

INTERNATIONAL NARCOTICS CONTROL BOARD

Vienna

**Report of the International Narcotics
Control Board**

for 1979



UNITED NATIONS

THE INTERNATIONAL NARCOTICS CONTROL BOARD

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. Members of the Board are elected under the terms of the treaties by the United Nations Economic and Social Council not as representatives of their Governments but in their personal capacity.

Article 9 of the Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol, defines the composition and functions of the Board as follows:

Composition and Functions of the Board

1. *The Board shall consist of thirteen members to be elected by the Council as follows:*

(a) three members with medical, pharmacological or pharmaceutical experience from a list of at least five persons nominated by the World Health Organization; and

(b) ten members from a list of persons nominated by the Members of the United Nations and by Parties which are not Members of the United Nations.

2. *Members of the Board shall be persons who, by their competence, impartiality and disinterestedness, will command general confidence. During their term of office they shall not hold any position or engage in any activity which would be liable to impair their impartiality in the exercise of their functions. 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.*

3. *The Council, with due regard to the principle of equitable geographic representation, shall give consideration to the importance of including on the Board, in equitable proportion, persons possessing a knowledge of the drug situation in the producing, manufacturing, and consuming countries, and connected with such countries.*

4. *The Board, in co-operation with Governments, and subject to the terms of this Convention, shall endeavour to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes, to ensure their availability for such purposes and to prevent illicit cultivation, production and manufacture of, and illicit trafficking in and use of, drugs.*

5. *All measures taken by the Board under this Convention shall be those most consistent with the intent to further the co-operation of Governments with the Board and to provide the mechanism for a continuing dialogue between Governments and the Board which will lend assistance to and facilitate effective national action to attain the aims of this Convention.*

(continued on page iii of cover)

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INTERNATIONAL DRUG CONTROL AGREEMENTS

International Opium Convention signed at The Hague on 23 January 1912, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.

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 (or INCB)	International Narcotics Control Board
Commission on Narcotic Drugs (or Commission)	Commission on Narcotic Drugs of the Economic and Social Council
Council (or ECOSOC)	Economic and Social Council of the United Nations
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 (or UNFDCAC)	United Nations Fund for Drug Abuse Control
General Assembly	General Assembly of the United Nations
IBRD (or World Bank)	International Bank for Reconstruction and Development
ICPO (Interpol)	International Criminal Police Organization
Narcotic drug	Any of the substances in Schedules I and II of the 1961 Convention, whether natural or synthetic
1972 Protocol	Protocol amending the Single Convention on Narcotic Drugs, 1961, signed at Geneva on 25 March 1972
Psychotropic substance	Any substance, natural or synthetic, or any natural material in Schedule I, II, III or IV of the 1971 Convention
Secretary-General	Secretary-General of the United Nations
UNDP	United Nations Development Programme
WHO	World Health Organization

FOREWORD

Annual reports on the work of the International Narcotics Control Board are prepared in conformity with the international drug control treaties. Article 15 of the 1961 Convention and article 18 of the 1971 Convention provide that the Board shall prepare an annual report on its work and such additional reports as it considers necessary.

This is the third report submitted by the Board as constituted under article 9 of the 1961 Convention as amended by the 1972 Protocol. It is supplemented by four other reports in which the Board publishes the information communicated to it by Governments in conformity with the international treaties. */

Membership of the Board

Dr. Nikolaï 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; Vice-Chairman of the Standing Committee on Estimates.

Professor Daniel BOVET

Professor of Psychobiology in the Faculty of Science of the University of Rome; Nobel Prize in Medicine for achievements in Pharmacology (1957); member of the World Health Organization Expert Advisory Panel on Neurosciences; member of the Board since 1977.

Professor Tadeusz L. CHRUSCIEL

Professor of Pharmacology and physician specialized in clinical pharmacology; Deputy Director of the Institute for Drug Control and Research, Warszawa, Poland; former Senior Medical Officer, Drug Dependence Programme, Division of Mental Health, World Health Organization (1968-1975); member of the World Health Organization Expert Advisory Panel on Drug Dependence; member of the Board since 1977.

Professor Ramón 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; member of the General Health Council of the Mexican Republic; member of the Board since 1974 and Vice-President since 1979.

*/ Estimated world requirements of narcotic drugs in 1980 (E/INCB/46); Statistics on narcotic drugs for 1978 (E/INCB/48); Comparative statement of estimates and statistics on narcotic drugs for 1978 (E/INCB/50); Statistics on psychotropic substances for 1978 (E/INCB/49).

Professor Helmut E. EHRHARDT

Dr.med., Dr.phil., Dr.jur.h.c.; Director, Institute for Legal and Social Psychiatry, University of Marburg (Federal Republic of Germany); Commissioner on Mental Health, Land Hessen; member, Expert Advisory Panel on Mental Health, WHO; member, Federal Health Council, Bonn; Chairman, Committee on Psychiatry and Law, German Psychiatric Association; member, Scientific Advisory Panel, German Federal Medical Association; former President, German Psychiatric Association; former President, Society of General Criminology; Hon.Member, World Psychiatric Association; Distinguished Fellow, American Psychiatric Association; Hon.Member, German Psychiatric Association; Corresponding Fellow, Royal College of Psychiatrists, London; Hon.President, European League for Mental Health; member of the Board since 1977.

General Sami Assad FARAG

Graduate of the Police Academy 1946, Diploma in Legal Policy and Administration Sciences; Licencié en lettres, Cairo 1961, Director General of the National Egyptian Department of Narcotics Law enforcement since 1973, assistant to the Minister of the Interior since 1978; member of the Board since February 1979.

Dr. Diego GARCÉS-GIRALDO

Physician and surgeon, M.R.C.S., L.R.C.P., M.A. (Cantab.); alternate delegate of Colombia to the Preparatory Commission of the United Nations (London, 1945); Minister plenipotentiary of Colombia in Cuba (1948-1949); Ambassador of Colombia to Venezuela (1950-1951); Governor of the Department of the Valle del Cauca, Colombia (1953-1956); Senator of the Republic of Colombia (1958-1962); Permanent Representative of Colombia to the Office of the United Nations and other International Organizations in Geneva (1971-1976); member of the Board since 1977.

Miss Betty C. GOUGH

Former diplomat and specialist in international organizations; former Counsellor for Narcotics Affairs, United States Mission to the United Nations and other International Organizations at Geneva; former Adviser, United States Mission to International Atomic Energy Agency, Vienna; former Deputy, United States Permanent Delegation to UNESCO; member of United States delegation to the United Nations Conference to consider amendments to the Single Convention on Narcotic Drugs (Geneva, 1972) and to sessions of the Commission on Narcotic Drugs (1971-1976); member of the Board since 1977 and Rapporteur since 1979.

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; Founder and member of the Turkish Pharmacological Society; member of the Turkish Academy of Medicine; member of the Turkish Pharmacopoeia Commission; member of the International Society for Biochemical Pharmacology; member of the New York Academy of Science; member of the American Association for the Advancement of Science; member of the Balkanic Medical Union; member of the Technical Committee during the Conference of the United Nations for the Adoption of a Single Convention on Narcotic Drugs, 1961; member of the Board since 1968 and Vice-President since 1975 and Chairman of the Standing Committee on Estimates since 1975.

Dr. Mohsen KCHOUK

Pharmacist biologist; former student at the Pasteur Institute, Paris; former Deputy-Director of the Pasteur Institute, Tunis; lecturer at the National School of Public Health; Vice-President of the Tunisian Society of Pharmaceutical Sciences; fellow (foreign) of the French Society of Legal Medicine and Criminology; member of the Board since 1977.

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.

Professor Jehan Shah SALEH

M.D., F.R.C.O.G., L.L.D.(Hon.) Professor and Chairman (Emeritus), Department of Gynaecology and Obstetrics, Teheran University; former Dean, Faculty of Medicine, Teheran University; former Chancellor, Teheran University; former Minister of Health (in seven Cabinets) (during his terms, passed a bill on prohibiting poppy plantation in Iran); former Minister of Education; Expert Adviser of the World Health Organization on Medical Education and Auxiliary Branches; President of the Association of Iranian Gynaecologists and Obstetricians; Senator (Chairman of the Committees of Public Health and Welfare and of Protection of Environment); member of the Board and Vice-President in 1977 and 1978.

Dr. Tsutomu SHIMOMURA

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 1969 to 1973; speciality, Pharmacognosy. Member of the Board since 1974.

Sessions in 1979

The Board held its twenty-fifth session in Geneva from 21 May to 1 June 1979 and its twenty-sixth session in Vienna from 15 October to 2 November 1979. The Secretary-General was represented at the twenty-fifth session by Mr. L. Cottafavi, Director-General of the United Nations Office at Geneva and at the twenty-sixth session by Mr. C.E. Bourbonnière, Director of the United Nations Co-ordination Office in Vienna. The Division of Narcotic Drugs was represented by its Director, Dr. G.M. Ling. The United Nations Fund for Drug Abuse Control was represented by its Executive Director, Dr. B. Rexed. The World Health Organization was represented by Dr. I. Khan, of the Office of Mental Health. At the twenty-sixth session, the Secretary-General of the ICPO/Interpol, Mr. A. Bossard, was invited to address the Board on illicit traffic in drugs.

Representation at international conferences and meetings

United Nations: Economic and Social Council: first Regular session 1979 (New York, April-May 1979); Commission on Narcotic Drugs: twenty-eighth session (Geneva, February 1979); fifth meeting of Operational Heads of National Narcotics Law Enforcement Agencies, Far East Region, (Colombo, November 1978); Inter-Regional meeting between Heads of National Narcotics Law Enforcement Agencies in some countries of Europe and the countries of the sub-commission on illicit drug traffic and related matters in the Near and Middle East (Geneva, May 1979).

World Health Organization: sixty-third and sixty-fourth sessions of the Executive Board, (Geneva, January and May 1979); thirty-second World Health Assembly (Geneva, May 1979); Meeting to Finally review the progress on the Research on the Dependence Liability of Thebaine and its Derivatives (Geneva, September 1979); Meeting on the Review of Psychoactive Substance for International Control (Geneva, September 1979); Second Travelling Seminar in the USSR on the safe use of psychotropic and narcotic substances (Moscow and Dushambe, October 1979).

Intergovernmental and non-governmental organizations: The Board, having been invited, was represented at some meetings and conferences on drugs organized in 1978 by the Customs Co-operation Council, the Council of Europe, the Colombo Plan Bureau, the International Criminal Police Organization (ICPO/Interpol). It was also represented at the South American Conference on the establishment of a permanent secretariat as provided by the South American agreement on narcotic drugs and psychotropic substances (Buenos Aires, June 1979) and at the 41st Annual Meeting of the United States Committee on Problems of Drug Dependence (Philadelphia, June 1979).

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.

OPERATION OF THE INTERNATIONAL DRUG CONTROL SYSTEM

Narcotic Drugs

1. The Board maintains a continuing dialogue with Governments in discharging its responsibilities under the international narcotic control treaties. It monitors the licit movement of narcotic drugs to ensure that Governments take the measures prescribed in the treaties to limit cultivation, production, manufacture and use to quantities required for medical and scientific purposes, and to prevent diversion for illicit purposes. Relations with Governments are maintained by regular exchanges of correspondence and discussions with government representatives at the seat of the Board; special Board missions also visit countries to consult with the competent national authorities; in addition, consultations are held when Board representatives attend international meetings.

2. The Board publishes annually three documents which supplement the present report. These contain information furnished by Governments in accordance with the international treaties, together with analyses made by the Board in the exercise of its treaty responsibilities for supervising the licit movement of narcotic drugs. The three documents provide: estimated licit requirements of narcotic drugs and estimates of licit production of opium; 1/ statistics on narcotic drugs, accompanied by an analysis of the major trends in the licit movement of narcotic drugs; 2/ and a comparative statement of estimates and statistics on narcotic drugs; 3/ which permits verification as to whether Governments have adequately applied the treaty provisions.

3. To date, one hundred and ten States have become Parties to the 1961 Convention and sixty-six to the 1972 Protocol which amends that Convention. In addition, one country has adhered directly to the 1961 Convention, as amended. Nevertheless, the majority of States which have not yet formally adhered to these treaties in practice co-operate with the Board; however, the Board hopes that such States will become Parties at an early date. The very few States which do not yet participate in the international drug control system could assist the world community by developing at least de facto co-operation. The Board continues to hope that such co-operation will soon result from the friendly relations which already exist with the People's Republic of China, and those which the Board is endeavouring to establish with the Socialist Republic of Viet Nam and with the Democratic People's Republic of Korea.

Psychotropic Substances

4. Fifty-nine States have now acceded to the 1971 Convention, which entered into force in August 1976. However, the Board would like to emphasize and highlight once again the great importance it attaches to the prompt adherence to the Convention by all States. In this connexion the General Assembly recently reiterated its appeal to all States not yet parties to the 1971 Convention, as well as the other drug control treaties, to take steps to accede to these instruments in order to achieve their universal application. 4/

1/ E/INCB/46

2/ E/INCB/48

3/ E/INCB/50

4/ General Assembly Resolution 33/168

5. Even though the number of parties to the Convention is now relatively limited, more than 100 governments, nevertheless, regularly submit annual statistics in response to the Board's questionnaire on the manufacture, stocks and trade in psychotropic substances (Form P). Statistics on these substances were published for the first time in a document covering 1973-77, ^{5/} and the statistics for the period 1974-78 are being prepared for publication. ^{6/} The Board is actively engaged in analysing the information which Governments provide and in seeking clarifications where appropriate with a view to reconciling export and import discrepancies and furthering the aims of the Convention. Since a number of countries provide no information at all or only partial data, these publications necessarily reveal only an incomplete picture of the international movement concerning psychotropic substances and do not permit the Board to have the kind of comprehensive understanding of the control situation worldwide necessary to permit it adequately to carry out its responsibilities under the Convention. Pending countries' formal adherence to the Convention, the Board therefore repeats its urgent appeal to all Governments, and particularly the manufacturing and exporting countries, to provide full information promptly.

6. The Board notes with satisfaction that the Commission recently decided to transfer methaqualone from Schedule IV to II of the 1971 Convention. This decision, made on the recommendation of the WHO, which went into effect at the end of September 1979, subjects methaqualone to stricter control measures, because its abuse and illicit traffic is increasing worldwide, resulting from clandestine manufacture as well as diversion from licit channels. The Board urges all countries promptly to ensure that their national legislation and administrative regulations are in conformity with this new decision.

7. It is important to encourage initiatives designed to reinforce the control of drugs, while at the same time ensuring their availability for medical use. This is particularly true in the case of psychotropic substances in respect of which the 1971 Convention should be strictly and promptly enforced. It is gratifying that, following up on the successful initiative taken in 1978, the WHO and the Ministry of Health of the Soviet Union organized a travelling seminar in the USSR from 1-12 October 1979 on the safe use of psychotropic and narcotic substances. The Board was represented by its Secretary. The participation of approximately twenty countries permitted a useful exchange of views and allowed participants to witness an effective control system in action. This kind of seminar might usefully be followed by others, such as the one the WHO is now preparing to hold in the Eastern Mediterranean.

8. A particular problem is presented by the practical application of Article 3, paragraphs 2 and 3 of the 1971 Convention, relating to the exemption of preparations. This question is being studied by the WHO, but the Board would like to refer to certain guidelines already elaborated by an expert group convened by the WHO which recommends, inter alia, that "exemption of preparations which contain a psychotropic substance listed in Schedule II of the 1971 Convention is undesirable." ^{7/}

^{5/} E/INCB/44

^{6/} E/INCB/49

^{7/} WHO document MNH/78.1, point 10 (d)

9. Finally, attention is drawn to a privilege which Parties to the 1971 Convention may avail themselves of, namely, the measures of protection provided for in Article 13 of the Convention, whereby a party, by notifying the Secretary-General of the United Nations that it prohibits the import of one or more substances in Schedules II, III and IV, may obligate all other parties to ensure that none of the substances in question is exported to it. This provision is already being used by some countries to protect themselves from the import of unwanted substances and preparations.

TRANSITIONAL RESERVATIONS UNDER ARTICLE 49 OF THE 1961 CONVENTION
FIFTEEN YEARS AFTER ITS ENTRY INTO FORCE

10. The objective of the 1961 Convention is to limit exclusively to medical and scientific purposes the use of and trade in narcotic drugs, thereby prohibiting use of and trade in such drugs for any other purpose. The strict observance of this principle is a basic obligation of the Parties. However, article 49 permits certain exceptions on a transitional basis in a few countries where the non-medical use of certain narcotics was traditional and permitted prior to 1 January 1961. Article 49 incorporated in essence the provisions of article 19 of the Opium Protocol of 1953 and extended them to coca leaf and cannabis.

11. Thus, by making a reservation at the time of signature, ratification or accession, a Party may, in pursuance of article 49, temporarily free itself from the general obligation of limiting the availability of narcotic drugs exclusively to medical and scientific uses. However, the activities permitted for the reserved purposes remain subject to the control measures required by the Convention, to the restrictions enumerated in the seven subparagraphs of article 49, paragraph 2, and to the obligations of reporting referred to in paragraph 3.

12. Only five countries have availed themselves of the opportunity to make transitional reservations under article 49, namely, Argentina, Bangladesh, Burma, India and Pakistan. They are listed below with respect to the various activities permitted by article 49, paragraph 1 for which they have made their reservations:

- | | |
|--|--|
| (a) the quasi-medical use of opium | - Bangladesh, India, Pakistan; |
| (b) opium smoking | - Burma, India; |
| (c) coca-leaf chewing | - Argentina <u>8/</u> ; |
| (d) the use of cannabis, cannabis resin, extracts and tinctures of cannabis for non-medical purposes | - Bangladesh, India, Pakistan; |
| (e) the production and manufacture of and trade in the drugs referred to under (a) to (d) for the purposes mentioned therein | - All the five above-mentioned countries with regard to the activities reserved by each of them. |

13. Turning to the activities specified in article 49, paragraph 1, the Board would like to draw attention to the following matters:

THE QUASI-MEDICAL USE OF OPIUM

14. According to article 49, paragraph 2, subparagraph (d), the quasi-medical use of opium must be abolished within 15 years from the coming into force of the Convention, that is by 12 December 1979.

Bangladesh

15. Bangladesh ratified the 1961 Convention in 1975, but began the previous year to forward estimates and corresponding statistics relating to the quasi-medical use of opium. The Government is reducing the quota of

8/ see paragraph 24 below.

600 kilogrammes of opium, fixed for 1975, by 10% annually, with a view to its ultimate elimination. However, this measure will not lead to the abolition of the quasi-medical use of opium by the end of this year, as required by the Convention (although the quota has now been reduced to a relatively small amount of approximately 400 kg). The problem lies in the fact that the Government, due to a misinterpretation of the above-mentioned provision, intends "to permit no longer the quasi-medical use of opium by 1982 unless the period is extended by the INCB". This possibility does not fall within the Board's competence under the Convention. The Board is continuing its dialogue with the Government on this matter.

India

16. Quasi-medical use of opium has been prohibited in India with effect from 1 April 1959. Since that date opium has been supplied from Government treasuries/depots to registered opium addicts on the basis of medical certificates granted by the competent medical authorities. In 1969 the Indian authorities stated that since the opium involved was "supplied to registered addicts in the form of pills on the basis of a medical prescription," it did in fact relate to medical use; consequently the amounts in question would in the future be included in the estimates for India's medical requirements. This interpretation was accepted by the Board.

Pakistan

17. Pakistan has consistently confirmed that it is committed to the abolition of the consumption of opium, except for medical and scientific purposes, by the end of 1979. In February "The Prohibition (Enforcement of Haad) Order, 1979" entered into force. It prohibits all imports, exports, transportation, processing and possession of any intoxicant, including narcotic drugs. Following this Order, the "vends", the licensed opium shops which traditionally had sold opium for quasi-medical purposes, were closed down and a registration was initiated for all addicts in need of opium for the purpose of maintaining their health. Moreover, since the requirements of the practitioners of the Yunani system of medicine are also being ascertained, the Government is taking the necessary legislative and administrative steps to comply with the Convention.

18. However, an orderly transition from a legal situation permitting quasi-medical use of opium to one which allows its uses for regular medical purposes only, requires long and careful preparation. In the absence of such planning, it is very difficult to establish adequate control over the licit production and distribution of opium, to strengthen the law enforcement agencies and to take the necessary measures for treatment and rehabilitation of addicted persons. The magnitude of this task is evident.

OPIUM SMOKING

19. Pursuant to article 49, paragraph 2, subparagraph (c), the only persons permitted to smoke opium are those who were registered with the competent authorities by 1 January 1964.

Burma

20. At the time of signature, Burma reserved the right:

"(1) To allow addicts in the Shan State to smoke opium for a transitory period of 20 years with effect from the date of coming into force of this Single Convention;

"(2) To produce and manufacture opium for the above purpose;

"(3) To furnish a list of opium consumers in the Shan State after the Shan State Government has completed the taking of such list on 31 December, 1963."

21. However, the registration of opium smokers never took place, and therefore, from the legal point of view the conditions of article 49 cannot be said to have been fulfilled. Subsequently, the authorities informed the Board that "the Government of the Union of Burma ceased to operate under the reservation clause with effect from 1 October 1965." On 20 February 1974 Burma promulgated a law entitled "The Narcotics and Dangerous Drugs Rules 1974", which in principle prohibits the cultivation, production, manufacture, possession, transportation, import, export, transfer and sale of drugs without the Government's permission. It is unclear to what extent opium smoking still continues.

India

22. Very little opium is consumed for smoking. However, such smoking has been legally allowed, in accordance with article 19 of the Opium Protocol of 1953, to smokers who were registered on medical grounds on or before 30 September 1953 and were not under 21 years of age at that date. Only a few thousand addicts were registered and they are permitted to smoke opium for the rest of their lives, in conformity with the treaty. The opium is supplied from government depots.

COCA-LEAF CHEWING

23. Article 49, paragraph 2, subparagraph (e) stipulates that coca-leaf chewing must be abolished within twenty-five years from the coming into force of the Convention, that is by 12 December 1989.

Argentina

24. To date, Argentina is the only country to have availed itself of the right to permit coca-leaf chewing on a temporary basis. The Government has gradually diminished the amount of coca leaf available for consumption and has prohibited coca-leaf chewing as from 1977. On 24 October 1979 Argentina notified the Secretary-General that it had withdrawn its transitional reservation.

The special cases of Peru and Bolivia

25. Peru and Bolivia became parties to the 1961 Convention in 1964 and 1976, respectively. Although the habit of coca-leaf chewing is deeply ingrained in

rural life in both countries, neither made any reservation in respect to this activity under article 49. 9/ In the absence of such a reservation, the two countries are legally bound to limit the availability of coca leaf exclusively to medical and scientific uses without the period of grace extending to December 1989, which the Convention otherwise would confer to a reserving state. Moreover, should either country permit the cultivation of the coca bush for medical purposes, it would have to establish a national agency to control the cultivation and manage the trade in the leaves. Finally, wild-growing and illegally cultivated coca bushes should be up-rooted and destroyed.

26. Over the years, the Board has repeatedly encouraged Bolivia and Peru to establish programmes of control and progressive reduction of cultivation of the coca bush. In Bolivia, the Government, between May and October of 1977, made a survey of land under coca cultivation and established a register of producers. It then banned new coca bush plantings on registered land as of November 1977. The Government's approach eventually envisages integrated rural development programmes and coca crop substitution by other crops. In Peru, the drug law promulgated in March 1978, inter alia, prohibits the planting of the coca bush in new areas and requires that its cultivation be replaced on larger areas, previously used for such cultivation, by substitute crops. The law also provides for stricter penalties for illicit traffickers. The Board welcomes these actions by the two Governments. However, the situation at present remains basically unsolved because of the general lack of control over coca-leaf production.

27. The Board proposes to continue and intensify its dialogues with Bolivia and Peru with a view to helping them in their efforts to carry out their treaty obligations. The Board recognizes the magnitude of the task facing them. It urges the international community to support the Governments' efforts by providing such appropriate technical and financial assistance as they may request.

THE USE OF CANNABIS, CANNABIS RESIN, EXTRACTS AND TINCTURES OF CANNABIS FOR NON-MEDICAL PURPOSES

28. In accordance with article 49, paragraph 2, subparagraph (f), the use of cannabis for other than medical and scientific purposes must be discontinued as soon as possible, but in any case within twenty-five years from the coming into force of the Convention, that is by 12 December 1989.

Bangladesh

29. The Government has stated that it does not intend to permit the use of cannabis, cannabis resin, or extracts and tinctures of cannabis for non-medical purposes beyond 1989 "unless the period is extended". The 1961 Convention, however, provides for no possibility of such an extension, as the Board has advised the Government.

30. To date, the only measures taken towards the reduction or abolishment of the non-medical use of cannabis seems to be an annual survey of the number and

9/ In the instrument of ratification, the Government of Peru withdrew the reservation made on its behalf at the time of signing the 1961 Convention.

location of retail licensees for cannabis, with a view to ensuring that the total is limited to those essential for catering to the needs of consumers. Cultivators are required to deliver their whole crop to the government immediately after the harvest.

31. The figures both of estimated consumption and stocks have shown an alarming trend. They have risen approximately three-fold during the last five years. Consumption has increased from 13 tons in 1975 to 37 tons in 1979, and stocks from 7.7 tons to 24.8 tons throughout the same period. The Board has asked the Government to explain these increases and to indicate the steps it intends to take to conform with its commitment to end the use by 1989.

India

32. In the majority of the states in India, the non-medical use of cannabis has been prohibited, and in the remaining five states the question of prohibition is under consideration. 10/ The cultivation of the cannabis plant is undertaken on a limited scale under license granted by the competent authorities in four of the five states. Control of cultivation is exercised by the state government, and the cultivators are required to deliver their entire production to the government immediately after the harvest.

33. The Board has no information on the extent of abuse. However, the figures of estimated consumption and of statistics show a disturbing increase: the estimates for consumption have doubled in the last five years from 100 tons in 1975 to 212 tons in 1979; likewise, the statistics on consumption show a growth from 123 tons in 1975 to 199 tons in 1977. The Board therefore is in communication with the Government regarding its plans for eliminating non-medical consumption.

Pakistan

34. Pakistan has declared that the use of cannabis, cannabis resin, extracts and tinctures of cannabis for non-medical purposes is prohibited. In any case, "The Prohibition (Enforcement of Haad) Order 1979", which is mentioned above under paragraph 17, also covers cannabis and therefore must be considered as forbidding all imports, exports, transportation, processing and possession of this drug.

10/ The use of cannabis resin and the use of extracts and tinctures of cannabis for non-medical purposes are forbidden.

WORLD REQUIREMENTS IN OPIATES FOR MEDICAL AND SCIENTIFIC
PURPOSES AND THE SITUATION AS REGARDS SUPPLY

Licit demand for opiates 11/

35. Codeine is the major component of the demand for opiates for medical purposes. Over the past thirty years there has been a continuous upward trend in the global consumption of codeine. This trend reached its maximum in 1973 when 163 metric tons were consumed. In the following four years, owing to raw-material supply difficulties, consumption declined to approximately 153 tons. The year 1978 marked the end of the shortage at the retail distribution level. Consumption for that year passed the 160-ton level for the second time.

36. Six countries accounted for two-thirds of the world's consumption, namely, the United States of America, the Union of Soviet Socialist Republics, the Federal Republic of Germany, the United Kingdom, France and Canada. These countries are not necessarily among those with the highest per capita consumption. Their consumption in absolute terms is high because of the size of their respective populations, the state of development of their health and social-security services, or their particular climatic conditions. Moreover, some of them, such as the United Kingdom and France, export substantial quantities of Schedule III preparations which makes it impossible to tabulate exact domestic consumption statistics. 12/

37. Codeine consumption in the United States of America increased in 1978, as the Government had forecast taking into account the expansion in social security services. There also was increased consumption in the Soviet Union, where the introduction of new codeine preparations containing less of the active ingredient permits wider use under excellent conditions as regards safety. In the Federal Republic of Germany the sharp decline recorded in 1976 and 1977 was followed in 1978 by an increase which brought consumption back to its earlier level of 14.5 tons. The slight increase in consumption in the United Kingdom might be explained by higher exports of Schedule III preparations. In Canada, consumption continued to increase, reaching 6.5 tons in 1978. Among the six major consumers, only France reported a decrease in consumption due to an absence of influenza epidemics in 1978.

38. In 1978 the total consumption in other countries remained practically unchanged from the previous year. However, this overall stability embraced some highly divergent individual situations, including two noteworthy cases involving a decline in the use of codeine. In 1971 Finland was the largest per capita consumer of codeine. This could be attributable to the country's cold and humid climate which results in a high incidence of influenza, coughs and rheumatoid arthritis, for which codeine was traditionally prescribed. However, the Finnish authorities, with the co-operation of the medical profession and the pharmaceutical industry, have succeeded in limiting codeine use to medical cases

11/ In this report the term "opiates" covers phenantrene alkaloids, opium and poppy straw, and their derivatives subject to international narcotics control.

12/ See INCB Report for 1978, paras. 13 to 17 (E/INCB/41).

where it is specifically indicated, and by replacing it where possible with other medications. The consumption therefore declined by 1978 to only one-third of its 1971 level. Italy has brought about a still more rapid and pronounced reduction in consumption by tightening up its narcotics legislation. Within three years consumption in that country fell from 3 649 kg to 1 141 kg. These two examples illustrate that codeine use can be restricted despite its abundance on the market.

39. In accordance with the resolutions of the Council, several governments have provided the Board with medium-term forecasts of their codeine consumption. These figures, published in Table I on page 36 of this report and supplemented where necessary by the Board's own projections indicate that codeine consumption will continue to increase from 1979 to 1983, rising steadily from 168 to 189 tons.

40. As regards the other principal opiates (opium, dihydrocodeine, ethylmorphine, pholcodine, morphine, oxycodone and hydrocodone), their consumption represents only approximately 15 per cent of total requirements, i.e., the equivalent of 28 tons of morphine annually. Thus, the total demand for opiates expressed in terms of morphine seems likely to increase between 1979 and 1983 from 174 to 193 tons (Table IV, page 38).

The supply of opiates

41. In 1978, the total supply of raw materials for the manufacture of opiates was drastically in excess of the year's normal needs. Following an exceptionally bountiful harvest, opium production in India reached 1 646 tons (Table II, page 37). Manufacture of poppy straw concentrate (expressed in terms of morphine) and of morphine likewise reached an unprecedented figure - 115 tons (Table III, page 38). In the past, morphine derived from opium exceeded morphine extracted from poppy straw in quantity. However, in 1977, for the first time, the inverse situation occurred and the gap in favour of morphine manufactured from poppy straw widened in 1978. The switch in the production in Turkey from opium to poppy straw in order to facilitate control accounts to only a small degree for this development which is attributable rather to increased manufacturing capacity in other countries.

42. The excess of production over current needs (Table IV, page 38 and graph, page 39) caused a steep rise in raw-material stocks, constituting a heavy burden for the producing countries. Opium stocks amounted in 1978 to 1 626 tons, as against 824 in the preceding year, i.e. equivalent to 14 months of use. This reserve can be regarded as sufficient for the present to guarantee supplies in the event of poor harvests. The Board does not, in general, have at its disposal statistics of poppy straw stocks. However, in some cases known to the Board these stocks amount to or even exceed the equivalent of two years' utilization. Stocks of poppy straw concentrate, codeine and morphine rose from 119 tons (morphine equivalent) at 31 December 1977 to 145 tons at the end of 1978.

43. Despite the ready availability of opiates in general, there was some concern about a possible shortage of thebaine in the early 1980s, following an increase in the demand for this substance for the manufacture of naloxone, naltrexone and nalbuphine. The amount of thebaine extracted from opium and from poppy straw has doubled over the last ten years, thanks to the improvement in the extraction technique. Further progress is still possible, especially in view of the fact that many manufacturing countries do not recover the thebaine contained in opium. Furthermore, it will be possible in the future to reserve for the manufacture of naloxone, naltrexone and nalbuphine substantial quantities of thebaine used at present for the manufacture of codeine and dihydrocodeine.

Action by Governments and international bodies to achieve a balance

44. Pursuant to the wishes expressed by the Commission and endorsed by the Council and the General Assembly, 13/ the Board was invited to take measures to co-ordinate the voluntary co-operation of the Governments concerned so as to balance supply of and demand for opiates. At the end of 1978 and early in 1979, therefore, the Board entered into bilateral consultations with the governments of about 20 countries most directly concerned. For practical reasons it was not possible at that time to expand these consultations to include other countries. As it has done in the past, the Board of course would welcome such a dialogue with all governments.

45. The discussions referred to above were conducted in private and, therefore, cannot be reported in detail; however, the main points made may be summed up as follows:

- The disquieting implications of overproduction for control include in particular: difficulties in marketing raw materials and morphine, accumulation of stocks in producing and manufacturing countries, declining prices and keen competition threatening in some countries the stability of existing distribution channels.
- Some governments regretted the absence in the treaties of parallel controls for the production of opium and of poppy straw for export, and the manufacture of morphine from poppy straw for export. In addition, papaver bracteatum had not yet been brought under international control.
- With regard to restrictions on the production of raw materials, the countries using such materials were not opposed to measures which might lead to reasonably remunerative price levels. One delegation pointed out in particular that the cost of the raw material in relation to the price of the finished products was negligible. Too marked a decline in price could create serious risks of diversion to the illicit market and would ultimately have an adverse effect on the profitability of the enterprises concerned - even those which regarded themselves as very competitive.
- Both consumer and producer countries expressed the view that special consideration should be given to countries for which severely reduced production would have particularly destructive social consequences. Those countries had set up costly systems of control. In times of shortage they had been moderate in fixing their price, and in some instances had enlarged areas of cultivation to meet the international community's medical and scientific requirements. Faced with a reversal of this situation they should not be called upon to bear an inordinate proportion of the burden resulting from necessary measures of adjustment.
- Furthermore, certain manufacturing countries, while recognizing the human aspects involved, emphasized the heavy investments they had already made.
- Finally, it was noted with satisfaction that there remained a consensus that the international market in opiates could not be surrendered solely

13/ ECOSOC resolution 1978/11; General Assembly resolution 33/168.

to the forces of competition, and that collective responsibility and solidarity should continue to be exercised in the common interest.

46. Following the consultations, and reflecting the consensus achieved, the principal producers of raw materials announced at the twenty-eighth session of the Commission their decisions to make substantial sacrifices to carry out the consensus.

47. Consequently, Australia, in response to the Board's request and in accordance with its responsibilities under the 1961 Convention as amended by the 1972 Protocol, decided to reduce the areas under poppy straw cultivation in 1979 by at least 20 per cent from the previous year.

48. France likewise announced a substantial reduction of 28.5 per cent in the areas under poppy straw cultivation. However, at the same time, it drew attention to the need to determine future opiate requirements more precisely and to conclude binding medium-term contracts with a view to counteracting any speculative activity which might disorganize the market. In that connexion, the multiplication of commercial intermediaries was highly prejudicial to the stability of existing distribution channels.

49. In order to meet the demand from importing countries, India had expanded its poppy cultivation gradually, while keeping prices stable despite the increasing cost of control. In the face of a reversal of the situation from under- to oversupply, India again responded to the international community's wishes by reducing areas under poppy cultivation from 63 685 hectares in 1978 to 52 081 hectares in 1979. Over the same period the production of opium was reduced from 1 646 to 1 387 tons.

50. During the 1970s Turkey repeatedly took courageous decisions - some of which were costly in social and financial terms - in order to help ensure for the international community a reliable supply while at the same time preventing diversion to illicit channels. The areas authorized for poppy cultivation, which had formerly totalled 97 000 hectares, were reduced in 1978 to 40 000 hectares; and spring sowings were systematically discouraged. For the 1978-1979 crop season, only 18 000 hectares were in fact cultivated and the straw harvest amounted to only 12 000 tons, i.e. to two-thirds of that of the two previous seasons.

51. The decisions taken by the countries mentioned above to reduce over-production, are encouraging and augur well for governments' continued voluntary co-operation pursuant to the above-cited resolutions. The Board looks forward to continuing its collaboration with them during the coming year to advance the progress already achieved.

52. However, it appears that further sacrifices are required by manufacturers of concentrate of poppy straw and morphine, since the forecasts for the next five years show an excess of manufacture in terms of anticipated requirements (Table IV, page 38 and graph, page 39). Such a reduction is all the more necessary since the increase in yields (straw harvested per unit of cultivated area and percentage of morphine extracted from the straw) may at times cancel out the benefits derived from the reduction of the production areas. However, the improvement in the yields has a two-fold advantage in the long run; first, the production of the same quantity of morphine from a reduced area facilitates better control; second, the reduction of the number of licensed producers provides for greater flexibility in adapting

production to requirements. Nevertheless, in the present circumstances it is desirable that a combination of all the elements should result in a real decrease in the manufacture of concentrate of poppy straw and morphine.

53. In this connexion, the Board would like to draw the attention of governments to ECOSOC resolution 1979/8, which states two requirements that could improve the market for opiates: the first concerns the restriction of production programmes in those countries which have increased their manufacturing capacities during the last few years; the second relates to the support which should be given to traditional suppliers by the importing countries, in so far as their constitution and legislation allows, in order to avoid the proliferation of sources of production and of manufacture for export.

DEVELOPMENTS IN THE ILLICIT TRAFFIC

54. The purpose of the international drug control system is to confine consumption exclusively to medical and scientific purposes within a framework of organized production and controlled trade designed to achieve this objective, and hence to lead to a balance between global licit supply and demand. This objective has been achieved only partially because of a substantial illicit market in which traffickers and criminal organizations, motivated by enormous profit potential, exploit human weakness by serving as a bridge between illicit consumers and producers of narcotic drugs and psychotropic substances.

55. The effectiveness of the international control system necessarily rests on the willingness and ability of all States to supervise the licit movement of drugs and to take action to eliminate uncontrolled and illicit production, trafficking and demand. In general, the international control system, as it relates to the licit narcotics trade, is working satisfactorily. The same cannot yet be said about the trade in psychotropic substances. However, the implementation of the 1971 Convention is underway and many Governments, whether Parties or non-Parties, have begun to supply information which enables the Board to start to exercise its supervisory role. Studies on the licit movement of narcotic drugs and psychotropic substances appear elsewhere in this report and in the four other publications of the Board which supplement it. Following are observations on the general situation in regard to the illicit market and the characteristics of and trends therein.

56. The world-wide phenomenon of drug abuse in its several aspects - illicit production, trafficking and demand - has now reached pandemic proportions and continues to increase. In most countries, society at various levels is affected and even very young persons are imperilled. Illicit production and trafficking have grown to vast proportions and the attendant financial transactions have generated sums of such staggering size that the economic and political stability of some countries is threatened.

57. If the present trend is to be contained and reversed, intensive additional action is urgently required, both on a national and international scale, and on a bilateral and regional basis. As early as the beginning of this decade, Governments and international organizations expressly committed themselves to a concerted action programme. At its session in 1979 the Commission, in response to the General Assembly's request, took stock of the activities undertaken to date, especially those initiated under United Nations auspices and financed by voluntary contributions from Governments and the private sector. As a result of its review the Commission codified a number of principles to form the basis for a forward programme of international drug abuse control strategy and policies to be elaborated by the Division. The Board hopes that these principles will be taken into account by Governments as well as by bilateral, regional and multilateral arrangements so that concrete activities undertaken world wide are co-ordinated and produce maximum impact against illicit drug production, trafficking and abuse. The Board appeals to Governments to allocate the necessary priorities and to provide resources to finance such activities, not only to strengthen their own national programmes but also to support other countries' efforts to carry out their obligations under the drug control treaties.

Opium and Opiates

58. Uncontrolled and illicit poppy cultivation for the production of opium or opiates takes place almost exclusively in South-East Asia (Burma, Thailand and the Lao People's Democratic Republic), the Middle East (Afghanistan, Iran and Pakistan) and Mexico. Some illicit cultivation has also continued to be reported in Lebanon and to be increasing in Egypt.

59. There is currently no exact information as to the total dimensions of illicit opium production world wide, although estimates can be made taking into account such elements as statistics concerning the abuser population and seizures. The latter, however, obviously represent only a small part of the real volume. The estimates can be improved as available scientific methods are utilized.

60. A large part of the opium produced illicitly in South-East Asia and the Middle East is consumed locally or in neighbouring countries. However, a substantial amount of the production from these areas enters the international illicit traffic. The incidence of local consumption remains relatively small in Mexico and the local illicit production is almost exclusively trafficked to other countries.

61. For some years there has been no significant traffic in morphine, an intermediate product in the manufacture of heroin, although it is still abused in some countries. Traffickers have continued to convert opium and morphine into heroin close to the illicit poppy growing areas. However, as was noted in the Board's report last year, this pattern could change. This possibility is underscored by the emergence this year on the illicit market of morphine base, seized in Greece, Yugoslavia, Italy and France, which probably originated in the Middle East and was intended for conversion into heroin.

62. Heroin retains its primacy in drug abuse. In quantity it is far exceeded by other drugs such as cannabis and certain psychotropic substances - but in potency and as a source of death it has no equal. Elsewhere in this report are some statistics from certain western European countries on heroin-related deaths in recent years, which should serve as a warning to the world at large. A particularly sobering and sad fact is that for the last couple of years hardly a day has passed in the Federal Republic of Germany without at least one person dying from heroin abuse. The rise in heroin consumption in certain Asian countries is also deeply disturbing. Fortunately, indications in the United States are that there has been a reduction in heroin-related deaths.

63. South-East Asia, a major consumer of the locally produced heroin, remains an important source of heroin destined particularly for western Europe. However, the Near and Middle East, despite its substantial increasing consumption of locally manufactured heroin, is now the major source of heroin found in the Federal Republic of Germany where the drug is plentiful, prices are lower, purity is high and, as already mentioned, heroin-related deaths are increasing. It can be anticipated that heroin originating in the Middle East is likely also to reach the other western European countries where heroin of South-East Asian origin currently predominates. Heroin of Middle Eastern provenance already constitutes an increasing portion of the heroin abused in the United States. Indeed, the Middle East appears now to have surpassed South-East Asia as the world's principal source of illicit opiates.

64. Seizures show that heroin continues to be smuggled from the Middle East to western Europe in small quantities by guest workers coming primarily from Turkey. The smuggling also is carried out by citizens of other countries, including Syria, Lebanon, the Federal Republic of Germany, Italy and Iran. Smugglers use all routes, sometimes transiting through East Berlin.

65. With regard to North America, around one-half of the heroin used by addicts in the United States of America still originates in Mexico, but this proportion represents a decrease from previous years. This is attributable to the Mexican Government's successful eradication of illicit poppy crops mainly by the use of herbicides. The remainder of the heroin found in the United States originates mainly in South-East Asia although, as previously noted, a small but increasing amount originates in the Middle East.

66. World wide, there has been no decrease in the illicit production of opium and opiates during the current year. On the contrary, production appears to have increased. Progress continues to be achieved in some countries but the financial incentives for the traffickers and organized criminal groups and the pressures of the increasing illicit demand for opiates are such that any vacuum created by the elimination of one source of supply is quickly filled by another.

67. This situation must not give rise to despair. It should rather mobilize renewed dedication and determination on the part of the world community. The Board has repeatedly stressed the importance of eliminating illicit supply, and has pointed out the need simultaneously to take measures to reduce illicit demand and combat illicit traffic. In the absence of concerted action at the national, regional and international levels on these three aspects of the problem caused by opium and opiates on the illicit market, no real and lasting progress can be made.

68. In referring to the importance of reducing and eventually eliminating illicit supply, the Board has supported the launching of integrated rural development and income substitution programmes for poppy farmers in the areas of illicit production. Such efforts should be carried out in parallel with effective law enforcement and programmes to treat and rehabilitate addicts. The Board recommends that such activities be pursued vigorously and that producing countries be afforded all appropriate assistance they may request to this end.

69. Moreover, the Board wishes to affirm once again its view that the possibility of so-called "pre-emptive buying" of illicitly produced opium or similar arrangements as a supposedly preventive measure against illicit trafficking would not only retard a final solution but would also be in contravention of the spirit and provisions of the 1961 Convention. Such arrangements would unduly accord a kind of licit status to illicit and uncontrolled production operations and would not reduce the quantities of opium available for illicit purchases. On the contrary, such a policy would almost certainly encourage growers to increase their illicit cultivation in order to satisfy both the demands of the traffickers and those of "pre-emptive" buyers whose purchases would be supposed to prevent opium reaching the illicit traffic. The Board continues to oppose such a proposed practice.

Cannabis

70. Quantitatively, cannabis and its products (including marihuana, hashish and hashish oil) have continued to dominate the illicit traffic in many countries. The total volume of trafficking is increasing - and at a rapid rate. The related growth in numbers of abusers is enormous. A distressing element of the current picture is the increasing abuse by adolescents and even children. These developments may in large part be attributable to the widespread assumption that cannabis is harmless. The same assumption has probably also given rise to efforts by a few groups in some countries to promote the legalization of the non-medical use of cannabis.

71. Numerous scientific investigations conducted in recent years have identified some harmful health consequences that can result from the use of cannabis particularly in its more potent forms. It is understandable that the world scientific community has been reluctant to draw definite conclusions from preliminary and incomplete findings. The vacuum now prevailing as to the scientific community's position may have tended to accelerate the ever-increasing and widespread abuse in many countries at various levels of society. Since available scientific evidence is, nevertheless, already sufficiently clear to indicate that cannabis is not "safe", governments should intensify their efforts to discourage its use and should concentrate particularly on preventive programmes directed toward adolescents and children. The world scientific community is again urged to accelerate cannabis research so that more definitive conclusions about adverse health consequences, particularly of long-term use and use by youth, can be promptly made. As an essential preliminary step, a comprehensive world-wide review of cannabis research already undertaken should be made so that the lines of inquiry most urgently needed can be identified and pursued on the basis of a co-ordinated division of labour within the world scientific community. The World Health Organization, United Nations organs and other international organizations, in concert with scientific circles in various countries, are urged to assist in this endeavour.

72. In previous reports^{14/} the Board has commented on the latitude available to Parties to the 1961 Convention concerning the substitution of civil for penal sanctions for possession of small quantities of cannabis for personal use. The Board affirmed that each Government is free to decide in the light of the particular conditions existing in its country on the most appropriate measures for preventing non-medical consumption of cannabis. However, each Government must also take into account the international implications which would result from its decisions. At the same time the Board stressed, and reaffirms now, that non-medical consumption of cannabis is illegal under the 1961 Convention and that no Party to the Convention can authorize such use without being in violation of the Convention. Parties must limit the use of cannabis to medical and scientific purposes and are obliged to take measures to prevent non-medical consumption.

Coca leaf and cocaine

73. Enormous amounts of coca leaf continue to be grown in Bolivia and Peru and thereafter to be clandestinely manufactured into cocaine which is used illicitly in South America and trafficked to countries in some other regions, where non-medical use has continued sharply to increase in recent years. Prospects are that these trends will continue at a high rate, particularly if the drug becomes more widely available and at lower cost. In some countries, where abuse is widespread, the hazards are greatly increased by intravenous and oral use practised by some persons rather than snorting, and this development has led to a number of cocaine-related deaths. A dangerous new development is the use of "coca-paste" by smoking, which is reported to have become a major health problem in South America and is now spreading to North America. Expert observers point out that coca-paste smoking is particularly harmful because there is a high risk of overdose, development of dependency and more serious psychological symptoms. Some countries are considering launching multimedia prevention campaigns to discourage cocaine smoking.

^{14/} Report of the Board for 1975, E/INCB/29, paragraphs 24-28 and following reports.

Psychotropic Substances

74. While these substances can be of great value for medical use, unfortunately, at the same time they can be as destructive to the individual and society, when improperly or illicitly used, as narcotic drugs. Compared with the difficulties of controlling the often remote and inaccessible areas where narcotic plants are cultivated, it was formerly assumed by some persons that control of the manufacture of psychotropic substances in industrial facilities would be a less difficult task. However, this has not proven to be true. The number of clandestine laboratories producing certain of the psychotropic substances is growing in many areas of the world and diversion of such substances from licit channels is spreading.

75. A distressing development is that certain psychotropic substances originating in industrialized countries are emerging in many developing countries which do not yet have the necessary administrative machinery to control trade, distribution and use. The prospects for abuse potential and adverse health effects of non-medical or improper use are obvious. It is therefore particularly regrettable that many large manufacturing and exporting countries have not yet become Parties to the 1971 Convention and are unable adequately to control the movement of psychotropic substances. It is also regrettable that many importing countries have not taken advantage of the protection which the Convention affords to Parties.

ANALYSIS OF THE WORLD SITUATION

NEAR AND MIDDLE EAST

76. The past year, which has witnessed changed political circumstances in the area, is notable for two major developments - one negative, the other potentially positive. Of serious concern is an apparent major increase in illicit and uncontrolled opium production: although much of it continues to be consumed locally, substantial amounts are being diverted to the international illicit traffic, currently destined primarily for Western Europe and aggravating the already seriously deteriorating drug abuse situation there. Indeed, Afghanistan, Iran and Pakistan appear now to have surpassed South East Asia's "Golden Triangle" as the world's major source of illicit opiates. In addition, the Near and Middle Eastern area remains a major source of cannabis. On the positive side, Pakistan, and apparently also Iran, have proclaimed far-reaching and potentially highly beneficial drug control policies. Pakistan, by its Prohibition Order 1979, has issued a general ban on a whole sequence of illicit and/or uncontrolled activities, including non-licensed cultivation of the opium poppy. Iran is reported to have banned opium production and to have decided to rely on imports of opiates to meet its medical needs; the Board is seeking official confirmation of this from the authorities. If policies such as these can be promptly translated into effective and comprehensive programmes which are resolutely carried out, an amelioration of the current retrogressive and deteriorating situation in the area could be envisaged. As is the case in other regions, for drug control programmes to be effective, law enforcement measures must be carried out in tandem with treatment and rehabilitation of abusers and with the development of economic alternatives for poppy farmers. The programme as a whole must be seen as an integral part of overall economic and social development, assisted as necessary technically and financially from outside sources and in close regional and inter-regional co-operation.

Afghanistan

77. Afghanistan remains one of the world's largest opium producers for the illicit market and, regrettably, illicit poppy cultivation continues to be very substantial. In addition to the production in Afghanistan, opium is being smuggled across the country from East towards West, thus adding to the westward flow of opiates and replacing, in Western Europe, and notably in the Federal Republic of Germany, the opiates of South East Asian origin.

78. This situation continues to cause deep concern: internally, the ready availability of opium undoubtedly contributes to spreading the abuse of opiates, and sets the stage for local heroin manufacture. Moreover, the illicit poppy cultivation can only impede the cultivation of needed food crops. Internationally, the serious implications for the world community are demonstrated by the fact that consumption of locally produced opium within Afghanistan apparently amounts only to some 10 - 15% of the total annual production, with the rest available for the international illicit traffic.

79. The Government is to be commended for substantial seizures of illicit opiates which have taken place in recent months. However, it is difficult to assess whether these increased seizures reflect more effective enforcement measures, or rather an increase in the illicit supply, or both. In this connexion the Board would like to stress, as did the General Assembly in 1978, 15/ the dangers of an accumulation of stock-piles of confiscated drugs and the implications of sales of seized opiates for the international control efforts, especially in the present situation in which the legal market worldwide is not even able to absorb current licit production. Such stock-piles of seized opium should therefore, as a matter of general policy, be regularly destroyed, as the Government is commendably doing in the case of cannabis seizures.

80. Of significance are indications in recent months that psychotropic substances are now being trafficked into Afghanistan, where substantial seizures of Mandrax have been reported during 1979.

81. According to its declared intention, the Government remains committed to eliminating the illicit supply of opium and strengthening the fight against drug abuse and illicit traffic. However, major restraints on the pursuit of this policy developed during the year. While fully appreciating the great difficulties currently confronting the Government, it is felt, nevertheless, that the dangers for the international community warrant more sustained efforts.

82. Afghanistan has already received a considerable amount of external aid designed to assist the Government to meet its obligations under the 1961 Convention. The international community therefore looks forward to continuing evidence of renewed and determined efforts, both in the fields of law enforcement and elimination of illicit opium poppy cultivation. The Board for its part hopes to pursue its dialogue with the Government and remains ready, as already proposed, to send a delegation to Afghanistan to consult with the competent authorities.

Iran

83. Although the drug abuse control situation is not entirely clear at present, serious problems have emerged. Uncontrolled cultivation of the opium poppy appears to have taken place, thus adding to the supplies of illicit narcotics available to international traffickers. The position with regard to the control of the licit movement of drugs and drug abuse also appears to have deteriorated.

84. Otherwise, the basic problems facing the Government remain: the longstanding and widespread narcotics abuse persists, and heroin addiction among youth in urban areas is spreading. Moreover, in view of its geographical position, Iran continues to serve as an important transit area for the international drug traffic. Finally, it is a matter of serious concern that Iran may offer growing attraction to traffickers for local conversion of opium into heroin.

15/ General Assembly resolution 33/168

85. The Government, however, has expressed its deep anxiety and indicated its intention to bring the present disturbing situation under control. According to as yet unconfirmed information, Iran intends to prohibit all opium cultivation and to rely on imported opiates for its medical needs. It would also be an encouraging development were the Government to take initiatives to update and strengthen its drug control legislation and expand the manpower and effectiveness of law enforcement so that energetic enforcement measures against drug trafficking could be taken. In addition, a vigorous and systematic programme to treat and rehabilitate the substantial abuser population should be urgently pursued. The Board is ready and willing to the extent possible to render such assistance as the Government may desire.

Lebanon

86. In previous reports the Board has analyzed the principal drug control problems confronting Lebanon which deteriorated or emerged following the events in 1975-76 and subsequent years. These problems include addiction within the country, the considerable amounts of cannabis, mainly in the form of resin reaching the international illicit traffic network, and the recently commenced illegal opium poppy cultivation which will contribute to swelling the flow of illicit opiates to the consuming areas, primarily in Egypt, Western Europe and North America.

87. Because of other great difficulties confronting the country, a solution to the drug problems in Lebanon is unhappily a long way off. Nevertheless, the authorities will undoubtedly keep in mind the necessity to cope with these problems as soon as the situation warrants. The international community, for its part, should recognize the need for providing outside assistance at the appropriate time.

88. The Board has had no opportunity to consult with the Government during the year under review, but would hope that discussions can take place in 1980.

Pakistan

89. The main problems of narcotic drug control in Pakistan are connected with the widespread illicit opium and cannabis cultivation principally in the North-West Frontier Province, difficulties regarding the control of licensed opium production, extensive trafficking in opiates and growing drug abuse, principally in urban areas. Traditionally, opium for quasi-medical purposes has been sold through licensed opium shops, "vends", but this system was not satisfactory, since the vends almost certainly dispensed not only legal opium, but also large quantities of the illicit harvests.

90. In February 1979 "The Prohibition (Enforcement of Haad) Order, 1979" entered into force by which the Government banned all imports, exports, transports, processing and possession of any intoxicant, including narcotic drugs. The order does not specifically mention illicit cultivation, but has been said to be interpreted as imposing a ban on poppy (and cannabis) cultivation as well. In June 1979 the Governor of the North-West Frontier Province issued an order prohibiting the cultivation of poppy throughout the Province. These orders have changed the drug control picture in Pakistan and could improve the situation considerably if fully and effectively implemented.

91. Following the Prohibition Order of February 1979 the vends in the whole of Pakistan were closed down. Moreover, a registration is being carried out of all addicts who are in need of opium for the purpose of maintaining their health, and the requirements of Yunani medicine practitioners are also being ascertained. The aim of these measures is apparently to prepare the necessary steps for bringing an end to the quasi-medical use of opium and for keeping licit opium production to the level indispensable for the medical needs of the country, including the treatment and rehabilitation of the addicts and the requirements of the Yunani practitioners.

92. Thus, the Government is taking commendable steps designed to bring Pakistan into compliance with article 49 of the 1961 Convention, which requires that the quasi-medical use of opium be abolished fifteen years after the coming into force of the Convention, i.e. by 12 December 1979. The Government, in elaborating these steps, will wish to bear in mind that confining the use of opium solely for medical purposes would necessitate, inter alia, the establishment of a national agency and the application of the control system specified in articles 19 to 23 of the 1961 Convention. Moreover, the distribution of opium to registered patients by medical personnel would need to take place under license. The problems of effectively preventing diversion of opium produced licitly to the illicit market would also have to be faced. In addition, treatment and rehabilitation facilities would require expansion, and measures would need to be taken to prevent abuse of dependence-producing substances in lieu of opium.

93. The international community should respond promptly and positively to requests which may be made by the Government for technical and financial assistance to enable it to carry out its obligations under the Convention. The pilot project for income substitution for poppy farmers which was started in the Buner area three years ago with UNFPA-financed support is progressing satisfactorily. It is now time to plan for a post-pilot and more comprehensive phase to extend income substitution and law enforcement in other areas and to further the treatment and rehabilitation of addicts.

Turkey

94. Since the cultivation of the poppy exclusively for the production of unlanced capsules was begun in 1975, the Government has continued to take vigorous action to prevent the production of opium in Turkey. The authorities have applied stringent control measures, introduced with UNFPA support, which must be considered as very successful. Moreover, the Turkish authorities are following a poppy production policy designed on the one hand not to contribute to an imbalance between requirements and supplies for opiates worldwide, and on the other hand to guarantee the necessary stocks of raw materials for the Turkish alkaloids factory which is expected to be completed by the end of 1979. With these objectives in mind, the Government is decreasing the area of cultivation and is encouraging farmers to substitute other crops, such as barley, for poppies.

95. However, in view of Turkey's geographical location, it constitutes an important transit route for illicit traffic in cannabis and heroin destined for Western Europe and beyond. The international traffickers use a variety of smuggling methods, including passenger cars and TIR vehicles, and they are also

exploiting the Turkish migrant labour as couriers. The Turkish authorities are making great efforts to curtail this transit trafficking but will need financial and other assistance in their commendable endeavours. UNFDAC is already financing such assistance to the law enforcement and customs agencies and is prepared to consider further aid, given the necessary resources. Regional and interregional enforcement co-operation between Turkey and other affected countries continues to be an essential prerequisite to progress in stemming the transit traffic and should be intensified.

Egypt

96. In the beginning of 1979, Egypt commemorated the fiftieth anniversary of its Narcotics Control Administration, the Board being represented by its Secretary. Despite the continuing efforts of the Government to fight the increasing illicit cultivation of the opium poppy and the illicit drug traffic, the situation continues to cause concern. Factors leading to a deterioration in the situation include the renewal of smuggling across the Sinai peninsula, the use of ships and aircraft for importing large quantities of drugs, and the growing need for treatment and rehabilitation of persons dependent on narcotic drugs, and on such psychotropic substances as methaqualone smuggled from Western Europe. The efforts of the Egyptian authorities against drug abuse should be supported by the international community through the provision, at the Government's request, of multilateral, bilateral and regional assistance in such fields as expanded treatment and rehabilitation services and possible aerial surveillance capacity to detect illicit poppy cultivation. The latter is the subject of a request to UNFDAC which is being considered in conjunction with the Division of Narcotic Drugs.

Gulf Area

97. All countries in the Gulf Area are to some degree affected by the illicit drug traffic, either as transit-countries, or consumers, or both.

98. The main drugs concerned are cannabis in the form of resin (which affect all countries in the area) and, to a lesser degree, opium. However, the General Secretariat of ICPO/Interpol has reported an important individual seizure of over one ton of opium (1100 kg) effected by the Kuwait police in May 1979. This might well signify that the countries in the Gulf Area are being used as a new smuggling route for opium being moved westward and calls for the greatest vigilance on the part of the authorities. Generally, narcotic drugs smuggled into the area reportedly originate from Pakistan, Iran and the Lebanon.

99. Psychotropic substances appear to be an emerging menace in the traffic in transit and for local abuse: Kuwait, Qatar and Bahrain have reported seizures, mainly of methaqualone - "Mandrax". An important quantity of hallucinogens seized in Kuwait in 1978 was in transit from an African to an Arab country.

100. In January 1979, a meeting of the Heads of National Drug Departments in the Gulf Area was organized by ICPO/Interpol in close co-operation and with the assistance of Kuwait. A representative of the Board attended the meeting as an observer. The meeting adopted a number of important recommendations, including a call for the enactment of legislation providing for deterrent penalties for illicit drug trafficking, the ratification of the 1961 and 1971 Conventions and of the 1972 Protocol by those states which are not yet Parties, and the development of co-operation among drug law enforcement agencies, both within the Gulf Area and beyond. The Board supports these

recommendations and calls for the greatest vigilance on the part of all countries concerned to prevent drug abuse and illicit trafficking in drugs from proliferating.

EAST AND SOUTHEAST ASIA

101. Determined law enforcement and eradication efforts and viable agricultural development programmes, embracing crop replacement, in Burma and Thailand, are beginning to slow the flow of opiates from the "Golden Triangle", proving once again the value of multilateral and bilateral assistance to support governments' commitments to drug control. In this connexion special note is merited of the constructive and catalytic role played by UNFODAC's activities. The area has been subjected to a severe drought during the 1978/79 planting season, which has probably more than halved the illicit opium production. Reflecting the impact on the drastically decreased production, prices for opiates has continued to rise in the area. It might be foreseen, however, that the shortage and the rising prices could tend to encourage illicit traffickers to try to promote an increase in opium production in the next season, thus necessitating special vigilance and counter-measures on the part of the authorities.

Burma

102. The fact that Burma's illicit and uncontrolled opium production has traditionally represented a major portion of the world's source of illicit opiates, and the distressing trend for local abusers to switch from opium to heroin abuse, have been significant factors leading to the Burmese Government's strong commitment to curtail illicit production, manufacture, addiction and trafficking. The Government's efforts have been supported by assistance from the international community. Considerable amounts of illicit opium poppy cultivation are being eradicated, heavy penalties are given to traffickers, and treatment and rehabilitation of addicts as well as prevention of drug abuse are increasingly being stressed. The laudable, growing co-operation between Burmese and Thai authorities is yielding positive results.

The Lao People's Democratic Republic

103. In the absence of information from the Government, it would seem that the drug control situation in Laos has remained largely unchanged since last year's report. The Government's policy apparently seeks the replacement of poppy cultivation by other crops and resettlement of former opium producers, if possible with financial assistance from the UN system, including UNFODAC. The Fund has offered to provide support for a new rural development pilot project. The Board stands ready to continue its dialogue with the Government.

Malaysia

104. Malaysia is an important transit point for trafficking in opiates from the "Golden Triangle" to international markets. Heroin processing has been detected in the northern part of the country and some cannabis cultivation in

the southern part. Energetic law enforcement measures are being undertaken, and co-operation with Thailand takes place. In the face of a continuous increase of drug abuse, particularly heroin addiction among urban youth, the Government is continuing its national campaign in preventive education, demand reduction and rehabilitation.

Thailand

105. The burning of huge amounts of seized narcotics in Thailand symbolizes not only the firm commitment of the Government to fight the illicit traffic, but also the magnitude of this difficult task. In March 1979 a new law was enacted which imposes mandatory life imprisonment or the death penalty for the most serious drug offences. The law also provides that addicted persons can be remanded to treatment and rehabilitation centres.

106. For several years Thailand's comprehensive drug control programme has been assisted bilaterally and multilaterally. The successful Thai/United Nations pilot crop-substitution project for farmers of thirty opium-producing villages has been completed. The results are now to be extended to approximately seventy-five additional villages in an important opium-producing area in Northern Thailand during the next three years. This programme is being undertaken in co-operation with the UNDP. Other multilateral and bilateral activities in support of the Government's efforts in the Highlands complement this extended income substitution programme and promote identical rural development goals.

107. In this connexion, Thailand has decided to undertake an aerial survey in the northern part of the country, with UNDP assistance, to identify existing patterns of land use. This is a vital first step towards quantifying the extent of poppy production, and it would have a positive application in an extensive integrated development programme aimed at providing other sources of income for poppy farmers.

108. The Board strongly urges that other countries where illicit or uncontrolled poppy cultivation exists, governments providing bilateral assistance, and the international finance institutions ponder the valuable experience gained from the pilot project undertaken in Thailand.

Nepal

109. Nepal enacted a comprehensive Narcotics Control Act in 1976 from which a consistent and determined policy will hopefully evolve, aimed at countering the illicit production of cannabis and cannabis oil trafficked to other countries. The Board has proposed that the dialogue with the Government be continued and, in the meantime, has furnished it with a short commentary indicating how the 1976 Act might be amended to make its provisions conform with the 1961 Convention and the 1972 Protocol.

Territory of Hong Kong

110. Apparently due primarily to the recent drought in Southeast Asia, the Hong Kong authorities report great scarcity of heroin on the illicit market, resulting in a steep price increase and large-scale admissions of addicts to treatment facilities. The enforcement authorities are co-operating closely with their counterparts in the region.

EUROPE

Eastern Europe

111. In general, Eastern Europe does not seem to be affected by problems of abuse of narcotic drugs and psychotropic substances, although some thefts of these materials from hospitals and pharmacies occur. The main problem continues to be a growing transit traffic in drugs, especially cannabis and heroin, which passes from the Near and Middle East towards Western Europe, in particular through Bulgaria and Yugoslavia. The Eastern European countries are, therefore, concentrating their efforts on preventing the diversion of drugs from licit channels and, particularly, on suppressing the illicit drug smuggling across their territories.

112. The Board notes with satisfaction that the World Health Organisation and the Ministry of Health of the Soviet Union organized a travelling seminar in the USSR in October 1979 on the safe use of psychotropic and narcotic substances. This has been reported in paragraph 7.

Western Europe

113. Despite determined efforts by European enforcement agencies, the overall situation of illicit traffic, drug abuse and drug-related deaths remains serious and is deteriorating. Extensive heroin traffic, originating mainly in South-East Asia but increasingly involving the Middle East, remains a cause of major concern, especially in the Federal Republic of Germany, where the availability of heroin of apparent "Middle Eastern" provenance has reached alarming proportions; the number of abusers involving even the very young is growing, and the number of heroin-related deaths is increasing. ^{16/} The emergence on the market of morphine base, probably of Middle Eastern origin, was demonstrated by seizures in Greece, Yugoslavia, Italy and France. This causes concern, since morphine-base is an intermediate product in manufacture of heroin.

114. Because of the growing problems of heroin traffic and addiction, the Board would like to remind governments of Resolution 2(S-V) of the Commission on acetic anhydride and urge that co-operative regional, bilateral and multilateral action be taken to supervise the trade to prevent diversion from West European manufacturers to illicit sources of this essential precursor for the manufacture of heroin. In addition, regional and interregional co-operative efforts should be intensified with a view to determining the source of the recently appearing morphine base and forestalling any ambitions of illicit traffickers to establish a new heroin smuggling network.

^{16/} For example, for the years 1973, 1975 and 1979 (as of 31 October) Denmark (population - 5 million) reported 55, 61 and 82 heroin-related deaths, respectively; the Federal Republic of Germany (population - 62 million) reported 106, 188 and 506; while Italy (population 54 million) reported 1, 26, and 81. Note particularly the number of deaths in relation to the size of the respective populations.

115. Another serious problem is the rising illicit trade in cocaine from South America. This drug is being smuggled into Western Europe in growing quantities, not only for distribution within Europe but also for transit to North America and the Middle East. The abuse of cocaine seems to be spreading, in particular among the more affluent sections of society, which apparently are under the impression that cocaine use might be considered less harmful than other drugs also used illicitly.

116. The traffic in cannabis and its products remains substantial and is growing. Abusers of this drug include persons who are to be found in various segments of society. Larger quantities of cannabis are consistently being seized. Cannabis resin comes mostly from the Middle East, while the major part of herbal cannabis seems to originate in Africa. Moreover, there appears to be a tendency for traffickers who have previously engaged in transporting cannabis also to engage in the traffic of heroin.

117. Although the illicit traffic in psychotropic substances, and the extent to which it stems from licit channels as opposed to illicit manufacturing sources, generally remains difficult to assess at present, several countries in Western Europe continue to report abuse of and trafficking in various of these substances. There are also reports of exports from Europe to developing countries, particularly in Africa, of significant quantities of psychotropic substances. In the Board's view, this development underscores the need for European countries not already parties to the 1971 Convention to adhere promptly.

118. The expanding illicit traffic takes advantage of the increase of legitimate commercial shipments by heavy road transport and seeks to exploit the considerable migrant or guest worker population in some countries by using some of them to act as couriers. Of special concern are reports of seizures in developing countries, especially in Africa, of amphetamine, methamphetamine, methaqualone and other substances manufactured in Europe.

119. The enforcement agencies of Western Europe have established close co-operation among themselves and with similar agencies in other regions. Under the auspices of the Division and with UNFDAC support, the first interregional meeting between Operational Heads of National Narcotics Law Enforcement Agencies in some countries of Europe and in the countries of the Subcommittee on Illicit Drug Traffic and Related matters in the Near and Middle East was held in Geneva in May 1979. This meeting was arranged in accordance with Resolution 2 (XXVIII) of the Commission with the objective of discussing practical means of action against illicit traffic. It is to be hoped that all countries concerned will take the meeting's recommendations into active consideration. 17/

17/ MNAR/7/1979

120. In view of the growing illegal consumption of drugs and the increasing illicit traffic within, entering into and emanating from Western Europe, the countries of that region should, in their own self-interest and in the interest of the international community as a whole, continue or increase their financial support to UNFDAC and their contributions to other multilateral or bilateral drug control arrangements.

NORTH AMERICA

Canada

121. The illicit drug problem continues to be serious and growing. Heroin remains Canada's number one enforcement priority, although cannabis represents the most extensive form of drug abuse. The traffic and abuse in cocaine is becoming an increasingly disturbing problem, but also certain psychotropic substances, such as amphetamines and LSD, are widely abused.

122. The Canadian Government is taking strong measures to control drug abuse and illicit traffic, and takes an active part in both bilateral and multilateral co-operation to achieve this goal. Drug treatment and rehabilitation activities are receiving increasing attention.

Mexico

123. The Mexican Government's strong commitment to drug control is manifested by a comprehensive programme embracing activities to prevent abuse, to treat and rehabilitate abusers and to combat illicit production and trafficking. It eradicates illicit narcotic plant cultivation by spraying opium poppy and marihuana fields with herbicides from helicopters as the principal method of destruction. The success of this action is demonstrated by the sharp reduction in heroin's availability in the United States. In its drug control activities, Mexico collaborates actively with its North American neighbours and other countries.

United States of America

124. Indications show that heroin abuse and trafficking have declined. The retail availability of heroin is at the lowest reported level since 1971. Purity is low, prices are high. The estimated total number of addicts, as well as heroin-related deaths and injuries, has decreased sharply during the last three years. United States Government sources estimate that chronic daily users of heroin declined close to 25 per cent between 1977 and 1979. These developments are due not only to domestic measures but also to the effectiveness of the Mexican opium poppy eradication programme and to the reduced flow of opiates from South-East Asia. While most of the heroin which continues to reach the United States is of Mexican or Southeast Asian origin, a portion of the supply now appears to come from the Near and Middle East.

125. The abuse of, and traffic in, cocaine continues to increase, and cocaine-related injuries and deaths have trippled since 1974. The abuse of this drug has until recently tended to be restricted to limited circles of users, but, in spite of its high price, demand is growing outside the groups of traditional abusers. Any containment or decline in cocaine abuse presupposes not only continuing domestic efforts, but also expanded and vigorous co-operative efforts with the source and transit countries of South America.

126. The same may be said of cannabis abuse and traffic, which is steadily climbing. Today there is probably no large community in the United States which does not face a serious increase in cannabis abuse at all levels of society and does not involve youth of increasingly lower ages.

127. The high level of abuse in psychotropic substances continues unabated in spite of the record number of clandestine laboratories seized and the launching of a limited, but promising, pharmacy theft-prevention programme. Phencyclidine (PCP) must be ranked as the most dangerous substance of actual abuse because of its easy availability and serious health hazards, followed by amphetamine-type drugs. Moreover, there is evidence of a long-range trend of increased abuse of such substances as methaqualone.

128. In an effort to identify and locate clandestine laboratories, licit chemical manufacturing and supply firms have been requested to notify the authorities of any unusual order of chemicals which may be used as precursors in the production of psychotropic substances. Legislation has even been passed requiring such firms to report the sale of piperidine, which is an important agent in the manufacture of phencyclidine. The results obtained so far are encouraging, and other countries might consider the advisability of introducing a similar system of voluntary or obligatory reporting requirements.

129. In November 1978 the United States enacted the legislation necessary for implementing the 1971 Convention, and it may now be expected that ratification of the treaty should follow soon. In the meantime controls at least as strong as those obligated under the Convention continue to be applied. It might be mentioned that the competent authorities are considering banning the prescription of amphetamine as an anorectic drug. Finally it should be noted that the United States is at present considering how best to implement ECOSOC resolution 1979/8 urging importing countries to limit importation of narcotic raw materials to the traditional supply countries.

130. The United States continues to play an active role in the international campaign against drug abuse and illicit production and traffic, and has provided extensive financial and other assistance to promote co-operation through the United Nations, and through bilateral and regional arrangements. The close co-operation between Mexico and the United States in the fight against heroin has provided clear evidence of the benefits of such international co-operation. The Board hopes that the United States will continue and strengthen its major participation in the international campaign aimed at simultaneously eliminating illicit production sources and trafficking as well as drug abuse.

CENTRAL AND SOUTH AMERICA

131. Illicit production of, and traffic in, cannabis have continued to escalate, as witnessed by some highly publicized reports on seizures, especially in Colombia. Moreover, the availability of cocaine is increasing and continues to enter the illicit traffic on a growing scale, directed not only towards North America, but also Western Europe, Africa and the Middle East. Indeed, the ever-increasing illicit demand, both internally and abroad, coupled with the avarice of traffickers, have caused illicit production of and trafficking in cocaine and cannabis to grow to vast proportions. The attendant financial transactions involve sums of staggering size and give rise to serious concern about the possible destabilizing economic and political impact on the countries concerned. In addition to marijuana and cocaine, some psychotropic substances, notably Mandrax, which contains methaqualone, is being trafficked from Colombia.

132. The increase in the availability of cocaine is due largely to expanded production in the coca-growing areas of Bolivia and Peru, while processing into cocaine takes place mainly in Colombia. In order to limit the amount of cocaine available, the current substantial production of coca leaf must be reduced by longer-term co-ordinated activities, particularly by the supply countries, aimed at controlling licit production and introducing a licensing system, eradicating illicit production, and providing coca growers with alternative sources of income combined with crop control and enforcement measures. The difficulties, however, are formidable, and a solution will require not only sustained efforts by the governments themselves, but also substantial multilateral and bilateral support from outside sources. The Fund is putting into effect, at the request of the Colombian Government, one of the projects recommended by the Mission which visited that country last year and is also financing projects in Bolivia and Peru.

133. As the Board has had occasion to point out before, drug abuse seems to be on the increase in most countries of the region. In some areas, cannabis continues to be the leading abused drug, but such substances as barbiturates, methaqualone and tranquillizers are also abused. Traditional chewing of coca leaves persists in Bolivia and Peru, principally among the rural population. ^{18/} A portion of the coca leaf production is being transformed into coca paste and cocaine, which are increasingly being abused in the region, and new methods of use such as the smoking of coca paste augment the already serious health hazards. The countries of the region indicate an ever growing awareness and concern regarding the ominous impact on public health and the serious economic dislocation which drug trafficking entails. The increased regional co-operation was advanced in June 1979, when the present eight parties ^{19/} to the South American Agreement on Narcotic Drugs and Psychotropic Substances decided to establish a permanent secretariat with its seat in Buenos Aires. The Board was represented at the meeting by a member from that region.

^{18/} See also paragraphs 25 to 27.

^{19/} Argentina, Bolivia, Brazil, Chile, Ecuador, Paraguay, Uruguay and Venezuela.

134. Co-operative efforts between enforcement services of the countries of the region and of North America have continued to be pursued actively and have produced constructive results. To meet the heavy reliance by traffickers on transporting drug contraband by sea, co-ordinated action, where appropriate and approved by the governments concerned, has included maritime interdiction. Harmonization of laws to permit use of this method of enforcement to be increased and to facilitate prosecution of traffickers would be desirable. Of interest in this connection is the signature on 14 September 1979 between Colombia and the United States of a treaty concerning the extradition of persons for drug offences.

135. At the request of the concerned Governments, the Board sent a technical mission to Guatemala, Colombia and Ecuador in June 1979.

AFRICA

136. Information on drug abuse in Africa is limited. From available data it appears that cannabis remains the principal drug of abuse, with some instances of abuse of opium and cocaine and an alarming increase in the availability for non-medical use and illicit trafficking of psychotropic substances, principally methaqualone in the form of Mandrax and amphetamines.

137. Several African states are taking strong measures to cope with the situation. Madagascar has prohibited the **importation** of methaqualone, in the form of Mandrax, because of the alarming spread of its abuse among youth. Nigeria has prohibited the importation of methaqualone and amphetamines. Both countries note, however, that illicit trafficking in these substances continues.

138. The Board shares the serious concerns of African States which, because of inadequate control machinery, lie wide open to an onslaught from drug traffickers. Unless active co-operative bilateral, multilateral and regional efforts are made, Africa could become a major source of illicit cannabis trafficking to Europe, as well as a major recipient of psychotropic substances and a transit point for trafficking in such substances. Kenya, Niger, Nigeria, Senegal, South Africa, Togo and Tunisia have reported significant increases in abuse of psychotropic substances. The majority of African countries note abuse of cannabis.

139. The Board is concerned that the influx particularly from European manufacturing countries of psychotropic substances, especially amphetamines - which emanate both from licit and illicit sources - is occurring on a growing scale. In the absence of the necessary administrative machinery for controlling import, export, and distribution of such substances, the ill-effects of their abuse will appear in increasing measure. The Board, therefore, urges all African states which have not yet done so to adhere promptly to the 1971 Convention and to make full use of the import prohibition procedure open to Parties pursuant to article 13 of that Convention.

140. In view of the vital need for more knowledge about the existing situation and trends in drug abuse in Africa, high priority should be given to rendering African countries technical and financial assistance to establish the legislative and administrative base to enable them to gather the necessary factual information. Moreover, efforts should also be directed towards improving the investigative

capabilities and control capacity of the enforcement authorities concerned. The Board recommends that UNFDAC and other international institutions respond affirmatively to any requests they may receive from African countries for assistance designed to strengthen their drug control capacities. The Board itself would welcome an opportunity to provide any **technical** advice that may be desired and stands ready to send a special mission to Africa for this purpose.

141. A member of the Board participated in the ICPO/Interpol General Assembly held in Nairobi in September 1979.

CONCLUSIONS

142. The international control system as it relates to the licit movement of narcotic drugs for medical and scientific purposes is generally satisfactory. The Board continues to monitor the situation worldwide and maintains a dialogue with governments to achieve and maintain a balance between supply and demand. The main countries which produce, manufacture and consume opiates have co-operated with the Board, and the common effort has achieved some progress towards reducing the over-supply forecast by the Board in 1978. 20/ The Board looks forward to continuing its collaboration with the governments concerned during the coming year to advance this progress.

143. Despite the international community's efforts to date, its increased awareness of the problem and the improvements that have occurred in some countries, drug abuse throughout most of the world has not decreased. On the contrary, it has spread and the situation is deteriorating. Of particular concern is that victims increasingly include adolescents and even children. In geographic terms more countries are affected, both developing and developed.

144. Heroin retains its primacy in drug abuse. In extent of abuse it is far exceeded by other drugs such as cannabis and certain of the psychotropic substances, but in potency and as a source of death it has no equal.

145. Real and lasting progress in the reduction of the supply of illicit opium and opiates requires integrated rural development and income substitution for poppy farmers in producing areas. To reduce supply meaningfully, such programmes must necessarily be carried out in conjunction with law enforcement and treatment and rehabilitation of local addicts. Moreover, to be sufficiently comprehensive and to produce maximum impact on illicit supply, affected governments, which now rely merely on estimates of poppy production, might consider seeking from time to time to verify as precisely as possible the location and extent of the illicit production, utilizing such available scientific methods as they may deem appropriate.

146. With regard to the elimination of illicit and uncontrolled narcotic crops at the source, it is self-evident that the selection of methods of destruction necessarily lies with the national authorities concerned. In choosing the most effective techniques, governments will of course wish to take into consideration not only the different characteristics of the various narcotic plants but also such criteria as environmental impact. An international group, convened under United Nations auspices, studied these questions in July 1979. Source countries may wish to take its findings into account. 21/

147. Acetic anhydride is an essential precursor for the illicit manufacture of heroin. The Board, therefore, appeals to governments, especially in industrialized countries, to take all feasible measures to prevent its diversion for such illicit use. 22/

20/ E/INCB/41, pp. 3-12.

21/ MNAR/8/1979.

22/ Commission resolution 2 (S-V).

148. Illicit trafficking in cocaine is substantial in volume, is increasing rapidly and spreading in geographic terms. This drug is now being used in methods particularly hazardous. One such method is "coca-paste" smoking, which originated in South America and is already spreading in North America. Governments should engage in campaigns to warn abusers of the health hazards involved.

149. Illicit trafficking and abuse in cannabis and its products (marihuana, hashish, cannabis oil) is immense and escalating. Essential to the fight against the expanding abuse of these substances is accelerated research, particularly on adverse health consequences for long-term use and for use by adolescents and children.

150. Psychotropic substances are of great value for medical use. Unfortunately at the same time they can be destructive to the individual and society when improperly or illicitly used. Therefore, non-medical use of psychotropic substances - manufactured clandestinely, diverted from licit manufacture, or not yet under effective control - poses an increasingly serious threat. Developing countries are at particularly high risk, in part because their administrative resources do not permit effective control of import and medical use. Requests from such countries for assistance to establish or improve their drug control administrations merit a prompt and favourable response from the international community. Moreover, all countries are reminded that, once Parties to the 1971 Convention, they can avail themselves of the safeguards procedure provided in Article 13. This enables them to forbid the importation from other Parties of one or more of the psychotropic substances in Schedules II, III and IV of the Convention.

151. Some progress has been made towards the goal of establishing control of psychotropic substances. Many governments have established national control systems. The 1971 Convention is in force and more than 100 governments, whether Parties or non-Parties, are supplying at least partial statistics to the Board to enable it to begin to have some understanding of the global control situation and to carry out its responsibilities under the Convention.

152. However, the Board once more appeals to all countries which have not yet adhered to the 1971 Convention to become Parties promptly. Universal adherence is essential if the international licit trade in these substances is to be brought under control and an effective concerted attack against illicit manufacturing and trafficking is to be waged. Pending formal adherence to the Convention, all governments not yet supplying information, and particularly the manufacturing and exporting countries, are urged voluntarily to supply the statistics requested by the Board.

153. The means used against illicit drug trafficking must of course be selected by each government in the light of the local circumstances. In view of the increasing role of organized criminal elements, such elements properly constitute a prime target of enforcement agencies. However, continuing simultaneous vigilance against other trafficking elements of the illicit network as a whole is also required if trafficking is to be contained and rolled back.

154. Illicit trafficking involves considerable financial sums and incredible profits. This supports the ever-growing illicit trade, and can erode countries' economic, social and political stability. Governments should take stricter domestic and international measures to investigate the movement of this ill-begotten capital. Such action will make it possible to identify and eliminate the criminal financiers of organized crime.

155. The serious drug abuse situation must not give rise to despair. On the contrary, it should serve to mobilize renewed dedication, vigilance and action by the international community. Prompt additional action in the framework of an over-all strategy is required, both on the national and international and on the bilateral and regional levels. To produce maximum impact, such a strategy should be co-ordinated worldwide to the maximum extent possible and should simultaneously continue to attack illicit drug production, trafficking and abuse. This co-ordinating role, worldwide, can best be carried out under the auspices of the United Nations system.

156. Governments and international organizations are urged to establish the necessary priorities and allocate adequate resources to permit an expanded, revitalized and worldwide counter-attack against drug abuse to be undertaken nationally, multilaterally, bilaterally and regionally. UNFDAC exercises a useful role, both in financing activities which stimulate national and international action and in supporting pilot and other projects. The Board therefore appeals to governments to provide increased and sustained contributions in cash and in kind to the Fund or to provide complementary bilateral assistance in countries where Fund-supported projects are undertaken.

(signed) Paul Reuter
President

(signed) Betty C. Gough
Rapporteur

(signed) Abdelaziz Bahi
Secretary

Vienna, 2 November 1979

Table I. Consumption of codeine

Consumption as defined in the 1961 Convention plus the quantities utilized for the manufacture of preparations included in Schedule III of that Convention

The figures between parenthesis are approximate projections made by the INCB.

All other figures have been furnished by Governments

Countries	Kilograms									
	Actual Consumption					Estimated Consumption				
	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
1. United States of America	34 874	36 181	43 101	44 462	46 947	49 350	52 700	55 600	58 700	61 850
2. USSR	18 060	16 688	14 405	14 402	17 872	16 500	17 000	18 000	18 000	18 500
3. Federal Republic of Germany	14 425	14 346	12 100	11 776	14 403	(13 410)	(13 410)	(13 410)	(13 410)	(13 410)
4. United Kingdom	11 190	9 836	11 061	11 341	12 021	11 750	12 000	12 000	12 000	12 000
5. France	8 710	9 992	8 980	9 347	7 943	10 000	10 000	10 000	10 000	10 000
6. Canada	5 375	4 863	5 808	6 092	6 526	6 349	6 475	6 615	6 747	6 880
7. India	3 796	5 833	5 160	4 925	4 941	6 000	6 550	7 350	8 250	9 250
8. Spain	3 660	2 669	4 029	2 785	(3 662)	3 500	3 500	3 500	3 500	3 500
9. South Africa	2 517	2 320	3 317	2 590	2 733	(3 093)	(3 223)	(3 353)	(3 423)	(3 610)
10. Australia	3 876	3 282	3 198	3 195	2 784	(3 000)	(3 000)	(3 000)	(3 000)	(3 000)
11. Japan	2 389	2 085	2 539	2 502	2 385	2 340	2 330	2 320	2 310	2 300
12. Italy	3 646	3 649	1 810	2 301	1 141	(2 500)	(2 500)	(2 500)	(2 500)	(2 500)
13. Romania	1 055	1 362	1 542	2 273	2 228	(2 200)	(2 200)	(2 200)	(2 200)	(2 200)
14. Denmark	2 446	2 004	2 462	2 138	2 372	2 230	2 230	2 230	2 230	2 230
15. Czechoslovakia	2 229	2 286	1 956	2 034	2 121	(2 125)	(2 125)	(2 125)	(2 125)	(2 125)
16. Yugoslavia	3 387	1 664	1 398	1 817	2 192	(2 091)	(2 091)	(2 091)	(2 091)	(2 091)
17. Bulgaria	2 657	2 225	2 350	1 798	1 596	2 500	2 500	2 500	2 500	2 500
18. Turkey	2 174	2 567	2 440	1 710	2 227	2 385	2 440	2 496	2 553	2 610
19. Belgium	1 855	1 629	1 673	1 599	1 793	1 800	1 800	1 800	1 800	1 800
20. Hungary	1 537	1 948	1 836	1 569	1 570	1 692	1 692	1 692	1 692	1 692
21. Switzerland	1 416	1 540	1 254	1 514	1 552	1 500	1 500	1 500	1 500	1 500
22. German Democratic Republic	1 201	1 226	1 539	1 505	1 009	1 500	1 500	1 500	1 500	1 500
23. Brazil	1 727	2 385	1 601	1 373	1 339	(2 000)	(2 000)	(2 000)	(2 000)	(2 000)
24. Mexico	2 090	1 764	1 804	1 205	1 127	(1 100)	(1 100)	(1 100)	(1 100)	(1 100)
25. Poland	1 392	1 526	1 106	1 101	1 618	1 600	1 600	1 600	1 600	1 600
26. Iran	1 144	942	615	1 052	912	(1 200)	(1 200)	(1 200)	(1 200)	(1 200)
Sub total	138 828	136 812	139 084	138 406	147 014	153 715	158 666	163 682	167 931	172 948
Other countries	17 758	14 901	14 036	13 827	13 600	14 008	14 428	14 861	15 307	15 766
TOTAL	156 586	151 713	153 120	152 233	160 614	167 723	173 094	178 543	183 238	188 714

Table II. Opium production in India

The figures between parenthesis are approximate projections made by the INCB

	<u>Actual Statistics</u>						<u>Estimated</u>			
	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>
Area cultivated (hectares)	52 160	43 713	51 587	57 165	63 685	52 081	(54 000)	(54 000)	(54 000)	(54 000)
Opium production (tons)	887	1 033	1 177	1 175	1 646	1 387	(1 290)	(1 290)	(1 290)	(1 290)
Yield (kg/ha)	17.0	23.6	22.8	20.6	25.8	26.6	(23.9)*	(23.9)*	(23.9)*	(23.9)*

* / Average yield for the years 1975-1979

Table III. Morphine manufactured from poppy straw

The figures between parenthesis are approximate projections made by the INCB
All other figures have been furnished by Governments

Countries	Kilograms									
	Actual Statistics					Estimated				
	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
Australia	2 997	3 993	8 001	16 679	31 461	33 000	33 000	(33 000)	(33 000)	(33 000)
Bulgaria	55	339	277	85	-	50	50	50	50	50
Czechoslovakia	5 523	4 856	1 563	3 189	2 852	(3 597)	(3 597)	(3 597)	(3 597)	(3 597)
France	6 463	8 951	13 611	20 536	16 098	(19 500)	(19 500)	(19 500)	(19 500)	(19 500)
Fed.Rep.of Germany	-	-	47	3 982	46	(1 358)	(1 358)	(1 358)	(1 358)	(1 358)
Hungary	6 046	6 766	10 006	12 119	14 810	14 000	12 000	12 000	12 000	12 000
Netherlands	7 217	11 250	15 067	18 329	30 146	26 000	23 000	23 000	20 000	20 000
Norway	39	9	84	88	26	(50)	(50)	(50)	(50)	(50)
Poland	5 453	5 100	6 257	7 088	4 468	7 000	7 000	9 000	9 000	9 000
Romania	881	1 001	1 063	2 068	2 612	(1 525)	(1 525)	(1 525)	(1 525)	(1 525)
USSR	9 435	8 642	6 302	10 259	5 849	(8 097)	(8 097)	(8 097)	(8 097)	(8 097)
Yugoslavia	1 939	3 635	6 325	6 886	5 403	(4 600)	(4 600)	(4 600)	(4 600)	(4 600)
Spain	-	-	-	-	1 111	4 000	4 000	4 000	4 000	4 000
Turkey	-	-	-	-	-	-	(60 000)	(60 000)	(60 000)	(60 000)
TOTAL	46 048	54 542	68 603	101 308	114 882	122 777	177 777	179 777	176 777	176 777

Table IV. Supply and Demand of Opiates

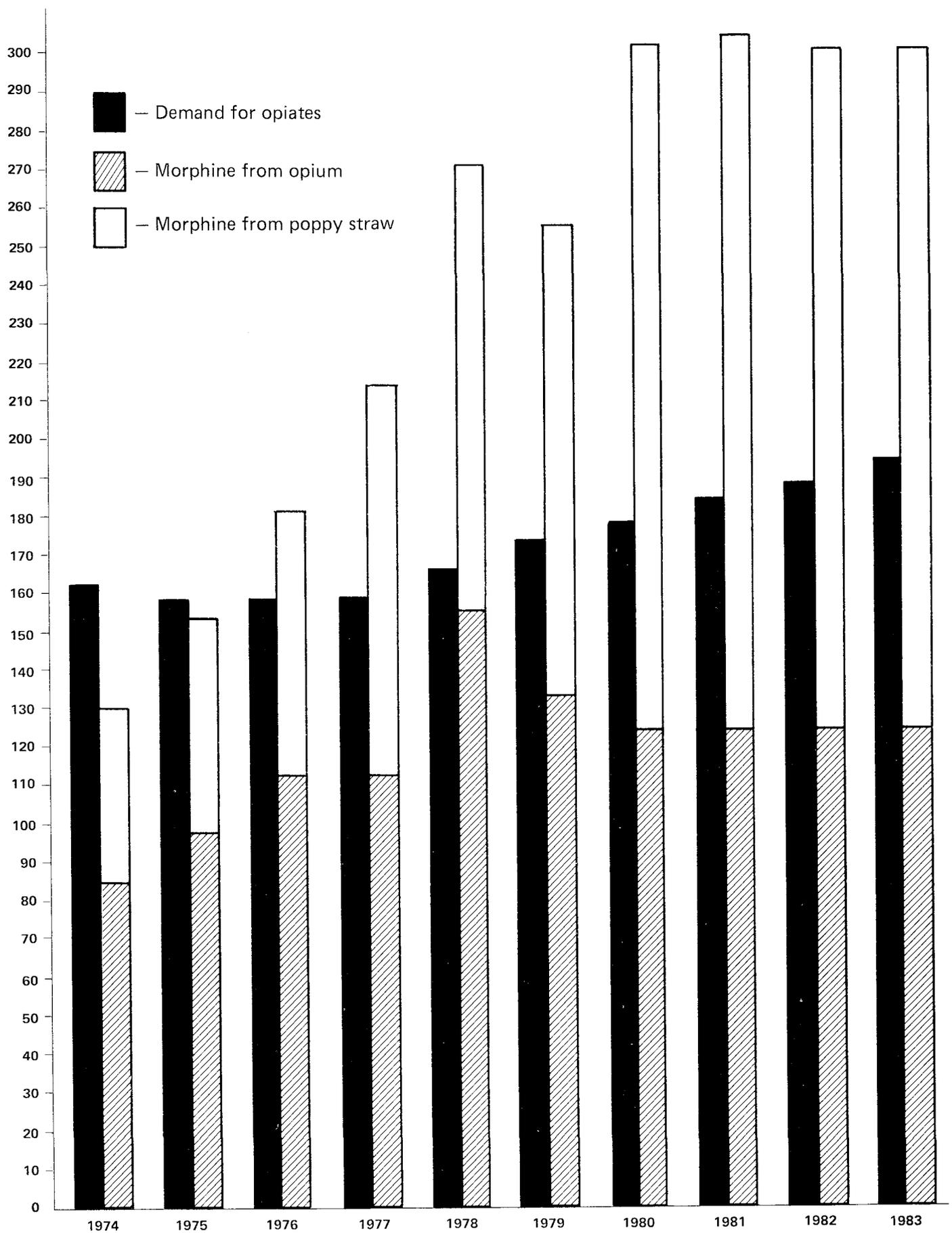
Tons of morphine content

	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
Demand of opiates	161	158	158	159	166	174	179	183	188	193
Global supply of morphine	130	153	181	213	271	255	301	303	300	300
- from opium	84	98	112	112	156	132	123	123	123	123
- from poppy straw	46	55	69	101	115	123	178	180	177	177

DEMAND FOR AND SUPPLY OF OPIATES FOR LICIT REQUIREMENTS

Morphine in tons

Tons



THE ROLE OF THE INTERNATIONAL NARCOTICS CONTROL BOARD

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 entry into force of the 1971 Convention on Psychotropic Substances, the functions of the Board include also the international control of these drugs.

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.

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.

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