

Ms. Bailey

E/INCB/29

INTERNATIONAL NARCOTICS CONTROL BOARD

Geneva

**Report of the International Narcotics
Control Board**

for 1975



UNITED NATIONS

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INTERNATIONAL DRUG CONTROL AGREEMENTS

International Opium Convention signed at The Hague on 23 January 1912.

Agreement concerning the Manufacture of, Internal Trade in and Use of Prepared Opium, signed at Geneva on 11 February 1925, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

International Opium Convention signed at Geneva on 19 February 1925, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

Convention for limiting the manufacture and regulating the distribution of narcotic drugs, signed at Geneva on 13 July 1931, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

Agreement for the Control of Opium Smoking in the Far East, signed at Bangkok on 27 November 1931, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

Convention for the suppression of the illicit traffic in dangerous drugs, signed at Geneva on 26 June 1936, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

Protocol amending the Agreements, Conventions and Protocols on Narcotic Drugs concluded at The Hague on 23 January 1912, at Geneva on 11 February 1925 and 19 February 1925 and 13 July 1931, at Bangkok on 27 November 1931 and at Geneva on 26 June 1936, signed at Lake Success, New York, on 11 December 1946.

Protocol signed at Paris on 19 November 1948 bringing under international control drugs outside the scope of the Convention of 13 July 1931 for limiting the manufacture and regulating the distribution of narcotic drugs, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

Protocol for limiting and regulating the cultivation of the poppy plant, the production of, international and wholesale trade in, and use of opium, signed at New York on 23 June 1953.

Single Convention on Narcotic Drugs, signed at New York on 30 March 1961.

Convention on Psychotropic Substances, signed at Vienna on 21 February 1971.

Protocol amending the Single Convention on Narcotic Drugs, 1961, signed at Geneva on 25 March 1972.

ABBREVIATIONS

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

<u>ABBREVIATION</u>	<u>FULL TITLE</u>
Board	International Narcotics Control Board
Commission on Narcotic Drugs (or Commission)	Commission on Narcotic Drugs of the Economic and Social Council
Council	Economic and Social Council
1925 Convention	International Opium Convention, signed at Geneva on 19 February 1925, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946
1931 Convention	Convention for limiting the manufacture and regulating the distribution of narcotic drugs, signed at Geneva on 13 July 1931, as amended by the Protocol, signed at Lake Success, New York, on 11 December 1946
1961 Convention	Single Convention on Narcotic Drugs, signed at New York on 30 March 1961
1971 Convention	Convention on Psychotropic Substances, signed at Vienna on 21 February 1971
Division of Narcotic Drugs (or Division)	Division of Narcotic Drugs of the United Nations Secretariat
Fund	United Nations Fund for Drug Abuse Control
1953 Protocol	Protocol for limiting and regulating the cultivation of the poppy plant, the production of, international and wholesale trade in, and use of opium, signed at New York on 23 June 1953
1972 Protocol	Protocol amending the Single Convention on Narcotic Drugs, 1961, signed at Geneva on 25 March 1972
Secretary-General	Secretary-General of the United Nations
UNDP	United Nations Development Programme.

FOREWORD

Annual reports on the work of the International Narcotics Control Board are prepared in conformity with the 1961 Convention and earlier treaties on narcotic drugs. Article 15 of the 1961 Convention provides that the "Board shall prepare an annual report on its work and such additional reports as it considers necessary."

This is the second report submitted by the current membership of the Board, whose term of office expires in 1977.

During the course of each year the Board receives a considerable body of documentation on most aspects of production, manufacture and utilization of narcotic drugs and on seizures of such drugs in the illicit traffic. In its annual reports, the Board provides the Economic and Social Council, the Council's Commission on Narcotic Drugs, Governments and the public at large with a digest and an analysis of this material and an assessment of the narcotic drug control situation throughout the world; it records the manner in which Governments have complied with the terms of the international treaties on narcotic drugs; and it depicts trends in the use and abuse of drugs and proposes steps to improve drug control.

For a full appreciation of the narcotic drug situation during the year, this report should therefore be studied in conjunction with three other documents published annually by the Board pursuant to the treaties, namely:

- (a) the "Estimated World Requirements of Narcotic Drugs and Estimates of World Production of Opium" which lists governmental projections of drug needs for the following year, with monthly supplements containing additional and revised estimates received during the year under review;
- (b) the "Statistics on Narcotic Drugs with Maximum Levels of Opium Stocks" which traces the licit movement of narcotic drugs from production of the raw material to consumption of the finished product, reviews related trends and lists quantities reported as seized in the illicit traffic;
- (c) the "Comparative Statement of Estimates and Statistics on Narcotic Drugs" which records the movement of narcotic drugs in each country or territory and indicates whether Governments have kept their manufacture, import, utilization and stocks within the limits established under the terms of the international treaties and whether they have accounted for the quantities available within their respective jurisdictions.

Pursuant to resolution I of the 1971 Conference which adopted the Convention on Psychotropic Substances and to resolution 1576 (L) of 20 May 1971 of the Economic and Social Council, the Board invited Governments to furnish the data called for in the Convention and a large number of them have, at least partially, complied.

Membership of the Board

Article 10 of the 1961 Convention provides that the members of the Board shall be elected by the Council for a term of three years. At its resumed fifty-fourth session (May-June 1973), the Council elected the following members who entered on their current term of office on 2 March 1974:

Mr. D.P. ANAND

Former Chairman, Tariff Commission (India); Chairman, Central Board of Excise and Customs and Head of Narcotics Department, Government of India; head of Indian delegations to the United Nations Commission on Narcotic Drugs, 1968, 1969, 1970 (second Vice-President), 1971 (first Vice-President), the United Nations Conference for the Adoption of a Protocol on Psychotropic Substances (Vienna 1971), the United Nations Conference to Consider Amendments to the Single Convention on Narcotic Drugs 1961 (Geneva, 1972); member of the Board since 1974.

Professor Michel A. ATTISSO

Professor at the Faculty of Pharmacy of Montpellier and lecturer at the School of Medicine of the University of Lomé; Chief Pharmacist at the University Hospital Centre of Montpellier; member of the Academy of Pharmacy and of the Overseas Academy of Sciences; expert of the World Health Organization; member and Honorary President of the Scientific Council of the Organization of African Unity; member of the Board since 1968; Vice-President of the Board from 1971 to 1974.

Dr. Nikolai K. BARKOV

Chief, Laboratory for the Pharmacology of Narcotic Drugs, Serbsky Institute of Forensic Psychiatry, Moscow; member of the Presidium of the Pharmacology Committee of the Ministry of Public Health of the USSR; member of the World Health Organization Expert Advisory Panel on Drug Dependence; member of the Board since 1971.

Dr. Ross A. CHAPMAN

Formerly Assistant Deputy Minister, Food and Drugs, Ottawa, Canada; head, Canadian delegations to the United Nations Commission on Narcotic Drugs, 1970-1973; head, Canadian delegations to the United Nations Conference for the Adoption of a Protocol on Psychotropic substances (Vienna, 1971) and the United Nations Conference to consider Amendments to the Single Convention on Narcotic Drugs, 1961 (Geneva, 1972); member of the Board since 1974, Vice-President in 1974.

Professor Ramon de la FUENTE-MUÑIZ

Professor and Head of the Department of Medical Psychology, Psychiatry and Mental Health, Faculty of Medicine of the National University of Mexico; Vice-President of the World Psychiatric Association (1971-1976); former President of the Medical Association of Psychiatry and the National Academy of Medicine of Mexico; former member of the General Health Council of the Mexican Republic; member of the Board since 1974.

Professor Sükrü KAYMAKÇALAN

Chairman of the Department of Pharmacology, Medical Faculty of Ankara University; member of the World Health Organization Expert Advisory Panel on Drug Dependence; member of the Board since 1968 and Vice-President in 1975.

Sir Frederick MASON, K.C.V.O., C.M.G.

Ambassador to Chile (1966-1970); Permanent Representative of the United Kingdom to the Office of the United Nations and other International Organizations in Geneva (1971-73); member of the Board since 1974.

Professor Victorio V. OLGUIN

Professor in the Faculty of Medical Sciences, University of Buenos Aires; Brigadier (Medical Corps) in the Argentine Air Force; Director of International Health Relations in the Ministry of Social Welfare and Public Health; representative of the Argentine Government at the World Health Organization and the Pan-American Health Organization; President of the XVIIIth World Health Assembly; expert of the World Health Organization; representative of the Argentine Government at the United Nations Conference for the Adoption of a Protocol on Psychotropic Substances and at the United Nations Conference to Consider Amendments to the Single Convention on Narcotic Drugs, 1961; member of the Board since 1974 and Vice-President since 1975.

Mr Martin R. POLLNER

Attorney, private practice, New York City; former Director, Office of Law Enforcement and Deputy Assistant Secretary, United States Treasury Department (Washington, D.C.); former member, United States delegation to Interpol General Assemblies and to the United Nations Commission on Narcotic Drugs; member of the Board since 1974.

Professor Paul REUTER

Professor in the Faculty of Law and Economics, Paris; member of the Permanent Court of Arbitration, The Hague; member of the United Nations International Law Commission; member of the Permanent Central Narcotics Board from 1948 to 1968 and its Vice-President from 1953 to 1968; member of the Board since 1968, its Vice-President in 1973 and its President since 1974.

Dr Tsutomu SHIMOMURA

Deputy Director, National Institute of Hygienic Sciences; former Counsellor, Pharmaceutical Affairs Bureau, Ministry of Health and Welfare; member of Central Pharmaceutical Affairs Council; representative of Japan in the United Nations Commission on Narcotic Drugs from 1967 to 1973; speciality, Pharmacognosy. Member of the Board since 1974.

Full curricula vitae of the members of the Board are reproduced in the report for 1974 (E/INCB/25, pp. 2 to 6).

At its sixteenth session, the Board elected Professor Reuter President, and Dr Olguin and Professor Kaymakçalan Vice-Presidents. Their terms of office will conclude the day before the opening of the first session of the Board in 1976.

Sessions in 1975

The Board held its sixteenth session from 26 May to 6 June and its seventeenth session from 20 October to 7 November 1975. The Secretary-General of the United Nations was represented at the sixteenth session by Dr S. G. Martens, Director of the Division of Narcotic Drugs, and at the seventeenth by Mr V. Winspeare Guicciardi, Director-General of the United Nations Office at Geneva and by Mr J. De Beus, Executive Director of the United Nations Fund for Drug Abuse Control and Acting Director of the Division of Narcotic Drugs. The World Health Organization was represented by Dr G. Ling and Dr T. L. Chrusciel, Chief Medical Officers, Office of Mental Health, at the sixteenth session and by Dr P. Hughes, Office of Mental Health, at the seventeenth session.

Representation at international meetings

The Board was represented at the following international conferences:

1. United Nations: thirtieth session of the General Assembly (New York, October 1975); fifty-eighth session of the Economic and Social Council (New York, April-May 1975); twenty-sixth session of the Commission on Narcotic Drugs (Geneva, February 1975); Inter-Agency Advisory Committee on Drug Abuse Control, third session (Geneva, September 1975); Fifth United Nations Conference on the Prevention of Crime and the Treatment of Offenders (Geneva, September 1975);
2. World Health Organization: twenty-eighth World Health Assembly (Geneva, May 1975); fifty-fifth and fifty-sixth sessions of the Executive Board (Geneva, January and May 1975);
3. Intergovernmental and non-governmental organizations
The Board's representation having been invited, it participated in certain meetings or conferences on narcotic drugs organized in 1975 by the Customs Co-operation Council, the

Council of Europe, the International Council on Alcohol and Addictions, the International Criminal Police Organization (Interpol), and also in the Sixth International Congress of Pharmacology.

Nomenclature of countries and territories

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

THE ROLE OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

1. The International Narcotics Control Board is the successor both of the Permanent Central Board, whose origin dates back to the 1925 Convention, and of the Drug Supervisory Body established under the 1931 Convention. It was created by the 1961 Convention to promote compliance by Governments with the various drug control treaties. Thus it acts on behalf of all the Parties to these treaties, performing its functions within the framework of the United Nations. It consists at present of eleven members, coming from different regions of the world and elected under the terms of the treaties by the United Nations Economic and Social Council for their competence, impartiality and disinterestedness, not as representatives of their Governments but in their personal capacity.

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

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

4. If the Board is to be able to perform its task, it must have the relevant information on the world drug situation, as regards both the licit trade and the illicit traffic. Consequently, the treaties stipulate that Governments shall regularly provide the Board with such information; almost all Governments, Parties and non-Parties alike, are conforming to this practice. Accordingly, in co-operation

with Governments, the Board administers the systems of estimated world requirements of narcotic drugs and of statistics on narcotic drugs. The first of these systems enables it, by analyzing future licit requirements, to verify in advance whether these requirements are reasonable; and the second enables it to exercise an ex post facto control. Finally, the information on illicit traffic which is communicated to it either directly by Governments or through the competent organs of the United Nations enables it to determine whether the aims of the 1961 Convention are being seriously endangered by any country and, if necessary, to apply the measures described in the preceding paragraph.

TECHNICAL INDEPENDENCE OF THE BOARD

5. Consequently some of the essential functions of the Board, and of its predecessor the Permanent Central Board, have been described as having a judicial character. Indeed, members of the Board undoubtedly act as judges when they are required to determine whether the aims of the 1961 Convention are being seriously endangered by a country, or when they are obliged to recommend to the Parties that they stop the import and/or export of narcotic drugs from or to an offending country.^{1/}

6. The 1961 Convention therefore includes, as did the 1925 Convention, three rules aimed at ensuring the full technical independence of the Board.^{2/} The first requires that members of the Board must be competent, impartial and disinterested persons; the second states that membership is incompatible with any activity which would be liable to impair the impartiality required of members; and the third provides that the Council shall, in consultation with the Board, make all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions.

7. In 1967, the Council, in its role as guarantor of the Board's independence, accordingly adopted resolution 1196 (XLII), endorsing administrative arrangements which ensure such technical independence. These arrangements, similar to those adopted by the Council for the Permanent Central Board in 1949, had been prepared by the Secretary-General in consultation with the Board's predecessor. They provide for the Board to have its own secretariat, although it is an integral part of the United Nations Secretariat and under the Secretary-General's administrative control. The head of this secretariat is appointed by the Secretary-General in consultation with the Board.^{3/} Under these arrangements, the Board is also entitled to maintain its own archives and to correspond directly with Governments in order to comply with the treaty requirements regarding confidentiality. Taking into account, in particular,

^{1/} League of Nations document O.C.669(1927); report of the Commission on Narcotic Drugs on its twenty-first session (E/4294), Official records of the Economic and Social Council, forty-second session, Supp.2, para. 108; Commentary on the Single Convention on Narcotic Drugs, 1961, prepared by the Secretary-General of the United Nations, United Nations publication, sales no.E.73.XI.1, p.135.

^{2/} Op.cit., commentary, p.136.

^{3/} This last arrangement was confirmed by article 8 of the 1972 Protocol amending article 16 of the 1961 Convention.

that these arrangements fully met the wishes of the States party to the 1961 Convention and to the earlier conventions still in force, the Council decided in 1973, by its resolution 1775 (LIV), to keep these administrative arrangements in force. A year earlier, at the Conference of Plenipotentiaries to Consider Amendments to the 1961 Convention, a resolution annexed to the Final Act of the Conference which adopted the 1972 Protocol (resolution I) had recommended, for the same reasons, that those administrative arrangements should be continued. All these decisions and resolutions were adopted without a dissenting vote from a single State.

8. The actions of the Board are based solely on its responsibilities as an independent, apolitical, quasi-judicial body established by treaty. Since it usually meets only twice a year, it must be able to rely on its own secretariat, not only to prepare impartially the cases it is called upon to examine during its sessions but also to carry out its policies. It follows that one of the fundamental administrative arrangements to enable the Board to perform its functions independently is the provision of a secretariat which is competent, exclusively at its service and, within the authority of the Board, as independent as the Board itself, for the same reasons.

9. Under the treaties, the functions of the Commission on Narcotic Drugs are fundamentally different from those of the Board. It follows therefore that the activities of the Division of Narcotic Drugs, which serves the Commission, also differ from those of the Board's secretariat; and in the administrative studies undertaken by the Secretary-General, no duplication of work has been found between the two secretariats.

10. Lastly, the 1972 Protocol, which is discussed in the ensuing paragraphs, by increasing the quasi-judicial responsibilities of the Board and stressing the confidential nature of its most important functions, confirms the need for maintaining the practice which has been followed from the outset-and which has proved its worth for almost half a century of providing the Board with a secretariat of its own. Indeed, this is recognized by the Protocol, which provides in article 8, amending article 16 of the 1961 Convention, that "the Secretary of the Board shall be appointed by the Secretary-General in consultation with the Board". This provision obviously implies that the Board is to continue to have a secretariat exclusively at its service.

ENTRY INTO FORCE OF THE 1972 PROTOCOL

11. The 1972 Protocol entered into force on 8 August 1975, thirty days after the fortieth instrument of accession had been deposited with the Secretary-General.

12. In its Report for 1974,^{4/} the Board outlined the principal consequences which the amendments made to the 1961 Convention by the Protocol will have on its work; and it will therefore refer to them only briefly here.

^{4/} E/INCB 25, paras.185 to 193.

13. By defining more clearly the functions of the Board and by conferring on it more responsibilities, Governments have specifically called upon it to make a greater contribution to international narcotics control. The Board will receive more information, particularly on questions relating to the illicit traffic; with the consent of Governments, it will be able to undertake studies in individual countries; it will be able to recommend the granting of assistance in cases where such a recommendation will support the efforts of Governments to comply with their treaty obligations. The Board will have to ensure the confidentiality required, for specific procedures, by the Protocol. The Protocol further emphasizes that all measures by the Board must be taken in co-operation with Governments. The Board has always tried to work along these lines; it will continue to do so and will actively seek ways of improving the already excellent relations it has established with Governments.

14. The Board wishes to draw attention to the additional responsibilities which will be assigned to it and its secretariat by the 1972 Protocol. There will be a further heavy increase in these responsibilities with the entry into force of the 1971 Convention. The Board therefore stresses the need for increasing the resources - and particularly the staff - allocated to it, in order to enable it correctly to discharge its new duties.

15. At its thirtieth session, the General Assembly of the United Nations adopted a resolution pertaining to the entry into force of the 1972 Protocol. In this resolution, the General Assembly invites Governments to co-operate fully with the Board in its efforts to carry out its increased responsibilities, invites the Secretary-General to continue to provide the support necessary to enable the Board and its secretariat to assume these new responsibilities and requests the competent United Nations organs, especially the United Nations Fund for Drug Abuse Control, and the specialized agencies to give particular attention to recommendations made by the Board concerning the provision of technical and financial assistance to support Government's efforts to carry out their obligations under the 1961 Convention.

MAJOR PROBLEMS

Uncontrolled and illicit cultivation of the opium poppy

16. Eleven years after the entry into force of the 1953 Protocol and the 1961 Convention, uncontrolled and illicit cultivation of the opium poppy still continues on a substantial scale. As a result, considerable quantities of opium, morphine and heroin from areas where this cultivation is practised are finding their way into the illicit traffic.

17. This is the case particularly in the area along the frontiers of Burma, Laos and Thailand, in certain parts of Afghanistan and Pakistan and in Mexico.^{5/}

18. Lasting solutions to this problem in most of these countries cannot be expected outside the more general framework of socio-economic development. The Board is aware that the problem can be totally solved only in the long term. Also, the fact that the areas of cultivation are often inaccessible and that the Government is, in most of them, unable to exercise its full authority reduces any hope of quick and decisive solutions.

^{5/} An analysis of the particular situation existing in each of these countries is given below: see paras.47 to 88.

This is especially true since the implementation of a programme to abolish cultivation of the opium poppy is likely to meet with resistance on the part of the populations engaged in it; for many of them, the sale of opium is the only source of a cash income. Obviously, such a radical transformation cannot be achieved in all the countries concerned without a special effort on their part combined in many cases with outside assistance.

19. International assistance has increased over the last few years, notably since the establishment of the Fund, which has already made it possible to embark on some essential projects. It is clear, however, that the resources which would be required to enable the countries concerned to provide other means of subsistence for the populations practising uncontrolled or illicit cultivation of the opium poppy exceed the Fund's present financial capacity. This is the reason why determination and a sense of sacrifice on the part of the countries concerned are as important as the strengthening of international solidarity, both being more necessary than ever. In the process of financing their general economic development, the countries might allocate to areas where the opium poppy is cultivated a larger proportion of the assistance obtained from sources such as the United Nations Development Programme and the International Bank for Reconstruction and Development.

20. In certain countries, poppy cultivation is prohibited but the responsible Governments are not in a position to exercise adequate control, so that for many years nearly all the opium production has been supplying the illicit traffic. To put an end to such a situation, one possibility envisaged may have been to suspend partially or totally the measures prohibiting poppy cultivation and thus to render licit the existing production which has hitherto been considered illicit. Such an initiative would aggravate the situation, both at the national level, because of the risks of an increase in addiction, and also at the level of the international community, because of the risks of an increase in the international illicit traffic. Moreover, it would be contrary to the provisions and the spirit of the 1961 Convention.

21. The Board therefore strongly urges the Governments of these countries to abandon any such plans, for economic and social as well as legal reasons since it believes that means less hazardous for their own youth - and at the same time more profitable - should be found to develop the economy. The price of opium on the licit market leaves little profit for the producer after deduction of the overhead costs of a State monopoly, which, under the 1961 Convention, is required to apply the necessary control measures. These overhead costs are bound to be considerable if the Governments, in order to fulfil their obligations to the international community, endeavour to prevent the diversion of the opium into the illicit traffic. Also, the over-abundance of opium for licit purposes which would soon ensue might not only lead to a lowering of prices but would also constitute a breach of the 1961 Convention, which requires the Parties to avoid any over-production of opium in the world as a whole. Lastly, effective control of the production of opium calls for special techniques and procedures, which the present producing countries that are authorized to produce for licit export have taken a long time to develop; even in these countries there are still cases of diversion - though relatively not large - to the illicit market. The impossibility of exercising effective control would be bound to operate to the advantage of illicit traffickers, and the action required to deal with the resultant increase in the illicit traffic would also place a heavy burden on the national police forces and customs authorities, and would raise international protest.

22. On the other hand, the purchase, for licit purposes, of opium from areas where its cultivation is uncontrolled and illicit, as a supposedly preventive measure against illicit trafficking would be opposed by the Board because this would be contrary to the provisions of the 1961 Convention. As growers would in fact be free to extend the cultivated area in order to increase their income, there is no likelihood that purchases under these conditions would lead to any reduction in the quantities of opium available for illicit purposes. On the contrary, this policy might have the effect of encouraging growers to increase their production in order to satisfy both the demands of the traffickers and the demands of buyers whose purchases would be supposed precisely to prevent the opium from finding its way into the illicit traffic. As a result, preventive purchases of opium would be pointless and, if they were subsequently to be abandoned, larger quantities of the drug would make their appearance on the international illicit market.

23. After considering these matters at length, the Board re-affirms its conviction that the only way of dealing with this undeniably difficult situation is to develop economic alternatives for poppy growers and gradually to reduce the amount of uncontrolled or illicit production until it has been completely eliminated. Such programmes have been initiated in a number of countries, in particular with assistance from the Fund; results can be expected only in the medium or even in the long term, and these programmes must therefore be given time to bear fruit.

Prevention of non-medical consumption of cannabis

24. Apart from the exceptions permitted on a transitional basis in a few countries where it was traditional prior to 1 January 1961, the use of cannabis must, under the 1961 Convention, be confined exclusively to medical ^{6/} and scientific purposes. However, non-medical consumption of cannabis is far higher than that of any other substance subject to control. The traditional use of cannabis has not diminished, and throughout the world millions of individuals are consuming cannabis for non-medical purposes.

25. In many countries the legislation in force provides for severe penalties, including penal measures, against both traffickers and users. No one contests the need for penal sanctions for traffickers. With regard to users, some countries report that the penalties have undoubtedly had a definite effect in preventing the non-medical use of cannabis; but others report no conclusive results. In these latter countries Governments and sections of the public are now seeking other means which in their opinion would be more likely to dissuade users, in view of the apparent ineffectiveness of penal sanctions.

26. The situation therefore varies from one country to another. In countries where, in spite of repressive measures, the scope of the problem is not diminishing but actually on the increase, there is no doubt that other remedies must be sought at the same time. For example, if consumers are not afraid of breaking the law, with all the risks which this may involve, they would probably have greater fears for their health and for that of their children, if the dangers of cannabis, real or potential, were explained to them clearly and precisely.

^{6/} It should be noted that since 1952 the World Health Organization has declared that the medical use of cannabis is obsolete. WHO Techn. Rep. Ser. 1952, No. 57, p. 11.

27. Some scientific research has shown experimentally that one of the active principles of cannabis, delta-9 tetrahydrocannabinol, is absorbed by the fatty tissues, including the brain, and is not quickly eliminated by the body. Other experiments on animals have shown that the use of cannabis may reduce the capacity of the cells for normal division and reproduction, thus reducing the body's resistance to infection and perhaps even resulting in genetic mutations. Cannabis may also have the effect of limiting the production of the male hormone testosterone. However, while it is true that these possibilities exist, no direct clinical proof is yet available. It must also be admitted that other, equally recent scientific research casts some doubt on the actual purport and significance of these findings. It is nevertheless certain that the preliminary conclusions reached by researchers are far from dispelling present misgivings concerning the prolonged use of cannabis. Accordingly, further research and rapid dissemination of the findings are more necessary than ever. To this end, numerous efforts have been made throughout the world, including those of the United Nations Narcotics Laboratory.

28. However, since under the 1961 Convention the Parties are required to limit the consumption of cannabis to medical and scientific purposes, they are consequently obliged to take the necessary measures to prevent any non-medical consumption. However, according to the provisions of the Convention non-medical use - although prohibited - need not necessarily be subject to penal sanctions. In other words, apart from authorizing its use licitly, each Government is free to decide, in the light of the particular conditions existing in its country, on the most appropriate measures for preventing the non-medical consumption of cannabis. However, in reaching its decision, the Government must of course also take into account the international implications which may result from it. With regard to the illicit traffic in cannabis, Governments must prevent it and punish the traffickers severely.

New trends in the illicit traffic

29. Although, in general, the principal characteristics of the illicit traffic have varied little since the last report of the Board, some changes have nevertheless occurred.

30. With regard to opium and opiates, one significant development has been the increased tendency for opium to be converted into morphine or heroin close to the areas of illicit or uncontrolled cultivation. This has been the case not only in Burma and Thailand but also on the eastern frontier of Iran and in Pakistan.^{7/} It is possible, therefore, that the traffickers are endeavouring not only to diminish the risks of interception by reducing the volume of goods to be transported but also to diversify their sources of supply. Increasingly substantial seizures of brown heroin in Western Europe during the year have more clearly brought to light the use by traffickers of an air route originating in the Malaysia peninsula.

31. With regard to the traffic in cannabis, certain changes of route have been noted, and the traffickers are tending to transport the drugs in increasingly large quantities.

^{7/} See the analysis of the world situation in paras.47 to 88 below.

Liquid concentrate of cannabis, to which the Board devoted a section of its 1974 Report,^{8/} continues to be seized in increasing quantities in many countries. Considering the high potency of these products, greater attention should be given to this problem.

32. The illicit traffic in cocaine between South and North America has continued to expand, and a very substantial seizure effected in Mexico ^{9/} a few months ago gives some indication of its probable scale. Moreover, the traffic towards the European continent would appear to be more and more highly organized; the principal countries of first destination would seem to be Italy and Spain.

33. With regard to psychotropic substances, it would seem that seizures of LSD are again tending to increase in certain areas, particularly in the Federal Republic of Germany and in the United Kingdom. The traffic in methaqualone is also disquieting.

34. Needless to say, the traffickers are extremely ingenious and are quick to devise other routes and other trafficking methods once they have been detected by the enforcement services. In order to curb the traffickers' activities, enforcement efforts, national and international, must be adapted to these changes.

35. In this regard, co-operation among police authorities and among customs authorities, both nationally and internationally, is of paramount importance. The International Criminal Police Organization, Interpol, provides a communication service among member countries, and its General Secretariat centralizes the information furnished to it by each member country. This "data bank" can be consulted rapidly and makes it possible to identify known traffickers. Over 100 telegrams on drug-related matters are exchanged daily among the national central bureaux of Interpol through its General Secretariat. Also, liaison officers attached to the General Secretariat of Interpol - one of whom will shortly be taking up his duties in South-East Asia - are helping to improve regional co-operation. The Customs Co-operation Council stimulates the activities of its member countries in the campaign against the illicit traffic in drugs by inviting them, inter alia, to strengthen mutual assistance between their customs authorities and to exchange information spontaneously on the illicit traffic. All these efforts constitute an important contribution to the general campaign against drug abuse.

OPERATION OF THE INTERNATIONAL DRUG CONTROL SYSTEM

Narcotic drugs

36. The Board's responsibilities for supervising the licit movement of narcotic drugs in accordance with the provisions of the 1961 Convention and earlier treaties are exercised through an indirect administrative procedure, which consists in analyzing the data which Governments are required to furnish to it. For this purpose, the Board sends questionnaires to all countries, whether or not they are Contracting Parties to the treaties. Out of a total of 950 replies expected in 1975, 870 have been received, giving an overall participation rate of 91 per cent. While this is a highly satisfactory figure, some countries are still providing the Board with incomplete data and a small number of countries are not furnishing any data at all. No data are yet available for the Democratic People's Republic of Korea, the Democratic Republic of Viet-Nam and the People's Republic of China.^{10/}

^{8/} E/INCB/25, paras.41 to 45.

^{9/} See para.83.

^{10/} These three States are not at the moment party to the 1961 Convention.

37. The Board ensures that the quantities of narcotic drugs manufactured and imported in any one year do not exceed the limits laid down in the treaties, and that the quantities exported actually reach their destination. The Board also makes sure that Governments are correctly accounting for the quantities of narcotic drugs available in their countries. An analysis of the main trends in the licit movement of narcotic drugs for 1974, together with statistics furnished by Governments, appears in the document 11/ supplementing this Report.

Psychotropic substances

38. The questionnaire prepared by the Board for the purpose of obtaining statistics on psychotropic substances was first sent to Governments in 1971 in conformity with resolutions adopted at the Vienna Conference and by the Council. The number of replies received during this first year of the provisional application of the 1971 Convention was extremely high; 85 countries returned the questionnaire duly completed or, at least, furnished partial data. In 1972 and 1973, the number of replies received was 103 and 109 respectively.

39. For 1974, the total number of countries furnishing these statistics to the Board will probably be about the same as in 1973. This participation is certainly satisfactory in the case of a Convention which has not yet come into force; but it should be noted that a purely quantitative comparison does not give an accurate picture of the progress achieved in the application of the Convention. Indeed, although the number of replies received by the Board for 1974 is no higher than that of the preceeding year at the same time, there has been an increase in the statistics furnished and a marked improvement in the quality of the data provided.

40. Pursuant to the recommendation made in 1956 by the Commission on Narcotic Drugs,^{12/} many countries had already placed amphetamines (later included in Schedule II of the 1971 Convention) under the same control régime as narcotic drugs. This enabled them to provide the Board with relatively complete statistics for this group of substances from the very beginning of the provisional application of the Convention. On the other hand, the application of control measures to the substances in Schedules III and IV of the 1971 Convention took some time; it is only now that data are becoming more widely available.

41. However, although more statistics have been provided, they are still far from being complete and the variations observed from one year to another do not necessarily give a true picture of the situation but only a partial indication. For example, while in 1971, 1972 and 1973 the total declared manufacture of glutethimide (Schedule III) had been 20, 19 and 7 tons respectively, in 1974 it amounted to 84 tons. Also in 1974, the total declared manufacture of barbital (33 tons), meprobamate (500 tons) and phenobarbital (171 tons) - substances included in Schedule IV - doubled. While no manufacture of ethchlorvynol and ethinamate was reported for the period 1971-1973, the declarations for 1974 bring the manufacture of these substances to 50 and 8 tons respectively.

11/ E/INCB/31.

12/ E/2891 - E/CN.7/315, para.328.

42. These figures bear out the opinion expressed by the Board in its previous reports - namely, that it will be necessary to wait several years before it is possible to draw conclusions which are valid on a world scale.

43. Nevertheless, the figures available to the Board confirm the extent of the movement of certain psychotropic substances and show that extremely large amounts are exchanged in international trade. (With regard to Schedule IV, for instance, exports and imports of methaqualone declared in 1974 both exceed 23 tons). Moreover, while during the first three years of the provisional application of the 1971 Convention most of the export figures declared to the Board did not correspond to those furnished by the importing countries, in 1974 these figures frequently agreed. This is probably due to the fact that the scope of the control exercised in both exporting and importing countries has been widened.

44. The gaps in the data furnished to the Board are due partly to the fact that not all countries yet possess the administrative machinery necessary for exercising control over psychotropic substances. In many cases, at the national level, only some of the substances included in a Schedule of the Convention are subject to a control at least equivalent to that envisaged by the 1971 Convention; this is particularly true of the substances in Schedule IV of which, in many instances, only methaqualone is subject to control.

45. However, regardless of the quality of the statistical information received by the Board, it may already be affirmed that the provisional application of the Convention has borne fruit, since a larger number of Governments are now taking national control measures and furnishing more information to the Board. In addition, valuable contacts have been established with the national authorities and correspondence has been exchanged on certain technical problems.

46. The application of the new Convention, which differs greatly from treaties on narcotic drugs, will inevitably give rise to a number of difficulties, and this transitional period can be used for solving these problems and thus for acquiring new experience. Accordingly, the Board will continue to provide assistance to national authorities which request it.

ANALYSIS OF THE WORLD SITUATION

47. Implementation of the international system of narcotic drugs control established by the treaties is above all the responsibility of the national authorities, since it is they, and they alone, who are able to control the movement of these substances within their respective jurisdictions. The Board for its part is striving, in co-operation with Governments, to ensure that each of them complies with the obligations it has assumed, and it is attempting, in so far as its resources allow, to help Governments to improve their national control systems. While it continues to analyse the situation as it affects all countries, the Board at the same time gives special attention to the situation in countries where the problems relating to drug abuse, the illicit traffic, uncontrolled or illicit production of raw materials, or narcotics control are most acute.

NEAR AND MIDDLE EAST

Afghanistan

48. During the past year the Government of Afghanistan has, in particular with the assistance of the Fund, increased its activities in the campaign against drug abuse. It has indicated its intention to extend these activities to embrace not only the repression of the illicit traffic but also the prevention of drug addiction, the illicit production of opium and cannabis, and the improvement of drug control legislation.

49. Some positive results have already been obtained. For example, the increase in the seizures of opium would appear to have led to a reduction in the areas devoted to the cultivation of the opium poppy, and the development of enforcement activities would seem to have partly disrupted the traffickers' networks. Furthermore, the Government is intending to launch a multidisciplinary programme against drug addiction, particularly in the province of Badakshan, where the use of opium is believed to be fairly widespread. Moreover, the development programme designed to enable opium growers to switch over to other crops which can provide them with new sources of income may shortly be receiving a new impetus. While the Fund continues to play an active role, the Government has recently concluded an agreement with UNDP in order to promote the development of the province of Badakshan. This is encouraging, since the main objective of the agreement is the elimination of opium production. So far as the Board is aware, this will be the first time that a Government has decided, within the framework of its economic development programme, to implement a major drug control project with the help of UNDP. Finally, the Government is studying the bill drafted with the assistance of the Division of Narcotic Drugs, and it is hoped that this bill will soon be adopted. The Board, for its part, has had the opportunity, at the invitation of the Government, to participate in the training of officials responsible for drug control.

50. These developments show clearly that measures affecting the economic and social structures of a nation can be effective only if they receive resolute and continuing support from Governments. The difficulties still to be overcome should not, of course, be underestimated; and Afghanistan cannot be expected to be able to resolve all its many drug control problems in the short term. Also, in the campaign against the illicit traffic, international co-operation, particularly with neighbouring countries, remains essential. Clearly Afghanistan cannot carry out the programme it has undertaken with its own resources alone; and continued assistance, both bilateral and multilateral, is of capital importance.

Iran

51. Since the last Report of the Board, the situation has remained practically unchanged in Iran. The main problem facing the authorities is that of drug addiction. Although opium is still the most widely abused drug, heroin addiction is on the increase. Although less widespread, the abuse of psychotropic substances also occurs. All the opium licitly produced in Iran 13/ is intended for opium addicts who are

13/ See in this regard E/INCB/31, annex B, table I.

registered with the authorities (nearly 160,000 at the end of 1974). Nevertheless, in spite of the enforcement activities and the severity of Iranian law with regard to traffickers, opium (intended for the local market) and cannabis resin (in transit towards the Western European market) continue to be smuggled in along the eastern frontier of the country. Heroin addicts are still supplied by clandestine laboratories operating in the provinces of the north-west and in Teheran. At the same time the authorities are certain that, in 1974 for the first time, heroin was manufactured in the most eastern part of the country. The traffickers appear to obtain supplies of morphine base east of Iran. Joint action by Iran and its neighbours therefore remains essential in order to thwart the traffickers.

52. Simultaneously with the campaign against the international illicit traffic, efforts have been made in the field of prevention and the treatment and rehabilitation of addicts. In view of the magnitude of the problem, the Government will undoubtedly wish to develop even further its action in this area.

53. The Board is aware that, as regards the administrative machinery, the Government is now in the process of reorganizing the department responsible for drug control. If the Government so desired, the Board would be prepared to take part in training drug control officials.

54. Also, Parliament has recently adopted a law concerning the control of the distribution and use of psychotropic substances. The Board therefore hopes that Iran will soon be in a position to ratify the 1971 Convention.

Pakistan

55. The main problems of narcotic drugs control in Pakistan are still the illicit cultivation of the opium poppy, largely in the tribal areas of the North West Frontier Province, and also the illicit cultivation of cannabis. For the first time, however, the authorities have discovered that morphine base is being manufactured clandestinely in Pakistan: the Pakistan Narcotics Control Board (PNCB) has dismantled two laboratories working in the North West Frontier Province. The effective action of the PNCB is encouraging, but this new trend is disquieting and the Board hopes that the measures taken by the authorities will succeed in preventing the traffickers from developing this activity, which is clearly aimed at the international illicit traffic.

56. In addition it is planned to launch a programme of crop substitution and economic re-orientation in two pilot areas of the North West Frontier Province, in particular with assistance from the Fund. It is hoped that the experience acquired in the execution of this programme may be applied subsequently in other opium-producing areas in Pakistan. The PNCB is also studying the federal and provincial drug abuse control laws. To this end, an assistance programme, which includes the treatment and rehabilitation of addicts, is at present being negotiated with the Fund.

57. The recent decision of the Government to grant a higher priority to drug control is encouraging. It should continue and intensify its efforts. Nevertheless, in order to carry out its programmes it will need, and should continue to receive, bilateral and multilateral assistance. At the same time, regional co-operation could still be further developed.

Turkey

58. Since the publication of the last Report of the Board, the Turkish Government has confirmed its decision to prohibit incision of the poppy capsule and consequently to authorize cultivation of the plant only on condition that there is no opium production. With technical and financial assistance from the United Nations, the Government has also decreed and put into effect a series of measures to prevent any production of opium.

59. The first harvest of non-incised poppy was gathered a few months ago and, according to information now available to the Board, the control measures have permitted the Government to ensure that its decision was carried out, thereby fulfilling its treaty obligations.

60. For the 1975/1976 season the Turkish Government has decided to authorize the cultivation of the poppy under the same conditions, in the same provinces and on the same total surface area as in 1974/1975 and to pursue the application of control measures with all necessary strictness.

61. The Board will continue to follow the evolution of the situation in Turkey.

EAST AND SOUTH-EAST ASIA

Burma

62. In Burma, the two major drug-related problems are drug addiction and the illicit and uncontrolled cultivation of the opium poppy.

63. Drug addiction has assumed disquieting proportions in recent years and constitutes a serious problem at the national level. Opium and opiates are the principal substances abused, but addiction to heroin (which is smoked as well as injected) has recently spread among young people in urban centres. Under the new law promulgated in 1974, doctors and village headmen are obliged to register drug addicts with a view to treatment. However, the capacity of the treatment centres at Rangoon, Myitkyima and Putao is still insufficient.

64. The illicit and uncontrolled production of opium, most of which comes from the Shan State, continues at a very high level. The Government has nevertheless intensified its action against the dissident elements who traffic in the opium produced. Larger seizures have been made and several clandestine laboratories in the Shan State have been dismantled. Consequently, although opium production has not apparently diminished this year, less opium and opiates would seem to be reaching the frontier between Burma and Thailand. Traffickers are being hunted down in the urban centres. Under the 1974 law harsher penalties are also provided for all traffickers.

65. Burma is preparing to launch a crop substitution programme in order to provide opium poppy growers with new sources of income. This operation will undoubtedly be long and arduous. It does, however, demonstrate the Government's desire to tackle the problem at its roots. The possibility of assistance from the Fund is under consideration.

Laos

66. The role of Laos as a supply route for illicit opium seems to have diminished. Most of the opium produced by the hill tribes is consumed locally. The Board hopes that the Government will continue its efforts to persuade poppy growers to take up other agricultural activities. A Fund-aided preparatory study is under way with a view to the formulation of a comprehensive programme including crop substitution and the treatment and rehabilitation of addicts.

Thailand

67. Drug addiction is a serious problem in Thailand. Opium abuse persists and heroin addiction is spreading. Heroin abuse is now prevalent both in rural areas and in urban centres. Far greater efforts should therefore be made by the Government with regard to treatment and rehabilitation. Treatment centres do indeed exist, but their capacity is far from sufficient. A treatment centre for addicts from the hill tribes will soon be established with Fund assistance and with the collaboration of the World Health Organization.

68. However, it is difficult to see how drug addiction can be eliminated in this country as long as the illicit production of opium remains abundant. Also, increasing amounts of heroin are being manufactured near the opium-producing areas.

69. Nevertheless, the pilot crop substitution project undertaken jointly by the Government and the Division of Narcotic Drugs, with the assistance of the Fund, showed that poppy growers were willing to raise a different crop if they were assured that it could provide them with an adequate source of income.

70. This problem, which is primarily one of economic development, cannot of course be solved either in the short term or with the resources of Thailand alone. It should nevertheless be accorded greater priority in the Government's over-all economic programme.

71. Still more sustained efforts are needed in the campaign against traffickers, since Thailand is also a major transit country for opium and opiates. While large quantities of these substances are still being sent to the territory of Hong Kong, they are also being shipped, with increasing frequency, to Malaysia and Singapore, where heroin abuse is on the increase; some of these substances then find their way into the illicit international channels starting from the Malaysian peninsula.

Territory of Hong Kong

72. In 1974, several criminal organizations specializing in the drug traffic were rendered inoperative thanks to the efficiency of the enforcement services. Clandestine laboratories manufacturing heroin mainly for the local market were destroyed and large quantities of opium and opiates were seized. As a result, the traffic was disrupted for some time. In addition, as a result of more energetic pursuit action by the Thai authorities, there was an appreciable decline in the number of Thai fishing trawlers transporting opium and morphine base to within reach of the territory of Hong Kong. The combination of these factors led to shortages on the local illicit market, where the lack of opiates was such that the substantial needs of the addicts in the territory were no longer met; this led more of them to apply for treatment.

73. For some months, however, it has been apparent that the territory is again being supplied with opiates and that there is no longer any shortage of heroin on the market. Drug abuse control will therefore call for extreme vigilance on the part of the authorities. In early 1975, as part of the campaign they are waging against traffickers, they promulgated a law designed to ensure stricter control of acetylating substances, and particularly acetic anhydride, the substance normally used for the conversion of morphine base into heroin. This positive step will undoubtedly make the work of the clandestine laboratories more difficult.

WESTERN EUROPE

74. In addition to the Netherlands, which is discussed in the following paragraphs, it appears that in several Western European countries, in particular France and the Federal Republic of Germany, there is both an increase in drug abuse and a diversification of the drugs abused. Although cannabis abuse and heroin addiction still persist, multiple abuse of psychotropic substances (barbiturates, LSD, amphetamines) is increasing and involving users in younger age-groups. In the two above-mentioned countries, burglaries of pharmacies are becoming more frequent and steps have had to be taken to provide them with increased protection.

Netherlands

75. Since the date of the last Report of the Board, the situation with regard to illicit trafficking and abuse in the Netherlands has shown little change. This country remains the principal centre for the illicit supply and distribution of drugs in Western Europe and continues to attract foreign drug abusers.

76. However, there has been some change in the routes and methods used by the traffickers. Before arriving in the Netherlands, cannabis of Moroccan origin tends more often to come via France rather than through Spain, and cannabis from the Middle East via Italy rather than through the Balkans.

77. Heroin from South East Asia is arriving in growing quantities in the Netherlands. Carried by air principally from the Malaysian peninsula, it is transported to Amsterdam by car or by train from a neighbouring country in which the couriers have landed. These individuals sometimes travel in groups in an attempt to evade the control measures. This method enables the traffickers to minimize the risks of interception, since customs controls have been reduced between the Benelux countries; also, the volume of road and rail traffic between the Netherlands and its neighbours makes it difficult to exercise systematic control, although control measures have been tightened up. It appears that the heroin introduced into the Netherlands is, for the time being, mainly destined for the Western European market.

78. The Government has taken a number of administrative measures aimed at strengthening the campaign against the illicit traffic in the Netherlands. It is also proposing that Parliament should take legislative measures to increase the penalties for traffickers, while reducing those applicable to drug users.

79. The Board hopes that the measures taken and envisaged will together succeed in improving the situation, which is serious and is still attracting its constant attention, since it affects not only the Netherlands but also other countries, particularly its neighbours. Regional action therefore continues to be essential.

NORTH AMERICA

United States of America

80. The efforts undertaken by the United States Government in the field of drug control are commensurate with the problems this country has to face. High priority is accorded to the campaign against drug abuse, which takes the form of severe law enforcement measures against traffickers, the development of drug abuse prevention and increased treatment and rehabilitation programmes for abusers.

81. Nevertheless it must be recognized that, in spite of these considerable and praiseworthy efforts, the illicit market in narcotic drugs is still receiving plentiful supplies from abroad, mainly from or through Mexico, Colombia and Jamaica. Heroin addiction, after declining slightly appears to be on the increase again. In re-affirming the Government's resolve to intensify its efforts still further, the President of the United States also announced, in a message to Congress in June 1975, that he had requested the Domestic Council to study the entire federal drug programme in order to determine whether its effectiveness could be increased. In September 1975 the Council submitted to the President a White Paper on drug abuse in the United States, together with recommendations for action.

82. The technical and financial assistance provided by the United States, both bilaterally and multilaterally, has been continued and even increased, although it was already very considerable.

Mexico

83. The Mexican Government is continuing to take steps with a view to eradicating the opium poppy and the cannabis plant. The enforcement services have dismantled several clandestine laboratories manufacturing heroin and have achieved certain successes, particularly a few months ago, when they arrested major international traffickers carrying more than 150 kg of cocaine - almost the equivalent of the total quantity seized in 1973. The authorities are also planning to strengthen the drug control laws. Co-operation with the enforcement services and customs authorities of neighbouring countries has developed and will no doubt help to improve the situation.

84. All these methods are very positive. Nevertheless, drug abuse would appear to be spreading, particularly along the frontier with the United States of America. Since experience shows that in countries where illicit production exists, it often leads sooner or later to a contamination of the population, the Board is sure that the Mexican authorities are giving this matter the most serious attention. Furthermore, in view of the large quantities of heroin, cocaine and cannabis of Mexican origin or transiting through Mexico, which are supplying the vast illicit market in the United States, it is essential that the authorities should increase their efforts still more.

SOUTH AMERICA

85. Problems arising from illicit activities in regard to drugs exist with varying degrees of acuteness in most South American countries. Apart from the exclusively Andean phenomenon of coca-leaf chewing, the use of cannabis is very widespread, and the

use of psychotropic substances is increasing, in particular in Argentina and Brazil. South America is also the source of all the cocaine entering the illicit international channels, and of some of the cannabis (particularly from Colombia) destined for the North American market. It also remains a staging point in the illicit traffic in drugs between Europe and North America.

Bolivia

86. For some decades, the principal characteristics of the drug control situation in this country have varied only slightly. Over-production of the coca leaf persists and, while chewing absorbs a large proportion of production, the remainder is converted clandestinely into crude cocaine near the production areas. These problems are receiving the attention of the President of the Republic and, on his initiative, the Bolivian authorities are studying the question of crop substitution, with a view to reducing cultivation of the coca bush. This is a large-scale undertaking which cannot be carried out successfully without a constant effort on the part of the authorities as well as considerable and continuing foreign assistance. At the thirtieth session of the General Assembly of the United Nations, the President of the Republic stated that he would spare no effort in combating drug traffic and he called for the co-operation of all countries.

87. The Board notes that the Bolivian authorities have given a new impetus to regional co-operation and in July 1975 organized a conference attended by representatives of the countries bordering on Bolivia - namely, Argentina, Brazil, Chile, Paraguay and Peru. During its mission to Bolivia in 1973 the Board had recommended such action; it should help to improve narcotic drug control in the region as soon as the resolutions adopted at the conference are implemented.

Peru

88. In this country, also, the drug problem is deep-rooted, and signs of progress are still being awaited. According to the information which Peru furnishes to the Board, it still seems that a high proportion of the estimated coca leaf production disappears without any record of the use to which it is put. As the Board stated in its 1974 Report, there is no doubt that the entire system for the control of coca-leaf production and trade needs to be re-examined, so that the national authorities themselves may have a clear picture of the situation. It is also difficult to see how there can be any appreciable improvement as long as the cultivation of the coca bush is still practised on so vast a scale.

CONCERTED MULTILATERAL ACTION

89. Experience in recent years has shown that no country can be certain that it is safe from drug abuse. Indeed, even in countries where certain measures appeared to have kept abuse in check, it now seems to be gaining ground. New channels of illicit traffic are appearing and replacing those which had been discovered and in some cases dismantled. Governments are aware of the need to persevere in their efforts. Nevertheless, in view of the multinational dimensions of the problem, isolated national efforts, however energetic, would not bring about a sufficient improvement. Co-ordinated action at the international level is therefore needed.

Regional co-operation at the institutional level

90. Problems of the kind raised by the illicit traffic or drug abuse often affect an entire region. When this occurs, it is possible by mutual assistance and concertation to formulate a joint strategy so that national measures are integrated into the regional approach.

91. A regional strategy is particularly effective when at this level there is already some machinery for concerted action by countries, or when the structures created for this purpose are capable of co-ordinating, both conceptually and operationally, an entire programme comprising the many different aspects of drug abuse control.

92. Such programmes have been initiated in certain intergovernmental regional organizations, with which the Board maintains close relations.

93. The International Arab Narcotics Bureau of the League of Arab States is the oldest of the permanent regional agencies in the field of drug control. The Board, which has for several years participated in some of the meetings organized by the Bureau, has seen for itself the efforts made to develop co-operation among member States. In addition, the Bureau provides a permanent link between the competent national authorities, and organizes training courses for the officials of member States.

94. Through some of its technical committees, the Council of Europe contributes to the elaboration of joint policies for its member States in the campaign against drug abuse. Its activities relate, inter alia, to the medical and social aspects of drug addiction, the treatment and rehabilitation of addicts and the harmonization of the laws of member countries, particularly as regards penalties. It has published various studies and organized symposia or meetings of experts on these problems. The second meeting of the Ad hoc Committee on Drug Dependence which was held at Strasbourg in April 1975, and at which the Board was represented, recommended to the Council of Ministers that the Council of Europe should play a specific role by arranging for the dissemination among Member States of information on the experiences gained by each in solving certain basic problems of drug dependence.

95. On the initiative of the President of the French Republic, member countries of the European Economic Community decided in 1971 to combine their efforts in a single campaign against drug abuse. The programme adopted at Rome in October 1972 provides for action in the fields of health, education and information, prevention, and the harmonization of legislation. This movement, which seemed to have slowed down has lately been given a new impetus, since a meeting was held in September 1975.

96. Since its establishment in 1973, the Drug Advisory Programme of the Colombo Plan Bureau has provided the framework for the organization of working groups and seminars on problems associated with drug abuse. The Board has been represented at some of these meetings, which are useful in two ways. First, they enable each participant to inform the others of the drug problems existing in his country and the efforts made to overcome them; and, secondly, they provide an opportunity for the narcotics officials of various countries to meet their counterparts and discuss matters of mutual interest, with a view to elaborating regional solutions. In addition, study fellowships are awarded to officials of member countries in order to enable them to receive advanced training in the prevention and limitation of drug abuse. In July 1975, one of the holders of these fellowships had consultations, while in Geneva, with members of the Board's secretariat.

97. In 1973, the States of South America, wishing to intensify their efforts to overcome the problems confronting them, approved and opened for signature at Buenos Aires a treaty on narcotic drugs and psychotropic substances.^{14/} Early implementation by Governments of the provisions of this treaty, as soon as it comes into force, would help to improve the situation in the region.

98. The Board, which was represented by an observer at the meetings of the Sub-Commission on Illicit Traffic and Related Matters in the Near and Middle East, and of the Ad Hoc Committee for the Far East Region - bodies established by the Commission on Narcotic Drugs - wishes to emphasize the important role which these bodies are playing in promoting co-operation among their member States. In addition, the United Nations has appointed two liaison officers for narcotics questions, one in the Middle East and the other for the Far East.

Co-ordinated world-wide action

99. In addition to the action of a regional nature, co-ordinated action at the world level is indispensable; such co-operation proclaimed by Governments at the time of the elaboration of international treaties on drugs, is manifested primarily by their adherence to these treaties. The Parties then pledge themselves to combine their efforts and participate in a joint control system. However, the effectiveness of the system will depend both on the number of participants and the active co-operation of each Party.

100. With regard to the 1961 Convention, the situation is satisfactory, since it is now binding on 105 States and most of the States which are non-Parties collaborate closely with the Board. There is only a very small group of States which do not regularly furnish information to the Board. This situation is due in part to accidents of history, and the Board is striving to obtain the co-operation of these States.

101. The 1972 Protocol which entered into force in August 1975 is of particular relevance to the Board since, of the 16 articles amending the 1961 Convention, 12 affect it directly.^{15/} The Board hopes that the number of accessions will increase and that the Protocol will, as soon as possible, have the same universality as the Convention it amends.

102. With regard to the 1971 Convention on Psychotropic Substances, it is gratifying to note that, pursuant to resolution I of the Vienna Conference and resolution 1576 (L) of the Council, a large number of countries are, without waiting for the Convention to enter into force, already applying the provisions requiring that statistics be furnished to the Board.^{16/} This machinery, which has been operating since 1971, already enables the Board to foresee to some extent what the application of the Convention will entail. Nevertheless, the Board once again appeals to all Governments to supply fuller

^{14/} See the Board's Report for 1974, E/INCB/25, paras.152 and 153.

^{15/} See paras.11 to 15 above, on the entry into force of the 1972 Protocol. See also paras.185 to 193 of the Board's Report for 1974 (E/INCB/25).

^{16/} See paras.38 to 46 above.

information so that, when the time comes, it will be able to give effect to this vital international treaty in the best possible conditions. There have also been some new ratifications and accessions, since 31 States are now Contracting Parties to the treaty. It might indeed have been hoped that this number would be higher. However, it is comforting to note that many countries are developing their national legislation in this field and making it more specific. This will undoubtedly encourage them to supplement the information they communicate to the Board and, above all, to accede to the Convention or ratify it at an early date.

103. The Board maintains a continuing dialogue with Governments in order to strengthen its co-operation with them. This dialogue principally takes the form of correspondence, information missions to various countries in the course of which direct discussions are held with the national authorities concerned, or seminars organized by the Board's secretariat, with the assistance of the Fund, for drug control officials.

104. In addition to working in close co-operation with Governments within the framework of the international narcotics control system established by the treaties, the Board also co-operates with the competent international institutions. In the first place, it takes part in the work of the Commission on Narcotic Drugs, in which it is able to have valuable exchanges of views with the representatives and observers sent by Governments, and in which also its reports are studied and its attention can be drawn to all matters within its competence. For example, during the last two years, the portions of its annual Report relating to the supply of raw materials for the licit manufacture of opiates have formed the basis of the Commission's discussions on the subject, and the Commission has expressed the hope that the Board will continue to keep it informed of its work on this topic. When, subsequently, it submits its Report to the Council, the Board also has the opportunity of hearing the views of Governments. Co-operation with the Secretary-General takes place either directly or during the Board's sessions at which the Secretary-General is represented by the Director-General of the United Nations Office at Geneva and the Director of the Division, and on a day-to-day basis through contacts between the Board's secretariat and the Division of Narcotic Drugs. The same is true of its relations with the Fund.

105. Co-operation is equally close between the World Health Organization and the Board; and is reflected both in reciprocal representation at the sessions of the World Health Assembly and of the Board, and in the working relationships established between the two secretariats.

106. Convinced as it is of the value of exchanges of views and scientific contacts, the Board maintains relations with several agencies which contribute to international action to combat drug abuse. When invited to do so, it sends representatives to meetings and conferences on matters within its competence.

CONCLUSION

107. It was not until the first quarter of the twentieth century that Governments came to realize the need for concerted action aimed at preventing the spread of drug abuse. Since then, international action has closely followed the constant changes in the form and extent of drug abuse. The fundamental purpose of the control machinery established by the treaties is to limit the use of drugs to consumption exclusively for

medical and scientific purposes. It is true that much remains to be done before this objective is attained. But the control measures hitherto adopted, however imperfect they may be, show that most Governments recognize the importance of the problem and its serious consequences for social welfare.

108. It is now universally recognized that the main obstacles in the campaign to eliminate drug abuse are the supply of drugs - in other words, illicit production and manufacture - illicit demand and the traffic which meets that demand. It is the demand, however, which raises the most complex problems, since its causes are the most difficult to identify and the remedies for it have not yet all been found. It is therefore more important than ever to continue research on the aetiology and sociology of drug abuse. It is true that some progress has been achieved and that certain causes of drug addiction have been identified; but they inevitably vary from one region to another and even from one social group to another within the same country. They also differ from individual to individual, and for each of the substances which lends itself to abuse. Measures to be taken in the field of treatment, prevention and rehabilitation must therefore take account of specific situations, and it is for each country to determine which of these measures are most appropriate to its own situation. International exchanges of information on the experience gained and techniques developed would permit all countries to benefit from the results achieved by each.

109. Attempts to acquire a better understanding of the problems relating to demand are not enough to mitigate its most devastating effects. The campaign against the illicit traffic also calls for sustained and more widespread action. Staff must be reinforced and the resources devoted to enforcement must be increased; but it is also necessary to display greater determination and to develop national, regional and international co-operation. Moreover, in the regions which produce the agricultural raw materials used for the illicit manufacture of narcotic drugs, it is only by a stronger national will and a greater international solidarity that these problems will be lessened and, in time, gradually eliminated.

110. In addition, the entry into force of the 1971 Convention - the only drug control treaty which has not yet obtained the necessary number of accessions - should be accelerated. This treaty should be universal in scope, since there is increasing evidence that some psychotropic substances are coming to occupy an increasingly prominent place among the drugs abused and also in multiple drug addiction. Furthermore, the hazards of consuming them simultaneously with alcohol are giving rise to serious concern. Consequently, and in their own interest, Governments which have not already done so should, as soon as possible, extend their national control measures to the substances included in the Schedules of the 1971 Convention. Such action would facilitate their accession to the treaty, which in any case remains desirable.

111. Following the wave of drug addiction in the 1960s, Governments considerably increased their efforts to tackle the problem. For some years now, however, it seems that the world has grown accustomed to living with the drug problem. The Board therefore wishes to warn those Governments which might be tempted to relax their vigilance, since drug abuse has not by any means diminished. Unless continuing and energetic efforts are made to combat this situation, it is bound to deteriorate and eventually to require even more extensive and more costly action.

(signed) Paul Reuter
President

(signed) Joseph Dittert
Secretary

Geneva, 7 November 1975.

THE SUPPLY OF RAW MATERIALS FOR THE LICIT MANUFACTURE OF OPIATES

1. In its last Report the Board indicated that the supply of raw materials for the manufacture of morphine intended for licit uses would increase in 1975. One year later, this forecast is being confirmed; and there are now the first signs of an appreciable increase in available resources, particularly of poppy straw, for future years. However, demand is still increasing as well, and it is necessary that supply and demand should be balanced at a satisfactory level which will enable the developing countries, in particular, to obtain normal supplies.
2. Owing to the diversity of the conditions prevailing in the various countries, it would be difficult to undertake a detailed study of demand for opiates in the world as a whole. Also, a study of this kind would have to take into account a large number of factors which are not all accessible to the Board. This task can therefore be successfully undertaken only by Governments, with the role of the Board being confined merely to the work of synthesis and possibly co-ordination with a view to producing comparable results.
3. In the meantime, the quickest and most economic method of estimating demand over the coming years is to extrapolate the trend which has been observed in the past. This method has well known limitations, and it is therefore necessary to review it frequently in order to incorporate any new element which might alter the trend.
4. For example, the manufacture of morphine in the USSR, which had amounted to 37 tons in 1970 and 36 tons in 1971, began to decline rapidly from 1972 onwards and fell to 17 tons in 1974. This reversal of the trend, which is peculiar to the USSR, is not attributable to difficulties in the supply of raw materials, because this country has in its own territory sufficient resources to satisfy the greater part of its requirements, but it is due to a policy of replacing codeine as far as possible by non-dependence-producing synthetic substances.
5. In most of the other countries which send their statistics to the Board, demand for opiates continued to increase. In its last projection 1/, the Board took morphine manufacture as the basis for measuring demand for opiates, thus providing a possibility for direct comparison with the supply of raw materials, also expressed in terms of morphine equivalent. In the present Report a different approach will be attempted, using codeine consumption as the basis for measurement.
6. The term "codeine consumption" in this case means the sum of two quantities: first, consumption as it is defined in the 1961 Convention (codeine transferred from the wholesale to the retail trade); secondly, the quantity of codeine used for the manufacture of preparations in Schedule III of the 1961 Convention. The Board has no statistics regarding the allocation of these preparations for consumption proper, for stock-building, for export or for special purposes if any. It will therefore be assumed in this study that they are consumed during the year of manufacture in the countries where they are manufactured. This hypothesis, adopted for the purpose of simplification, does not hinder the over-all study of codeine consumption.

1/ Report of the Board for 1973, document E/INCB/21.

7. Codeine is the narcotic drug most widely used for medical purposes. Total consumption of this substance, expressed in mean therapeutic doses, accounted in 1974 for 76 per cent of the total consumption of opiates. The share of synthetic narcotic drugs in total consumption during the same year amounted to only 10 per cent.

8. The situation regarding total consumption of codeine since 1950 is depicted in the table below (column I) and in the graph on page iii (curve 1). Moreover, annual consumption of codeine, calculated per thousand million inhabitants, is also shown in the table (column IV) and in the graph (curve 2). Finally, a straight line showing the trend has been fitted, by the method of least squares, to the curve representing the total consumption of codeine (curve 3).

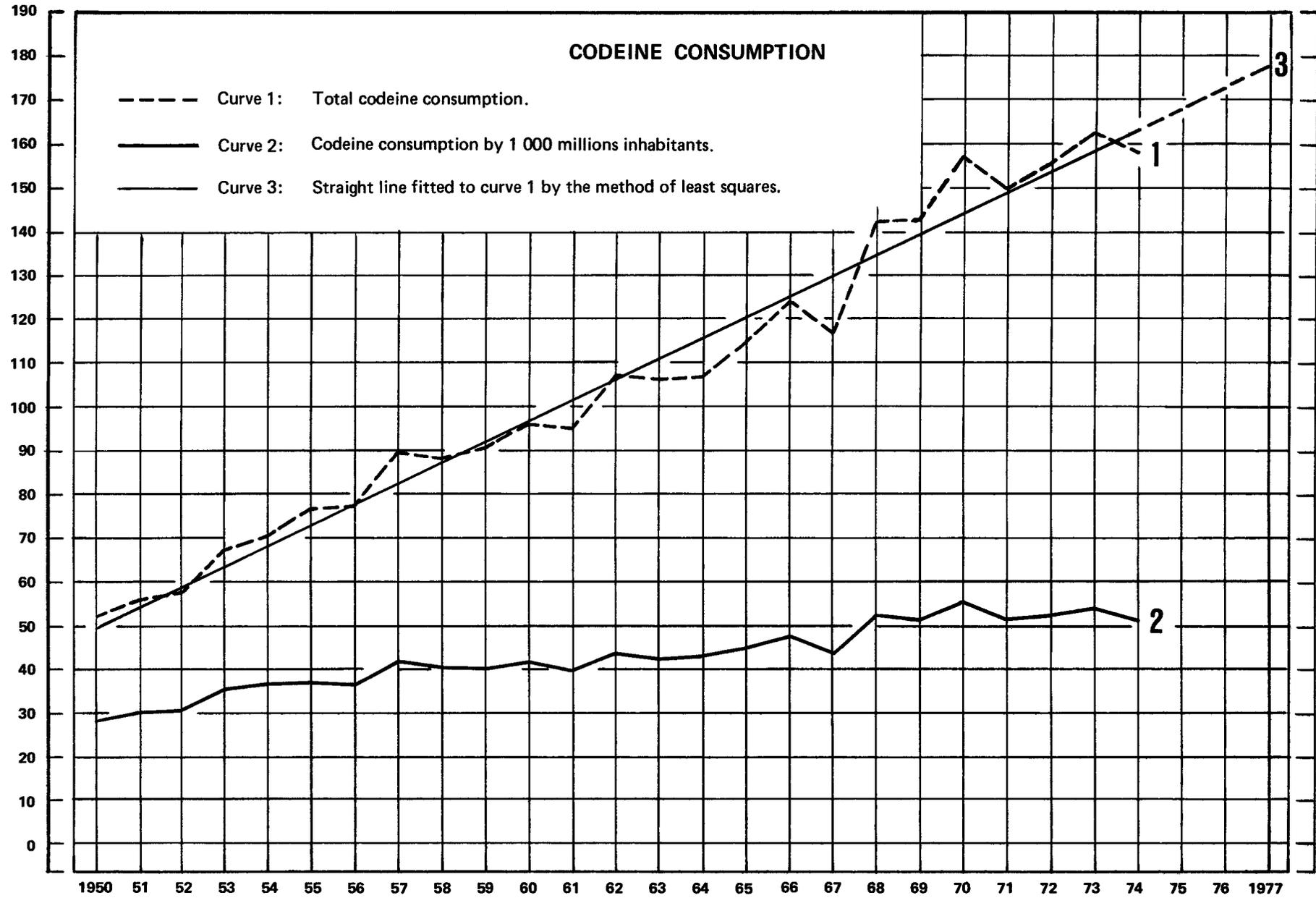
CONSUMPTION OF CODEINE

Year	I Total	II USSR */	III Total less USSR (I-II)	IV Consumption per 1,000 millions inhabitants
1950	51 823	7 892	43 931	28 210
1951	55 870	8 700	47 170	30 086
1952	57 622	9 099	48 523	30 683
1953	67 447	10 036	57 411	35 498
1954	70 349	12 311	58 038	36 602
1955	76 846	11 950	64 896	37 016
1956	77 428	10 833	66 595	36 678
1957	89 921	13 915	76 006	41 765
1958	88 758	14 720	74 038	40 308
1959	90 635	16 506	74 129	40 372
1960	96 417	17 336	79 081	41 541
1961	95 291	17 189	78 102	39 988
1962	107 304	18 763	88 541	43 780
1963	106 796	18 883	87 913	42 616
1964	107 466	19 684	87 782	43 073
1965	114 808	19 878	94 930	45 093
1966	124 139	20 300	103 839	47 691
1967	116 964	20 000	96 964	44 087
1968	142 419	22 000	120 419	52 709
1969	142 717	21 588	121 129	51 765
1970	157 508	28 000	129 508	55 814
1971	150 110	21 330	128 780	52 085
1972	155 876	23 526	132 350	52 947
1973	163 024	21 097	141 927	54 215
1974	158 689 **/	15 174	143 515	51 589

*/ The quantities of the preparations of Schedule III of the 1961 Convention, exported by USSR, are excluded from the consumption figures.

**/ Consumption in countries which had not sent their statistics by 7 November 1975 has been calculated by the Board.

Tons



9. The legitimacy of fitting a straight line to this series may be questioned. The representation of average increases in codeine consumption in the form of a straight line is tantamount to saying that consumption has been increasing annually by a constant average quantity throughout the period under consideration - both in 1952 when it was of the order of 58 tons, and 20 years later when it reached the level of 156 tons. A priori, one would have expected an annual increase proportional to the volume of codeine consumed during the previous year. However, an examination of the graph shows that the points representing codeine consumption are distributed approximately along a straight line. It will also be noted that codeine consumption increased between 1952 and 1962 by 49 tons, or by exactly the same amount as it increased between 1962 and 1972.

10. This growth pattern implies that the percentage annual increase in codeine consumption has been gradually slowing down, and that it was three times greater at the beginning of the period than at the end. The question therefore arises as to whether the annual rate of growth will in the future continue to decrease or will level off. As indicated in paragraph 2, a large number of factors influence the rate of growth. Two such factors, for which statistics are available to the Board, namely population and the number of physicians, undoubtedly play a major part.

11. The following table gives some figures relating to codeine consumption, population and number of physicians in 1950, 1960 and 1970. The figures are aggregate figures for all countries for which these statistics are available. 3/

Year	Population		Number of physicians		Codeine consumption		
	Millions	Increase over 10 years	Millions	Increase over 10 years	Observed ^{a/} in tons	Adjusted ^{b/} in tons	Increase over 10 years ^{c/}
1950	1 837		1.1		51.82	49.54	
1960	2 321	26%	1.6	45%	96.56	96.93	96%
1970	2 822	22%	2.2	37%	157.61	144.32	49%

Source: Population: United Nations Demographic Yearbook, ST/STAT/SER.R/2. Number of physicians: World Health Statistics Report, vol. 27, No. 2, 1974, WHO.

a/ Observed = actual figures.

b/ Adjusted = consumption as per straight line fitted to actual figures (see graph, page iii).

c/ On the basis of adjusted consumption.

12. An examination of these figures shows that the number of physicians increased faster than the size of the population during the two decades under consideration, and that codeine consumption increased faster than the number of physicians. It may also be seen that progression of the three variables slowed down during the second decade and that this slowing down was more marked in the case of codeine consumption.

3/ The statistics on codeine consumption are not available for Bhutan, China, the Democratic People's Republic of Korea and the Democratic Republic of Viet-Nam. The figures relating to population and the number of physicians for these four countries have therefore also been omitted from the table.

This is confirmed by the fact that total consumption has increased threefold in the course of 25 years, while consumption per thousand million inhabitants has hardly doubled during the same period (see columns 1 and 4 of the table on page ii).

13. It would be equally instructive to look for possible correlations between codeine consumption and variables such as national income, the health services budget, social security benefits, the morbidity rate, etc. However, studies of this kind can be undertaken only at the national level. It is also at this level that due account can be taken of the phenomena of the substitution of non-narcotic for narcotic medicaments and of the impact of national legislation on the consumption of narcotic drugs.

14. Lastly, studies of this kind would above all make it possible to compare trends in codeine consumption in developed and developing countries respectively, since the statistics furnished under the 1961 Convention do not indicate the use made of the preparations listed in Schedule III of the Convention, which account for more than half the total consumption of codeine. The exact quantity of codeine consumed in a given country can be known accurately only by the national administration of the country concerned.

15. However, if the total quantity of codeine consumed in 1970 is expressed in mean therapeutic doses (30 mg), one finds that consumption for that year was less than two therapeutic doses per capita. This is of course an average figure which covers a wide diversity of actual situations, and it is almost certain that nearly all developing countries have an extremely low codeine consumption. It is therefore in these countries that there is the greatest potential for growth in codeine consumption.

16. In some developing countries, imports of narcotic drugs depend much more on budgetary considerations than on actual needs. In order to remedy this situation, some of these countries have stopped importing finished products with a very high added value, and are instead importing semi-finished products from which preparations are manufactured locally. It is probable that the recent rise in opiate prices will merely accelerate this process which enables these countries to meet their growing demand. However, this solution cannot be advocated for all developing countries, because the economic conditions it requires (capital, skills, large enough domestic market, etc.) are sometimes difficult to fulfil. The supply of raw materials for the manufacture of opiates must therefore be sufficiently abundant to enable these countries to obtain adequate supplies.

17. From the table on page ii, it is clear that it would be an exaggeration to describe the situation in recent years as one of shortage. The total under column III of this table continued to increase in 1973 and reached its highest level in 1974. However, supply difficulties were very real, as is clear from the sharp rise in opiate prices, which may be attributed partly to a considerable increase in demand and partly to a shortfall in raw materials for the extraction of alkaloids.

18. Codeine consumption grew in 1973, but only by drawing upon reserve stocks of opium, concentrate of poppy straw, morphine and codeine; these stocks fell by 14 tons of morphine equivalent. In 1974, reserve stocks again fell by 15 tons, not

counting the 173 tons of opium released by the United States from special stocks and equivalent to approximately 17 tons of morphine. The total shortfall for 1973 and 1974 may thus be estimated at approximately 46 tons of morphine, a figure which is roughly equivalent to the annual utilization of straw for the manufacture of morphine, or to nearly one half of the opium harvest. At the end of 1974, reserves of opiates amounted to approximately 146 tons of morphine equivalent, i.e. somewhat less than the requirements for one year's consumption.

19. If past trends remain unchanged, total codeine consumption will continue to increase, at an average rate of 4.74 tons per annum. At the same time, the anticipated increase in available resources in the immediate and medium-term future gives grounds for believing that demand for opiates will be satisfied much more easily than in 1973 and 1974. In 1975, two important events have occurred which are likely to lead to an improvement in the situation by comparison with the two previous years.

20. In the first place, India's efforts to satisfy an increasing proportion of world demand for opiates have borne fruit in 1975, with an opium harvest exceeding 1,000 tons for the first time for several decades. India also endeavoured to make up for the bad harvests of 1973 and 1974 by drawing upon a resource which had not hitherto been used for this purpose: this country exported incized poppy straw amounting to 4,341 tons and 7,943 tons respectively in those two years. Assuming an average yield of 300 kg per hectare, the Indian poppy straw harvest might be estimated at 15,000 tons. Of course, it may perhaps not be possible to utilize the whole of this harvest but it seems nevertheless that India could, if the need arose, further increase its exports of this raw material. The same is true of Iran, which in 1973 exported for the first time 463 tons of incized poppy straw from poppy cultivation for the harvesting of opium to meet the requirements of opium addicts. These exports from Iran, which more than doubled in 1974, could if necessary be increased still further.

21. Secondly, unincized poppy straw from Turkey will become available for the first time in 1975. Because of bad weather conditions, the straw harvest in Turkey was considerably smaller than had originally been envisaged; nevertheless, according to official estimates, 5,900 tons of poppy straw, with a morphine content of 0.55 per cent, that is the equivalent of approximately 32 tons of morphine, were produced in 1975.

22. In the medium term, availabilities of poppy straw should increase considerably. In 1974, France manufactured from green poppy capsules nearly 13 tons of concentrate - or the equivalent of 6.5 tons of morphine - compared with the previous maximum of only 2.4 tons of morphine equivalent attained two years earlier. Also, in Australia the very high morphine yield already obtained from straw in 1971 and 1972 (0.42 per cent) was increased to 0.45 per cent in 1973 and 0.48 per cent in 1974; it would seem that these yields are to be improved considerably from 1976 onwards through the use of new techniques. At the same time, the extension of the cultivated areas will provide this country with sufficient raw material to enable it, within a few years' time, to rank among the leading manufacturers of morphine.

23. In conclusion, it seems that the supply difficulties experienced in 1973 and 1974 should come to an end after the 1975 harvests and that, in the medium term,

the supply of raw materials will be adequate to meet the increase in demand for opiates for medical and scientific requirements. However, until reserve stocks of opiates are built up again to a satisfactory level, the risk of a recurrence of these difficulties will always be present, because of the vulnerability of the raw materials to weather conditions. Nevertheless, in view of the growing share of poppy straw in the manufacture of morphine and its geographical distribution over both hemispheres, greater reliability of supplies may be expected in the future.

24. In the longer term, if demand for opiates continues to grow and traditional sources of raw materials prove insufficient, the research now in progress on papaver bracteatum and synthetic drugs should open up new prospects.

(Signed) Paul Reuter
President

(Signed) Joseph Dittert
Secretary

Geneva, 7 November 1975

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