

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 report¹ 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 1961² 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 1971³ 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,⁴ 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 1988⁵ 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 1993⁶ 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 Control⁷ 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 treaties¹):

(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;

