

INTERNATIONAL NARCOTICS CONTROL BOARD

Vienna

**Report of the International Narcotics
Control Board
for 1982**



UNITED NATIONS

ABBREVIATIONS

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

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

REPORTS PUBLISHED BY THE INCB IN 1982

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

Estimated World Requirements of Narcotic Drugs in 1983 (E/INCB/62)

Statistics on Narcotic Drugs for 1981 (E/INCB/63)

Statistics on Psychotropic Substances for 1981 (E/INCB/64)

Comparative Statement of Estimates and Statistics on Narcotic Drugs for 1981 (E/INCB/65)

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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.

FOREWORD

1. The International Narcotics Control Board is the successor to drug control bodies, the first of which was established by international treaty more than half a century ago. A series of treaties confer on the Board specific responsibilities. On the one hand, the Board "shall endeavour to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for medical and scientific purposes" and "to ensure their availability for such purposes". On the other hand, the Board shall endeavour "to prevent illicit cultivation, production and manufacture of, and illicit traffic in, and use of, drugs". In carrying out its responsibilities the Board acts in co-operation with Governments and maintains continuing dialogues with them in order to further the aims of the treaties. Such dialogues are pursued through regular consultations and sometimes through special missions arranged in agreement with the Governments concerned.

2. The Board consists of thirteen members who serve in their personal capacities and not as government representatives. The present composition of the Board and the curricula vitae of the members are to be found in Annex I, pages I/1-3. The Board held two regular sessions during 1982. Between sessions the policies decided upon by the Board, in pursuance of its mandate under the drug control treaties, are carried out by its secretariat in consultation with the President and other members of the Board as appropriate.

3. The Board collaborates with the other international bodies concerned with drug control. These include not only the Economic and Social Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly the WHO. At the secretariat level, there is close and continuing collaboration on a daily basis between the Board's staff on the one hand and those of the Division of Narcotic Drugs and the United Nations Fund for Drug Abuse Control on the other. The Board welcomes the ever closer co-operation.

4. The Board is required to prepare an annual report on its work. This Report analyzes the drug control situation worldwide, so that Governments may gain an overall understanding of current and potential problems which endanger the objectives of the Conventions. In the light of the developing situation, the Board draws Governments' attention to weaknesses in national control and in treaty compliance. It may also make suggestions and recommendations for improvements, both at the national and international levels. In this Report the Board has paid special heed to the problem of cocaine and the growing illicit traffic in this drug.

5. The Report is supplemented by four detailed technical reports 1) containing data on the licit movement of narcotic drugs and psychotropic substances and the Board's analyses of this information.

1) E/INCB/62 - Estimated World Requirements of Narcotic Drugs in 1983;
E/INCB/63 - Statistics on Narcotic Drugs for 1981;
E/INCB/64 - Statistics on Psychotropic Substances for 1981;
E/INCB/65 - Comparative Statement of Estimates and Statistics on
Narcotic Drugs for 1981

6. In order to ascertain that Governments adopt the measures prescribed by the treaties to limit the availability and use of drugs exclusively to medical and scientific purposes, the Board monitors the licit movement of drugs. This task is comprehensively and expeditiously pursued through the increasing use of electronic word and data processing systems.

THE CURRENT WORLD SITUATION - AN OVERVIEW

7. The assessment made in the Board's Report for 1981 remains valid for 1982. Despite the widespread awareness of the seriousness of the problems and the responses taken at the national and international levels, both regional and worldwide, the drug abuse situation continues to deteriorate in most parts of the world. The number of drug abusers is further increasing; abuse is spreading geographically; the number, variety and potency of drugs illicitly used are growing. Illicit production is expanding and trafficking thrives.

8. The struggle against drug abuse is first and foremost a fight against the degradation and destruction of human beings. Addiction also deprives society of the contribution which the abusers could have made to the community of which they are a part. In social and economic terms, the cost of drug abuse is, therefore, staggering, particularly when taking into account the crime and violence which emerge in its wake, and its erosive impact on moral values. The problem of drug abuse in its several aspects is hindering national development programmes in many countries and is causing a serious drain on badly needed development resources. Thus drug control is a truly international challenge. Therefore, it is a particularly sad fact that precisely at a time when abuse is at its very height and vast sums at the disposal of traffickers are growing, resources for a concerted worldwide counterattack remain grossly insufficient.

9. Merely to contain the situation calls for urgent additional efforts and resources on the part of all Governments. The dimensions of the problem are now of such magnitude as to require that even more determined and co-ordinated action be resolutely pursued. The first step might be for Governments to undertake an overall review of each aspect of the problem as well as the remedial measures already attempted. The results could serve as the basis for stimulating innovative and hopefully more effective action.²⁾ The Board remains convinced that programmes aimed at reduction of demand must mobilize all sectors at the local level and involve families, communities, neighbourhoods, schools, universities and religious institutions, as well as public, private and voluntary associations and organizations.

2) In this connection, the Board wishes to remind Governments of their obligations under article 38 of the 1961 Convention and for its part stands ready to provide them, if they so desire, with technical advice on the establishment of regional centers for scientific research and education to combat the problems resulting from the illicit use of and traffic in drugs, as stipulated by article 38 bis of that Convention.

Narcotics

10. Licit Movement. The international control system as it relates to licit trade generally operates in a satisfactory manner. Information, together with an analysis of trends, is presented separately.³⁾ Some progress can be reported regarding the problem of demand and supply of opiates for medical and scientific needs. In a special report published on this question in 1981,⁴⁾ the Board indicated that production continued to be in excess of demand. At present,⁵⁾ a balance between current production and demand can be said to have been attained. However, this should not engender undue optimism since several variable elements are involved and the balance must therefore be regarded as fragile. Moreover, the serious problem of substantial raw material stocks, mainly in India and Turkey, remains. The provisional balance has resulted importantly from reductions in cultivated areas by the four main producing countries, which took this action in co-operation with the Board and in solidarity with the international community. Moreover, the demand for opiates worldwide remained within the forecasts which the Board was able to make in the light of data furnished by Governments. Looking toward the future, the strengthening of the balance between supply and demand will continue to depend on the concerted co-operation and good will of Governments.

11. Illicit Movement. Illicit production of opium remains prevalent over wide areas, particularly in the Near and Middle East and in Southeast Asia, and traffickers easily procure ample quantities for the manufacture of morphine and heroin; the illicit traffic continues on an ever expanding scale thus indicating that the pressure of demand has not let up. Indeed, the magnitude of the problem in many industrialized as well as developing countries demonstrates once more that the contagion of drug abuse recognizes neither borders of countries nor the stages of their development.

12. Cannabis and its products, which quantitatively already occupy the dominant place in drug abuse and trafficking, continue to show an unrelenting increase, and in response to a huge demand, dealings in the drug have reached vast proportions. Illicit cultivation is increasing and spreading to new countries. The discovery of multi-ton consignments of cannabis being transported in aircraft and vessels or disguised as international road freight is now frequent. However overwhelming the present situation may appear, Governments should nevertheless systematically discourage the use of cannabis and intensify efforts to combat cultivation and trafficking.

13. Ever greater quantities of cocaine⁶⁾ and coca paste are entering the illicit traffic, since uncontrolled production of the raw material, coca leaves, remains tremendous, particularly in Bolivia and Peru. The number of abusers is increasing rapidly in several geographical regions as the perils of the drug are being underrated. Such disparagement has been belied by the emergence of new and more dangerous patterns of abuse, and the problem should not be allowed to deteriorate further. A reversal of

3) Paragraphs 16 to 20 below and document E/INCB/63

4) E/INCB/52/Supp

5) See also paragraphs 34 to 49 below

6) See also paragraphs 143 to 148 below

current trends presupposes not only continuing efforts directed against illicit demand, but also long-term measures to reduce the staggering oversupply of coca leaves.

Psychotropic Substances

14. Licit Movement. A large number of countries, whether Parties to the 1971 Convention or non-Parties, co-operate with the Board and supply information to enable it to monitor the movement of psychotropic substances with a view to limiting their availability exclusively for medical and scientific purposes. The number of Parties to the Convention is steadily increasing, but until all manufacturing and exporting countries on the one hand, and importing countries on the other, have adhered to the Convention and adopted the required implementing national legislation, the application of the treaty's provisions cannot be expected to be fully effective. Substantial licit overproduction of certain substances appears to exist; however, with the voluntary submission to the Board by a large number of countries of their assessments of legitimate requirements for substances listed in Schedule II, a clearer picture should gradually emerge of the amounts of these substances required worldwide for medical purposes and permit supply to be balanced against medical requirements. Moreover, the voluntary submission of quarterly trade statistics for these same substances is already enabling the Board better to monitor international trade and to intervene to stop diversion into the illicit traffic. Statistical data with a commentary on trends and on countries' licit needs for Schedule II substances appear in a separate publication.⁷⁾

15. Illicit Movement. Some psychotropic substances are manufactured illegally in clandestine laboratories or are being diverted from licit retail trade. The illicit traffic, however, is supplied importantly by a substantial spillover of substances, licitly manufactured in developed countries and exported to or via allegedly licit markets in the developing world. This situation is particularly evident in the case of Schedule II substances in respect of which the Convention requires the submission to the Board of more detailed information. However, as the consciousness of this serious threat deepens, as closer control on manufacture and trade takes hold, and as a growing number of countries avail themselves of the protection afforded by the Convention against unwanted imports,⁸⁾ the situation could significantly improve.

OPERATION OF THE INTERNATIONAL DRUG CONTROL SYSTEM

Narcotic Drugs

16. To date, 115 States have become Parties to the 1961 Convention in its original and/or amended form. However, in practice most States which have not yet formally adhered to these treaties nevertheless co-operate with the Board and it trusts that they 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

7) E/INCB/64

8) Article 13

developing at least de facto co-operation. The encouraging relations, which already exist between the People's Republic of China and the Board, will hopefully soon be further advanced. The Board would welcome collaboration with the Socialist Republic of Viet Nam and the Democratic People's Republic of Korea.

17. Three technical reports on narcotic drugs published annually by the Board set forth information furnished by Governments, in accordance with the international treaties, together with the Board's analyses of the data received. These documents provide estimated opium production and licit requirements of narcotic drugs; 9) statistics on narcotic drugs, accompanied by an analysis of the major trends in the licit movement of such drugs; 10) and a comparative statement of estimates and statistics. 11) This information permits the Board and the international community to verify whether Governments have adequately applied treaty provisions.

18. The question of demand and supply of opiates for medical and scientific needs was the subject of a detailed study published in a special report at the end of 1981. 12) Subsequent developments are dealt with in paragraphs 34 to 49 of the present report.

19. The international system for controlling the licit movement of narcotic drugs continues to function in a generally satisfactory manner, and licitly produced or manufactured drugs normally do not constitute a source of illicit traffic. However, diversions from legitimate commerce occasionally occur, as revealed by the Board's analysis of trade statistics furnished by Governments. Queries promptly posed by the Board to the exporting and importing countries concerned have disclosed instances in which the 1961 Convention's provision on labelling had not been observed and/or which involved falsified import certificates. Such cases demonstrate the need for both importing and exporting countries to apply strictly the import and export authorization system established by the Convention and limit the exports to the amounts of estimated requirements as published by the Board. 13) In cases in which exporting countries have any question as to whether amounts requested still fall within the limits of estimates, the Board should be consulted.

20. The Board wishes to point out that some countries have not yet brought under national control those substances which were placed in Schedules I and II by the Commission's scheduling decisions of 1980. The substances concerned are sufentanil, tilidine and dextropropoxyphene. It should be recalled that these decisions became effective with respect to each Party on the date it received the notification from the Secretary-General. They should accordingly be carried out as expeditiously as practicable.

9) E/INCB/62

10) E/INCB/63

11) E/INCB/65

12) E/INCB/52/Supp

13) E/INCB/62 and subsequent monthly Supplements

Psychotropic Substances

21. Many countries, including most manufacturers and exporters, provide increasing amounts of information and co-operate with the Board pursuant to the 1971 Convention. Moreover, the Board is pleased to note that the number of Parties to the 1971 Convention continues to rise and has now reached 76. It remains essential that all States adhere to the Convention and endeavour to implement the full scope of controls established by the treaty. The number of countries prohibiting imports of certain substances pursuant to Article 13 of the Conventions is increasing and a favourable impact of this action is already discernible.

22. The Board wishes to emphasize that full implementation is a prerequisite if the Convention is to prove its worth and if the international community is to come to grips with the substantial diversion from licit trade which still occurs today. The problem has been treated in detail in the Board's reports for 1980 and 1981.¹⁴⁾

23. The Board also wishes to stress the importance of timely action being taken by the Parties, the WHO and the Commission pursuant to Article 2 of the 1971 Convention to place particular substances under such international control as may be warranted in the light of their actual or potential abuse. In this connection, the current widespread abuse of methaqualone might not have become so serious if more timely action had been taken to place it under adequate control.

24. Turning first to substances listed in Schedule II, it is of paramount importance that the import and export authorization system mandated by Article 12, paragraph 1, for international trade in all such substances be faithfully utilized and that strict controls be exercised in free trade zones as required by Article 12, paragraph 3(a).

25. A positive response has been received by the Board to its request, endorsed by the Council in Resolution 1981/7, that Governments examine their annual legitimate requirements for the substances listed in Schedule II, and voluntarily submit these assessments, valid for several years, to the Board. To date, 74 Governments have already supplied this data. The assessments have been published in the Board's Statistics on Psychotropic Substances for 1981.¹⁵⁾ This document also includes for countries, which have not yet supplied assessments, an annual average of their requirements for Schedule II substances. These averages are based on an analysis of available statistics over the last five-year period. This information, contained in Tables A and B of that publication,¹⁵⁾ enables manufacturing and exporting countries to confine exports to medical and scientific requirements and avoid over-production.

26. More than a third of the countries and regions that have submitted assessments have reported that they have no medical or scientific requirements for any of the eight substances listed in Schedule II. The majority of the other reporting countries have informed the Board that they

14) E/INCB/52 and E/INCB/56

15) E/INCB/64

need only very limited quantities of at most one or two of these substances. The countries reporting significant quantities are mainly manufacturers. A number of these countries indicated that all or a substantial portion of the amounts is needed for the manufacture of products or medical substances that do not fall within the scope of control of the Convention. In view of the implications for abuse, the Board is making further inquiries. The fullest possible information concerning "non-psychotropic" substances is needed.

27. A preliminary study of information furnished to the Board to date, together with data concerning seizures of substances diverted to the illicit traffic, points to manufacture of some substances far in excess of overall medical and scientific requirements. Manufacturing countries are urged, taking into account projected requirements, to limit production accordingly with a view to balancing supply of, and demand for, Schedule II substances at the earliest possible time.

28. In order to thwart attempts at diversion, exporting countries are strongly urged to consult these assessments or averages before authorizing an export of a substance listed in Schedule II. Where an import authorization appears to be excessive, or other circumstances seem suspicious, the transaction should be delayed until the designated authorities of the importing country confirm the authenticity of the certificate, including the quantity stated therein. In this way the risks of diversion could be significantly reduced. At the request of Governments the Board has been able to assist both exporting and importing countries in facilitating this task; it remains at their disposal for this purpose.

29. In order for the system of assessments to function efficiently, it is indispensable that all states submit these data or confirm or adjust the data calculated by the Board. The Board, therefore, appeals to all Governments to complete the form which has been prepared for this purpose¹⁶⁾ and forward it to the Board as soon as possible. Such a task should not prove too difficult and will at the same time afford protection, particularly for countries which have no or only limited needs for psychotropic substances listed in Schedule II.

30. A second voluntary measure proposed by the Board, namely the submission of quarterly statistics on international trade in Schedule II substances, has also received a positive response from Governments. This information has already enabled the Board to intervene in a number of cases when analyses have revealed that diversion from licit channels of international trade may have taken place. The potential for bolstering control for the benefit of all is obvious. All Governments are therefore again urged to submit quarterly trade statistics regularly and promptly.

31. Turning to Schedule III, cases of attempted diversion of substances listed therein have also been reported to the Board. Unlike the case with Schedule II substances, exporting countries are not required by the Convention routinely to submit to the Board detailed trade statistics, nor to apply the export-import authorization system. Nevertheless, a country

16) Form B/P

exporting Schedule III substances must, as expressly prescribed in Article 12 paragraph 2, transmit a detailed declaration to the competent authorities of the importing country as soon as possible, but not later than 90 days after the date of despatch. If exporting countries do not scrupulously and promptly adhere to this procedure, unwanted imports may well escape the attention of the drug control authorities of the importing country. Therefore, it is conceivable that an exporting country could unwittingly supply the illicit traffic. The controls would work much more effectively, if exporting countries were to take action as quickly as possible and sooner than the 90-day time-limit permitted in the Convention.

32. The Board draws once again the attention of Governments to the protection against unwanted imports afforded by Article 13 of the Convention. If a country determines that one or more substances listed in Schedules II, III, or IV are not required for medical and scientific purposes, it should avail itself of the procedure established by this provision. In particular, those countries which have assessed their requirements of Schedule II substances as nil, should use this procedure. Any export of a banned substance to the prohibiting country would constitute a violation of the obligations imposed by Article 13 on exporting countries. To facilitate observance, an updated list of prohibitions is included in the Board's "List of Psychotropic Substances under International Control" (Green List) which is provided annually to Governments.

33. In conclusion, the Board is gratified at the co-operation it has received from Governments in respect of the measures it proposed in 1980 to bolster the Convention's requirements with a view to establishing effective international control of psychotropic substances. All of these measures, pursued concurrently and energetically by Governments in concert with the Board, have already achieved a measure of success in preventing or reducing diversion from licit manufacture and trade to illicit channels. As the controls become firmly established and regularly carried out, greater success can be anticipated.

DEMAND AND SUPPLY OF OPIATES FOR MEDICAL AND SCIENTIFIC NEEDS

34. In 1981, the Board published a special study on the demand and supply of opiates for medical and scientific needs.¹⁷⁾ In general, the overall conclusions and recommendations contained in that document remain valid. The present situation on supply and demand, as set forth below, is based on information provided mainly by Governments on a voluntary basis pursuant to the Board's recommendations and to resolutions of the Council.

Demand

35. The demand for opiates has leveled off since 1975, despite an over-abundance of raw materials and low prices. Since that year, the consumption of codeine, the main opiate utilized, has varied between 152 and 162 tons. By contrast, over the previous 25 years codeine consumption

17) E/INCB/52/Supp.

Table A
Consumption of codeine
kilogrammes

Note: This table lists the countries that consumed 1000 kg or more in at least one year during the period under consideration.

| Country/Year | 1966 | 1971 | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|
| 1. United States | 23272 | 26481 | 43101 | 44462 | 47878 | 44733 | 46880 | 48880 | 50978 | 53052 | 55125 | 57199 | 59272 |
| 2. USSR | 20300 | 21330 | 14405 | 14402 | 17872 | 14807 | 10010 | 12922 | 18000 | 18500 | (18500) | (18500) | (18500) |
| 3. Germany, F.R. | 7989 | 13797 | 12100 | 11776 | 14403 | 15042 | 13222 | 13755 | (15500) | (15500) | (15500) | (15500) | (15550) |
| 4. United Kingdom | 11569 | 11671 | 11061 | 11341 | 12021 | 10147 | 8921 | 9530 | 10700 | 10700 | 10700 | 10700 | 10700 |
| 5. France | 7868 | 9271 | 8980 | 9347 | 7863 | 10220 | 9608 | 10886 | 9500 | 10000 | 10500 | 11000 | 11000 |
| 6. Canada | 4242 | 4315 | 5808 | 6092 | 6526 | 6531 | 8131 | 6048 | 6500 | 6500 | 6565 | 6630 | 6690 |
| 7. India | 2058 | 3715 | 5160 | 4925 | 4941 | 6219 | 5302 | 6276 | 8250 | 9250 | (10350) | (11550) | (11500) |
| I. Total 1-7 | 77298 | 90580 | 100615 | 102345 | 111504 | 107699 | 102074 | 108297 | 119428 | 123502 | 127240 | 131079 | 133212 |
| I as % of V | 62 | 60 | 66 | 67 | 69 | 67 | 67 | 67 | 65 | 65 | 65 | 65 | 64 |
| II. Countries other than 1-7 | 46902 | 59881 | 52963 | 50236 | 49669 | 52691 | 51298 | 52877 | 64472 | 66432 | 68945 | 71128 | 74161 |
| II as % of V | 38 | 40 | 33 | 33 | 31 | 33 | 33 | 33 | 35 | 35 | 35 | 35 | 36 |
| 8. Spain | 1564 | 2513 | 4029 | 2785 | 3661 | 4042 | 3655 | 4410 | 4500 | 4590 | 4680 | 4775 | 4870 |
| 9. South Africa | 1115 | 1928 | 3317 | 2590 | 2733 | 3080 | 3317 | 3769 | 3423 | 3610 | (3740) | (3870) | (3870) |
| 10. Australia | 3030 | 3839 | 3198 | 3195 | 2784 | 3095 | 2969 | 3553 | 2965 | 2950 | 3000 | 3050 | 3100 |
| 11. Bulgaria | 480 | 2699 | 2350 | 1798 | 1596 | 2293 | 2275 | 2333 | 3450 | 4060 | 4470 | 4775 | 4880 |
| 12. Turkey | 1162 | 2151 | 2440 | 1710 | 2227 | 1613 | 2197 | 1882 | 2700 | 2700 | 2700 | 2700 | 2700 |
| 13. Japan | 2388 | 2272 | 2539 | 2502 | 2385 | 2078 | 2542 | 2423 | 2310 | 2300 | (2290) | (2280) | (2280) |
| 14. Romania | 1387 | 1570 | 1542 | 2273 | 2228 | 1477 | 2076 | 2273 | 2500 | 2300 | 2400 | 2500 | 2600 |
| 15. Denmark | 2182 | 2269 | 2462 | 2138 | 2372 | 2283 | 2291 | 2092 | 2100 | 2100 | 2100 | 2100 | 2100 |
| 16. Czechoslovakia | 2716 | 3938 | 1956 | 2034 | 1837 | 2505 | 1804 | 1829 | 2125 | 2125 | 2125 | (2125) | (2125) |
| 17. Yugoslavia | 1626 | 2755 | 1398 | 1817 | 2192 | 1949 | 1710 | 1536 | 4000 | 4000 | 5000 | 5000 | 6000 |
| 18. Belgium | 1640 | 2048 | 1673 | 1599 | 1793 | 1830 | 1663 | 2354 | 2100 | 2360 | 2360 | 2360 | 2360 |
| 19. Italy | 2267 | 2838 | 1810 | 2185 | 1141 | 1748 | 1155 | 1032 | 1800 | 1800 | 1800 | (1800) | (1800) |
| 20. Hungary | 1910 | 2188 | 1836 | 1569 | 1570 | 1578 | 1445 | 1726 | 1800 | 1800 | 1800 | 1800 | 1800 |
| 21. Switzerland | 951 | 1339 | 1254 | 1514 | 1552 | 1509 | 1223 | 1156 | 1650 | 1650 | 1650 | 1650 | 1650 |
| 22. German D.R. | 2452 | 2047 | 1539 | 1505 | 1009 | 1151 | 1352 | 923 | 1700 | 1700 | 1300 | 1300 | 1300 |
| 23. Brazil | 1550 | 1806 | 1601 | 1373 | 1339 | 1318 | 1507 | 1381 | (1300) | (1300) | (1300) | (1300) | (1300) |
| 24. Mexico | 2065 | 2114 | 1804 | 1183 | 1127 | 1295 | 1234 | 901 | 1390 | 1180 | 1300 | 1290 | 1260 |
| 25. Poland | 1451 | 1908 | 1106 | 1101 | 1618 | 1269 | 1207 | 1231 | 1900 | 1300 | 1400 | 1500 | 1500 |
| 26. Malaysia | 308 | 382 | 638 | 633 | 760 | 1069 | 886 | 823 | (1000) | (1000) | (1000) | (1000) | (1000) |
| 27. Egypt | 335 | 590 | 973 | 526 | 1153 | 1169 | 846 | 1152 | 2800 | 2800 | 3400 | 4000 | 4800 |
| 28. Iran | 323 | 605 | 615 | 1052 | 912 | 776 | 807 | 1514 | 3500 | 5000 | 5000 | 5500 | 6000 |
| 29. Finland | 1717 | 2174 | 827 | 803 | 744 | 733 | 800 | 550 | (700) | (700) | (700) | (700) | (700) |
| 30. Netherlands | 787 | 987 | 1113 | 870 | 790 | 1200 | 698 | 395 | 275 | 275 | 275 | 275 | 275 |
| III. Total 1-30 | 112704 | 137540 | 142635 | 141100 | 151027 | 148759 | 141733 | 149535 | 171416 | 177102 | 183030 | 188729 | 193482 |
| III as % of V | 91 | 93 | 93 | 93 | 94 | 93 | 92 | 93 | 93 | 93 | 93 | 93 | 93 |
| IV. Countries consuming less than 1000 kg | 11496 | 12921 | 10943 | 11481 | 10146 | 11631 | 11639 | 11639 | 12484 | 12832 | 13155 | 13478 | 13891 |
| IV as % of V | 9 | 7 | 7 | 7 | 6 | 7 | 8 | 7 | 7 | 7 | 7 | 7 | 7 |
| V. TOTAL CONSUMPTION | 124200 | 150461 | 153578 | 152581 | 161173 | 160390 | 153372 | 161174 | 183900 | 189934 | 196185 | 202207 | 207373 |

The figures for 1982 to 1986 are projections made either by Governments or when in parentheses by the Board.

increased at an average annual rate of 4.7 tons.¹⁸⁾ This change in the growth pattern led to a cumulative reduction in demand of 145 tons of codeine between 1975 and 1981. This quantity, equivalent to 1 260 tons of opium, is a factor which led to the accumulation of raw material stocks.

36. Projections published last year for 1981-85 anticipated that annual codeine consumption over that period would be between 162 and 185 tons. In 1981, actual consumption was only 162 tons. This represents an increase of 10 tons as compared with the previous year, but remains below the maximum of 164 tons utilized in 1973. In 1981, consumption reached an all-time high in the United States of America, France, India, Spain, South Africa, Belgium and Iran. Conversely, codeine consumption in Finland and the Netherlands diminished to its 1950 level. A downward trend began also in Canada. Lastly, despite a rise in 1981, consumption in several countries, such as the Soviet Union and the United Kingdom, remains below the levels which prevailed previously.

37. Later projections communicated to the Board suggest a rise in overall codeine consumption from 184 tons in 1982 to 207 tons in 1986. However, some more moderate growth might be envisaged over this period, since the projections usually prove to be higher than actual consumption. Furthermore, due account needs to be taken of the increasing number of domestic regulations designed to limit consumption either on purely medical grounds or for economic reasons.

38. Among other opiates used in relatively large quantities, the consumption of dihydrocodeine rose steeply in 1981 to reach the unprecedented level of approximately 12 tons. The consumption of ethylmorphine and morphine also showed a slight increase. Conversely, consumption of opium and pholcodine decreased.

39. In 1981 for the first time, overall demand for opiates reached 200 tons of morphine equivalent (see table B, page 11). During the last decade, demand fluctuated around an average of 191 tons.

40. As for a possible substantial increase in demand for thebaine for the manufacture of non-controlled substances such as nalbuphine, the Board considers that it could be met out of ordinary resources. Stocks of thebaine at the end of 1981 stood at 15 tons and would cover requirements for nearly 18 months.

Supply

41. Four countries, namely, India, Turkey, Australia and France, account for over 90 per cent of the supply of opiate raw materials. Statistics on cultivation and production in those four countries are set out in table C on page 13. After 1979, the areas harvested were substantially diminished in India: in 1982 they had fallen to 31 958 hectares, representing a 50 per cent reduction as compared with 1978. The yield, which in 1981 had risen by 20 per cent to reach the exceptional figure of 33 kg of opium per hectare, returned in 1982 to 27.9 kg/ha. The combined effect of the reduction in cultivated areas, together with the decline in yield, brought about a drop in production of 30 per cent in 1982 as compared with 1981.

18) See Table A on page 9

TABLE B

PRODUCTION OF OPIUM AND POPPY STRAW FOR THE EXTRACTION OF ALKALOIDS
EQUIVALENT TONS IN MORPHINE

| | 1972 | 1973 | 1974 | 1975 | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 |
|-------------------|--------|---------|---------|-------|-------|-------|-------|-------|-------|-------|----------|----------|
| India | 110.7 | 103.3 | 116.5 | 133.6 | 160.9 | 138.1 | 182.9 | 160.1 | 106.5 | 127.8 | 98.0 | 108.0 |
| Turkey | 18.1 | - | - | 20.9 | 51.1 | 129.6 | 101.7 | 43.2 | 49.4 | 36.5 | 25.2 | 50.0 |
| USSR | 22.1 | 19.0 | 9.4 | 8.6 | 6.3 | 10.3 | 5.8 | 6.3 | 3.4 | 2.7 | - | - |
| Yugoslavia | 3.9 | 3.7 | - | - | 3.2 | 6.9 | 5.5 | 4.7 | - | 1.0 | - | - |
| Australia | 2.8 | 3.3 | 2.1 | 4.4 | 9.9 | 21.3 | 27.8 | 52.1 | 9.5 | 31.0 | 22.3 | 39.0 |
| France | 5.6 | 5.2 | 10.3 | 13.7 | 8.2 | 22.0 | 22.8 | 12.9 | 16.8 | 10.9 | 19.1 | 19.0 |
| Spain | - | - | - | 0.1 | 0.3 | 0.8 | 1.9 | 3.3 | 5.7 | - | 6.8 | 11.0 |
| Bulgaria | - | 0.5 | - | 0.3 | 0.3 | - | - | - | - | - | - | - |
| Czechoslovakia | 3.9 | 3.7 | 5.1 | 4.4 | 1.4 | 1.7 | 3.9 | 2.8 | 2.8 | 2.5 | - | - |
| Hungary | 10.8 | 10.9 | 6.0 | 6.6 | 0.6 | 0.4 | 4.5 | 12.4 | 11.0 | 7.1 | - | - |
| Poland | 9.1 | 8.2 | 5.5 | 5.1 | 4.9 | 3.3 | 4.9 | 4.8 | 7.2 | 5.0 | - | - |
| Romania | 1.1 | 0.8 | 0.9 | 1.0 | 1.1 | 2.1 | 2.6 | 1.8 | 1.3 | 1.0 | - | - |
| Total production | 188.1 | 158.6 | 155.8 | 198.7 | 248.2 | 336.5 | 364.3 | 304.4 | 213.6 | 225.5 | 191.0(e) | 247.0(e) |
| Demand | 189.7 | 197.9 | 189.4 | 186.0 | 185.5 | 187.1 | 196.2 | 192.6 | 186.6 | 200.5 | | |
| Excess or deficit | (-1.6) | (-39.3) | (-33.6) | 12.7 | 62.7 | 149.4 | 168.1 | 112.7 | 27.0 | 25.0 | | |

(e) Evaluation

42. In 1977, poppy straw was harvested in Turkey from 72 000 hectares. Except for a slight increase in 1980, the cultivated area decreased continually after 1977 until falling to some 8 534 hectares in 1982. Over that same period the production of poppy straw fell from 36 000 tons to approximately 7 000 tons, representing a reduction of 80 per cent over five years.

43. An 82 per cent reduction in cultivated areas took place in Australia in 1980, followed by an increase in 1981 and another substantial reduction in 1982. During the latter two years the areas under cultivation remained significantly below the level existing before 1980. It should be mentioned, however, that the straw obtained is increasingly rich in morphine. The morphine actually extracted from the straw in 1981 represented 1.09 per cent by weight of the raw material as against 0.45 per cent ten years earlier. Spain, which has also obtained remarkable results through the selection of an alkaloid-rich variety in a relatively short period of time, achieved a yield of 0.90 per cent in 1981. France comes third with a yield of 0.45 per cent. All the other manufacturing countries have yields substantially below those of the three countries mentioned.

44. Between 1978 and 1981, France reduced its poppy areas by 61 per cent and its production by 73 per cent. The 1981 harvest enabled only about two-thirds of the country's domestic needs to be met. As a consequence, production was increased in 1982 resulting in a slight surplus.

45. Total production of raw materials expressed in morphine equivalent is presented in table B. It will be noted that production practically doubled between 1972 and 1978 but returned in 1982 to the level that had prevailed ten years before. When the supply of opiates is compared with the demand, it is found that the deficit of the first three years gave way to a surplus. This surplus increased rapidly, reaching 86 per cent over annual needs in 1978, and thereafter declined. Although statistics for 1982 are not yet complete, it can be reasonably expected that, during this year, production will have been below needs for the first time in seven years.

46. Despite the progress achieved, it would be premature to take an optimistic view of the situation, firstly because the balance attained remains fragile and secondly because events of the last ten years have created problems which remain unsolved. Although the estimates of areas to be cultivated in 1983 in the four main producing countries are identical or comparable with the corresponding estimates for 1982, the possibility of a recurrence of over-production in 1983 cannot be entirely ruled out, taking into account the influence of climatological factors on production.

47. The precarious nature of the balance means that there can be no expectation of an absorption of the raw material stocks accumulated mainly in India and Turkey. Following the substantial reductions already made, these two countries consider that areas under cultivation with poppies have reached a minimum beyond which the economic and social consequences will be intolerable for the mass of the farmers. It follows that, at best, raw material stocks will remain at their present level in the near future. The existence of such a volume of stocks entails dangers which the authors of the treaties had hoped to avert.

TABLE C
CULTURE AND PRODUCTION OF POPPY

| | Year | Authorized | Area | Area | Opium or | Yield |
|-----------|------|------------|-------|-----------|-------------|----------|
| | | area | sown | harvested | poppy straw | |
| | | ha | ha | ha | harvested | kg/ha |
| | | | | | tons | |
| India | 1978 | 66338 | 64784 | 63684 | 1646 | 25.8 |
| | 1979 | 53691 | 52579 | 52081 | 1413 | 27.1 |
| | 1980 | 40172 | 35921 | 35166 | 969 | 27.5 |
| | 1981 | 36827 | 35633 | 35378 | 1162 | 33.0 |
| | 1982 | 35000 (e) | - | 31958 | 891 | 27.9 |
| | 1983 | 35000 (e) | - | - | 979 (e) | 27.9 (e) |
| Turkey | 1978 | | 97000 | 50600 | 28253 | 558 |
| | 1979 | | 31000 | 18000 | 12000 | 667 |
| | 1980 | | 30700 | 18400 | 13735 | 746 |
| | 1981 | | | 15330 | 10146 | 661 |
| | 1982 | 37500 (e) | | 8534 | 6000-7000 | |
| | 1983 | 37500 (e) | | | | |
| Australia | 1978 | 9723 | 9739 | 6854 | 4640 | 677 |
| | 1979 | 9155 | 9380 | 8774 | 7665 | 874 |
| | 1980 | 1616 | 1593 | 1531 | 1179 | 770 |
| | 1981 | 3853 | 3812 | 3742 | 2850 | 762 |
| | 1982 | 4940 | 2500 | 2459 | 2047 | 832 |
| | 1983 | 5000 (e) | | | | |
| France | 1978 | | 7650 | 6778 | 9129 | 1347 |
| | 1979 | | 5210 | 5060 | 4776 | 944 |
| | 1980 | | 4633 | 4597 | 3739 | 817 |
| | 1981 | | 5503 | 2615 | 2428 | 928 |
| | 1982 | 4500 (e) | 4500 | 4460 | 4250 | 952 |
| | 1983 | 4200 (e) | | | | |

Note (e) - estimate

48. In addition, this situation has a very unfavourable influence on the opiate market, with a strongly depressive effect on prices. Competition between manufacturers also becomes very intense as a result of the existence of an excess capacity for alkaloid extraction. Despite the withdrawal of several manufacturers from the market, this factor will continue to influence prices and may make it difficult to guarantee adequate remuneration for farmers.

49. The Board reaffirms the recommendations made in its special report on this question.¹⁹⁾ These recommendations remain valid and it is for Governments to consider the desirability of putting them into practice and the way to do so. The Board appreciates the broad agreement with these recommendations expressed during the sessions of the Commission and the Council as well as the support contained in the latter's Resolution 1982/12. It further notes that the Division, on behalf of the Secretary-General, organized in September 1982 an expert meeting to study the possibility of establishing buffer stocks of opiate raw materials.²⁰⁾ Some of the suggestions put forward by the experts for an arrangement which would permit both the liquidation of stocks and a limitation of production deserve careful study.

ANALYSIS OF THE WORLD SITUATION

50. Responsibility for implementing the international systems for drug control established by the treaties rests above all on national authorities, since they, and they alone, are able to control the movement of these substances within their respective jurisdictions. The Board, for its part, is striving, in co-operation with Parties and non-Parties alike, to help them attain the aims of the treaties. In analysing the drug control situation worldwide as well as in regions and individual countries, the Board benefits from information obtained from Governments, United Nations organs, specialized agencies and other competent international organizations. While it continues to review the situation as it affects all countries, the Board does give special attention to countries in which problems relating to drug abuse, illicit trafficking, and uncontrolled or illicit production of narcotic raw materials are most acute, or where developments are of particular interest.

NEAR AND MIDDLE EAST

51. Heroin is illicitly manufactured in sizable quantities in parts of the region. A large percentage of this heroin is trafficked abroad, mainly to Western Europe and the United States. The prevalence in the Near and Middle East of such a considerable supply of heroin has heightened the risks to the local populations, and in at least one country there has been tremendous and escalating abuse of heroin. As the Board has previously observed, the acetic anhydride required for the manufacture of heroin continues to be exported from Western Europe to countries of the Middle East. It is ironic that this situation continues in view of the heroin abuse in Western Europe. In an effort to cope with the serious situation, certain countries of the region have taken a number of

19) E/INCB/52 Supp

20) For further details, see the report of the expert group to the Commission on Narcotic Drugs, E/CN.7/1983/2.

countries of the region have taken a number of measures, supported multilaterally and bilaterally, to strengthen their law enforcement capacities, and seizures of substantial quantities of heroin and of clandestine laboratories have been made. An increasing danger is that these laboratories are becoming ever more sophisticated and produce heroin of high purity.

52. Psychotropic substances are becoming more readily available in the region. These substances appear to have been manufactured in Western Europe by established pharmaceutical firms and diverted into the illicit traffic. Several countries in the region have already availed themselves of the protection afforded by Article 13 of the 1971 Convention and have prohibited the import of certain unwanted psychotropic substances. The Board is following developments closely and is using its good offices to encourage the adoption of remedial measures by both manufacturing and receiving countries.

53. Cannabis products of high potency have been traditionally used throughout the region and abuse remains widespread. Furthermore, large consignments of these products are trafficked to other regions.

Afghanistan

54. The major problem remains the illicit cultivation of the opium poppy in several parts of the country and the associated illicit trafficking. Seizures made abroad indicate that opium continues to be smuggled from Afghanistan into neighbouring countries. The authorities have stated that seizures made within the country by law enforcement personnel over the last three years include multi-ton quantities of opium as well as large amounts of morphine, heroin, methaqualone and cannabis.

Egypt

55. Egypt remains a chief target for cannabis resin, smuggled primarily from Lebanon, as evidenced by total seizures of almost 68 tons in 1981 - five times those of the previous year. Of growing concern is also the continued spread of the abuse of opium originating in parts of the Middle East, and of methaqualone licitly manufactured in Europe, but diverted into illicit channels. In parallel with countermeasures against trafficking, the Government is acting to eradicate domestic illicit cultivation of the opium poppy and cannabis, putting to good use the telecommunication, transport and surveillance equipment which has been placed at the disposal of the law enforcement services with the support of UNFDAC. The Government is also anxious to expand programmes to prevent drug dependence and treat abusers, since addiction is considered a major social and health problem in the country. The Board believes that the Government merits assistance from the international community to enable it to strengthen its drug control capabilities.

Iran

56. In 1981 illicit opium poppy cultivation in the western and eastern provinces of the country was destroyed by the authorities. Clandestine heroin and morphine manufacture was also detected in the eastern and

central provinces and the laboratories seized. In addition, opiates continue to be smuggled across the eastern borders as evidenced by large seizures. This trafficking is stimulated both by illicit domestic opium and heroin abuse and facilitated by Iran's geographical position as a smuggling route for opiates originating elsewhere in the region and destined for Western Europe and North America.

57. Psychotropic substances originating abroad, although not abused in the country to the same extent as opiates, are also being illicitly utilized, either in combination with or as a substitute for opiates.

Lebanon

58. Drug abuse has grown alarmingly, and the number of abusers are estimated to have increased five-fold since the mid-seventies. Traffickers have exploited the difficult situation in the country to expand the illicit cultivation of cannabis and the production of resin which dominates the illicit traffic. Multi-ton consignments leave Lebanon by ship and smaller quantities are smuggled out of the country via overland routes. Previous years' attempts at illicit cultivation of opium poppy in the mountainous Baalbeck-Hermel area have been met with determined and commendable eradication operations. The country serves as a transit point for heroin trafficked westward via Turkey and Syria; however, some local illicit manufacture of the drug has also occurred. Some domestic illicit demand for psychotropic substances exists, but these drugs mainly transit the country and are destined particularly for countries on the Arabian peninsula.

59. The international community should stand ready to provide Lebanon with appropriate assistance as soon as the Government considers that conditions permit.

Pakistan

60. The illicit production of opium within the country itself is estimated to have decreased because of enforcement activity based on the 1979 Hadd Order and of adverse weather conditions. However, opium is trafficked in large quantities across the tribal areas in the Northwest Frontier Province and Baluchistan and subsequently transformed in clandestine laboratories into morphine and heroin of high purity. The magnitude of the problem is shown by data on heroin seizures which amounted to almost one ton over the first nine months of 1982 - one hundred times more than seizures for the whole of 1980. Moreover, during the same nine-month period nearly seven tons of opium were also confiscated. Seizure data also suggest that morphine tablets are still being illicitly prepared in and trafficked from Pakistan to Western Europe. There was no decrease in the high level of illicit cannabis production.

61. Over the last eighteen months heroin abuse has reached epidemic proportions within the country and importantly involves young persons, including university students. From only a few heroin abusers in early 1981, the estimate of such abusers now ranges between at least 10,000 to 25,000. The rate of increase is high and menacing. Cannabis abuse

remains substantial. With regard to psychotropic substances, the abuse of methaqualone, originating in Western Europe, causes particular concern and continues to increase, in parallel with the influx of this substance.

62. The authorities recognize that they are faced with a formidable challenge and are intensifying their actions to meet it. Under the leadership of the Pakistan Narcotics Control Board, a comprehensive programme has been initiated, embracing law enforcement, crop substitution, eradication and activities aimed at preventing or reducing drug abuse. This programme comprises bilateral and multilaterally assisted projects.

63. In view of the alarming situation in Pakistan, the authorities are undoubtedly aware of the urgent need to strengthen demand reduction efforts. The Government's commitment to coping with the serious drug abuse situation in all its aspects and its action directed thereto merits strong and sustained support by the international community. Such full measure of support will benefit the whole of the international community as well as Pakistan.

Turkey

64. The Government remains strongly committed to controlling the licit cultivation of the poppy exclusively for production of unincised poppy straw. Its programme is fully successful and no opium is produced. Attempts at illicit cultivation, including cultivation in excess of licensed amounts, are systematically destroyed. Illicit cannabis cultivation is also eradicated.

65. Because of the country's geographic location, bridging Asia and Europe, it continues to be exploited by drug traffickers as a transit route, particularly for opiates originating elsewhere in the region and intended for Western Europe and beyond. Energetic enforcement action against this traffic has not only resulted in a growing number of arrests and seizures, but may also have caused some traffickers to avoid Turkish territory to the extent possible and to shift their route towards other Eastern Mediterranean disembarkation points.

66. In order to forestall any possibility of methaqualone abuse, the Government has added this substance to the list of those banned under Article 13 of the 1971 Convention.

67. The Board welcomes the vigilance being exercised by the Turkish authorities who merit the continued support from bilateral and multilateral sources.

SOUTH ASIA

68. South Asia seems to come increasingly to the forefront, not only as a transit area for illicit trafficking, but also as a region where illicit production of opiates and cannabis takes place.

69. India is mainly a transit country for opiates illicitly produced in the Middle East, for heroin from Southeast Asia and for cannabis and

resin from Nepal and the Middle East. However, there are also indications of illicit cultivation of the opium poppy and of clandestine opiate laboratories in the country. The potential risk of leakages from licit opium production and from the present large stocks should be kept in mind. With regard to licitly manufactured morphine, there appears to have been some diversion in small amounts. The problem of methaqualone finding its way from India to Southern Africa was mentioned in last year's report. It is receiving the careful attention of the Government of India and of the Board.

70. In Nepal, cannabis grows extensively, and cannabis resin of high potency is smuggled out of the country in large amounts. Opiates from South East Asia and from India enter Nepal either in transit or for local consumption. A wide range of illicit drugs, including psychotropic substances, are readily available in the country, and drug abuse, particularly of heroin, has taken its toll on the local population.

71. Sri Lanka is a transit country for opiates from India and the Middle East, as well as for cannabis resin from Nepal and the Middle East. There is considerable illicit cultivation of cannabis in the country and cannabis is abused locally. Heroin abuse, in its initial stages, has been detected.

72. There is reason for concern that the situation in South Asia could further deteriorate. Transit trafficking is known to have created abuse among local populations. The rapidity with which heroin abuse spreads has been demonstrated repeatedly. The Board draws this potential danger to the attention of the Governments in the region. It assumes they will wish to strengthen counteraction, including updating national legislation and improving co-ordination at the administrative and operational level, both nationally and regionally.

EAST AND SOUTHEAST ASIA

73. The increased availability of illicit opium, morphine and heroin in the region stems from the last two years' abundant opium harvests from the tri-border area of Burma, Thailand and Laos. Real and lasting progress toward control necessarily rests on large-scale and sustained eradication of the vast illicit cultivation. Illicit heroin and morphine laboratories continue to operate, indicating that acetic anhydride and other chemicals diverted from legitimate use can be obtained without difficulty. Although Thailand remains the main outlet for the opiates coming from this region, new routes, which now include India and Nepal as transit countries, have developed. Heroin has reappeared in the Philippines and other countries, which had had some respite from this drug for some years. Cannabis continues to be readily available in the region.

74. Efforts to improve legislation have continued; moreover, measures have been initiated to promote investigation of dubious financial transactions with a view to apprehending traffickers' financial backers and confiscating their assets. The authorities have emphasized the importance of the use of intelligence and highly trained personnel in their efforts to improve law enforcement.

75. The importance of community support and participation in demand reduction programmes is increasingly being stressed, adjusted as appropriate to take into account the composition and nature of the individual communities.

76. Regional drug control co-operation, which has existed within the area for a number of years, has already produced some commendable results. Furthermore, inter-regional co-operation and co-ordination, notably in enforcement activities, has also proven its worth. Expansion of such efforts, coupled with the closest possible state-to-state co-operation within the region, is encouraged.

77. At the invitation of the Governments concerned a mission of the Board will visit the region at the end of the year. The Board looks forward to continuing its dialogues with these Governments with a view to learning first hand about the measures they are taking or envisage in order to cope with all aspects of drug abuse in keeping with the requirements of the Conventions.

Burma

78. The Government's strong and sustained commitment to drug control remained evident throughout 1982. Opium poppy destruction campaigns continued and more than 10 000 acres of the poppy crop were destroyed, effectively preventing about 50 tons of opium from entering the illicit market. Illicit poppy cultivation was successfully eliminated in certain areas in the southern Shan States, but a distressing development was that cultivation in other areas of the northern and eastern Shan States rapidly increased. The full extent of illicit cultivation is not known and certain areas have not as yet been subject to eradication campaigns due to their inaccessibility. New areas of illicit cultivation may emerge in certain years only to be abandoned the following year, making detection even more difficult for the authorities.

79. The crop substitution sector of the UNFDAC/Burma programme for drug abuse control has established agricultural extension stations which distribute seeds and seedlings of long-term crops and arrange training courses for farmers. The agricultural development programme is aimed at reaching the entire farming population, not only farmers engaged in poppy cultivation.

80. Opiate abuse continues, with increasing abuse of psychotropic substances compounding the problem. Treatment and rehabilitation services have been expanded and the Government has maintained intensive preventive education and information activities.

81. The Board once again commends the firm commitment and energetic action being undertaken by the authorities, who merit the sustained support of the international community. The Board urges that the required resources be promptly forthcoming.

The Lao People's Democratic Republic

82. Little information is available from Laos, although it may be expected that with the abundant opium poppy harvests estimated in Burma and Thailand in the last two years, illicit opium production in Laos may also have expanded. The Board is aware of the difficulties faced by the Government in implementing the provisions of the 1961 Convention, and hopes to be able to renew its dialogue with the Government at an early date.

Malaysia

83. Despite the strengthening of enforcement machinery and severe penalties for offences, trafficking activities appear to have intensified with greater availability of opiates. The magnitude of seizures of opium in the north of the country indicates the presence of clandestine laboratories along the border with Thailand. The trafficking of acetic anhydride from Malaysia to Thailand poses a serious problem.

84. Heroin is the most abused drug within the country, although other opiates, cannabis and psychotropic substances are also abused. Increasing use is being made of community-based activities for counselling and for dissemination of information for the prevention and reduction of drug abuse. Moreover, the Government is carrying out epidemiologic activity to assess the dimensions of the drug abuse problem and plans additional programmes directed at prevention and education.

85. The authorities are considering the use of more sophisticated methods to detect drug trafficking as well as legislation to permit the confiscation of assets acquired by traffickers.

86. The Government should continue to receive support from the international community.

Thailand

87. Substantial illicit cultivation of the opium poppy continues to take place in the northern part of the country and illicit trafficking in opiates occurs throughout.

88. Enforcement action along the Thai-Burmese border has resulted in the dislocation of some trafficking organizations. The decision to control the import of acetic anhydride and to ban its presence in certain provinces of the country is intended to thwart heroin manufacture. The movement of morphine to the south confirms the probable presence of clandestine laboratories near the Thai-Malaysian border. There are also indications of an intensification of trafficking to Hong Kong and to Western Europe.

89. Widespread abuse of heroin and opium persists. The abuse of psychotropic substances, particularly amphetamines, appears to be increasing in significance. Efforts towards improved treatment and rehabilitation continue with growing emphasis on the use of non-governmental organizations and community resources in aftercare programmes.

90. The UNFDAC/Thailand Crop Replacement and Community Development Pilot Programme in the northwest of Thailand has successfully identified substitute crops and marketing possibilities for poppy farmers. Parallel local and bilateral projects also contribute to the development. The need now is for the poppy to be progressively eradicated in the project areas and for the results of these projects, together with strong eradication and law enforcement activities, to be extended throughout the poppy growing region. This comprehensive approach needs to be embraced by the Government, with such external assistance as it may consider necessary to achieve overall drug control. In this connection, drug control has been included as one of the top priorities of the Government's current five-year Social and Economic Development Plan.

Territory of Hong Kong

91. Following several years of progress in containing and reducing the drug abuse problem, Hong Kong may unfortunately now be witnessing reversed trends, as reflected in greater availability of opiates entering the territory directly or indirectly from Thailand, and in falling prices. There was also an upward trend in arrests and prosecutions and in re-admissions to treatment programmes, as well as an increasing proportion of young drug abusers and of newly reported addicts. Trafficking methods became even more sophisticated. Important amendments to legislation have recently been adopted, involving inter alia penalties for owners of ships which repeatedly have been used for drug smuggling.

92. Hong Kong can be termed the hub of the financial operations for illicit drug trafficking in the region. This applies now in the case of trafficking in narcotic drugs. Indications are that it may also well become an important staging centre for trafficking in psychotropic substances. In view of the situation and potential for deterioration, the authorities are taking measures to strengthen administrative and enforcement arrangements. They are also giving special attention to monitoring dubious financial movements and to co-ordinating closely with all countries on the trafficking route.

EUROPE

Eastern Europe

93. Drug abuse remains relatively small in the area as a whole. However, diversions of narcotic drugs and psychotropic substances occur, mostly for personal abuse and mainly through thefts from hospitals and pharmacies, and also in some cases through forged prescriptions. As in previous years, a major problem posed is the illicit traffic which transits these countries towards Western Europe, particularly through Yugoslavia and Bulgaria, as well as Romania and most recently Hungary. The authorities rely on the application of effective customs and other controls, and Hungary has joined Romania and Yugoslavia as a member of ICPO/Interpol as a further measure in the fight against the smuggling of drugs. Yugoslavia has appealed for support to strengthen its customs facilities at some border crossing points, in particular to be able to cope with very dense container transport traffic. The measures already successfully applied have caused the traffickers also to use new routes elsewhere through Europe.

94. Certain psychotropic substances originating in some Eastern European countries have been diverted to the illicit traffic. During 1982, in response to a dialogue held with the Board, Bulgaria announced in the Council that it would fully apply the export and import authorization system to Schedule II substances and would also voluntarily take other control measures. This decision by the Government has been welcomed by the Board and certain developing countries which had been recipients of unwanted amphetamines.

Western Europe

95. Abuse of several drugs throughout the region has markedly increased. In some countries arrest statistics suggest a correlation among drug abuse, rising unemployment, and crime. Heroin is readily available, purity is generally high, prices have fallen and the number of abusers is considerable. In one country heroin abuse and trafficking have grown more than 65% in the first quarter of 1982 as compared with the same period of 1981. Cocaine abuse is also on the rise and spreading. This trend indicates that a new and dangerous type of addiction may be rapidly taking hold and the affliction may no longer be confined to the affluent. Cannabis is the most widely abused drug throughout the region and remains in great demand. The growing abuse of psychotropic substances involves mainly amphetamines, methaqualone, barbiturates and tranquilizers. Furthermore, LSD has again emerged as a drug of abuse in the Federal Republic of Germany, France and Spain, and a clandestine laboratory was recently seized in the United Kingdom.

96. Seizures show that most of the heroin available in the region is of Middle Eastern provenance, transiting via Eastern Mediterranean countries and increasingly through Greece. A major cause of anxiety is the rapidity with which Pakistan has become an important source for high purity heroin manufactured along the Pakistan-Afghanistan border. Another disturbing development is the deepening involvement of Italian organized criminal elements in heroin trafficking to judge from seizures of clandestine laboratories in Sicily, which were intended not only to supply a part of the Western European market but also a portion of the United States market. The proportion of heroin originating in Southeast Asia is rising, particularly in France.

97. The cocaine originates in South America, frequently entering through airports. The most important source of the cannabis available in the region remains the Near and Middle East, followed by Morocco and Africa south of the Sahara. The dimensions of the smuggling are demonstrated by seizures totalling over 80 tons in 1981 which surpassed those of any previous year.

98. Psychotropic drugs available in the illicit market are manufactured clandestinely, diverted from licit sources or stolen from retail or wholesale outlets. A number of clandestine laboratories have been discovered and dismantled. Of special concern is the substantial diversion of psychotropic substances from licit manufacture in Europe to other parts of the world.

99. The concerted and combined action of enforcement agencies, both within the region and with other regions, has brought about large seizures of many drugs and even the disruption of entire trafficking networks. This co-operation has been enhanced by the posting of liaison officers in appropriate locations, including source countries.

100. Western European co-operation to combat drug abuse and trafficking is not confined to law enforcement. The Council of Europe examines the problem in its Public Health Committee, and the Pompidou Group works within the framework of the Council. In May the European Parliament of the ten member states of the European Communities called for increased involvement of, and international co-operation by, the other community organs. For their part the five Nordic countries declared in February that their aim is to make the Nordic area free of illicit drugs. The Board welcomes such political initiatives as a basis for further concerted action by all countries and authorities involved.

THE AMERICAS

NORTH AMERICA

Canada

101. Multiple drug abuse continues to increase. Drugs available in the illicit market include heroin, cocaine, cannabis, phencyclidine and LSD. The heroin and cocaine originate abroad, but there has been some diversion of opiates from licit sources. Most of the cannabis is smuggled into the country, although there are some attempts at illicit domestic cultivation in small plots. Illicit manufacture of amphetamines, phencyclidine and cannabis oil has also been detected. Enforcement action has led to multiple seizures. Noteworthy is a seizure in 1981 of almost seven tons of methaqualone powder manufactured in Austria.

102. The authorities have initiated an analysis of administrative measures involved in the implementation of the 1971 Convention. The Board hopes that this step will lead to the Convention's prompt ratification.

Mexico

103. Mexico is well aware that illicit cultivation of narcotic plants and illicit production and manufacture of drugs have dire consequences not only beyond its borders, but also for its own population. The Government, therefore, at an early stage adopted a global approach to the problem and promoted a comprehensive programme aimed at both prevention and reduction of drug abuse and at vigorous action to counter the illicit traffic. Thus epidemiological research helps to assess the extent and nature of drug abuse, and preventive education and information activities are pursued as well as treatment and rehabilitation.

104. Large-scale campaigns to eradicate illicit opium poppy and cannabis cultivation, now in their sixth consecutive year, continue to result in significantly restricting the availability of drugs in the international illicit traffic. The challenge of traffickers to disperse cultivation with a view to better concealment is being met by the authorities who have responded by augmenting enforcement.

105. Interdiction activities within the country's borders are energetically pursued to meet the illicit transit traffic moving from Central and South America towards markets in North America. In carrying out its programme, the Government has co-operated closely with other countries concerned.

106. Cannabis remains the most abused drug within the country. Non-medical use of stimulants and tranquilizers also continues to cause concern to the authorities.

107. Subsequent to the preparation of its last report, the Board organized in Mexico City, in co-operation with the Division of Narcotic Drugs and with the financial support of UNFDAC, a seminar for Latin American and Caribbean drug control administrators and law enforcement officers. The seminar, under the sponsorship and with the participation of the Office of the Attorney-General of Mexico, took place at the end of 1981 and was attended by representatives from 23 countries. The President of the Republic underlined his personal commitment to drug control efforts by addressing the seminar at its closing ceremony.

108. In addition to the actual training which enabled the participants to enhance the performance of their countries in carrying out their treaty obligations, the seminar provided an opportunity for everyone to witness the excellent results of the Mexican programme, which to such large degree are attributable to the effective role played by the Office of the Attorney-General in the co-ordination of the national efforts.

109. Although every country faces its own difficulties, the comprehensive approach of Mexico to drug control and against the illicit production and traffic of narcotic drugs should be a source of inspiration to countries with similar problems.

United States of America

110. Drug abuse in the country causes serious ill effects, both in human suffering and in economic losses. Cannabis is the most widely abused drug, a recent survey estimating the number of current users at 22.5 million. However, surveys of high school seniors show that these young persons are becoming concerned about the adverse health consequences and disapprove of cannabis use. In 1981, one in every 14 such students reported regular use, whereas in 1978 the proportion was one to nine. This change suggests that vigorous and credible education and prevention programmes can significantly reduce drug abuse. With regard to cocaine, a recent national survey indicates that more than four million persons, half of whom are in the 18 to 24 year age group, currently abuse this drug. The sharp increase in the number of cases requiring emergency hospital treatment for conditions involving cocaine abuse may reflect changes in the methods of use, such as, by injection and smoking, as well as greater frequency of use, alone or in combination with other drugs. The estimated number of heroin dependent persons has remained at around one-half million since the mid-1970's. Data suggests that a large percentage are persons who began using heroin in the late 1960's and early 1970's, and that there is a decline in new users among young persons. Heroin ranks high as a cause of deaths from overdose. In respect of other drugs, the abuse of methaqualone, barbiturates, LSD, PCP and amphetamines causes the greatest concern.

111. Approximately 90 percent of the drugs abused in the United States are estimated by the authorities to originate abroad and to be smuggled into the country. Colombia is the main source of the cannabis, although illicit cultivation within the country itself as well as amounts smuggled from Jamaica and Mexico were estimated in 1980 to account for around one quarter of the supply. The cocaine is derived primarily from coca leaf grown in Peru and Bolivia, and trafficked through Colombia, which has recently become a producer of coca leaf and in which the cocaine is mainly manufactured. More than one-half of the heroin is estimated to originate in Southwest Asia. Most of the methaqualone abused is smuggled into the United States. Amphetamines, PCP and LSD are produced mainly in domestic clandestine laboratories. Other controlled drugs are either produced in clandestine laboratories or diverted from the licit distribution system.

112. The President of the United States has launched a major campaign against drug abuse and trafficking, and a comprehensive federal strategy for carrying it out has been initiated. The President has declared drug abuse "one of the gravest problems facing ... the United States." The strategy is designed to reduce the availability of illicit drugs in the country and places major emphasis on education, prevention, research and treatment. The demand reduction programme features participation by communities, schools and parent groups. Early in 1982, the President established a special task force, headed by the Vice-President to concentrate on action against crime, massive drug smuggling and associated illegal financial activities in Florida. The task force has co-operated with other Governments concerned, notably Colombia. A measure of success of this approach to date is that trafficking patterns have been disrupted. Moreover, investigations have led to the indictment of many persons involved in drug trafficking and financing of such illegal activity.

113. The federal authorities are working with the several states concerned to eradicate illicit cannabis cultivation, which in certain areas includes a plant variety of high potency, known as sinsemilla, which can cause particularly dangerous health problems. Measures utilized in Florida have included eradication by use of herbicides.

114. The Government continues to provide the fullest and most detailed information about the drug abuse situation in the United States and the counter measures it is taking.

115. The United States maintains its active co-operation with the international community and substantially supports bilateral and multilateral programmes.

THE CARIBBEAN, CENTRAL AND SOUTH AMERICA

116. Illicit production of, and trafficking in, cannabis and cocaine have grown to vast proportions. Trafficking routes for most of the cocaine and cannabis smuggled into North America and Western Europe continue to pass through countries in Central America and the Caribbean region. The extensive coastlines and innumerable islands, as well as the facilities afforded by free ports, greatly complicate effective interdiction. A modern telecommunications system, now being envisaged for enforcement services in the Caribbean area, is essential to permit the rapid exchange of information.

117. The Caribbean area continues to attract large-scale illicit financial activities, particularly because of the relative impunity with which dubious transactions can be made in countries in the area. Progress against illicit trafficking requires the enactment and strict enforcement of national legislation to prevent traffickers from depositing or investing illicitly gained funds.

118. The negative impacts associated with drug trafficking have already affected many of the transit countries that are not producers themselves.

119. Jamaica is not only a major transit staging area for traffickers, but also the important producer of cannabis in the Caribbean. The Government is aware that the country's very economic and social fibre is menaced by the pervasiveness of drug production and trafficking as well as by serious local abuse. The situation requires urgent counter-measures, including eradication of illicit cultivation.

120. Cocaine trafficking begins primarily in the Andean regions of Bolivia and Peru, where the bulk of illicit or uncontrolled cultivation of coca leaves occurs and where the habitual use of coca leaf for chewing has historically played a socio-economic and cultural role and thus sustained the production. This cannot to the same degree be said of the illicit cultivation of the coca bush in Colombia, which is mostly of recent date and generally is not grown to produce leaves for chewing, but rather for the illicit traffic. As repeatedly stressed by the Board, any significant improvement in the situation will depend in the first instance on these countries' ability to reduce the vast overproduction to quantities needed for legitimate uses.

121. Coca leaf, converted illicitly into coca paste for the most part finds its way from Bolivia and Peru to Colombia where it is illicitly purified into cocaine hydrochloride. However, there are indications that the leaves are also increasingly being refined in the countries of origin and in Ecuador. From South America the drug is smuggled primarily to North America, but also in growing amounts to Europe as well as to Oceania.

122. The situation in Bolivia causes serious concern to the Board. Illicit coca leaf cultivation remains widespread, cocaine production and international trafficking are increasing, and the implications are grave both for the country itself and the world community. The Board would welcome a demonstration of a sustained national commitment and enduring political will to come to grips with this ominous situation.

123. The Government of Peru has expressed its intention to reduce the enormous production of coca leaf and to strengthen control of the distribution and commercialization of the legal coca crop in order to prevent its diversion to illicit channels. The Government's planning ultimately envisages a series of comprehensive programmes aimed at attacking the problem in all of the coca growing areas.

124. Because illicit coca production and attendant trafficking has increased alarmingly in the Upper Huallaga Valley in recent years, the Peruvian Government has decided to begin their action programme there by carrying out rural development projects with bilateral support. These projects are designed to provide farmers with alternative income possibilities and are to be carried out in tandem with the Government's

eradication of illicit coca production. In addition, enforcement measures are being further tightened with the creation of a Mobile Rural Police Patrol devoted exclusively to controlling the cultivation, processing and marketing of coca leaf.

125. Recognizing drug abuse as a growing threat to Peru, the authorities have designed a wide range of educational and prevention programmes.

126. The Council, in a recent resolution, termed the increase in coca production and trafficking in the Andean subregion a problem which "is assuming alarming proportions". It called upon the Commission to give higher priority to this problem and requested the Secretary-General to assist in co-ordinating the drug control efforts in the subregion as well as to consider the establishment of a regional office at Lima.²¹⁾

127. For its part, the Board is pursuing an active dialogue with the Peruvian authorities. In this regard, an invitation has been extended to the Board to send a mission to Peru at an early date in order to discuss the policy that the competent authorities envisage to carry out in order to comply with the country's treaty obligations.

128. Ecuador remains an important transit point for coca derivatives and cocaine moving from Bolivia and Peru to Colombia. Increased and more efficient interdiction efforts on the part of the authorities of Ecuador are being made.

129. In Colombia large scale illicit manufacture of cocaine continues to take place, and the country remains a staging point for cocaine smuggling abroad. Moreover, illicit cultivation of coca leaves has become a serious problem. It has spread to remote parts of the country such as the Amazon region bordering on Brazil and Peru. The country is also beset with serious cannabis trafficking, since substantial local cultivation persists. Furthermore, Colombia has been used by traffickers as a transit country for methaqualone, diverted in large consignments primarily from Europe and destined for North America.

130. The authorities have given further proof of their commitment to "wage war on drugs" by conducting major interdiction campaigns in the northern coastal region. Manual coca eradication operations in the South and in the Eastern Plains have also been undertaken. The Government is considering an eradication programme for coca and cannabis crops based on the spraying of herbicides from the air. Efforts to increase land-sea-air interdiction of cannabis, coca derivatives and methaqualone by the Colombian customs authorities are being supported through bilateral assistance. The effectiveness of enforcement action has been demonstrated by seizures in 1981 of over 3 000 tons of cannabis and more than seven tons of methaqualone.

131. The authorities are also deeply concerned by the growing abuse of cocaine and other drugs, particularly among urban youth. Measures to promote prevention, treatment and rehabilitation are being taken, partially with UNFDAC-financed assistance.

21) Resolution E/1982/14, paragraph 2

132. Colombia has entered into an agreement with Brazil to promote closer co-ordinated activities to fight illicit traffic and promote drug control. This intraregional co-operation might beneficially be extended to include other neighbouring countries.

133. The Board welcomes the decisions of Argentina, Chile and Colombia to avail themselves of the protection against the import of unwanted psychotropic substances through the notification procedure specified in Article 13 of the 1971 Convention. Other countries of the region will also wish to consider application of this provision.

134. A regional seminar for the training of law enforcement instructors took place in Argentina in August. This seminar was organized by the South American Agreement on Narcotic Drugs and Psychotropic Substances, the Parties to which will also be holding their fourth annual meeting in Buenos Aires in November. The Board supports such efforts designed to strengthen regional co-operation. The Board's Seminar for Drug Control Administrators in Latin America and the Caribbean which took place in December 1981 has been mentioned in paragraph 107 above.

AFRICA

135. Information on drug abuse in the region is limited and it is, therefore, important that Governments institute data collecting arrangements as soon as circumstances permit.

136. The Board notes that a large number of African countries have not yet become Parties to the international drug control treaties. An essential first step towards successful control is adherence to the treaties, which must, of course, be followed up by the necessary legislative and administrative measures at the national level. Where such measures cannot be obtained from domestic resources, the international community should provide assistance in support of national efforts.

137. Available data indicate that although there are significant disparities in the situations of many African countries, some main elements of drug abuse and trafficking appear to be commonly present in most of the continent. One is widespread and increasing availability and abuse of cannabis, as illicit markets both within and without the region are being actively developed; the other is the rising threat posed by psychotropic substances as traffickers exploit the limited control facilities of many countries.

138. At the local level there has been a growing abuse of cannabis, often used in combination with other psychoactive substances or with alcohol, particularly by urban youth, which has produced increased adverse effects. On an international scale, expanding trafficking in cannabis from Africa, whether harvested from wild or illicitly cultivated plants, contributes to augment the already tremendous supplies available for smuggling.

139. A growing common threat in the area is the abuse and trafficking of psychotropic substances which remains a cause for serious concern. To mention only a few cases, amphetamine preparations have been seized in Nigeria and secobarbital preparations in Togo and Ghana. Most of the

substances abused have originated in Europe, but widespread trafficking of methaqualone in the southern part of Africa is apparently of Indian provenance. The desirability of resolute national and international action is apparent. At the national level, an essential first step is the adoption of laws and administrative regulations on which the necessary control measures can be based. At the international level, the paramount need is for manufacturing and exporting countries strictly and fully to apply the controls specified in the 1971 Convention. These countries should also supply promptly the statistics needed by the Board. Such data have enabled it to intervene in cases in which unwanted substances had been exported to African countries with a view to preventing such shipments in the future. The manufacturing countries concerned have taken remedial action.

140. It is indispensable that more African states avail themselves of the protection afforded by Article 13 of the 1971 Convention which permits them to prevent undesired imports. To the same end, they could also help to protect themselves by furnishing the Board assessments of their medical requirements for Schedule II substances. Such assessments would permit manufacturing countries to avoid exports in excess of the medical needs of importing countries.

141. In Eastern Africa and Southern Arabia the chewing of khat, a plant which does not fall within the scope of international control, is the cause of public health and social problems. It is first and foremost incumbent on the countries concerned to resolve this regional situation by taking suitable legislative, administrative and co-operative measures to contain and counter this abuse.

142. The Board is aware that some countries in the region may not be in a position to establish fully adequate drug control administrations. Furthermore, since law enforcement personnel in many countries may have difficulty in identifying psychotropic substances, information and training are essential. The international community should respond favourably to requests from African countries for such assistance.

COCAINE: RECENT DEVELOPMENTS

143. The non-medical use of cocaine, a phenomenon occurring early in this century, has reemerged over the last decade and escalated sharply in recent years to become a major worry. This problem involves not only health hazards, but also destabilizing economic and political impact on producing countries as well as on countries to which cocaine is trafficked and where it is abused. The traffickers and their accomplices have been quick to exploit the demand to reap staggering profits by supplying this drug and by expanding markets to involve many countries. The problem can be contained and reduced only by controlling illicit production of the source material, dismantling trafficking organizations, seizing their ill-gotten assets and denying financial arrangements enabling them to operate. Effective prevention and demand reduction are also of paramount importance.

144. There is a surplus of coca leaves far in excess of what is needed for legitimate purposes (namely, the extraction of cocaine for medical purposes and of alkaloid-free agents for flavouring) or for chewing by

local populations. This vast surplus is available for the illicit traffic. The leaves are converted into an intermediate product, coca paste, a crudely manufactured extract, before being purified into cocaine hydrochloride. Coca paste may contain from 40-70% cocaine base along with cocaine salts, other coca alkaloids and residual organic solvents such as kerosene.

145. Scientific investigations conducted over the years have identified the consequences for the human organism that result from the use of cocaine. This drug is a powerful stimulant of the central nervous system. However, medical interest in the drug has not been primarily for its properties as a stimulant, but rather as a local anaesthetic. Statistics provided to the Board show that such medical use is now very low worldwide. In 1981 only 883 kg were consumed for medical purposes.

146. The effects of cocaine abuse, as those of any other drug, depend on the dosage, the frequency of abuse, the form in which it is consumed, and the method by which it is used. An important role is also played by individual sensitivities and the personality of the abuser. In certain circles an impression apparently exists and is publicized that the use of cocaine causes little harm to the abuser. This presupposes that individuals, once having begun to take the drug, can differentiate between casual and heavy use and are able themselves to decide their own abuse patterns. Evidence shows that this is not the case. An estimated 10 to 20 per cent of regular abusers escalate their consumption to heavy, compulsive and accelerating use. Such use is not only highly destructive, but individuals lose their freedom to decide the frequency with which they use cocaine and in which amount. Scientific research is exploring the physical dependence-producing properties of cocaine. A measure of the degree of compulsion which cocaine is able to achieve is that it is one of the few drugs, which, when offered to animals in self-administration studies, is chosen over food and leads them to starve themselves to death so that they can obtain the maximum amount of the drug.

147. Cocaine is most commonly "snorted" through the nose. Absorption via the nasal membranes is rapid and effects are often perceived in a short time. A more hazardous method of abuse is intravenous injection. Even more dangerous can be the smoking of coca paste or "free basing" because the consumption is continuous and usually taken in larger amounts than by injection. From the health point of view, paranoid psychoses and even sudden death due to coca paste smoking give rise to deep concern.

148. Research is constantly expanding knowledge pertaining to cocaine. However, the hazardous effects of its non-medical use are already clear. The consensus of most researchers seems to be that cocaine is in any event severely habit-forming. The abuse of this drug would not be treated so lightly if it were more widely available at lower cost, because then more baneful patterns of abuse would be likely to emerge. In addition, it is becoming increasingly clear that the illicit trade in cocaine contributes to organized crime, corruption and violence thus having serious adverse impact on countries' economic, social and political fabric. It is therefore imperative that higher priority be given both at the national and international levels to combat the illicit traffic in cocaine and its products. Also required is a coordinated effort to promote effective prevention and demand reduction, as well as eradication of illicit cultivation of coca leaf and accelerated and coordinated law enforcement.

CONCLUSIONS

149. The Board feels constrained to repeat the assessment it made at the beginning of this report: the drug abuse situation in most parts of the world has continued to deteriorate. Governments and the Council should be aware that the aims of the Conventions cannot be attained unless accelerated counter-measures are taken without further delay at the national, regional, interregional and worldwide levels.

150. Nevertheless, one important objective of the 1961 Convention and earlier treaties can be said to have been reached. The control of licit narcotic drugs essential for medical requirements is working satisfactorily and there is little leakage to the illicit traffic. Moreover, the controls established by the 1971 Convention for psychotropic substances are beginning gradually to make an impact, even though the Convention has been in force only six years. However, the aims of both treaties in respect of preventing illicit production, manufacturing, trafficking and abuse are far from being attained.

151. Action taken to date to reduce the enormous illicit production of narcotic raw materials has had only limited beneficial effect. Indeed, reduction in one region in any given year has been more than offset by increases in other regions. Illicit production is so vast that significant progress cannot be made unless modern scientific techniques are employed both to determine the dimensions and locations of the cultivations and then to eradicate them. Such a programme undertaken in Mexico has resulted in significant destruction of illicit opium poppy and cannabis cultivation. At the same time comprehensive economic and social programmes should be expanded so that farmers can earn their livelihoods by means other than illicit drugs.

152. Some progress has been achieved in law enforcement against illicit trafficking. Co-operation within countries, from one country to another, regionally, and interregionally has probably never been more highly developed. This kind of co-operation has rendered possible some disruption of trafficking routes, apprehension of traffickers, dismantlement of whole criminal organizations, destruction of clandestine laboratories, numerous seizures of substantial amounts and confiscation of traffickers' assets. Some efforts are also being made to cope with the basic problem of staggering amounts of financial means which permit such criminal activity. However, domestic and international action needs urgently to be intensified to facilitate co-operative investigations and to identify and prosecute the financiers of organized drug trafficking. These criminals not only hide their capital gain in legitimate enterprises, but also use it to establish networks of inter-locking criminal activity.

153. Achievements in law enforcement have in fact merely interrupted the traffickers and caused them to adopt ever more ingenious smuggling methods and new routes. The failure of efforts to decrease supply is rooted in the spread of abuse itself which continues to increase in most parts of the world. In terms of the overall picture, insufficient progress has been made in effective prevention and treatment. Admittedly, the drug abuse phenomenon is extremely difficult and complex. It involves human behaviour and varies from community to community, country to country, and drug to drug.

154. A basic difficulty in effectively attacking the illicit demand problem is inadequate information concerning the dimensions, and distribution of drug abuse within populations. Such epidemiologic data collection and analysis is essential to identify trends and rapidity of change. Research is also basic to understanding why some persons are susceptible to drug abuse and others are not. Continuing research is needed furthermore to update knowledge on the health hazards and the behavioural consequences of abuse. It is also essential to review continuously prevention and treatment approaches and to develop more successful modalities of implementation. Prevention research should also stress the identification of ways to inhibit young persons from beginning to experiment with drugs and to foster among them an "anti-drug" psychology. Priority emphasis on effective methods to reduce demand is all the more necessary since, in addition to adverse health consequences, numerous negative social consequences, including violent crime, are linked to abuse.

155. The Board considers that the present situation requires vigorous, innovative, and concerted national, regional, interregional and worldwide action within the present treaty framework. Such action should be directed at all aspects of the drug abuse problem. The Board believes that Governments should concentrate on the controls already contained in the present treaties and place priority focus on their full and forceful implementation. They should also comply voluntarily with the additional controls suggested by the Board to enable it to act more rapidly to detect diversion. Moreover, once the additional voluntary measures suggested by the Board are widely accepted, they should be formalized in treaty amendments through use of the simplified procedures available in the treaties.²²⁾ In previous reports the Board has suggested possible ways which might be exploited to rally the efforts of Governments and all sectors of societies against drug abuse. It is for Governments to decide how best to proceed. But the deterioration must not continue.

(signed) Paul Reuter
President

(signed) Mohsen Khouk
Rapporteur

(signed) Abdelaziz Bahi
Secretary

Vienna, 22 October 1982

22) In the report it published in 1981 concerning Demand and Supply of Opiates for Medical and Scientific Needs (E/INCB/52/Supp) the Board indicated in respect of the 1961 Convention that Governments should consider the possibility of formalizing in treaty amendments the voluntary practice adopted in respect of the provision of information and control of papaver somniferum straw and papaver bracteatum (see paragraphs 231, 232, 235, 324 to 327, 344, 347 and 357).

PRESENT MEMBERSHIP OF THE BOARD

Mr. Adolf-Heinrich von ARNIM

Lawyer, specialized in legislation on health affairs; delegate of the Federal Republic of Germany to the work of the Inland Transport Committee of ECOSOC's Economic Commission for Europe (ECE) (1957-1961); Counsellor in the Ministry for Youth, Family Affairs and Health in Bonn (1962-1975); Head of the Pharmaceutical Directorate of this Ministry (1976-1981); Advisor in connection with the adoption of the new legislation of the Federal Republic of Germany of 1981 on chemical and narcotic substances; member of the Board and Chairman of its Budget Committee since 1982.

Dr. Béla BÖLCS

Former Head of Department of Pharmacy, Ministry of Health, Hungary. Head of the Hungarian delegation to the Commission on Narcotic Drugs from 1966 to 1979 (except 1975), to the United Nations Conference for the adoption of a Protocol on Psychotropic Substances (Vienna, 1971), and to the United Nations Conference to consider amendments to the Single Convention on Narcotic Drugs (Geneva, 1972); member of the Board since 1980 and its Rapporteur in 1980; Vice-Chairman of the Standing Committee of Estimates in 1982.

Professor John EBIE

MB BS (London); DPM M.Sc. (Edinburgh); FRC Psych. (United Kingdom) FMC Psych. (Nigeria); FWACP; Professor of Mental Health, University of Benin, Benin-City, Nigeria (since 1976); Provost and Chief Consultant, WHO Collaborating Centre for Research and Training in Mental Health, Psychiatric Hospital, Abeokuta since 1981; Consultant Psychiatrist (University College Hospital, Ibadan, 1970-71, and University of Benin Teaching Hospital since 1972); First Director, Nigerian Substance Abuse Training Project since 1981; Dean, School of Medicine, University of Benin (1978-81); Chairman, Psychiatric Hospitals Management Board of Nigeria (1977-81); Commissioner for Health, Bendel State of Nigeria (1972-74); Member International Advisory Panels, WHO Collaborating Centres, Aarhus and Nagasaki; Member WHO Expert Advisory Panel on Mental Health since 1979; Vice-Chairman, WHO Expert Committee Meeting on Problems Related to Alcohol Consumption, 1979, and attendance at many other WHO meetings and conferences; Founding and current Editor-in-Chief, African Journal of Psychiatry; Member of Association of Psychiatrists in Nigeria, African Psychiatric Association, World Federation of Mental Health and the International Council on Alcohol and Addictions; member of the Board since 1982.

Professor Ramón de la FUENTE MUÑIZ

Professor and Head of the Department of Psychiatry and Mental Health, Faculty of Medicine of the National University of Mexico and Director of the Mexican Institute of Psychiatry; former President of the Mexican Association of Psychiatry; former President of the National Academy of Medicine; former Vice-President of the World Psychiatric Association; former member of the General Health Council of the Mexican Republic; former General Director of Mental Health; member of the Experts Body of the WHO; member of the Board from 1974 to 1980 and again since 1982; Vice-President in 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 the 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; Rapporteur in 1979 and Vice-President in 1980 and 1981.

Professor Şükrü 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 International Medical Council on Drug Use; recipient of the Sedat Simavi Foundation Prize in Health Sciences for research on cannabis; member of the Board since 1968, its Vice-President and Chairman of the Standing Committee on Estimates from 1975 to 1980 and again in 1982.

Dr. Mohsen KCHOUK

Pharmacist biologist; former student at the Pasteur Institute, Paris; former Deputy-Director of the Pasteur Institute, Tunis; Director of the Laboratories of Medical Biology of the Ministry of Public Health, Tunis; fellow (foreign) of the French Society of Legal Medicine and Criminology; member of the Board since 1977 and its Rapporteur since 1981.

Professor Victorio V. OLGUIN

Professor of medicine at the Faculty of Medical Sciences, National University of Buenos Aires; Brigadier (Medical Corps) and General Director, medical services of the Argentine Air Force; Director of Hospital Institutions; advisor to the Ministry of Social Welfare and Public Health, and Director of International Relations of the Ministry and the Secretariat of Public Health and the Secretariat of Science and Technology; President of the XVIIIth World Health Assembly, member of the Executive Board and member of the Panel of Experts of the World Health Organization; member of national and international scientific institutions; representative of the Argentine Government at the United Nations Conference for the Adoption of a Protocol on Psychotropic Substances (Vienna, 1971), and to the United Nations Conference to Consider Amendments to the Single Convention on Narcotic Drugs, 1961 (Geneva, 1972); Member of the Board from 1974 to 1977 and again since 1980; Vice-President of the Board in 1975 and 1976 and again in 1982.

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; recipient of the 1981 Balzan Prize for public international law; 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 Bror A. REXED

Doctor of Medicine, Karol. Inst., Stockholm; Honorary Doctor of Medicine at the universities of Helsinki, Oslo and Poznan; Member of the Swedish Academy of Engineering Sciences; Fellow, New York Academy of Science; Fellow, Royal College of Physicians, London; Laureate of Prix Leon Bernard, WHO, Geneva 1979; Assoc. Prof. of Histology at Karol. Inst., Stockholm 1945-1954; Prof. of Anatomy, University of Uppsala 1954-1967; Secretary to the Swedish Medical Research Council 1951-1962; Adviser on Science to the Prime Minister and Secretary and Member of the Swedish Advisory Council on Science 1962-1967; Director-General of the Swedish National Board of Health and Welfare 1967-1978; Chief Swedish Delegate, World Health Assembly 1968-1978; Swedish Representative, Commission on Narcotic Drugs 1968-1978, and its Chairman in 1977; Chairman to the Ad-Hoc Committee on Education and Health Planning, OECD, 1972-1974; Executive Director, United Nations Fund for Drug Abuse Control, Vienna, 1979-1982; member of the Board since 1982.

Mr. Jasjit SINGH

Former Chairman of the Central Board of Excise and Customs and Special Secretary to the Government of India in the Ministry of Finance. During 1976-77 functioned as the highest quasi-judicial departmental tribunal to hear final appeals in customs, excise, foreign exchange and gold control cases. Head of the Indian delegation to the Commission on Narcotic Drugs (1973-1976; 1978-1979) and its Chairman in 1975. Head of the Indian delegation to the Customs Co-operation Council (1973-76; 1978) and its Chairman in 1975 and again in 1976. Member of the Board since 1980 and Chairman of its Budget Committee in 1980 and 1981.

Sir Edward WILLIAMS, K.B.E.

Justice of the Supreme Court of Queensland, Australia, since 1971; Chairman of the Parole Board of Queensland since 1976; Queensland representative on former National Drug Advisory Council (Australia); Chairman in 1975 of Inquiry for Minister of Health for State of Queensland concerning the abuse of drugs; 1977 appointed by Australian Government as Royal Commissioner for the Australian Royal Commission of Inquiry into Drugs; subsequently commissioned on similar terms by the Governments of the States of Victoria, Queensland, Western Australia and Tasmania; member of the Board since 1982.

At its spring session in May 1982 the Board re-elected Professor Paul Reuter as President. The Board also elected Professor Victorio Olguin as First Vice-President, Professor Şükrü Kaymakçalan as Second Vice-President and Chairman of its Estimates Committee and Dr. Béla Bölcs as Vice-Chairman of this same Committee. Dr. Mohsen Khouk was re-elected as Rapporteur and Mr. Adolf-Heinrich von Arnim was nominated Chairman of the Budget Committee.

IN MEMORIAM

It was with deep regret that the members of the Board and its secretariat learned of the death of Mr. Leon Steinig in Switzerland in September 1982. Mr. Steinig had been one of the pioneers of international drug control, beginning his distinguished career in this sphere of activity in 1930 as a senior member of the Dangerous Drugs Section in the League of Nations Secretariat. Mr. Steinig was later assigned to the secretariat of the Drug Supervisory Body and was in charge of that office during the war. After the war he became the first Director of the Division of Narcotic Drugs (1946 - 1952). After some years of involvement with Technical Assistance for the United Nations and the International Atomic Energy Agency, he became member of the Permanent Central Narcotics Board (1963 - 1968) and the International Narcotics Control Board (1968 - 1974). Mr. Steinig's long experience and profound knowledge of international drug control helped shape the course of worldwide co-operation in this field.

Annex II

BOARD SESSIONS IN 1982

The Board held its thirty-first session from 17 to 28 May and its thirty-second session from 5 to 22 October. The Secretary-General was represented by Mr. F. Mayrhofer-Grünbühel, Special Assistant to the Director-General of the United Nations Office at Vienna, at the thirty-first session and by Mr. M. Allaf, the Director-General, at the thirty-second session. The Division of Narcotic Drugs was represented by its Deputy-Director, Mr. R. Ramos-Galino, at the thirty-first session and by its Director, Mrs. T. Oppenheimer, at the thirty-second session. The United Nations Fund for Drug Abuse Control was represented by its Executive Director, Mr. di Gennaro. The World Health Organization was represented by Dr. I. Khan, of the Division of Mental Health. At the thirty-second session, the Secretary-General of ICPO/Interpol, Mr. A. Bossard, addressed the Board on illicit traffic in drugs.

REPRESENTATION AT INTERNATIONAL CONFERENCES

UNITED NATIONS

Economic and Social Council

First regular session, 1982 (New York, April-May 1982)

Commission on Narcotic Drugs

Seventh special session (Vienna, February 1982)

WORLD HEALTH ORGANIZATION

6th Review of Psychoactive Substances for International Control
(Geneva, September 1982)

WHO/Alcoholism and Drug Addiction Research Foundation Working Group
on the Evaluation of the Single Convention on Narcotic Drugs
(Toronto, September 1982)

Review and Analysis of Legislation on the Treatment of Drug/Alcohol
Dependent Persons (Cambridge, Massachusetts, USA, September 1982)

Meeting on Guidelines for the Implementation of the Conventions
(Geneva, November 1982)

Working Group on Guidelines for the Exemption of Preparations under
the 1971 Convention (Brussels, November 1982)

ICPO/INTERPOL

51st Session of the General Assembly (Torremolinos, Spain,
October 1982)

INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTIONS

12th International Institute on the Prevention and Treatment of Drug Dependence (Bangkok, March 1982)

REPRESENTATION AT REGIONAL CONFERENCES

NEAR AND MIDDLE EAST

United Nations Sub-Commission on Illicit Drug Traffic and Related Matters in the Near and Middle East (Vienna, February and October/1982)

ASIA

United Nations Asian Seminar on National Pilot Projects on the Utilization of Community Resources for the Prevention and Reduction of Drug Abuse (Bangkok, March 1982)

Ninth Meeting of Heads of National Narcotics Law Enforcement Agencies, Far East Region (Manila, November 1982)

ICPO/Interpol Seventh Asian Regional Conference (Bangkok, June 1982)

CARIBBEAN, CENTRAL AND SOUTH AMERICA

UNESCO Regional Meeting on Education Concerning Problems Associated with the Use of Drugs in Latin America and the Caribbean (Buenos Aires, July 1982)

South American Agreement Seminar for Training of Instructors in the Fight Against Abuse and Trafficking of Drugs (Buenos Aires, August 1982)

South American Agreement on Narcotic Drugs and Psychotropic Substances, Fourth Conference of the Member States (Buenos Aires, November 1982)

NORTH AMERICA

American Society for Experimental Pharmacology and Therapeutics and the Society of Toxicology: Meeting on Cannabinoids (Louisville, Kentucky, USA, August 1982)

EUROPE

ICPO/Interpol: 8th European Meeting for Heads of National Drug Services (St. Cloud, France, April 1982)

Council of Europe Pompidou Group Meeting's Discussion on the Balance Between the Supply and Demand of Opiates (Strasbourg, March 1982)

Annex III

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.

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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