some States not parties to the 1988 Convention have already introduced controls and working mechanisms and procedures to prevent the diversion of precursors. It hopes that all other States, regardless of whether or not they are parties to the 1988 Convention, will do likewise, in order to ensure universal application of the provisions of article 12 of the Convention.

## 2. Cooperation with Governments

98. Under article 12, paragraph 12, of the 1988 Convention, parties are required to submit annually to the Board information on the illicit traffic in precursors, including details on seizures and on methods of diversion. In addition, the Commission, in its resolution 5 (XXXIV), invited all States that were not yet parties to the Convention to furnish such information annually to the Board, in a timely manner.

99. The capacity of a Government to report to the Board reflects the efficacy of controls at the national level. Effective control is only possible if Governments first have in place adequate mechanisms to monitor transactions in precursors, adequate legislation and regulations, and appropriate coordination of the activities of all national competent authorities involved in precursor control. As the Board has repeatedly noted, however, full implementation by Governments of any monitoring and control measures that may be in place will not be possible without access to the relevant background information, including that required by the Board.

100. Of the governments of countries and territories that had been requested to submit for 1993 information pursuant to article 12 of the 1988 Convention, almost one half (101), together with the Commission of the European Communities (CEC), had done so as of 1 November 1994. Taking into account the increased number of countries in the world, that rate of return is slightly better than that for previous years. The Board is, however, concerned that reporting by parties to the 1988 Convention has not improved since its last report was issued, only 54 per cent of the parties having submitted information for 1993. Special communications have been sent to Governments that have not yet submitted information, requesting them to take all the necessary steps to enable full compliance with the provisions of the 1988 Convention, including prompt reporting.

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

101. The Board continues to review the legislative, administrative and other measures taken by Governments to implement article 12 of the 1988 Convention. A detailed examination of those measures is given in the 1994 report of the Board on the implementation of article 12.<sup>12</sup> The present subsection gives an overview of the general operation of the control system in the context of developing trends in illicit drug manufacture, and in the light of the major cases of diversion and attempted diversion that have been identified in 1994.

### *(a) Information reported to the International Narcotics Control Board*

102. Diversion and smuggling of precursors have continued, and have been reported worldwide. For most of the substances listed in Tables I and II of the 1988 Convention, seizures have been reported on a much broader basis than in previous years: a greater number of substances have been seized and the number of countries or territories reporting seizures has increased. The reported data show that there is greater illicit demand for precursors required for the illicit production of synthetically manufactured drugs, mostly psychotropic substances (e.g. amphetamine and methamphetamine). The introduction or strengthening of precursor controls may account for some of those trends.

103. Governments should note that when countries establish or strengthen control procedures to prevent the diversion of precursors, traffickers and clandestine drug manufacturers move their operations into countries where drug and/or chemical control systems are less strict. In the case of illicit methamphetamine manufacture in the United States, for example, because of continuing tight drug and chemical controls in that country, clandestine drug laboratories are being increasingly based outside the United States.

104. The Board, therefore, wishes to re-emphasize what it stated in its report for 1993<sup>13</sup> about drug and chemical controls only being effective if they are harmonized, particularly at the

regional level. Otherwise, weak controls in one country will be exploited by illicit drug manufacturers in such a way that they jeopardize the efforts of neighbouring countries where controls are more stringent.

*(b) Need for further action by Governments*

*(i) Major cases involving diversion and attempted diversion*

105. Since the publication of its report for 1993, the attention of the Board has been drawn to a series of cases involving the diversion and attempted diversion of large quantities of ephedrine, a substance listed in Table I of the 1988 Convention because of its frequent use in the illicit manufacture of methamphetamine. Those cases involved the shipment of at least 50 tonnes of ephedrine destined for companies in Mexico that were either fictitious or not properly authorized to import the substance. The ephedrine, which originated in the Czech Republic, was diverted to Mexico via Switzerland. Cooperation among law enforcement authorities in other countries (e.g. Germany and the Netherlands) has also been instrumental in uncovering the extent of the diversions. It is believed that the ephedrine, or the final illicit methamphetamine product, was to be smuggled into the United States.

106. While follow-up investigations are still continuing in most of the countries concerned, trafficking groups and illicit methamphetamine laboratories have been detected in Mexico. A more detailed description of the cases involved, the diversion methods used by the traffickers and the actions taken to prevent such diversion in the future can be found in the 1994 report of the Board on the implementation of article 12 of the 1988 Convention.<sup>12</sup>

107. The Board commends the Government of the Czech Republic for having established a control system that made it possible to uncover the above-mentioned diversions of ephedrine. The Board, noting with satisfaction the concerted action taken by the Governments concerned, trusts that the working arrangements made recently between the respective competent authorities will prove effective in identifying suspicious cases in those countries in the future. The Board and all the Governments concerned have agreed that similar working arrangements need to be extended to other countries. Otherwise, other major ephedrine (or pseudoephedrine) manufacturing and exporting countries or transit points may be targeted by traffickers as alternate sources of ephedrine. Information made available to the Board shows that this is, in fact, happening. The Board has sent to the countries concerned a special letter warning of the problem.

*(ii) Action to be taken*

108. The Board reiterates its request to all States that have not already done so, including States not parties to the 1988 Convention, to review their existing precursor controls and to consider, as a matter of priority, taking further action to prevent the diversion of precursors, particularly from international trade.

109. The 1994 report of the Board on the implementation of article 12 of the 1988 Convention<sup>12</sup> contains full details on a number of practical steps that can, and should, be taken by Governments to prevent diversion. The Board would like to take this opportunity to invite Governments to examine the recommendations made in that report and, if necessary, to apply the measures contained in those recommendations. In particular, the Governments of chemical exporting, importing and transit countries are reminded of the importance of, and need for, routine and timely sharing of information on the international trade in precursors.

110. The Board notes with satisfaction that a number of countries that are major chemical producers and exporters have already taken such practical steps and, as a result, have significantly enhanced their ability to monitor the movement of precursors. Those countries have legitimate commercial interests to protect, but appropriate monitoring and control mechanisms, carefully established, should not adversely affect those interests by hindering legitimate trade.

111. The recent cases involving diversion and attempted diversion have drawn attention to the problems associated with inadequate control of, for example, brokers and companies operating in free trade zones and ports. Those problems have been related specifically to tracing the movement of precursors, and identifying suspicious transactions, when such transactions are handled by brokers. Governments should therefore consider what additional measures may be taken to ensure that the activities of brokers are controlled in the same way as the activities of manufacturers, importers, exporters, wholesalers and retailers generally.

112. Governments should examine the overall legislative basis for control of drugs and chemicals. It has come to the attention of the Board that commercial companies previously known to have been involved in the diversion of psychotropic substances have also been involved in the diversion of precursors. The companies continue to operate because of weak national drug and chemical control legislation. This problem has been identified in Switzerland.

113. Countries or territories with free trade zones and ports should review existing control systems to ensure that the measures applied to prevent diversion in those areas are as strict as those applied elsewhere.

114. Governments, particularly those of countries that are chemical importers, are again reminded of article 12, paragraph 10, of the 1988 Convention, which provides for pre-export notification requirements for substances in Table I upon special request to the Secretary-General. Although only one Government, that of Latvia, has availed itself of that provision, the Board hopes that the Governments of all countries, especially countries affected by illicit drug manufacture, will utilize that treaty mechanism.

115. Finally, while the diversion of precursors from international trade is important, significant quantities of such substances continue to be diverted from domestic trade channels and are subsequently smuggled into regions where drugs are illicitly manufactured. Evidence shows that border controls alone are not sufficient to prevent smuggled chemicals from reaching the hands of illicit drug manufacturers. Governments are therefore reminded of the need to develop and strengthen control measures to prevent the initial diversion of substances from domestic manufacture and distribution channels.

*(c) Basic data requirements*

116. As a prerequisite to taking steps to prevent diversion, all States that have not already done so should, as a matter of priority, identify competent authorities responsible for implementing article 12 of the 1988 Convention. The Board reiterates its view that the onus for cooperation between Governments lies with those Governments, and direct contact should take place between the individual competent authorities concerned, whenever possible. The Board stands ready to assist in such exchanges, if necessary, by facilitating contact between the competent authorities concerned. Governments should therefore share details of the competent authorities (i.e. identities and contact addresses) with the Board, as well as with other Governments.

117. The Economic and Social Council, in its resolution 1992/29, invited the Board to publish and maintain a directory containing the names, addresses and telephone and telefacsimile numbers of the administrative and law enforcement authorities responsible for regulating or enforcing national controls over precursors and a summary of the relevant regulatory controls that applied in each State. The information submitted on competent administrative and enforcement authorities in response to three communications from the Secretary-General has been published,<sup>14</sup> together with data on other competent national authorities under the 1961 Convention, the 1971 Convention and the 1988 Convention. The Board notes with regret that, as of 1 November 1994, only about 45 per cent of all Governments have provided the information.

118. The fact that, as already mentioned in the report of the Board for 1993,<sup>15</sup> only a few Governments have advised the Board of any specific precursor control measures applicable in

their countries is a cause for concern. The Board hopes that all Governments will soon provide the information so that a directory on the subject can be issued, in accordance with Economic and Social Council resolution 1992/29.

119. Finally, as a further prerequisite to preventing the diversion of precursors, it is essential that mechanisms are established to collect data on their licit manufacture, use and import and export, and on their illicit trafficking and use. Some of that information may be considered commercially sensitive but, in the opinion of the Board, drug traffickers should not be allowed to benefit from any restrictions imposed on access to such information. In a number of countries, special efforts have been made in 1994 to collect the necessary information, particularly information on the licit movement of precursors. In addition, the Board welcomes the efforts that have been made by some Governments to share that information with other Governments, and with the Board, after overcoming difficulties associated with the commercial sensitivity of the reported data.

*(d) Assessment of substances for possible modification in the scope of control of the 1988 Convention*

120. The Commission, in its resolution 5 (XXXIV), invited the Board to advise it on the present adequacy and propriety of Tables I and II of the 1988 Convention, in accordance with article 12, paragraph 4 (b), of the Convention. To collect the necessary data for its assessment, the Board had sent a special questionnaire in January 1993 to all countries and territories. The majority of governments did not submit the requested data, however, and the data that were submitted were not sufficient to allow any meaningful review of the adequacy and propriety of Tables I and II. For that reason, the Board had to postpone a meeting of the Advisory Expert Group that had been planned and organized.

121. Since the report of the Board for 1993 was issued, only two more questionnaires have been received, despite the reminders sent to governments that had not already provided the requested data.

122. The Board again, therefore, wishes to draw the attention of the Commission to the fact that until governments provide adequate data, it will regrettably not be able to consider conducting a full assessment as required under the 1988 Convention. The Board greatly appreciates the efforts of those governments that have provided the requested data and hopes that other governments will soon be able to do so.

### **III. ANALYSIS OF THE WORLD SITUATION\***

#### **A. Africa**

123. Since the last report of the Board was published, Sierra Leone has acceded to the three international drug control treaties and Ethiopia and the Sudan have become parties to the 1988 Convention. In Africa, 39 States are parties to the 1961 Convention, 35 are parties to the 1971 Convention and 25 are parties to the 1988 Convention.

124. Fourteen States in the region are not parties to any of the three main international drug control treaties: Angola, Central African Republic, Comoros, Congo, Djibouti, Equatorial Guinea, Eritrea, Gambia, Guinea-Bissau, Mozambique, Namibia, Sao Tome and Principe, Swaziland and United Republic of Tanzania. The Board urges the Governments of those States to make use of the international drug control system by acceding to the relevant conventions, thereby taking a major step towards organizing their national networks to prevent illicit traffic and drug abuse.

125. The Board sent a mission to Nigeria in July 1994 (see paragraphs 147-149, below).

126. Also in July 1994, the Board held a training seminar at Libreville for drug control administrators from central, eastern and southern Africa.

127. Legislation on the control of licit drug trade has been recently adopted in Guinea-Bissau, in line with the provisions of the international drug control treaties. In Kenya, the parliament has adopted a law on narcotic drugs and psychotropic substances to enable the country to fulfil its obligations under the international drug control treaties.

128. The Board appreciates the efforts of UNDCP to assist a great number of African countries in developing their drug control legislation, but the Board deplores the fact that so few Governments in the region have actually enacted new national legislation in that field. The Board encourages Governments in the region, in particular those of Benin, Burkina Faso, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Guinea-Bissau, Madagascar, Mali, Niger, Senegal and Togo, to adopt the comprehensive draft drug control legislation prepared with the assistance of UNDCP. The Board also encourages the Governments of Angola and the 10 member States of the Economic Community of Central African States (ECCAS) to adopt the common draft national drug legislation elaborated with the assistance of UNDCP. National drug control legislation harmonized with such legislation in other countries and in line with the international drug control treaties, apart from being essential to effective national and international action to combat drug abuse and illicit trafficking, opens the door for the provision of further cooperation and assistance by the international community.

129. Regional cooperation has been promoted between UNDCP and ECCAS and the Economic Community for West African States within the context of large-scale UNDCP projects.

130. The Governments of several African countries have established interministerial commissions for the coordination of drug control activities at the national level. The Board invites other Governments in the region to follow their example and to establish similar coordinating bodies and to ensure their proper functioning.

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\*The definition of the term "drug abuser", as well as methods of data collection, varies from country to country and from agency to agency. Consequently, in the present report, an attempt has been made to regard data and estimates on the number of drug abusers as illustrative of current trends only and to avoid making direct comparisons of such data or estimates.

131. In some African countries, corruption has continued to prevent drug control measures from being properly implemented. A ministerial forum against corruption was held at Pretoria, South Africa, in November 1994. The Board appreciates that initiative and hopes that it will lead to concrete action.

132. The African region continues to be characterized by persistent poverty and civil war in certain countries, drought or other natural disasters in others, accompanied by famine and massive population displacement. In such struggles for survival, the prevention of illicit trafficking in and abuse of drugs is not always regarded as a priority issue. African seaports and airports have become transit points for international drug trafficking operations and, at the same time, the situation with regard to drug abuse has rapidly worsened. Without comprehensive intervention, problems connected with illicit traffic and drug abuse will seriously affect the entire continent and will have major consequences for the rest of the world. The Board calls upon Governments and international organizations to increase their support to African Governments for the development and implementation of drug control strategies.

133. Illicit cannabis cultivation continues in Morocco and appears to be increasing in many other countries in the region. The Board continues to monitor the development of future projects aimed at curtailing such cultivation in Morocco. According to reports of the International Criminal Police Organization (ICPO/Interpol), European criminal syndicates may be encouraging illicit cannabis cultivation in Africa. Because of the higher profits to be made, cannabis cultivation tends to compete with the cultivation of crops of vital importance, such as millet in Chad, peanuts in Senegal or manioc and sorghum in Zaire. Large-scale cannabis cultivation has been reported in more than a dozen countries in the African region. The eradication of illicit cannabis cultivation sites has been reported in Côte d'Ivoire, Egypt and Madagascar. South Africa is conducting a systematic eradication programme involving aerial chemical spraying, providing assistance in the use of that method for Lesotho, Swaziland, Zambia and Zimbabwe.

134. Morocco has remained the major supplier of cannabis resin for illicit markets in Europe. According to ICPO/Interpol estimates, in 1993, 63 per cent of the cannabis resin seized in Europe was of Moroccan origin. Illicit cannabis shipments arriving from sub-Saharan Africa are also increasingly being seized in Europe; 19 tonnes of cannabis from Nigeria were seized in the Netherlands and 23 tonnes of cannabis from Senegal were seized in Spain. There are also reports from many other African countries on the smuggling of cannabis into other countries in Africa, Europe and North America. Illicit cannabis trafficking is increasing within the borders of most African countries, and cannabis remains the most widely abused drug in the region.

135. Egypt is the only country in Africa that has reported on the continuation of intensified efforts to eradicate illicit poppy cultivation. There are no signs of illicit poppy cultivation or opium production in other parts of the region.

136. Sea and air freight are increasingly being used for shipping heroin from West Asia and from south-east Asia to the United States and for shipping cocaine from South America to Europe. Such illicit traffic is facilitated by the insufficient interception capabilities of most African countries. There are reports of intensive cooperation between African and European criminal drug trafficking gangs and of African and Latin American syndicates bartering heroin for cocaine. Lagos remains the major centre of illicit drug trafficking in Africa, but the increasing frequency of seizures reported in Kenya, the United Republic of Tanzania and some other countries in the region shows that diverse transit routes are being used. There are indications that a cocaine trafficking route leading through Angola, Namibia and South Africa is being developed.

137. The heroin and cocaine being shipped on a large scale through seaports and airports in Africa are used to supply illicit markets in Europe and North America; however, there are also reports in several African countries about increasing domestic abuse of both drugs.

138. Heroin and cocaine abuse in Africa seems to be still limited to certain segments of the population in urban areas. Cocaine seems to be more in demand than heroin. Most abusers are reported to be multiple drug abusers. The illicit traffic in and abuse of crack (the free-base form of cocaine) were reported in some countries in western Africa.

139. There are only a few documented cases of the illicit manufacture of psychotropic substances in Africa. The existence of clandestine laboratories for the manufacture of various counterfeit or fake psychotropic substances is suspected in Nigeria, and clandestine laboratories for the manufacture of methaqualone or methaqualone tablets have been detected in the eastern and southern parts of the continent.

140. In southern Africa, the abuse of methaqualone continues to be a major problem. Methaqualone manufactured in illicit laboratories in India is transported from Bombay by air and sea freight to Kenya, Mozambique, the United Republic of Tanzania and Zambia, mostly to be transported by road through Angola, Botswana and Namibia to South Africa. There have been no reports on the detection of clandestine methaqualone laboratories in Africa since 1993, when such laboratories were dismantled in Kenya, the United Republic of Tanzania and Zambia. It is believed, however, that the illicit manufacture of methaqualone tablets (or even methaqualone itself) is continuing in countries in eastern and southern Africa. Because of the significant success achieved by the authorities in India in detecting and dismantling some clandestine laboratories in that country, illicit methaqualone manufacture may be shifting to Africa or elsewhere.

141. There are signs of increasing methaqualone abuse in countries along the traditional trafficking routes and in some countries in central and western Africa. There is a lack of substantial information on the extent, patterns and social and public health consequences of methaqualone abuse in the region. The Board reiterates its call<sup>16</sup> for research to be undertaken on the subject.

142. The Board appreciates the increasing international cooperation in the fight against the illicit traffic in methaqualone, as illustrated, *inter alia*, by the second interregional conference on the illicit traffic in methaqualone between the Indian subcontinent and eastern and southern Africa, organized by ICPO/Interpol at Sun City, South Africa, in August 1994. The Board invites UNDCP, ICPO/Interpol and the Customs Co-operation Council (CCC), also called the World Customs Organization, to continue providing assistance to the countries concerned.

143. The large-scale abuse of amphetamine and amphetamine-type stimulants, as well as sedatives (barbiturates, benzodiazepines and methaqualone), remains a major problem in many countries in Africa. A lack of data hinders the assessment of the extent of abuse of psychotropic substances in the region as a whole; however, on the basis of the information available, it can be assumed that the abuse of stimulants and sedatives (unlike the abuse of heroin and cocaine) is not limited to certain segments of the population in urban areas. Students and farmers abuse such psychotropic substances as amphetamine (including products containing a combination of amphetamine and aspirin), methamphetamine, methylphenidate, ephedrine and pemoline. There is a high incidence of stimulant abuse among long-distance truck drivers. The abuse of barbiturates and benzodiazepines (above all, diazepam) seems to be widespread in many African countries.

144. Drug abuse trends and patterns have not been properly investigated in Africa. There is a need for such studies, and the Board hopes that the surveys being carried out with UNDCP assistance will contribute to a better understanding of the current drug abuse situation in the region.

145. Prevention of the illicit distribution and abuse of pharmaceutical preparations containing psychotropic substances is hindered by the uncontrolled operation of so-called parallel distribution systems in most African countries. Because of insufficiently developed health-care services and pharmaceutical supply systems, self-medication and the purchase of medicines in unauthorized outlets or on street markets have continued in many countries in sub-Saharan Africa. The Board



has repeatedly drawn the attention of Governments and competent international organizations to the importance of developing medical and pharmaceutical services.

146. The Board has already drawn attention to the steady increase in the cultivation of khat (*Catha edulis*) and/or its use in several countries in eastern Africa, including Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Uganda and United Republic of Tanzania. In Ethiopia, where the khat plant is indigenous, there is a real risk that farmers may abandon coffee cultivation in favour of khat cultivation, which is more lucrative (a development that occurred earlier in Yemen).

147. In July 1994, the Board sent a mission to Nigeria to promote compliance with the provisions of the international drug control treaties. The Board appreciates the efforts of the national agency for food and drug administration and control in the control of licit trade, and notes with satisfaction that the Nigerian Government appointed, in February 1994, a task force to streamline and reinforce the National Drug Law Enforcement Agency. The work of the task force has begun to bear fruit.

148. The Board, however, is concerned that the Nigerian Government has not yet fully attended to the problems of the illicit cultivation of cannabis and the trafficking in and abuse of psychotropic substances, especially pemoline. The Board wishes to emphasize the need for the Government of Nigeria to take without delay adequate measures to deal with those problems, including a detailed study on the abuse of pemoline and other stimulants in the country. Such a survey could be undertaken with the assistance of UNDCP and WHO.

149. The Board recommends that the Nigerian Government should adopt stricter control measures at points of entry and exit at airports, seaports and land borders, including the provision of modern equipment to ensure the proper functioning of controls. The Board wishes to emphasize the need to allocate increased resources for the fight against drug abuse and illicit trafficking. National efforts could be reinforced by technical assistance provided by the international community.

## **B. America**

### **1. Central America and the Caribbean**

150. In Central America, with the exception of Belize and El Salvador, all States are parties to the 1961 Convention. In the Caribbean, Saint Kitts and Nevis acceded to the 1961 Convention in 1994; however, the proportion of States parties to the 1961 Convention remains the lowest in the world: half of the States in that subregion are not parties to that Convention.

151. In Central America, only Belize, El Salvador and Honduras are not parties to the 1971 Convention. In the Caribbean, Saint Kitts and Nevis acceded to the 1971 Convention in 1994; however, the proportion of States parties to that Convention remains low.

152. In Central America, Panama became a party to the 1988 Convention in 1994; with the exception of Belize and Nicaragua, all of the Central American States are parties to that Convention. In the Caribbean, Saint Vincent and the Grenadines acceded to the 1988 Convention in 1994; currently, 22 of the 29 States and territories in that subregion are parties to the 1988 Convention.

153. A training seminar of the Board for national drug control administrators from Central America and the Caribbean, organized by UNDCP in collaboration with the Government of the Dominican Republic and the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States, took place at Santo Domingo in March and April 1994. It was the first time that such a seminar was held in the region. The Board trusts that direct contacts

established at the seminar will enhance regional cooperation and the effective implementation of the provisions of the international drug control treaties.

154. In Central America, some countries adjusted their legislation to take into account the provisions of the 1988 Convention. In the Caribbean, improvement of the legislative systems is expected after the conclusion of a UNDCP-sponsored regional legal training project conducted by the University of the West Indies.

155. In October 1993, an agreement was signed in the city of Guatemala by the Governments of Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama establishing a permanent Central American commission for the eradication of illicit production, consumption and use of and traffic in narcotic drugs and psychotropic substances, which would coordinate drug control efforts throughout Central America. The Board welcomes that initiative.

156. In the entire region of Central America and the Caribbean, many countries lack national comprehensive drug control policies, and financial and technical resources to combat drug abuse, illicit trafficking and related crime are not commensurate with those problems. National coordination bodies, such as national councils for the prevention of drug addiction, should be established or strengthened in the region.

157. Money-laundering activities in Central America and the Caribbean seem to be growing. The possibilities for money-laundering are increased by the proliferation of banks and other financial institutions in several countries in the region. Panama has improved its legal framework for the control of capital movement through its complex financial system, and legislation aimed at preventing money-laundering has been submitted to the parliament in Suriname.

158. The Board acknowledges the important role of non-governmental organizations in the care and rehabilitation of drug addicts and appreciates their humanitarian activities but, at the same time, draws the attention of the Governments in Central America to their responsibilities to support the programmes of non-governmental organizations and to supervise the professional level and quality of their services. The Board hopes that the expert forums on demand reduction held, with UNDCP assistance, at Nassau and at São Paulo in 1994 will lead to the initiation of new demand reduction programmes in the entire region.

159. The geographical location and characteristics of countries in Central America and the Caribbean, as well as their limited interception capabilities, are increasingly being exploited by international drug traffickers. Central America is mainly used for the transshipment of cocaine destined for North America; and the Caribbean is used as a transit area for large quantities of cocaine and cannabis destined for North America and, to some extent, Europe. According to ICPO/Interpol reports, the Netherlands Antilles is emerging as an important transit area for cocaine arriving from Colombia, Suriname and Venezuela. Significant cocaine trafficking has been reported in the eastern Caribbean and in Central America.

160. Cannabis is cultivated in most countries in Central America and the Caribbean for local consumption, which seems to be on the increase. Jamaica remains a major supplier of cannabis products to Canada, the United Kingdom and the United States. In 1993, 75 tonnes of cannabis were seized in Jamaica, a substantial increase compared with the 35 tonnes seized in the previous year. Seizures of cannabis oil (liquid cannabis extract) in Jamaica also increased, from 165 kg in 1992 to 235 kg in 1993.

161. Some opium poppy cultivation has been taking place in Guatemala. Estimates vary concerning the extent of the cultivation and the opium production.

162. Because of the increasing transit traffic in Central America and the Caribbean, cocaine is becoming widely available in increasing quantities, contributing to the rise in cocaine abuse. Central American countries along the Atlantic coast (Costa Rica, Guatemala, Honduras, Nicaragua

and Panama), where most of the cocaine passes through, are primarily affected by the new development. Emergency room records and studies carried out with the assistance of CICAD and the Pan American Health Organization suggest that the abuse of cocaine, including cocaine in the form of crack (particularly in Panama), is on the rise in Central America as a whole.

163. There is no reliable information available on the extent of the abuse of psychotropic substances, but increasing abuse of hypnotics, sedatives and anxiolytics, particularly benzodiazepines, is frequently reported in some countries in Central America and the Caribbean. In most of the countries, pharmaceutical preparations containing psychotropic substances are readily available without medical prescription. In such situations, it would be unrealistic to expect the abuse of those substances to be prevented. In the opinion of the Board, it is the responsibility of Governments, and in their interest, to introduce proper control over the distribution and dispensing of psychotropic substances, including the monitoring of their prescription.

164. Street children in urban areas in Central America constitute a high-risk group. Orphaned, abandoned children often end up in an underground world of exploitation and drug abuse. The abuse of inhalants by a substantial proportion of street children in some cities in Central America is connected with their marginalized situation.

## 2. North America

165. All three States in North America – Canada, Mexico and the United States – are parties to the 1961 Convention, the 1971 Convention and the 1988 Convention.

166. On 1 January 1994, the North American Free Trade Agreement (NAFTA), to be implemented over a 10-year period, began gradually eliminating trade barriers between the three countries in the region. The Board is confident that NAFTA will strengthen the existing close cooperation between those three countries in the control of shipments of narcotic drugs and psychotropic substances with a view to preventing the diversion by illicit traffickers of licit consignments. Some of the agreements concluded between the countries in the region, mainly between Mexico and the United States, are signs that Governments are aware of the side-effects of free trade agreements.

167. Mexico, owing to its geographical location and its traditional cultural and linguistic links with other Latin American countries, plays an important role in the organization of the fight against international drug trafficking. The Board appreciates the fact that Mexico, an active member of CICAD, has signed a large number of cooperation agreements with countries in Central and South America.

168. The Board appreciates the comprehensive drug control strategies of the three countries in North America and their demand reduction programmes, which are key elements of those strategies.

169. In its second phase, Canada's drug control strategy, renewed in 1992, continues to focus on prevention, the core of that strategy. Areas to be dealt with in the second phase include the identification of new target groups for prevention work, the prevention of driving under the influence of intoxicating agents (drugs or alcohol), the promotion of employee assistance programmes, and the furtherance of treatment and prevention programmes in prisons. Seizure of the profits of drug criminality also constitutes an important element of the second phase of the strategy.

170. In order to improve coordination at the national level, Mexico has established a national institute to combat drugs, an organization that is empowered to work closely with the police and other drug control bodies. In current programmes for the reduction of illicit drug demand, special emphasis is placed on preventive education in schools, in addition to a public awareness campaign

involving the mass media. The Government of Mexico has recently increased penalties for money-laundering and other drug-related criminal activities.

171. The United States has recently adopted a new drug control strategy consisting of four main elements, dealing with the reduction of both illicit drug supply and demand. The strategy focuses on reducing the number of hard-core drug addicts by promoting treatment, ensuring drug-free schools, taking measures against the increasing incidence of drug abuse among pupils in their final year of secondary school, and assisting communities in the organization of their fight against drug-related criminality and drug abuse. The new drug control strategy recognizes drug abuse as a public health problem. Provisions for the treatment of hard-core drug addicts are included in the new crime bill that has recently been passed in Congress.

172. In the United States, according to the most recent annual survey, the incidence of drug abuse increased in 1993 among pupils in their final year of secondary school, reversing a downward trend observed in the last several years. Hard-core drug use, crime and violence continue to be features of the drug scene in the United States. One third of all reported acquired immunodeficiency syndrome (AIDS) cases involving adults or adolescents were attributable to drug abuse. In more than 70 per cent of the cases involving women infected with the human immunodeficiency virus (HIV), the virus was transmitted through intravenous drug abuse.

173. In Mexico, the extent of cannabis cultivation has been estimated by the Government to be between 27,000 and 41,600 hectares, mainly along the Pacific coast. The eradicated cannabis cultivation area steadily increased from some 10,000 hectares in 1989 to 16,500 hectares in 1993. Cannabis is being grown indoors and outdoors in Canada, as well as in the United States. In 1993, 4 million cultivated and 387 million wild-growing cannabis plants were destroyed in the United States. Cannabis is increasingly being grown indoors in the United States, where more than 3,000 such operations were dismantled in 1993.

174. In Mexico, the amount of cannabis seized increased from 400 tonnes in 1992 to about 500 tonnes in 1993. Although 25 per cent of the cannabis abused in the United States is supplied by domestic illicit producers, most of it is smuggled into the country out of Mexico. In Canada, there was a drastic increase in cannabis resin seizures: 72 tonnes were seized in 1993, compared with 15 tonnes in 1992; and 24 tonnes were seized in the first four months of 1994, followed by 26.4 tonnes in May 1994. Cannabis resin smuggled into Canada usually originates in Afghanistan or Pakistan; according to CCC reports, however, in 1994 a significant amount of cannabis resin arrived in Canada in containers from Mozambique and Uganda. A substantive increase in seizures of cannabis oil (liquid cannabis extract) has been reported in Canada: 2.6 tonnes were seized in the first four months of 1994, surpassing the total quantity seized in 1993. The Board appreciates the law enforcement efforts in North America regarding cannabis.

175. Cannabis remains the most commonly abused drug in Canada and the United States. In Canada, according to the most recent Health Promotion Survey, 5 per cent of persons over 15 years old reported having abused cannabis in the year preceding the survey.

176. In Mexico, the extent of opium poppy cultivation has been estimated to be between 21,700 and 32,500 hectares. In 1993, plantations covering a combined area of over 13,000 hectares were eradicated by the authorities.

177. In Canada and the United States, heroin seizures increased in 1993, compared with the figures for the previous year. The purity level of heroin has increased to several times that of a decade ago.

178. The smuggling of South American cocaine into Canada and the United States continues to be a major problem. Due to the large supply, the purity of the cocaine available on illicit markets in those countries is increasing and its price is decreasing. Crack is reported to be available and

abused throughout the United States. Crack abuse is also spreading in Canada, particularly in the urban areas of eastern and central Canada.

179. In the United States, illicit methamphetamine manufacture, traffic and abuse continue to pose substantial problems. Methamphetamine and its precursor ephedrine are usually smuggled into the country out of Mexico (see paragraphs 105-107, above).

180. Although Canada ratified the 1971 Convention in 1988 and the 1988 Convention in 1990, national legislation is not yet in conformity with some of the provisions of those conventions and the Canadian authorities have not been fully implementing those provisions. There are indications that Canada is a source of benzodiazepines entering the rest of North America.

181. In Mexico, international cooperation has led to the detection and dismantling of a network that used importing companies as fronts to bring ephedrine into that country, usually through third countries, for the manufacture of methamphetamine, presumably to be smuggled into the United States. The Board appreciates the efforts made by the countries involved in that action, which illustrates the importance of international cooperation in curtailing illicit trafficking in precursors and other chemicals.

182. In Canada, organized gangs trafficking in methamphetamine, phencyclidine (PCP) and lysergic acid diethylamide (LSD) are increasingly becoming involved in illicit trafficking in precursors and other chemicals.

### **3. South America**

183. In South America, all States, with the exception of Guyana, are parties to the 1961 Convention and all States are parties to the 1971 Convention.

184. In 1994, Colombia ratified the 1988 Convention. With the exception of Uruguay, all States in South America are parties to that Convention.

185. In 1994, the Board has sent missions to Brazil and Venezuela (see paragraphs 200-209, below).

186. UNDCP signed a memorandum of understanding with four South American countries (Argentina, Bolivia, Chile and Peru) to improve subregional cooperation in the field of drug control. The Board appreciates the potential value of the initiative as a sign of increasing cooperation between countries at the regional and subregional levels, coordination of their countermeasures against illicit drug cultivation, production, manufacture, trafficking and abuse, and prevention of the shifting from one country to another of illicit trafficking operations and related criminality. The Board welcomes the elaboration of a national master plan for drug control by the Government of Peru, with the technical support of UNDCP. The Board is convinced that, despite the complex political, economic and social situation of that country, the master plan will prove to be an efficient instrument of the Government in its fight against the illicit cultivation, production and abuse of drugs.

187. In Colombia, the substantial weakening of the Medellín cartel after the death of its leader in late 1993 has led not to the discontinuation of the flow of cocaine to illicit markets worldwide, but to the strengthening of its main competitor the Cali cartel and to escalated drug-related violence at both Medellín and Cali.

188. In May 1994, the Colombian constitutional court declared unconstitutional the legal provisions penalizing the possession or consumption of small quantities of cannabis, cocaine or methaqualone and providing for compulsory treatment of drug addicts. That decision has created a state of confusion and may have a negative impact on prevention. The Board trusts that the Colombian Government will find an appropriate way to remedy the situation, which is not in conformity with the provisions of the international drug control treaties.

189. In many countries in South America, the lack of specific penal legislation on money-laundering makes it extremely difficult for national authorities to monitor suspicious capital transactions. Several countries risk becoming money-laundering centres for drug traffickers. The Board wishes to draw the attention of Governments to that imminent danger. The Board welcomes the decisive steps of the Chilean congress towards adopting legislation on the prevention of money-laundering.

190. Cannabis is grown in most South America countries, mainly for local consumption. In most of the countries in the region, cannabis remains the main drug of abuse; in others it is second, after cocaine.

191. In Bolivia, the area under illicit coca bush cultivation has steadily increased in the past two years, while the concrete results of eradication campaigns have substantially decreased. The Board appreciates the efforts of the new Government of Bolivia, which led to the eradication of more than 3,000 hectares of coca bush in the first six months of 1994. Some estimates suggest that the area under coca bush cultivation in Colombia is larger than that in Bolivia, although Colombian coca leaves seem to be of lower quality than coca leaves from Bolivia or Peru. Peru remains the world's largest producer of coca leaves; coca bush is cultivated on well over 100,000 hectares in that country. The shift of illicit coca bush cultivation from traditional to new areas, as a consequence of the infection of the old plantations by the fungus *Fusarium oxysporum*,<sup>17</sup> has continued in the country. According to ICPO/Interpol reports, coca leaf production in Peru decreased by 30 per cent in 1993 as a result of increased law enforcement efforts and the relocation of the plantations.

192. Bolivia and Peru remain the major producers of coca paste (raw cocaine base), which is smuggled into Colombia, where it is refined and converted into cocaine hydrochloride. The dismantling of several cocaine hydrochloride laboratories by police in Bolivia and Peru indicates that the final product is also manufactured in those countries.

193. Despite some large seizures, solvents and chemicals used in the illicit manufacture of coca paste in Bolivia and Peru and in the illicit manufacture of cocaine hydrochloride in Colombia have continued to be available in those countries. Most of the solvents and chemicals are diverted from licit channels, either in the countries where the clandestine manufacture takes place or in neighbouring countries. In many cases, solvents and chemicals originated in the United States or in countries in Europe.

194. The Board wishes to congratulate the Government of Colombia for stepping up its efforts in the field of control of chemicals and solvents listed in the 1988 Convention. In 1994, Colombian authorities, in a series of police operations against major distributors of chemicals in the country, seized more than 1,700 tonnes of chemicals and solvents used in the illicit manufacture of cocaine, an amount that would have been enough to enable traffickers to satisfy the illicit demand for cocaine worldwide for one year. Such improvements in monitoring suspicious transactions involving substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances are encouraging developments in the fight against illicit traffic in South America.

195. Large amounts of coca paste are smuggled into Colombia out of Bolivia and Peru. In order to distribute worldwide the final product (cocaine hydrochloride of Colombian origin), many countries in South America, as well as in Central America and the Caribbean, are used as transit points by drug trafficking organizations.

196. The abuse of coca paste, which is usually smoked mixed with tobacco or cannabis (in the form of *basuco*, *pastillo*, *pitillo* etc.), constitutes a major problem in the producer countries (Bolivia, Colombia and Peru). The increased availability of relatively cheap cocaine hydrochloride in transit countries has led to the growing abuse of that form of cocaine. The abuse of crack has been reported in several countries in South America.

197. There are no reliable estimates of the extent of illicit poppy cultivation in Colombia. There is, however, evidence suggesting that illicit poppy cultivation, opium production and heroin manufacture have in recent years developed into large-scale activities with serious consequences for the rest of the world, as illustrated by increasing seizures of Colombian heroin in Italy, in the United States and in countries in the eastern Caribbean. Opium poppy cultivation is reported to be taking place in other South American countries as well (for example, in Ecuador and Peru). In the opinion of the Board, the prevention of illicit poppy cultivation, opium production and morphine and heroin manufacture should be regarded by Governments as an issue of high priority. It is obvious that alternative development projects constitute an important instrument for introducing changes of traditional agricultural activities, such as coca bush cultivation. Poppy cultivation has no similar traditions in South America; consequently, offering similar assistance to opium producers in that region could be the equivalent of involuntarily providing an incentive for engaging in illicit poppy cultivation.

198. Increasing drug abuse has been reported in most countries in South America. Cannabis and cocaine are the main drugs of abuse, but the growing abuse of psychotropic substances, above all anxiolytics (minor tranquillizers) and stimulants (mainly amphetamines), has been reported in the urban areas of some countries in the region. The Board wishes to draw the attention of the Governments concerned to the necessity of controlling the prescription, dispensing and distribution of pharmaceutical preparations containing psychotropic substances in accordance with their obligations under the international drug control treaties.

199. The abuse of inhalants (such as organic solvents and glue) by street children remains one of the greatest public health and social problems in the urban areas of several South American countries.

200. A mission of the Board visited Brazil in March 1994. The political and administrative crisis of the last few years has weakened the capacity of Brazilian drug control bodies to develop strategies and to introduce efficient countermeasures. The country has been faced with numerous political, economic and social problems, and drug control has not been given priority. The Board urges the new Government to update national drug legislation to strengthen the coordinating capacity of the Federal Council on Narcotic Drugs (CONFEN) and to provide more resources to all institutions participating in the fight against drug abuse and illicit trafficking.

201. While solvents and psychotropic substances appear to be the most widely abused drugs in Brazil, the abuse of cocaine is increasing. That trend may be related to the increasing amount of illicit consignments from the Andean subregion passing through Brazil to other parts of the world. Efforts to combat the illicit cocaine traffic in Brazil will also contribute to preventing cocaine abuse in the country from increasing further.

202. The Board notes that, despite the limited resources of the federal police, there have been successful law enforcement operations in Brazil, such as the seizure of 7.5 tonnes of cocaine in June 1994. Since 1992 there has been a sharp increase in cocaine seizures in the country.

203. Control over the licit manufacture and distribution of narcotic drugs and psychotropic substances in Brazil has been neglected for several years and the capacity of the Government to monitor more closely the activities of companies should be restored. The indiscriminate distribution of anorectics in the country has led to a threefold increase in their consumption within a four-year period; the health authorities, in cooperation with the medical and pharmaceutical authorities, should take urgent measures to improve the situation. The Board appreciates the decision taken by the Government in August 1994 to prohibit the manufacture and dispensing of, as well as trade in, pharmaceutical products called anti-obesity medicaments containing anorectic amphetamine-like substances in combination with central nervous system depressants (e.g. benzodiazepines).

204. Whereas in most South American countries legislative measures have been introduced to prevent the diversion of chemicals and solvents listed in the 1988 Convention, in Brazil such measures have not yet been adopted. The flow of chemicals from Brazil into other countries for the illicit manufacture of drugs continues unabated as drug traffickers take advantage of the legal vacuum in that country.

205. The role of Brazil as a transit country for cocaine and for chemicals listed in the 1988 Convention has grown significantly over the past few years. In reaction to law enforcement measures in countries in the Andean subregion, illicit drug production and manufacturing activities are being shifted more and more to Brazil.

206. A mission of the Board visited Venezuela in March 1994. Venezuela is increasingly being used in smuggling cocaine out of Colombia (with which it shares a long border) into the United States and countries in Europe, as well as in smuggling in the opposite direction chemicals listed in the 1988 Convention. A sophisticated bank network in Venezuela has purportedly attracted a large amount of funds derived from drug trafficking. Political and economic instability in recent years have delayed the introduction of comprehensive countermeasures by the Government.

207. In September 1993, however, a new law integrating the provisions of the 1988 Convention and regional model legislation was adopted in Venezuela and the new Government is elaborating ways to implement the law. A currency transfer law, enacted in December 1993, enables the central bank, together with the judicial authorities, to identify money-laundering transactions and prosecute the persons involved and to confiscate assets derived from drug trafficking. Legislative measures to provide comprehensive control of chemicals under the control regime of the 1988 Convention have been introduced in that country and the Government is establishing working arrangements between the authorities concerned.

208. The reinforcement of the role of the Comisión Nacional contra el Uso Ilícito de Drogas (CONACUID), the coordinating agency in drug control matters in Venezuela, and the adoption of a comprehensive drug control strategy will contribute to the effectiveness of drug control measures. Considering the close link between developments in Venezuela and those in neighbouring Colombia, it is important to follow a regional approach in defining strategies and to emphasize close cooperation in undertaking drug control activities.

209. Though no exact data on the extent of drug abuse in Venezuela are currently available, the abuse of *basuco* (raw cocaine base) and cocaine appears to be on the increase in that country, as it is in other countries in the region. Illicit trafficking in narcotic drugs and psychotropic substances is a matter of considerable concern to the authorities and the origin of the substances involved is being investigated. Although such substances may be partly intended for use for medical purposes, their abuse may still occur. The growing number of semi-private and governmental treatment and rehabilitation centres in the country have reported successful results.

## **C. Asia\***

### **1. East and South-East Asia**

210. In 1994, Myanmar acceded to the 1971 Convention. Of the 15 States in East and South-East Asia, 12 are parties to the 1961 Convention, 9 are parties to the 1971 Convention and 4 are parties to the 1988 Convention. Three States in the region, Cambodia, the Democratic People's Republic of Korea and Viet Nam, are not parties to any of the international drug control treaties.

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\*The grouping of the countries under Asia and Europe is based on the new arrangement used by the Statistical Division of the Secretariat.



211. In 1994, the Board sent missions to Cambodia, China and the Lao People's Democratic Republic (see paragraphs 224-228, below).

212. Several countries in East and South-East Asia are strengthening their legislative structure. Japan reported having made progress in implementing national legislation, enacted in 1991, in line with the provisions of the 1988 Convention (on controlled delivery, control of precursors etc.). Malaysia is in the process of harmonizing its national legislation with the provisions of the 1988 Convention, which it ratified in 1993.

213. The Board notes with satisfaction the increasing cooperation between China, the Lao People's Democratic Republic, Myanmar and Thailand in alternative development, reduction of illicit drug demand, and law enforcement. It is hoped that cooperation will be expanded to include Cambodia and Viet Nam. The Board greatly appreciates the efforts and assistance of UNDCP in the development of that cooperation.

214. Money-laundering remains a major problem in East and South-East Asia. The Board invites Governments of countries in the region, particularly those where important financial centres are located, to follow the recommendations on the prevention of money-laundering formulated by 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 the CEC.

215. Cannabis is grown in south-east Asia, but reliable information on the extent of its cultivation is not available. The Philippines remains a source of cannabis despite repeated eradication programmes in the last 10 years; in 1993, 7.5 million cannabis plants were eradicated at 74 cultivation sites and 4.6 tonnes of dried cannabis were seized in the Philippines. Cannabis abuse is increasing in many countries and territories in East and South-East Asia. In Hong Kong and Japan, cannabis has become a widely abused drug, mainly among teenagers and young adults. In Japan, the amount of cannabis seized has increased. Cannabis is abused by 90 per cent of the drug abusers in Indonesia.

216. Illicit opium poppy cultivation and opium production continue in south-east Asia. Opium poppy is cultivated mainly in Myanmar, along its borders. Estimates on the extent of the cultivated area and the opium production in that country vary greatly. It is expected that an aerial survey, to be carried out with UNDCP assistance in some areas in the 1994/95 growing season, will enable the magnitude of the opium production in those areas to be properly assessed. Due to unfavourable weather conditions, opium production is expected to decrease in 1994 in the country, which is one of the largest sources of illicit opium in the world. Following the success achieved in Thailand,<sup>18</sup> opium production has also been considerably reduced in some districts in the Lao People's Democratic Republic, where a development project has been conducted with UNDCP assistance. In Viet Nam, where opium poppy is grown primarily by ethnic minority groups in the northern highlands, it is expected that forthcoming UNDCP assistance will lead to the development of projects for the reduction of opium production. The Board notes with satisfaction that the Government of Viet Nam has decided to prohibit opium production in the country; however, the Lao People's Democratic Republic has not yet taken a similar decision. There is evidence that Viet Nam is increasingly being used as a transit country for shipments of opium and heroin from the Golden Triangle area. Opium seizures were reported in China (more than 3 tonnes in 1993) and in the Republic of Korea.

217. There is relatively little information on clandestine heroin laboratories in south-east Asia, except for some reports in 1993 on the dismantling of such laboratories in Myanmar and on the seizure of several laboratories in Malaysia that had been converting imported heroin base into heroin hydrochloride (No. 3 heroin). An increase in heroin seizures was reported in 1994 in Myanmar and in a number of other countries in East and South-East Asia, indicating that diverse trafficking routes have been used. Thailand remains a major outlet for heroin from the Golden Triangle; large containerized shipments of heroin have been seized in that country. Sea routes along the western coastlines of Malaysia and Thailand remain the most favourable routes for

transporting illicit drugs into Malaysia. Seaports and airports in China (Taiwan Province), Hong Kong, Indonesia, Philippines and Singapore remain important transit points for heroin from south-east Asia destined for the United States and elsewhere. Seizures at the airport at Vientiane in August 1994 indicate that traffickers have also been attempting to use the Lao People's Democratic Republic as a transit country.

218. In China, drug traffickers have developed a major alternative land route for transporting heroin from the Golden Triangle. In 1993, about 4.5 tonnes of heroin were seized in the country, a great increase compared with previous figures. The expanding transport and communication systems in China facilitate the movement of illicit drugs within the country. Although drug shipments continue to be transported on land routes from Myanmar through southern China to Hong Kong for overseas distribution, air and rail routes are increasingly being used, extending such activity into the inner provinces of China. Those developments have led to an increase in drug-related criminality. In response to that situation, law enforcement activities have been strengthened at entry points in Yunnan Province, at exit points in Fujian and Guangdong provinces and at Shanghai and along the transit areas of Guizhou and Sichuan provinces.

219. Opium abuse continues to be reported, mainly in rural areas of south-east Asia. In Viet Nam, opium is the main drug of abuse; in rural areas it is smoked, but in urban areas it is injected, thereby contributing to the spread of HIV infection, particularly at Ho Chi Minh City. The Board is concerned about the possibility of traditional opium abuse shifting to heroin abuse among ethnic minorities in the Lao People's Democratic Republic, as a similar shift has occurred in neighbouring countries. Reports from drug treatment centres in Myanmar show that, in 1993, 84 per cent of the first-time drug abusers admitted to those treatment centres were abusing heroin and only 15 per cent were abusing opium. Heroin abuse by injection has increased in the country and the HIV infection rate among such drug abusers has reached 74 per cent. At the end of 1993, there were 54,155 addicts registered in Myanmar. Heroin remains the main drug of abuse in Thailand, where its abuse has spread from Bangkok to the northern hill-tribe areas and southern fishing communities. The spread of HIV infection is a major concern of the Thai authorities. The increasing availability of heroin has contributed to the growing demand for that drug in Malaysia. In Singapore, most drug abusers are heroin smokers; cases involving heroin injection are rare. In the past few years, China has been experiencing an upsurge in heroin abuse, particularly in Yunnan Province, where the increase in AIDS and HIV cases has been attributed to increased drug abuse by injection. Heroin remains the main drug of abuse in Hong Kong, where there were 14,288 registered drug abusers in 1993. Drug-related criminality and the availability and abuse of heroin are increasing in Taiwan Province of China, where in 1993 the number of heroin abusers was estimated to be between 30,000 and 40,000.

220. There are signs that cocaine-related problems are emerging in some countries in East and South-East Asia. Two significant cocaine seizures in the Republic of Korea and the increasing frequency of cocaine seizures in Japan are indications that the region has been targeted by Latin American cocaine trafficking syndicates. The seizure of large amounts of cocaine has been reported in Thailand and some cocaine seizures were also made in the Philippines in 1993.

221. Large-scale illicit manufacture of, trafficking in and abuse of amphetamines (amphetamine and methamphetamine) number among the greatest problems in East and South-East Asia. The abuse of a pure form of methamphetamine hydrochloride, commonly called "ice" because of its crystalline appearance, has been the primary drug problem in Japan for the past 20 years. Methamphetamine hydrochloride is also the most commonly abused drug in the Republic of Korea. The abundant and low-cost supply of methamphetamine has made that drug (commonly known as "shabu") popular in the Philippines. Amphetamines are widely abused in Thailand, mainly among truck drivers and factory workers and in the entertainment industry. To prevent amphetamine abuse, Thai authorities have strengthened legal controls and have introduced periodic urine testing for truck drivers. Methamphetamine, manufactured in clandestine laboratories in southern China, is smuggled into other countries in East and South-East Asia. China is the region's main licit producer of ephedrine (the precursor most commonly used for the

synthesis of amphetamines) and of other chemicals frequently used in clandestine laboratories. In 1993, the Chinese authorities seized 90 tonnes of such chemicals (10 times as much as in 1992), which were destined for heroin laboratories in Myanmar. In order to counteract the activity of criminal groups trying to exploit the potential of the chemical industry, Chinese authorities have introduced an export licensing system for all the substances controlled under the 1988 Convention. The Board encourages the Government of China to continue to enhance its efforts. Legal controls for ephedrine and pseudoephedrine have been strengthened in Thailand, where 1,400 kg of ephedrine were seized in March 1994. In 1993, nine clandestine amphetamine laboratories and 400 kg of amphetamine were seized in Thailand. The dismantling of a major methamphetamine laboratory in February 1994 was reported in Hong Kong, which has become a major distribution and financial centre for "ice" trafficking. Most of the methamphetamine is transported through Hong Kong to illicit markets in Japan, the Philippines or the Republic of Korea. The Philippines is also being used as an important transit country for illicit methamphetamine shipments destined for countries in east Asia and Oceania, as well as for the United States. Substantial amounts of methamphetamine are being smuggled into Japan out of Taiwan Province of China, also an important transit area.

222. According to ICPO/Interpol reports, in July 1994, a large clandestine laboratory for the manufacture of methaqualone was dismantled in the Philippines. The operation resulted in the seizure of about 7 tonnes of methaqualone and the arrest of several traffickers involved in smuggling out of India into the Philippines chemicals used in the manufacture of methaqualone tablets.

223. Several countries in East and South-East Asia have reported on the abuse of other psychotropic substances, but information on the extent and forms of abuse remains limited. The explanation is simple: in many countries in the region, control of the pharmaceutical supply system is insufficient; consequently, pharmaceutical preparations containing narcotic drugs or psychotropic substances can be easily imported and distributed, without the knowledge of the relevant authorities. That is the situation in Cambodia (see paragraph 224, below) and in Myanmar, where pharmaceuticals are being imported and distributed without governmental control. In such situations, the abuse of pharmaceuticals containing any narcotic drug or psychotropic substance is detected only when cases involving diversion draw the attention of law enforcement authorities to the existence of such a problem; for example, in several countries in the region, large amounts of cough syrups containing codeine have been diverted. The Board is convinced that it is important to develop proper control of the pharmaceutical supply system in order to prevent the abuse of such pharmaceutical preparations.

224. In August 1994, the Board sent a mission to Cambodia to discuss and resolve with the health authorities difficulties encountered in applying the provisions of the international drug control treaties. The Board is pleased to note that the health authorities have taken steps to regulate the management of pharmacies and to exercise control over the importation of narcotic drugs and psychotropic substances by introducing an import authorization system. At the same time, the Board wishes to draw the attention of the Government of Cambodia to the dangers posed by the existing street markets, where narcotic drugs and psychotropic substances are openly sold. The Board encourages the Government of Cambodia to become a party to the international drug control treaties.

225. A mission of the Board visited China in September 1994.

226. China is a major producer of chemicals, manufacturing, *inter alia*, ephedrine and acetic anhydride. There are indications of the diversion of ephedrine of Chinese origin from international trade, as well as the use of ephedrine for the illicit manufacture of methamphetamine in China. The Board is confident that the Government will reinforce the mechanisms and procedures for detecting suspicious transactions and will share relevant information in a timely manner with the Board and with national authorities of other countries. (For other cases involving the diversion of ephedrine, see paragraphs 105-107, above).

227. There have been reports on seizures by the authorities of Myanmar of acetic anhydride produced in China and smuggled into Myanmar for the clandestine manufacture of heroin. The Board appreciates the efforts of the Chinese law enforcement services (particularly those of Yunnan Province) to prevent such illicit traffic. The Board trusts that, in addition to border controls, appropriate controls will be applied to the manufacture and distribution of acetic anhydride in particular and of all the other substances in Table I and II of the 1988 Convention, as provided for under article 12 of that Convention. The Board would like to obtain more information on the functioning of the control of precursors and chemicals by, *inter alia*, visiting the places where those chemicals are being manufactured.

228. The Board sent a mission to the Lao People's Democratic Republic in September 1994. The Board regrets the lack of comprehensive drug legislation in that country. It has, however, noted with satisfaction the effective control of the licit movement of narcotic drugs, psychotropic substances and precursors by the Ministry of Health, which has made use of administrative regulations for an interim period. The activities of the newly established "counter-narcotics" unit has already resulted in substantial seizures of heroin passing through the country. The Board trusts that the coordination of drug control efforts between agencies will be enhanced through the Lao national commission for drug control and supervision. The Board is aware that a pragmatic approach is being taken by the Government to curtail opium production by providing adequate infrastructure and alternative means of income to poppy growers, as a matter of high priority, with a view to applying fully the provisions of the 1961 Convention as amended by the 1972 Protocol regarding the illicit production of opium. The Board hopes that the Government will accede to the 1971 and 1988 Conventions as soon as possible and will fully implement all of the provisions of the international drug control treaties.

## 2. South Asia

229. Of the six States in South Asia, four are parties to the 1961 Convention and three are parties to the 1971 Convention. With the exception of Maldives, all the States in the region are parties to the 1988 Convention.

230. The Board welcomes the increasing cooperation between India and some of its neighbouring countries in south-west and south-east Asia. In the prevention of the illicit traffic in heroin and acetic anhydride, cooperation between India and Pakistan is a key issue. The Board appreciates the development, with UNDCP assistance, of operational modalities between the law enforcement authorities of the two countries. The South Asian Association for Regional Co-operation developed a convention on illicit traffic in narcotic drugs and psychotropic substances, which came into force in 1993. It is hoped that that convention, which is modelled on the 1988 Convention, will contribute to the strengthening of drug control in South Asia.

231. The narcotic control act of 1976 of Nepal was amended in 1993 with a view to bringing legislation into harmony with the provisions of international drug control treaties in general and with those of the 1988 Convention in particular. New legislation has been introduced in Maldives in 1994, including provisions in line with those of the 1988 Convention.

232. The Board invites Governments of countries in South Asia to undertake demand reduction programmes. The active role of non-governmental organizations in the field of demand reduction in Bangladesh, India, Nepal and Sri Lanka is appreciated, but unfortunately those efforts are not commensurate with the needs of the region.

233. Illicit cannabis cultivation has continued in the entire region. In India, 2,587 hectares of illicit cannabis plants were destroyed in 1993. In Nepal, where cannabis grows wild in the hilly areas and is cultivated in small plots in the plains, large amounts of cannabis have been destroyed. Illicit cannabis cultivation has also been reported in Bangladesh and Sri Lanka. Increasing illicit traffic in and abuse of cannabis have been reported in several countries in the region. In India, almost 100 tonnes of cannabis were seized in 1993, representing an increase of 50 per cent

compared with the figure for 1992. The smuggling of cannabis resin out of Nepal and south-west Asia has continued. The number of cannabis smokers in Bangladesh has been estimated at 300,000, and increasing abuse of cannabis oil (e.g. liquid cannabis extract) has been reported in Maldives.

234. India is the only licit exporter of opium in the world. The status of licit opium poppy cultivation and opium production in that country is presented in paragraphs 52-60, above.

235. Illicit opium poppy plantations were discovered and eradicated in Uttar Pradesh and Arunachal Pradesh in India.

236. According to the Government of India, clandestine heroin manufacture is on the increase in that country: in 1993, several laboratories were dismantled in Uttar Pradesh; the existence of some laboratories was suspected in Madhya Pradesh and Rajasthan, where in March 1993 a major laboratory was destroyed. Increased law enforcement activity led to the seizure of 20,000 litres of acetic anhydride in India in 1993. An increase in heroin seizures has been reported in India, Nepal and Sri Lanka. An increase in opium seizures has been reported in India.

237. Increasing heroin abuse has been reported in the entire region. Heroin abuse is a major problem in urban areas of India, Maldives and Nepal. In India, heroin abuse has spread from Bombay, Calcutta and New Delhi to rural areas. A survey on drug abuse will be carried out by a non-governmental organization with UNDCP assistance in Manipur, Mizoram and Nagaland and at one of the large cities in India in the period 1994-1995, allowing a better assessment of the situation. The increasing incidence of the parenteral administration of heroin has continued to be a major concern of the Indian authorities. In its report for 1993,<sup>19</sup> the Board drew attention to that problem, which has also emerged in Nepal and Sri Lanka.

238. The abuse of cough syrups containing codeine is continuously being reported in Bangladesh, (north-eastern) India, Maldives and Nepal. Intravenous pethidine abuse has been reported again in Bangladesh. Buprenorphine, which is licitly manufactured in India, is increasingly being abused in Bangladesh, India and Nepal. The Board notes with concern the first reports on the spreading of the abuse of a synthetic opioid that is manufactured in the region.

239. Some abuse of amphetamines and sedatives has been reported in several countries in South Asia, but the greatest problem related to psychotropic substances remains the illicit manufacture of methaqualone in India, and the smuggling of that substance into Africa. The drastic increase in seizures in India in the 1990s has continued: seizures in 1993 amounted to twice the total for 1992; in the first quarter of 1994, 7 tonnes of methaqualone were seized, including the largest ever seizure, about 4.8 tonnes. In March 1994, a large clandestine laboratory for manufacturing methaqualone was dismantled in India. The Board expects that the introduction of the monitoring of *N*-acetylanthranilic acid and anthranilic acid, the two main precursors of methaqualone, will help the Indian authorities to better deal with the methaqualone problem. Large amounts of methaqualone are smuggled out of Bombay into the eastern and southern parts of Africa, using different trafficking routes (see paragraph 140, above) but the recent seizure in the Philippines of 7 tonnes of methaqualone in a clandestine laboratory (see paragraph 222, above) might be regarded as a sign of the expansion of illicit traffic in methaqualone.

### 3. West Asia

240. In 1994, Kyrgyzstan acceded to the 1961 Convention, the 1971 Convention and the 1988 Convention. Of the 25 States in West Asia, 18 are parties to the 1961 Convention, 15 are parties to the 1971 Convention and 14 are parties to the 1988 Convention. Georgia, Kazakhstan, Tajikistan, Turkmenistan, Uzbekistan and Yemen are not parties to any of the international drug control treaties. The Board urges all States in the region that have not already done so to become parties to those treaties.

241. A training seminar of the Board for drug control administrators in West Asia, organized by UNDCP in cooperation with the Government of Turkey, took place at Ankara in October 1994. It was the first time that such a seminar was held in the region. The Board trusts that the well-functioning drug control administration of the Turkish Government will be able to assist those countries in the region, especially member States of the Commonwealth of Independent States (CIS), that need to establish and strengthen their drug control systems.

242. The Golden Crescent and the newly independent States in central Asia and in the Caucasus are the subregions of West Asia that are most affected by consequences of the illicit cultivation of cannabis and opium poppy, the production of cannabis resin and opium, the manufacture of morphine and heroin, and the increasing abuse of locally produced or manufactured narcotic drugs. The drug problem is not limited to those countries where illicit cultivation, production or manufacture takes place, because the territories of several other countries in West Asia and on the Arabian Peninsula are used by drug trafficking organizations as transit points.

243. The Golden Crescent is one of the major illicit drug-supplying areas of the world. Afghanistan or Pakistan is the source of some 75 per cent of the heroin seized in Europe, 25 per cent of the heroin seized in the United States and 75 per cent of the heroin consignments intercepted in transit in Africa and the Arabian Peninsula, as well as a great proportion of the cannabis resin seized in Europe.

244. The CIS member States in central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) are experiencing enormous socio-economic difficulties associated with the collapse of the structures of the former Union of Soviet Socialist Republics. Chronic budgetary deficits, galloping inflation, negative industrial growth, constantly increasing unemployment, ethnic conflicts and open civil war (in Tajikistan) have contributed to a drastic increase in criminality in general and drug-related criminality in particular. Those countries are illicit producers of cannabis, cannabis resin, opium and ephedrone and have already become suppliers for other CIS member States. In addition, because of the lack of border controls, central Asia has become a transit route for cannabis resin and heroin originating in south-west Asian countries and destined for Europe. Each of the five CIS member States in central Asia lacks the basic resources for an effective drug control structure; and all law enforcement efforts are hampered by poor technical equipment, chronic lack of fuel, inefficient communication systems and shortages of trained staff.

245. The Board appreciates the efforts of the national authorities in central Asia to prevent illicit drug production, manufacture and trafficking under such conditions. The successfulness of those efforts is reflected in the arrest of approximately 3,000 illicit traffickers annually in the Chu Valley in Kazakhstan, the seizure of 14 tonnes of Afghan cannabis resin destined for the Netherlands and 1 tonne of Afghan heroin *en route* to Turkey by the law enforcement services of Uzbekistan in 1993, and the dismantling of 36 clandestine laboratories in Kyrgyzstan. The Board, while appreciating the assistance provided by UNDCP to the CIS member States in central Asia for the development of legislation and drug control structures in those countries, appeals to the international community to increase its support of the efforts of the Governments to solve their enormous problems.

246. The Board would like to draw the attention of international organizations to the fact that the situation of the CIS member States in the Caucasus (Armenia, Azerbaijan and Georgia) is similar to that of the CIS member States in central Asia. There is also an urgent need to increase international assistance.

247. In the CIS member States in central Asia, the abuse of cannabis, opiates (e.g. poppy straw extracts and opium) and ephedrone constitutes the main problem. The spread of the abuse of opiates and ephedrone by injection is a major concern of the authorities in those countries. Ephedrone can be easily manufactured from ephedrine, even in small clandestine laboratories. Ephedrine is licitly manufactured by the pharmaceutical company at Chimkent, Kazakhstan, and

it is illicitly extracted, in "kitchen" laboratories, from the *Ephedra* plant, which grows wild in the mountainous regions of Kazakhstan and throughout Kyrgyzstan. Ephedrone abuse, by intravenous injection, is no longer limited to central Asia; it is spreading across the CIS member States in Europe as well.

248. The situation in the CIS member States in central Asia is also conducive to money-laundering: poorly controlled privatization of state property, mushrooming private banks, and insurance and trade companies operating where boundaries between legal and criminal business activities are not clearly defined. Drug-related organized crime is spreading in countries where money-laundering is not illegal. The Board would like to draw the attention of the Governments concerned and the rest of the international community to the urgent need to introduce immediately appropriate legal, administrative and law enforcement countermeasures.

249. The trafficking route leading from Afghanistan and Pakistan through the Islamic Republic of Iran to Turkey remains the main route used to transport cannabis resin and heroin to illicit markets in Europe; and Turkey continues to be used by illicit drug traffickers as the main distribution centre. There are signs that such drugs are increasingly entering Turkey from CIS member States in central Asia or in the Caucasus.

250. According to unofficial estimates, at least 500,000 people, representing about 1 per cent of the total population of the five CIS member States in central Asia, are occasional or regular drug abusers. The Board appreciates the organization by WHO of a regional seminar on the prevention of substance abuse and HIV infection, held at Chimkent, Kazakhstan, in May 1994.

251. The Board welcomes the signing in May 1994 of a memorandum of understanding between the Islamic Republic of Iran and Pakistan, with the support of UNDCP, covering the most important areas of drug control. The Board is confident that the implementation of the projects foreseen in the memorandum of understanding will lead to joint action and improved communication between the contracting parties. The Board hopes that the economic collaboration developing between the CIS member States in central Asia and Turkey and between the Islamic Republic of Iran and Pakistan, either directly or through their participation in the Economic Cooperation Organization, will lead to closer cooperation at the operational level in the fight against illicit drug trafficking.

252. Illicit opium production and drug manufacture have had a negative impact on the national economy of Pakistan, leading, at the same time, to the propagation of heroin abuse in the country, with all of its negative public health and social consequences. Illicit drug profits have contributed to a large extent to the proliferation of corruption. The Board hopes that the policies and intentions announced by the new Government in late 1993 and the action taken in the first six months of 1994 (the approval of several drug-related laws and bills, the restructuring of the drug control administration, and preparatory work for the development of a comprehensive drug law) will be continued, leading to an improvement in the situation and to further UNDCP-assisted projects.

253. The Board would like to draw attention to the urgent need for international assistance aimed at developing preventive measures in the Palestinian territory before the administrative weaknesses and the drug production potential of that territory can be exploited by drug trafficking organizations.

254. There are reports on the increasing use of seaports of States in the Persian Gulf area as transit points for the shipment of heroin and cannabis resin originating in West Asia or in south-east Asia. The same places are also used as transit points for the shipment of illicit methaqualone from India and fenetylline and other stimulants, mainly from Europe (see paragraph 279, below). The Board welcomes the subregional coordination of the activities of law enforcement agencies of the member States of the Cooperation Council for the Arab States of the Gulf (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates) and agencies of the Council of

Arab Ministers of the Interior. Member States of the Cooperation Council for the Arab States of the Gulf have agreed to implement the recommendations of 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. The Board appreciates that initiative because the uncontrolled movement of large amounts of foreign exchange and investments in those countries is conducive to money-laundering.

255. With the increase in drug abuse, there is a real need for efforts to reduce illicit drug demand in the region. Unfortunately, with the exception of the UNDCP-funded integrated drug demand reduction project in Pakistan and a drug awareness programme in Afghanistan, the well-organized special programmes, treatment and rehabilitation modalities in Israel and some successes reported by the Islamic Republic of Iran, there have been few activities oriented towards prevention, treatment and rehabilitation. The Board hopes that a regional demand reduction workshop to be held in the near future will encourage national demand reduction initiatives.

256. Large-scale cannabis cultivation has continued in Afghanistan and Pakistan. In 1993, 193 tonnes of cannabis products (mainly resin) were seized by Pakistan authorities. The fact that illicit cannabis production and trafficking have increased further is evidenced by the seizure of 113 tonnes of cannabis products in Pakistan in the first four months of 1994.

257. The abuse of cannabis and cannabis resin remains a major problem in West Asia. Large amounts of cannabis products are consumed in the producer countries in the region (Afghanistan and Pakistan). Increased abuse of such products has been reported in the CIS member States in central Asia, and cannabis and cannabis resin are the most abused drugs in West Asian countries bordering the Mediterranean and the Persian Gulf.

258. In the crop year 1993/94, UNDCP carried out an opium poppy cultivation ground survey in Afghanistan. The Board expects that an evaluation of the results will make it possible to assess the extent of poppy cultivation and opium production. According to a survey carried out by UNDCP in Pakistan in the crop year 1993/94, the area under opium poppy cultivation in that country decreased to 5,800 hectares, compared with 7,300 hectares in the previous crop year. The raw opium yield is estimated to be between 170 and 190 tonnes in Pakistan.

259. According to the Government of the Islamic Republic of Iran, law enforcement efforts in recent years have led to the eradication of opium poppy cultivation in that country.

260. Opium poppy is illicitly cultivated in profusion on small-scale individual plots in Kazakhstan (in the southern part of the country only), Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Total opium poppy cultivation in central Asia has been estimated at 5,000 hectares, with an average yield of about 15 kg of raw opium per hectare. In Uzbekistan, eradication campaigns have been conducted annually, resulting in the manual eradication of an average of 150 tonnes of poppy plants per year. Similar campaigns have also been reported in other CIS member States in central Asia.

261. There are indications that increased control measures and law enforcement activities of the Indian and Pakistan authorities have led to a shortage of acetic anhydride in Afghanistan and Pakistan. Illicit heroin manufacture has continued in the region. Clandestine laboratories in Afghanistan have been relocated to the northern parts of the country and large amounts of opium and morphine have been smuggled out of Afghanistan and Pakistan into other countries in the region for further processing. The expanding illicit traffic in opium is reflected in the drastic increase in the amounts seized in Pakistan: 4.6 tonnes in 1993 compared with 12.3 tonnes in the first four months of 1994. According to the Government of Lebanon, between 2.5 and 3 tonnes of morphine base is converted annually into heroin in clandestine laboratories in that country. A major part of the morphine base is smuggled into Turkey, where it is converted into heroin using acetic anhydride that is also smuggled into that country, mainly from Europe.



262. Preventing the smuggling of opium and morphine into the Islamic Republic of Iran and preventing the processing of those drugs into heroin constitute great problems for that country. According to the Government, successful law enforcement activities have led to the elimination of clandestine heroin and morphine laboratories in the country.

263. A national survey on drug abuse in Pakistan, carried out in late 1993, showed that in 1993 one half (1.52 million) of the more than 3 million drug abusers were abusers of heroin, a substantial increase compared with the results of a survey carried out in 1988. Although heroin was usually smoked, a small proportion of the heroin abusers administered the drug by injection. That development had emerged in the Karachi area, raising concerns about the increased risk of transmission of hepatitis and HIV infections. According to the survey, there were about 162,000 opium abusers in Pakistan in 1993. Heroin abuse has also been reported in several other countries in the region. The lack of data makes it difficult to evaluate the drug abuse situation in Afghanistan, but a drastically increasing trend has been reported in some provinces of that country. The spreading of drug abuse seems to have further aggravated the socio-economic situation of those countries.

264. Some abuse of sedatives and stimulants has been reported in Israel, Lebanon and the Syrian Arab Republic, as well as in several countries on the Arabian Peninsula. Among stimulants, the illicit traffic in and abuse of fenetylline or fake fenetylline remain problems in Saudi Arabia and in some other countries in the area of the Persian Gulf.

265. The use of khat (*Catha edulis*), which is not under international control, has continued in Saudi Arabia and Yemen.

266. In June 1994, the Board sent a mission to Lebanon to assess the drug control situation and to promote compliance with the provisions of the international drug control treaties. It was the first mission of the Board since the end of civil war in that country. The Board is aware of the disastrous consequences of the civil war, which lasted for 17 years.

267. The Board highly appreciates the successful eradication campaigns in Lebanon, which put an end to the illicit cultivation of cannabis and opium poppy in the Beqa'a valley. In order to maintain the momentum, suitable assistance should continue to be provided to the former cannabis and opium poppy growers in the Beqa'a valley. The Board appeals to the international community to increase its financial and technical assistance to Lebanon. The Board welcomes the United Nations Development Programme (UNDP)/UNDCP integrated area development programme, which will start in the Beqa'a valley in 1996.

268. The Board is satisfied that the Government of Lebanon intends to ratify the 1971 and 1988 Conventions, to which Lebanon is not yet a party. The Board draws the attention of the Government to the danger that illicit drug traffickers might attempt to use the banking system in Lebanon for money-laundering. The Board is confident that the implementation of the provisions of those conventions will also lead to a restructured control administration, which is necessary for the supervision of licit trade, and to strengthened control measures at entry and exit points. The Board appeals to the international community to provide adequate financial and technical assistance for those purposes.

269. The Board undertook a mission to Turkey in June 1994, where it discussed drug control and related matters, including measures to balance the worldwide supply of and demand for opiate raw materials. The Board appreciates that the licit control of narcotic drugs and psychotropic substances in that country was being conducted in strict conformity with the requirements of the international drug control treaties.

270. The Turkish Government assured the Board that it would, in the near future, ratify both the 1961 Convention as amended by the 1972 Protocol and the 1988 Convention. Turkey is

already applying strict control measures in respect of most of the substances listed in the 1988 Convention.

271. The Board recommends that the Turkish Government should undertake a nationwide survey to determine the extent and nature of drug abuse in the country. In order to strengthen customs control along the borders and seacoasts, Turkey has trained law enforcement staff, and it plans to assist in training, within the framework of a UNDCP project, law enforcement in neighbouring countries, including CIS member States. The Board invites the international community to provide adequate technical equipment to Turkey for those purposes.

#### **D. Europe\***

272. Since the last report of the Board was published, the Czech Republic and Lithuania have become parties to the 1961 Convention. Thirty-eight States in Europe are parties to that Convention.

273. The Czech Republic and Lithuania have also become parties to the 1971 Convention, increasing to 34 the number of European States that are parties to that Convention. Albania, Austria, Belgium, Liechtenstein and Switzerland are still not parties to that Convention. The Board has continued to urge those States to introduce without delay the control requirements for psychotropic substances, thereby showing their solidarity with States in which the abuse of such drugs constitutes a major problem.

274. The Czech Republic, Finland, Germany, Latvia and Poland have become parties to the 1988 Convention. Twenty-six States in the region are parties to that Convention.

275. Since the last report of the Board, its missions have visited the following seven countries in the region: Belarus, Belgium, Denmark, Italy, Luxembourg, Spain and Switzerland (see paragraphs 309-327, below).

276. Some decisive legislative, organizational and strategic action has taken place in the European Union. The ratification of the Treaty on European Union (the Maastricht Treaty)<sup>20</sup> has provided drug control with a legislative basis that did not exist under the Treaty establishing the European Economic Community (the Treaty of Rome)<sup>21</sup> or the Single European Act.<sup>22</sup> The Maastricht Treaty, which entered into force in November 1993, has opened the possibility for an integrated approach and the adoption of specific provisions in the field of drug control. The European Council established the European Monitoring Centre for Drugs and Drug Addiction at Lisbon in April 1994. The Board welcomes the fact that the European Union action plan to combat drugs for the period 1995-1999 will give special attention to demand reduction. To combat illicit traffic, the Europol Drugs Unit was created in June 1994. The Unit operates as an intelligence and criminal analysis centre, enabling police and customs officials to combine their efforts with those of 21 country representatives and 30 support personnel. The operation allows immediate access to individual criminal files by member States of the European Union. The number of countries participating in the programme on drugs of PHARE (originally, Poland/Hungary Aid for the Reconstruction of the Economy), an assistance programme for countries in central and eastern Europe, has increased from 6 to 11. The five new countries are Albania, Estonia, Latvia, Lithuania and Slovenia.

277. Almost all countries in Europe were represented at the second pan-European ministerial conference, held at Strasbourg, France, in February 1994. The conference, which was organized

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\*The grouping of the countries under Asia and Europe is based on the new arrangement used by the Statistical Division of the Secretariat.

by the Council of Europe, recommended that the Pompidou Group and UNDCP should expand the multi-city study of drug abuse to include cities in central and eastern Europe.

278. Drug-related problems have continued to escalate in all CIS member States, endangering not only people's health but also threatening economic and social stability. Drug-related crime destabilizes the process of creating democratic "law-governed" States and is increasingly infiltrating the economic and social sectors of CIS member States, which are in a delicate period of transition. Money-laundering operations, largely carried out by drug traffickers using CIS banks, are particularly harmful to the emerging market-oriented economies.

279. In the CIS member States in Europe (Belarus, the Republic of Moldova, the Russian Federation and Ukraine), cannabis and poppy straw are the major locally produced drugs. Authorities are concerned, however, about the rapidly increasing illicit manufacture of synthetic drugs (opiates and psychotropic substances). Hundreds of clandestine laboratories were discovered and dismantled in those countries in 1994. Because controls on borders between CIS member States are practically non-existent, large volumes of illicit drugs are being smuggled into those countries, either from production sources in CIS member States or through them from other countries in Asia. New developments include the appearance on illicit markets of heroin from Afghanistan, buprenorphine from India and cocaine from countries in Latin America. At the same time, traffickers operating in Belarus, the Russian Federation and Ukraine have been expanding their drug smuggling operations to include the Baltic States (Estonia, Latvia and Lithuania) and other countries in eastern, central and western Europe.

280. UNDCP has provided assistance in drafting drug control legislation for several CIS member States. Following UNDCP missions to Belarus and Ukraine in 1994, multisectoral drug control assistance projects aimed at institution-building, strengthening control measures, reducing the illicit supply of and demand for drugs, and introducing measures against money-laundering were initiated in those two countries. The Board appreciates those initiatives by UNDCP and invites the international community to support those efforts.

281. In western Europe, there has been an important shift in the attitude of advocates of legalization of drugs of abuse. Until recently, they were emphasizing separating the use of cannabis from that of other narcotic drugs. In other words, restrictions imposed on the non-medical use of other, in their opinion "really" addictive, narcotic drugs (e.g. opiates) should be maintained, but the use of cannabis should be accepted by society. Such views contributed to misleading interpretations of a constitutional court decision in Germany on the compatibility of penal measures foreseen in German drug legislation on the abuse of cannabis. While the court decision in fact confirmed the drug law and the drug policy of the Government, reports in the media were misleading, describing the decision as legalizing the consumption of cannabis in Germany. Those reports have led to confusion in and outside Germany and might have a negative impact on efforts to prevent drug abuse. The constitutional court in fact confirmed the strategy of the Government to ensure that occasional drug abusers, whenever it was in the public interest and facilitated their rehabilitation, were assisted by the authorities and not necessarily punished by the courts. Possession of cannabis for the purpose of consumption has been and remains in principle a punishable offence in Germany.

282. The same forces used to highlight the successes of the policy in the Netherlands of separating cannabis use from the non-medical use of other drugs. It is, however, questionable whether the theory of the separation of markets has ever demonstrated its practicability. Places where cannabis distribution is tolerated have attracted traffickers of other drugs and abusers, as well as potential abusers; thus, all types of drugs seem to be readily available at such places. That situation might have influenced the attitude of advocates of legalization. The emphasis is no longer on separating the use of cannabis from the use of other drugs; instead, it is on mitigating or reducing the harmful consequences of drug abuse, as opposed to preventing drug abuse, because in their opinion the non-medical use of all drugs should be accepted by society. That

philosophy does not differentiate any more between so-called "soft" and "hard" drugs;<sup>23</sup> the aim is the acceptance of the use of drugs in general in European society.

283. The situation in some big European cities, such as Zurich, illustrates the consequences of almost unrestricted availability of drugs of abuse. The many years of tolerating the sale and use of such drugs at certain places in the city of Zurich resulted in abusers, as well as traffickers, being attracted from many parts of Switzerland and from other countries, to a situation that the authorities could control only with difficulty. An attitude of non-intervention led to increasing drug abuse and illicit trafficking. Attempting to introduce now, as suggested by some local forces in the country, the legal distribution of heroin within a broad circle of addicts, not taking into account the long-term effects that it will have on the individual and on society as a whole, is a risky undertaking.

284. Reduction of illicit drug demand was dealt with as a special topic in the report of the Board for 1993.<sup>24</sup> In the opinion of the Board, demand reduction constitutes one of the most important elements in the fight against drug addiction. The importance of "harm reduction" (called, in some cases, tertiary prevention) was also stressed by the Board in its report for 1993<sup>25</sup> because it is not only in the interest of society but also the humanitarian duty of society to help people who are the victims of drug addiction. Methods such as the free distribution of sterile needles might reduce or mitigate the suffering of individuals but should not be considered substitutes for comprehensive demand reduction policies. In addition, harm reduction programmes should not be more harmful than the harm that they are intended to prevent.

285. Legalization of the non-medical use of drugs would increase drug demand (there would no longer be any "illicit" drug demand). Consequently the replacement of demand reduction by harm reduction would logically weaken the efficiency of drug demand reduction programmes in general and would lead to the elimination of one of the fundamental elements of primary prevention: the reduction of illicit drug supply, that is, limitation of the availability of drugs.

286. Although they are activists who perceive themselves to be devoted to the fight against drug abuse, some advocates of legalization imply that they are expressing public opinion. The Board wishes to draw attention to an opinion poll recently published by the Plan Nacional Sobre Drogas of Spain which shows that only 4 per cent of the people of that country above the age of 18 support legalization, while over 60 per cent plainly favour penalization of the non-medical use of drugs and over 30 per cent are even against the use of substitutive (methadone) treatment for heroin addicts. In the opinion of the Board, the results of the poll in Spain are much more in conformity with the attitude of society in many other European countries than are the subjective views of some individuals or groups published in the mass media, which may, by presenting simplistic approaches, misdirect public opinion.

287. The licit cultivation of cannabis for industrial purposes is on the increase in Europe. Hemp, which was widely cultivated until the end of the nineteenth century, has subsequently been replaced by cotton, wood cellulose and synthetic fibres. The growing preference for using natural materials instead of synthetic products and the realization of the harmful consequences of the exploitation and eradication of forests, together with the emergence of other public health, economic and environmental considerations, have led to the revitalization of hemp (and flax) cultivation for the textile and paper industries. As a result of comprehensive research, a number of cultivated cannabis varieties with good potential for fibre production and low THC content have been developed in each country with a cannabis hybridization programme (for example, France, Hungary, Italy, Netherlands and Romania). In order to encourage fibre flax and hemp cultivation in the European Union, aid is granted to farmers in accordance with regulations of the Council of the European Community and CEC. The regulations require, *inter alia*, the establishment of a licensing and registration and control system and properly define which cannabis varieties are authorized for cultivation (i.e. those with a THC content of less than 0.5 per cent).

288. The Board expects Governments to take all measures to prevent the cultivation of cannabis varieties with a THC content higher than 0.5 per cent. Those measures might include the distribution of cannabis seeds by a State-run monopoly or an agency under governmental authority, which could ensure the proper selection and control of the seeds, and the establishment of a system for controlling cannabis cultivation. Many elements of the above-mentioned regulations might be taken into consideration by other countries in the region in developing the necessary preventive measures.

289. In the CIS member States in Europe, cannabis grows wild on more than 1 million hectares across the Russian Federation and on vast areas of Belarus, the Republic of Moldova and Ukraine. Illicit cannabis cultivation, as well as cannabis eradication efforts, have been reported in those CIS member States. In the Republic of Moldova, for example, more than 1,000 cannabis plots were destroyed in 1993. Some cases involving the illicit cultivation of cannabis (using seeds with a high THC content imported from the Netherlands) have been discovered in Hungary. There have been signs that illicit cannabis cultivation is also taking place in other central and eastern European countries. The dismantling of a number of greenhouses in which cannabis had been illicitly cultivated has been reported in the Netherlands.

290. Huge quantities of cannabis and cannabis resin are being smuggled out of Africa and West Asia and into Europe. In 1993, 500 tonnes of cannabis were seized in Europe. Morocco remains the largest single source of all cannabis seized in Europe, but significant quantities of cannabis are being smuggled into Europe out of western Africa. Because of its strategic location along the Mediterranean and Atlantic sea routes, Spain is the principal point of entry for illicit cannabis consignments destined for European markets. The territories of CIS member States in Europe are increasingly being used as transit points for illicit cannabis resin shipments from West Asia destined for western European countries, as illustrated by a single seizure in Belarus of about 2.4 tonnes of cannabis resin from Afghanistan on its way to Germany. There are reports of illicit cannabis resin production in CIS member States in Europe. According to ICPO/Interpol reports, trafficking in cannabis oil (liquid cannabis extract) is increasing in western Europe.

291. Cannabis remains the main drug of abuse in Europe as a whole. Increasing cannabis abuse has been reported in several European countries, mainly in the central and eastern parts of the region. Cannabis is reported to be abused on a large scale throughout Belarus, the Russian Federation and Ukraine.

292. Most cases involving illicit poppy cultivation in Europe have been in the Republic of Moldova, the Russian Federation and Ukraine. Over 13,000 poppy cultivation sites have been detected and destroyed annually in the Russian Federation; and in 1993, a total of 903 cultivation sites were destroyed in the Republic of Moldova. A ban against poppy cultivation, introduced in 1987 in the former Union of Soviet Socialist Republics, is still in effect in the CIS member States, but its enforcement has been hindered by the continuing demand for poppy seeds. Farmers cultivate poppy mainly to satisfy that demand, but the same plots of land are also used for the production of opium and poppy straw. The Board wishes to draw the attention of the Governments concerned to the possibilities offered by the development of new poppy varieties with a low morphine content. Such varieties have been distributed to farmers in Poland who are engaged in poppy cultivation for the production of seeds.

293. With the exception of the CIS member States in Europe and some central and eastern European countries, where drug abusers have clandestinely attempted to obtain the latex from poppy capsules by lancing, there have been no signs of organized opium production in Europe. In the same countries, abusers have continued to prepare extracts from poppy straw for their personal use. There have also been attempts to convert the morphine content of such extracts into raw heroin. That form of abuse has led to the development of significant illicit traffic in poppy straw within and between CIS member States in Europe.

294. According to ICPO/Interpol reports, heroin seizures in Europe reached a record high level of over 8 tonnes in 1993. Between 80 and 90 per cent of the seized heroin originated in the border area of Afghanistan and Pakistan and had been smuggled across the Islamic Republic of Iran, CIS member States in central Asia and Turkey to Europe. Heroin traffic has diversified, shifting from Yugoslavia and its former republics to several alternative routes, as illustrated by the drastic increase in heroin seizures in Hungary. Sea routes through southern Europe and land routes through CIS member States are increasingly being used by drug traffickers. Western Europe remains the main destination of the illicit heroin consignments; however, heroin originating in Afghanistan has recently appeared on the illicit drug markets of Belarus, the Russian Federation and Ukraine. A significant drop in heroin seizures was noticed at airports in western European countries, and there are signs that airports in central and eastern European countries are being increasingly used by traffickers.

295. The Italian authorities have initiated the development of an information system called "Tele-drug" for communication between countries along the Balkan and the Baltic routes. Thirteen countries have already joined the initiative. The system enables law enforcement agencies of the contracting parties to gain access to information in a common data bank.

296. In some western European countries, a decrease in heroin abuse among youth has been reported. That development has been associated with a substantial increase in the number of abusers of cocaine (and, in some cases, amphetamine) in those countries. Heroin abuse seems to be on the rise in countries in central and eastern Europe, including CIS member States, where (at least in Belarus, the Russian Federation and Ukraine) poppy straw extracts remain the most abused opiates.

297. Synthetic opioids (such as methadone and pethidine) are increasingly being used in combination with other drugs by multiple drug abusers. The illicit manufacture of synthetic opioids (including 3-methylfentanyl) and their increasing abuse have been reported in the Russian Federation.

298. Data from ICPO/Interpol for 1993 indicate the seizure of a record 18 tonnes of cocaine in Europe, with Spain intercepting the bulk (5.3 tonnes) of that total. Portugal and Spain remain the primary entry points for cocaine being smuggled into Europe. Seaports in Belgium and the Netherlands are frequently used by illicit traffickers. The substantial increase in seizures indicates that seaports and airports in central and eastern Europe (above all, seaports in Poland and the airport at Prague) are used for the transshipment of cocaine. Increasing cooperation between criminal gangs based in Poland and in countries in Latin America has been reported by law enforcement authorities. The flow of cocaine into Europe has continued into 1994. In January 1994, 1.3 tonnes were seized in France. And in March 1994, the largest cocaine seizure ever in Europe took place in Italy: 5.4 tonnes of cocaine originating in Colombia.

299. A rise in the smuggling of coca paste into Europe suggests a proliferation of "kitchen" laboratories for refining cocaine. Seizures of quantities of crack measurable in kilograms are increasingly being reported in several European countries.

300. A substantial increase in cocaine abuse is being reported in most countries in Europe. In several countries a shift from heroin to cocaine abuse has been reported. The increasing availability of crack indicates that its abuse is rapidly expanding in many large cities in Europe. Violence is associated with crack abuse. In 1993, there were 10 murders and 21 attempted murders related to crack in London. There have also been a number of drug-related incidents involving firearms in major cities in the United Kingdom.

301. The appearance of cocaine from Latin America on the illicit markets of Belarus, the Russian Federation and Ukraine is an alarming new phenomenon.

302. The illicit manufacture of amphetamines has remained a major problem in Europe. From 1992 to 1993, the amount of amphetamines seized practically tripled, rising from 573 kg to 1,450 kg. Some 80 per cent of the seized amphetamines originated in the Netherlands. Clandestine laboratories in Poland have continued to be important suppliers of amphetamines for illicit markets in Scandinavian countries, and the Baltic States have played a significant role in smuggling the substances into those countries. In the Czech Republic, several clandestine methamphetamine laboratories that had been using ephedrine as a precursor were dismantled in 1993. Ephedrine is synthesized in the Czech Republic, for licit purposes (see also paragraphs 105 and 107, above); and natural ephedrine, extracted in Slovakia from *Ephedra vulgaris*, a plant commonly found in the southern part of that country, is also used in the illicit manufacture of methamphetamine. Several clandestine amphetamine laboratories have been detected in Germany and the United Kingdom, and, more recently, in Ukraine.

303. Increasing amphetamine abuse has been reported by many countries in Europe; in some countries, that development has included a shift in the preference of some abusers from heroin to amphetamines (and/or cocaine). The number of first-time amphetamine abusers is also rising in some countries in the region. In the United Kingdom, amphetamine sulphate remains the second most widely abused drug, after cannabis. Increasing methamphetamine and ephedrine abuse is reported in Belarus. The abuse of ephedrone (methcathinone, known also as "cat" in the United States; see the report of the Board for 1993<sup>26</sup>) continues in the Russian Federation and in other CIS member States (see paragraph 247, above).

304. There are some reports on the prescribing of amphetamine to patients addicted to amphetamine-type drugs. In the opinion of the Board, because of the negative results of similar, extensive experiences in Japan, Sweden and some other countries, such experiments should be abandoned.

305. A drastic increase in seizures of MDMA, commonly known as "ecstasy", has been reported in most countries in Europe, reflecting an increase in its illicit manufacture, mainly in the Netherlands. In Spain, for example, seizures of MDMA and similar drugs increased substantially between 1991 and 1993; and in the United Kingdom, unusually large seizures of such drugs have been made, including one seizure of almost 1 million tablets. Most western European countries are concerned about the rapid spread of the abuse of "disco drugs", such as MDMA, methylenedioxymphetamine (MDA) and *N*-ethylmethylenedioxymphetamine (MDEA).

306. Sodium oxybate (*gamma*-hydroxybutyrate, also known as GHB) has become a common substance of abuse at some "rave" (all-night dance) parties in the United Kingdom. Sodium oxybate is a depressant anaesthetic and also a growth-hormone stimulant, frequently misused for body-building (and/or doping) purposes. In addition, it increases the effects of alcohol, and the spread of sodium oxybate abuse is supposedly linked with the growing alcohol consumption at dance parties.

307. Increasing illicit traffic in and abuse of LSD have been reported in several countries in Europe.

308. In the opinion of the Board, the large-scale abuse of hypnotics, sedatives and anxiolytics (minor tranquillizers) in Europe is not properly reflected in governmental reports. Perhaps the main reason for that is that the incidence rate of illicit traffic in those drugs within the region itself is negligible (or law enforcement agencies have not been looking out for possible diversion cases); consequently, there are no reports of large seizures. At the same time, some estimates reveal that in most European countries the prevalence of dependence on hypnotics, sedatives and anxiolytics is higher than the prevalence of dependence on any other narcotic drug or psychotropic substance. The Board has already drawn the attention of Governments to that problem.<sup>27</sup> Reduction of the medically unjustified demand for such pharmaceutical preparations should be an integral part of national demand reduction policies.

309. In May 1994, the Board sent a mission to Belarus to promote the implementation of the provisions of the international drug control treaties. It was the first mission of the Board to a CIS member state. The mission emphasized the need for Belarus, with assistance offered by UNDCP, to incorporate in its national legislation, as soon as possible, all the provisions of the international drug control treaties to which it is a party, including the provisions regarding money-laundering and the control of precursors. The mission recommended the Government of Belarus to establish without delay a coordinating committee at the interministerial level to eliminate existing deficiencies in the cooperation between individual governmental organs and to elaborate a national drug control policy.

310. The Board undertook a mission to Belgium in October 1994 to urge the Government to apply all provisions of the 1971 Convention on trade and to contribute to greater harmony in the control of psychotropic substances in Europe. Belgium is not yet a party to the 1971 Convention and does not yet apply the import and export authorization system to all psychotropic substances exported to other countries, and is therefore not in a position to prevent the diversion of such substances by traffickers. The Board was assured that the ratification of the 1971 and 1988 Conventions would not be further delayed. The Board appreciates the firm stand of the Government of Belgium against any toleration of drug abuse.

311. In November 1993, the Board sent a mission to Denmark to attend a meeting with officials of the National Board of Health and the United Nations Children's Fund (UNICEF) Supply Division at Copenhagen to assist them in preparing working arrangements that will facilitate control of the worldwide supply of narcotic drugs and psychotropic substances by UNICEF.<sup>28</sup>

312. The Board sent a mission to Italy in October 1994 to discuss issues related to its drug control legislation and the cooperation of the health authorities with the Board.

313. The Board confirms that, pursuant to a referendum in April 1993 repealing the prohibition of the non-medical use of drugs, Italian legislation is not in line with the requirements of articles 4 (c) and 33 of the 1961 Convention and article 3, paragraph 2, of the 1988 Convention. The Board trusts that the Italian Government will remedy the situation as soon as possible. The Board plans to continue its dialogue with the Government.

314. Major changes in personnel in the pharmaceutical department of the Italian Ministry of Health, in August 1994, will contribute to the establishment of effective control over licit manufacture and international trade in narcotic drugs and psychotropic substances. Effective control over the export of those substances by the Italian authorities is of the utmost importance to many other countries, since Italy is one of the main drug exporters.

315. In May 1994, a mission of the Board visited Luxembourg to discuss some difficulties encountered in that country in the implementation of control measures of the 1971 Convention. Since the pharmaceutical supply of Luxembourg is mainly from Belgium, several problems are related to the non-ratification of that Convention by Belgium.

316. The mission received assurances from the Government of Luxembourg that steps would be taken to prevent general trading companies from trading in substances under international control.

317. The mission to Luxembourg was of the view that national legislation against money-laundering had been considerably strengthened in that country by the passing of financial sector law of 5 April 1993.

318. A mission of the Board visited Spain in February 1994. The country has been a major point of entry for cocaine from South America and cannabis from Africa destined for European countries. The Spanish Government reacted in a timely fashion to the menace of illicit trafficking and drug abuse, establishing as early as 1985 a coordinated and comprehensive strategy in that area and ensuring the necessary funding for its activities.



319. In addition to targeted educational programmes and media campaigns in Spain, a wide range of treatment and rehabilitation facilities is offered by governmental and non-governmental institutions alike. Recent legislation has put more emphasis on law enforcement activities at the street level to prevent drug abuse in public places. In 1992, a constitutional law reversed to a large extent the previous legislative situation, which was not in line with the international drug control treaties because the non-medical use of drugs and the acquisition or possession of drugs for personal use were not established as offences. Administrative sanctions (for example, fines) are used widely and effectively to prevent abuse. The Board will continue its dialogue with the Government. Programmes and structures for the reduction of illicit drug demand and supply seem to be fairly balanced and well coordinated.

320. The most encouraging signs with regard to the fight against drug abuse in Spain are the decline in drug-related deaths, the decrease in the number of young heroin addicts and a steady reduction in the number of intravenous heroin abusers. As in other European countries, however, the abuse of cocaine and amphetamines is on the rise. More systematic and regular surveys on the development of drug abuse will enable the Government to evaluate trends in drug abuse and the effectiveness of countermeasures.

321. The money-laundering legislation adopted in Spain in December 1993 provides for administrative penalties for financial institutions and others failing to comply with the monitoring and reporting system on monetary transactions.

322. In February 1994, the Board sent a mission to Switzerland to urge the Government of that country to ratify the 1971 Convention. The Government had declared its intention to accede to the 1971 Convention during the International Conference on Drug Abuse and Illicit Trafficking, held at Vienna in June 1987. Since then, Swiss delegations at different international meetings, including sessions of the Commission on Narcotic Drugs, have confirmed that intention. The failure of the Government to accede to the 1971 Convention and to control international trade in substances in Schedules III and IV of that Convention has been repeatedly emphasized by the Board in its reports. Swiss territory continues to be used to divert psychotropic substances from international trade.

323. In the light of the discussions with representatives of the Swiss Government, the Board hopes that Switzerland will become a party to the 1971 Convention as soon as possible. By doing so, Switzerland, one of the major exporting countries, would show its solidarity with countries in which the illicit traffic in and abuse of psychotropic substances are sources of great problems.

324. The mission to Switzerland also reviewed a three-year scientific project under which, since January 1994, a limited number of drug addicts have been receiving injectable heroin in combination with oral methadone. Injectable heroin will be gradually replaced by heroin cigarettes. A total of 700 patients will be integrated into the overall research project: 250 patients to be treated with heroin and 450 patients to be treated with either morphine or methadone. Since most of the addicts are also taking cocaine, plans are being made to provide them with cocaine in smokable form.

325. The mission to Switzerland was assured that the project would be thoroughly evaluated before any decision would be taken on initiating any larger-scale medical maintenance projects involving treatment with heroin. The mission was also assured that the Swiss Government opposed any attempts at the liberalization or legalization of the non-medical use of drugs.

326. The mission expressed concern to the Swiss authorities regarding the planned use of cocaine in projects and drew their attention to the fact that such use not only might impede the evaluation of the original study, but could also add to the anxiety of the international community with respect to such projects. The Swiss authorities were invited to continue to supervise the project closely and to consider the international impact of any step taken in that area.

327. In the present situation, the Board recommends that the Swiss Government should invite WHO to take part in the consideration of the medical and scientific aspects of the ongoing Swiss clinical trials aimed at evaluating the efficacy of distributing heroin to addicts on a prescription basis. In addition, the Board urges the Commission on Narcotic Drugs to consider all of the consequences of the possible extension or even general application of this method, including its impact on the drug control policy of other countries.

## E. Oceania

328. Of the 13 States in Oceania, only 8 are parties to the 1961 Convention and 7 are parties to the 1971 Convention. Moreover, only Australia and Fiji have acceded to the 1988 Convention and Kiribati, Nauru, Samoa, Tuvalu and Vanuatu are not parties to any of the international drug control treaties. The Board invites all States in the region that have not already done so to become parties to those treaties.

329. The Board welcomes the adoption in 1994 of legislation establishing a National Narcotics Control Board in Papua New Guinea; it is hoped that that step will lead to the coordination and development of drug control activities in the country. The Government of New Zealand is bringing legislation into harmony with the provisions of the 1988 Convention, thereby enabling it to ratify that Convention.

330. The South Pacific Forum and various regional bodies working in close cooperation with it have continued their efforts to suppress illicit traffic in Oceania. At the same time, the South Pacific Commission has concentrated on the development of activities for the reduction of illicit drug demand and for the prevention of drug abuse. Those efforts have been frequently hindered by weaknesses of the law enforcement services (lack of resources, lack of skilled personnel etc.).

331. Although Oceania has not become a focus of international attention, countries in the region are increasingly being used as transit points and risk becoming centres for laundering profits from illicit drug trafficking. Australia has, since 1987, had effective legislation to counter money-laundering; that legislation has been used as a model by various other countries. Australia has recently endorsed the five-year strategic plan for Australian international drug control activities, which takes into account its special responsibility in the region. And it has been assisting in the revision and harmonization of drug legislation in the region.

332. A three-month awareness campaign is being conducted in Papua New Guinea with the assistance of UNDCP. Campaign materials have been developed for use in a series of mass rallies to draw attention to the increasing problems of cannabis cultivation and abuse. Demand reduction efforts have continued in a systematic manner in Australia. The Board appreciates the balanced approach being followed in Australia and cooperation efforts involving health and law enforcement agencies, including a programme for training police officers to assist in demand reduction programmes.

333. Although cannabis grows wild on some of the Pacific islands, it is also cultivated, mainly in Fiji, Papua New Guinea and Samoa. Due to its high THC content, a cannabis hybrid commonly called "spakprus" or "New Guinea Gold" is cultivated in Papua New Guinea and sold at a premium on illicit markets overseas. The Board drew attention to that problem in its report for 1993.<sup>29</sup> The Board has recently been informed of a survey suggesting that in 1991 there were already 90,000 persons engaged in cannabis cultivation in Papua New Guinea, a figure considerably higher than the one given in the report of the Board for 1993.<sup>29</sup> The increase in the number of juveniles charged with drug-related offences in 1993, compared with the figure for 1992, might indicate a further increase in the extent of cannabis cultivation. The Board wishes to express its great concern over the propagation of the cultivation of cannabis varieties that have an even higher THC content than those cultivated in greenhouses in the Netherlands.

334. Cannabis abuse in Papua New Guinea has assumed alarming proportions: a recent survey revealed that three out of four street children at Port Moresby were regular cannabis smokers. There were reportedly 100,000 daily cannabis abusers in Papua New Guinea already in 1992. Cannabis is the major drug of abuse in Australia, Fiji and New Zealand, where, despite eradication efforts, its cultivation is on the increase. There have been reports on the appearance of highly potent cannabis on the Australian black markets.

335. In 1993, 252 kg of cannabis oil (liquid cannabis extract) *en route* to the United States were seized in New Zealand.

336. Poppy is licitly cultivated on the Australian island of Tasmania (see paragraph 52, above).

337. In Australia, heroin abuse has remained a serious problem and there have been reports of increasing cocaine abuse. The first signs of cocaine abuse have been reported in Papua New Guinea.

338. The abuse of amphetamines, in particular the hallucinogenic amphetamine derivative MDMA, has been increasing in Australia. MDMA found on illicit markets in that country is mainly manufactured locally by motorcycle gangs. Amphetamines have also been abused in New Zealand, where LSD is being seized in increasing amounts. The abuse of LSD has also been reported in Australia, where illicit consignments containing the substance arrive by mail from the Netherlands and the United States.

(Signed) Hamid Ghodse  
(President)

(Signed) Mohamed Mansour  
(Rapporteur)

(Signed) Herbert Schaepe  
(Secretary)

Vienna, 17 November 1994

Notes

<sup>1</sup>*Effectiveness of the International Drug Control Treaties: Supplement to the Report of the International Narcotics Control Board for 1994* (E/INCB/1994/1/Supp.1).

<sup>2</sup>United Nations, *Treaty Series*, vol. 520, No. 7515.

<sup>3</sup>*Ibid.*, vol. 1019, No. 14956.

<sup>4</sup>*Ibid.*, vol. 976, No. 14152.

<sup>5</sup>*Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Volume I* (United Nations publication, Sales No. E.94.XI.5).

<sup>6</sup>*Report of the International Narcotics Control Board for 1993* (United Nations publication, Sales No. E.94.XI.2), paras. 13-31.

<sup>7</sup>*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.

<sup>8</sup>United Nations, *Treaty Series*, vol. 456, No. 6555.

<sup>9</sup>*Report of the International Narcotics Control Board for 1993 ...*, paras. 34-37.

<sup>10</sup>See *Narcotic Drugs: Estimated World Requirements for 1995; Statistics for 1993* (United Nations publication, Sales No. E/F/S.95.XI.3), part two.

<sup>11</sup>*Psychotropic Substances: Statistics for 1993; Assessments of Medical and Scientific Requirements for Substances in Schedules II, III and IV; Requirement of Import Authorizations for Substances in Schedules III and IV* (United Nations publication, Sales No. E/F/S.95.XI.2), table I.

<sup>12</sup>*Precursors and Chemicals Frequently Used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances: Report of the International Narcotics Control Board for 1994 on the Implementation of Article 12 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* (United Nations publication, Sales No. E.95.XI.1).

<sup>13</sup>*Report of the International Narcotics Control Board for 1993 ...*, para. 102.

<sup>14</sup>*Competent National Authorities under the International Drug Control Treaties* (ST/NAR.3/1993/1).

<sup>15</sup>*Report of the International Narcotics Control Board for 1993 ...*, para. 111.

<sup>16</sup>*Ibid.*, para. 133.

<sup>17</sup>*Ibid.*, para. 191.

<sup>18</sup>*Ibid.*, para. 222.

<sup>19</sup>*Ibid.*, para. 243.

<sup>20</sup>*International Legal Materials*, vol. 31, No. 2 (March 1992).

<sup>21</sup>United Nations, *Treaty Series*, vol. 298, No. 4300.

<sup>22</sup>*Treaties Establishing the European Communities* (Luxembourg, Office for Official Publications of the European Communities, 1987).

<sup>23</sup>See *Report of the International Narcotics Control Board for 1992* (United Nations publication, Sales No. E.93.XI.1), para. 18.

<sup>24</sup>*Report of the International Narcotics Control Board for 1993 ...*, paras. 13-31.

<sup>25</sup>*Ibid.*, para. 29.

<sup>26</sup>*Ibid.*, para. 296.

<sup>27</sup>*Report of the International Narcotics Control Board for 1992 ...*, para. 233.

<sup>28</sup>*Report of the International Narcotics Control Board for 1993 ...*, para. 56.

<sup>29</sup>*Ibid.*, para. 312.



*Annex*

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

**Sirad ATMODJO**

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 (1975-1991), Secretary of the Directorate General of Food and Drug Control, Ministry of Health (1981-1987). Dean of the Faculty of Pharmacy (1987-1991), Second Vice-Rector (1991-1993) and First Vice-Rector (1994) of "17 Agustus 1945" University. Member of the International Narcotics Control Board (since 1987) and Vice-Chairman of the Standing Committee on Estimates (1994).

**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 Health of China. Member of the Chinese Pharmacopoea Committee. Member of the Executive Committee and Chairman of the Section of Drug Dependence of the Chinese Toxicological Society. Member of the Executive Committee, Vice-Chairman of the Section of Toxicology and committee member of the Section of Clinical Pharmacology and the Section of Neuropharmacology of the 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 International Narcotics Control 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 (1989, 1990 and 1992). Vice-Chairman of the Standing Committee on Estimates (1991).

**Huáscar CAJIAS KAUFFMANN**

Lawyer. Recipient of 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 the Bolivian delegation at all meetings of experts to draft the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1987-1988). Director of the School of Law, Bolivian Catholic University. Member of the International Narcotics Control Board (since 1990) and Rapporteur (1991).

**Hamid GHODSE**

Professor of Psychiatry. Director, Regional Drug Problem Treatment, Training and Research Unit, and Director, Regional Drug and Alcohol Team, South Thames, Regional Health Authority, United Kingdom of Great Britain and Northern Ireland. Director, Centre for Addiction Studies, and Member of the Academic Board, the Council and the Joint Advisory Management Committee, St. George's Hospital Medical School, University of London. Chairman, Association of Professors of Psychiatry in the British Isles. Adviser, Joint Formulary Committee, British National Formulary. Member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol.

Chairman of the Substance Misuse Section, member of the Council and of the Court of Electors, Royal College of Psychiatrists, United Kingdom. Adviser, Health Advisory Service, National Health Service, United Kingdom. Editor of the *International Journal of Social Psychiatry* and of the *Substance Misuse Bulletin*. Member of the Editorial Advisory Board of *Addiction*. Fellow (since 1985) of the Royal College of Psychiatrists, United Kingdom. Fellow of the Royal College of Physicians, United Kingdom. Member, rapporteur and chairman of various WHO and EC expert committees, review groups and other working groups on drug and alcohol dependence, in particular, convener of WHO expert groups on medical education (1986), pharmacy education (1987), nurse education (1989) and rational prescribing of psychoactive drugs. M. S. McLeod Visiting Professor, Southern Australia Postgraduate Medical Education Association (1990). Member of the International Narcotics Control Board (since 1992) and member of the Standing Committee on Estimates (1992). President of the Board (1993-1994).

#### **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 International Narcotics Control Board (since 1977) and Rapporteur (1981 and 1982). Vice-Chairman of the Standing Committee on Estimates (1984). Vice-President of the Board and Chairman of the Standing Committee on Estimates (1985). Rapporteur (1987) and First Vice-President of the Board (1988, 1990 and 1992). Second Vice-President and Chairman of the Standing Committee on Estimates (1993). First Vice-President of the Board (1994).

#### **Gottfried MACHATA**

Doctor of Philosophy (Ph.D.) in Chemistry (1951) and Professor (1968). Pharmaceutical and chemical industry scientist (1951-1954). 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). Expert on the Disarmament Commission (1983-1985). Member of the Senate Commission of the German Research Organization. Author of more than 145 published works in the field of toxicology. Recipient of the International Widmark Award and the Jean Servais Stas Médaille. Recipient of the gold medal of honour for scientific research of the Republic of Austria. Member of the International Narcotics Control Board and member of the Standing Committee on Estimates (since 1992).

#### **Mohamed MANSOUR**

Director of Training Institute Affairs Administration, former Director of Operation Administration, Drug Enforcement Administration, Ministry of Interior, Egypt. Teacher of trainees and officers in drug enforcement and criminal investigations, Police Academy, Cairo, and Arab Institute for Police Studies, Saudi Arabia. Recipient of Bachelor's degree in law and police science, training at the Drug Enforcement Administration, Washington, D.C. (1974 and 1978). Recipient of the Honour of El-Gomhoria (1977) and the Honour of El-Estehkak (1984). Participant in various conferences and meetings in the field of drug law enforcement. Member of the International Narcotics Control Board (since 1990) and Rapporteur (since 1992). Member of the Standing Committee on Estimates (1992 and 1993).

#### **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 Head of Department, President and Chairman of the University Board. Director-General of the Department of Physical Education. Active participant in a variety of organizations, such as the Red Cross and the Scout Association. Chairman of the Committee for Prevention and Publicity of Drug Abuse for



22 years. Minister of Education (1982) and Minister of Health (1984) of Thailand. Member of the Standing Committee on Estimates (since 1993).

#### **Herbert S. OKUN**

International executive and ambassador. Executive Director, Financial Services Volunteer Corps, New York. Visiting Lecturer on International Law, Yale University Law School. United States Foreign Service (1955-1991). Special Assistant to the Secretary of State, Washington, D.C. (1969-1971). Vice-Chairman of the United States delegation to the SALT II negotiations and to the Trilateral Talks between the United States, the United Kingdom and the Union of Soviet Socialist Republics on a Comprehensive Test Ban Treaty (1978-1980). Ambassador of the United States of America to the German Democratic Republic (1980-1983). Deputy Permanent Representative and Ambassador of the United States of America to the United Nations (1985-1989). Special Advisor and Deputy to the Co-Chairman of the International Conference on the Former Yugoslavia (1991-1993). Member of the Group of Experts to advise and assist the Secretary-General on the enhancement of the efficiency of the United Nations structure for drug abuse control (1990). Member of the International Narcotics Control Board (since 1992).

#### **Manuel QUIJANO**

Doctor of Medicine. Practicing surgeon for 35 years at a teaching hospital. Professor of a three-year postgraduate 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, Ministry of Health, Mexico. Member of the Executive Board of the World Health Organization and Chairman (1988-1989). Member of the International Narcotics Control Board and member of the Standing Committee on Estimates (since 1992). First Vice-President of the Board (1993).

#### **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 the policy-making and management levels dealing with customs, central excise and narcotics administration (1954-1970). Collector of Central Excise, Allahabad, India (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). Alternate delegate of India to the International Conference on Maritime Travel and Transport, held at London in 1965. 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 Co-operation 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 International Narcotics Control Board (since 1990), First Vice-President (1991), and member (1990, 1992 and 1993) and Chairman (1994) of the Standing Committee on Estimates.

## **Oskar SCHROEDER**

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

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