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INTERNATIONAL NARCOTICS CONTROL BOARD

Vienna

**Report of the International Narcotics
Control Board
for 1983**



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 |

For a full list of the international drug control treaties, see Annex III.

REPORTS PUBLISHED BY THE INCB IN 1983

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

Estimated World Requirements of Narcotic Drugs in 1984 (E/INCB/1983/2)

Statistics on Narcotic Drugs for 1982 (E/INCB/1983/3)

Statistics on Psychotropic Substances for 1982 (E/INCB/1983/4)

Comparative Statement of Estimates and Statistics on Narcotic Drugs for 1982 (E/INCB/1983/5)

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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 is enjoined to act in co-operation with Governments and to maintain 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. Its present composition and the curricula vitae of its members are to be found in Annex I, pages I/1-3. The Board held two regular sessions during 1983. 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 in the pursuit of their separate, but complementary tasks. The Board welcomes 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 are kept currently aware of existing and potential situations which may 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 psychotropic substances, in particular amphetamines.

5. The Report is supplemented by four detailed technical reports containing data on the licit movement of narcotic drugs and psychotropic substances and the Board's analyses of this information. The titles of these reports are to be found on the inside of the front cover.

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 reports for the last several years remains valid for 1983. The menace of drug abuse has reached unprecedented dimensions. Drugs abused by various sectors of society, including youth in their formative years, include opiates, cocaine, cannabis and a variety of psychotropic and other dependence-producing substances. Health hazards are augmented by multiple use of these drugs and by the increasingly dangerous means by which they are taken.

8. There are disquieting signs that in the face of the magnitude of the problem, determination may sometimes be giving way to permissiveness. Circles in certain countries apparently assume that to permit unrestricted use of some drugs, regarded by them as less harmful, would permit better control of other drugs which they deem more perilous to health. To adopt such an attitude would be retrogressive. Parties to the Conventions are not free to select which of the drugs under international control they will restrict exclusively to medical and scientific uses. Parties are obligated to take effective measures for the control of all such drugs in co-operation with other States.

9. Associated with the permissive attitude is the sale in some countries of publications promoting illicit drug use as well as of paraphernalia for drug taking. This approach opens up dangerous perspectives making drug abuse appealing to large segments of the general public. It is indispensable that actions which contribute to spreading such abuse be countered and that imaginative prevention campaigns be waged to dissuade particularly the youth from such self-destructive behaviour.

10. The Board has previously stated ^{1/} and reaffirms that each Government is free to decide in the light of the particular conditions existing in its country on the most appropriate measures for preventing non-medical consumption of cannabis. However, each Government must also take into account the international implications which could result from its decisions. At the same time the Board stressed, and also reaffirms now, that non-medical consumption of cannabis is illegal under the 1961 Convention and that no Party to the Convention can authorize such use without being in violation of the Convention. Parties must limit the use of cannabis to medical and scientific purposes and are obliged to take measures to prevent non-medical consumption, including the confiscation of the drug found in the unauthorized possession of the individual concerned.

^{1/} See the Board's Report for 1979, E/INCB/47, paragraph 72.

11. Availability of narcotic raw materials has increased. Traffickers are again manufacturing heroin close to the sources of illicit poppy cultivation. As a result, local populations are suffering even more from heroin abuse. The same phenomenon can be observed with regard to coca leaf and cocaine 2/. Thus the dangerous practice of smoking coca paste is spreading in Latin American countries where coca leaf is cultivated and cocaine illicitly manufactured as well as in neighboring countries. With regard to cannabis 3/, new sources are constantly appearing, also in countries which until recently were only regarded as consumers.

12. International controls on psychotropic substances are beginning to work more effectively. Governments co-operating among themselves and with the Board have taken action which should significantly reduce the diversion of licitly manufactured methaqualone for illicit consumption. Moreover, collaboration between manufacturing-exporting countries and the Board should also curtail exports of amphetamines not wanted by a number of developing countries.

13. The abuse of substances with psychotropic properties not yet under international control is causing concern to many Governments. This underscores 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 is warranted in the light of their actual or potential abuse. The abuse of methaqualone which became widespread might not have become so serious if action had been taken sooner to place it under adequate international control.

14. The magnitude of the damage caused by drug abuse to individuals and their families on the one hand and to countries' social fabrics, on the other, is such as to necessitate sustained and determined counteraction. Addiction strikes at random, but when it reaches young people, it affects countries' futures. Illicit drug use and trafficking not only adversely affects economic development in many countries, but also contribute to the spreading of crime, violence and corruption. It is particularly sad that in many regions where narcotic plants are illicitly grown, there are recurrent food shortages which could have been alleviated, if plants for human nutrition had been cultivated instead of plants for human destruction.

* * * * *

15. A highly significant development towards the universality of the international drug control system occurred in 1983 when the People's Republic of China informed the Board of its decision to increase collaboration. The authorities will soon begin to supply, on a voluntary basis, information envisaged by the 1961 Convention, as amended, and by the 1971 Convention. The authorities are also studying these treaties with a view to the possibility of China's accession 4/.

2/ See the Board's Report for 1982, E/INCB/61, paragraphs 143-148.

3/ See the Board's Report for 1981, E/INCB/56, paragraphs 150-155.

4/ See below paragraphs 106-111.

1985: INTERNATIONAL YOUTH YEAR (IYY)

16. The General Assembly has proclaimed 1985 as "International Youth Year: Participation, Development, Peace"^{5/}. In view of widespread involvement by youth in drug abuse, the activities envisaged might stress prevention of drug dependence. In this connection positive action to absorb the interests of the young and the need to disseminate information concerning the health hazards involved in drug abuse might likewise be emphasized. The active participation of youth in drug prevention efforts might also be encouraged. Consideration might be given to how drug abuse and trafficking are particularly destructive to the young, thereby sapping the potential human resources of many nations and thus delaying their socio-economic development.

OPERATION OF THE INTERNATIONAL DRUG CONTROL SYSTEM

Narcotic Drugs

17. To date, 115 States have become Parties to the 1961 Convention in its original and/or amended form. In practice most States which have not yet formally adhered to these treaties nevertheless co-operate with the Board. They are urged to become Parties at the earliest possible date. The very few States which do not yet participate in the international drug control system could bolster the common defenses against drug abuse by developing at least de facto co-operation.

18. 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;^{6/} statistics on narcotic drugs, accompanied by an analysis of the major trends in the licit movement of such drugs;^{7/} and a comparative statement of estimates and statistics.^{8/} This information permits the Board and the international community to verify in timely fashion whether Governments are adequately applying the treaty provisions.

19. The question of demand and supply of opiates for medical and scientific needs is dealt with in paragraphs 40 to 55 of the present report.

20. The international control system as it relates to the movement of narcotic drugs for licit purposes generally works satisfactorily. However, the Board has noted that there has been an increase in cases of diversions of certain narcotic drugs from licit trade by means of forged or falsified import certificates. This threat to the control system should be actively countered. Special vigilance is warranted on the part of manufacturing/exporting countries. These countries should not authorize exports in excess of the total of the estimates confirmed or established by the Board for each country. Import requests should be scrutinized with meticulous

^{5/} Res. A/34/151.
^{6/} E/INCB/1983/2
^{7/} E/INCB/1983/3
^{8/} E/INCB/1983/5

care and in cases of doubt as to whether such requests exceed estimates or are valid, they should consult with the Board or the authorities of the importing countries prior to granting export authorizations.

21. It is essential for the effective functioning of the control system that the list of names and addresses of the competent governmental authorities is kept up-to-date for reference. Countries should routinely communicate any changes of such names and addresses to the Secretary-General for publication in the annual list which is sent to all States (document series E/NA (year)).

22. The Board wishes further to remind Governments of the obligation imposed by the treaty's article 31, paragraph 7. According to this provision importing countries are required to return to the competent authorities of the exporting country copies of export authorizations endorsed to indicate that the consignments have been received. This enables the authorities to keep track of shipments and facilitates their co-operation in the investigation of possible diversions of all or part of the consignments.

Psychotropic substances

23. The number of Parties to the 1971 Convention has not increased during the past year and remains at 76. Nevertheless most non-Parties, including the major manufacturing/exporting countries, comply at least partially with the provisions of the Convention and co-operate actively with the Board to advance the aims of the treaty. In 1983, 129 countries have so far provided the data required by the Convention, as compared with 116 in 1982. Nevertheless, all countries should adhere to the Convention at the earliest possible time and carry out all control measures.

24. With regard to psychotropic substances controlled under Schedule II of the Convention, numerous countries have responded positively to the Board's request, endorsed by the Council ^{9/}, that they voluntarily submit to the Board assessments of their legitimate requirements for these substances. In 1982, the first year of implementation, 74 Governments submitted such assessments. As of the date of this report, 118 Governments had already taken such action. The Board is heartened at this response which provides an overall understanding of total requirements. The assessments are contained in the Statistics on Psychotropic Substances published by the Board ^{10/}. In the case of countries which have not responded, the same publication shows annual average movements calculated over a five-year period.

25. An analysis of the published tables shows that the great majority of countries has no, or very limited, medical or scientific requirements for any of the eight substances listed in Schedule II. Those few countries which have reported requirements of significant proportions are mainly manufacturers. They have indicated that substantial portions, or in some cases the whole amounts of the substances in question, are needed for the manufacture of substances which do not fall within the scope of international control.

^{9/} Resolution E/1981/7.

^{10/} E/INCB/1983/4, Tables A,B and C which conclude the publication.

26. In submitting their assessments, several Governments have stated that they have banned the use of some or all Schedule II substances. Not all of these Governments have formally notified the Secretary-General of these prohibitions. They are reminded that article 13 of the 1971 Convention requires such formal notification in order to obligate all Parties to refrain from exporting the prohibited substance to the notifying country.

27. Nevertheless, now that the Board annually publishes countries' assessments of their legitimate requirements of Schedule II substances and semi-annually provides the Governments of exporting countries with updated tables of such assessments, it should be easier for the competent authorities concerned to prevent diversions. Whenever the authorities of an exporting country, upon consultation of the above-mentioned tables, find that an import authorization appears excessive they should delay the transaction pending receipt of confirmation from the competent authorities of the importing country that both the import authorization and the quantities stated therein are authentic. The Board is pleased that exporting countries are increasingly acting in this manner. The Board remains ready to assist both exporting and importing countries to this end.

28. In view of the limited need for substances listed in Schedule II, it should be kept in mind that the reported stocks of some of them appear excessive. For example, total stocks of methaqualone increased in 1982 for the third consecutive year and have now reached 36 tons, despite reduced manufacture. In order to avoid any excessive accumulation of stocks Governments should consider whether further reductions in manufacture are warranted.

29. The Board wishes once again to urge all countries fully to implement the provisions of article 12 of the 1971 Convention relating to international trade. As in the case of narcotic drugs ^{11/}, it is an essential treaty obligation that the Government of the importing country return in timely fashion, to the Government of the exporting country, all export authorizations endorsed to certify the amount actually imported.

30. It would also tighten control if exporting countries could forward the copy of the export authorization to the competent authorities of the importing country ^{12/} when the export authorization is granted to the exporter and well in advance of the date of the shipment of the ordered drugs. This will enable the authorities of the importing country to intervene and stop the consignment if the transaction should prove illegal. Several Governments have expressed their wish that the same rationale be applied to export declarations for substances listed in Schedule III.

31. Moreover, the Board reminds Governments that they are required to use the forms for import and export authorizations for Schedule II substances and export declarations for Schedule III substances, as established by the Commission. Such uniform use will facilitate control. Governments should also recall that the 1971 Convention prohibits exports of consignments of Schedule I or II substances to a post office box, and prohibits or restricts exports to bonded warehouses.

^{11/} See paragraph 22 above.

^{12/} Regarding the list of competent governmental authorities, see paragraph 21 above.

32. Since 1982, most Governments have voluntarily submitted quarterly statistics on international trade in Schedule II substances, in compliance with the Board's request endorsed by the Council. This procedure has enabled the Board to monitor this trade more effectively. By analyzing these statistics, the Board has been able to alert the national authorities concerned of exports which have not reached their alleged destination and thus to help uncover channels of diversion. Therefore all Governments are urgently requested to provide the Board with these quarterly trade statistics.

33. Some major manufacturing/exporting countries have also voluntarily supplied to the Board quarterly statistics on their trade in substances listed in Schedules III and IV of the 1971 Convention. This data identifies countries of destination. The Board welcomes such additional information which permits more effective monitoring of the movement of the substances concerned.

* * * * *

34. The strict measures of control over the expanding number of psychotropic substances stem from the mounting concern over their increasing misuse and abuse. These substances are more widely used in medicine than narcotic drugs and are consequently available in larger quantities. Admittedly, many psychotropic substances, when properly used under medical supervision, are safe and effective for specific indications. However, when improperly used or abused, some substances can cause serious hazards to health and prove dependence-producing. In a number of countries, amphetamines, barbiturates, or non-barbiturate sedatives are now being abused by many persons. Such substances are taken alone or in combination with other substances, orally or intravenously. The extent of abuse is probably greater than commonly assumed.

35. Compared with the difficulties of controlling the often remote and inaccessible areas where narcotic plants are cultivated, it was formerly assumed that control of the manufacture of psychotropic substances in industrial facilities would be a less difficult task. However, this has not proven to be true. The number of clandestine laboratories producing certain of the psychotropic substances is growing in many areas of the world and diversion of such substances from licit channels continues to rise.

36. Scientific research is constantly discovering new substances with psychotropic properties which are being manufactured and marketed. The Board wishes to reaffirm the importance it attaches to 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 this connection, those countries which place a substance under national control in order to protect their own populations, should when authorizing exports carefully weigh the risk to populations in other countries as well, even though the substance has not yet been placed under international control.

37. In this report the Board comments particularly on amphetamines. These drugs are the prototype of the group of stimulant substances placed under control by the 1971 Convention. They are the first of an increasing series of similar agents whose analeptic and stimulant effects were discovered in 1933. Amphetamines and substances of that type have certain chemical and pharmacological characteristics in common with such biogenic amines as adrenalin and noradrenalin. Amphetamines are also in certain aspects pharmacologically related to cocaine, for example, in their ability to elevate mood and dispel fatigue and the feeling of hunger. Due to their considerable dependence potential, the use of amphetamines for such purposes cannot be justified. Moreover, they are no longer used in the treatment of obesity. The only therapeutic uses now generally recognized are for the treatment of rare cases of narcolepsy and hyperactivity in children. Most often amphetamines are abused for their euphoric effects. Misuse or abuse may also stem from their consumption as attenuating agents in cases of fatigue and obesity. Psychological dependence caused by this type of drug develops quickly and is perpetuated by a powerful need to obtain a maximum degree of excitement and euphoria. Users develop tolerance to such a degree that eventually the dosage unit may exceed by several hundred times the initial dose. Continued use over several weeks may produce a toxic psychosis.

38. The toxic syndrome is characterized by radical changes in behaviour as well as psychotic incidents with visual, auditory and tactile hallucinations that could be associated with states of panic, aggressiveness and a tendency to commit dangerous acts. Psychoses due to amphetamines are difficult to distinguish from schizophrenic psychoses. Some amphetamine users, such as drivers of motor vehicles, are prone to have accidents due to alternations between fatigue and states of excitement produced by the drug. Frequently the problem is aggravated because amphetamines are combined with sedatives or alcohol. In some countries amphetamines present a problem with serious consequences both for the individual and society.

39. In 1971 a resolution on amphetamine drugs was adopted by the plenipotentiary conference which concluded the Convention on Psychotropic Substances. This resolution recognized that amphetamines are particularly liable to abuse and to being illicitly trafficked, that their therapeutic value is limited and that research should be encouraged on less dangerous substances, which may serve as substitutes. Today, twelve years later, amphetamines continue to present serious difficulties and the illicit traffic flourishes.

DEMAND AND SUPPLY OF OPIATES FOR MEDICAL AND SCIENTIFIC NEEDS

40. The following paragraphs update the special study on the supply and demand of opiates, published by the Board in 1981 ^{13/}, the basic conclusions of which remain valid. These paragraphs are based on information provided voluntarily by Governments, in accordance with the Council's recommendations based on the Board's request.

^{13/} E/INCB/52.Supp.

Licit demand for opiates

41. Consumption of codeine, which continues to account for over 80 per cent of the world's requirements for opiates, amounted to only 152 tons in 1982, as compared to 162 tons in the previous year. For the ninth consecutive year, consumption of codeine has varied between 152 and 162 tons, thereby confirming a trend towards stabilization, which, in 1974, marked the end of a long period of growth. The difficulties affecting the supply of raw materials at that time could explain this stagnation in consumption; contrary to all expectations, however, there has not been an upturn in demand even though raw materials have been over-abundant and prices have slumped over the past several years.

42. Given the low price elasticity of the demand for opiates, a balance can be achieved only by adjusting production to demand. It is therefore of prime importance that decisions relating to production are based on accurate consumption forecasts. Statistical analysis shows that codeine consumption has levelled off in most major consuming countries, generally at levels below official forecasts. In the developing countries, consumption can only grow gradually as health services are improved. In the medium term total demand of opiates is likely to remain at its present level, that is around 200 tons of morphine equivalent. Longer range forecasts require market studies which take into consideration all factors affecting demand, especially competition from substitutes.

Production of raw materials

43. The areas under opium poppy cultivation for the production of opium and poppy straw for alkaloid extraction reached a peak between 1977 and 1979 in most producing countries as shown in the table on page 10. Subsequently these areas were reduced substantially by the countries concerned acting in concert with the Board. However, with the exception of India, this significant reduction has been followed by renewed expansion. Such expansion has nevertheless remained below previous peaks. Notwithstanding the fact that the figures for 1984 are estimates, the following observations can be made.

44. As of 1982, the cultivated areas in India have fallen to their lowest level since 1969. The 31 000 to 32 000 hectares cultivated in 1982 and 1983 have produced annually the equivalent of about one hundred tons of morphine. Estimates for 1984 do not indicate any change.

45. In Turkey, massive reductions have gradually decreased the areas under cultivation. In 1982 the cultivated area reverted to the level of 1975, when poppy cultivation was resumed after an interruption of two years. In 1983, despite a two-fold increase in the cultivated areas, poppy straw production fell below that of the previous year and represented only a quarter of the quantities required annually to keep the factory at Bolvadin operating at full capacity. In 1984, the Turkish authorities are planning to issue licences authorizing cultivation of 22 950 hectares. Previously, fewer licences were actually issued than had been forecast, and licensed farmers seldom cultivated the whole of the area authorized to ensure that their cultivation remained within the specified limits. Even in the unlikely event that the whole of the licensed area of 22 950 hectares were to be harvested, the production of poppy straw, based on

PRODUCTION OF OPIATE RAW MATERIALS

(Area harvested in hectares, Production in tonnes of equivalent morphine)
(n.a. not available, inc. incomplete, (...) projected figure)

| | <u>1975</u> | <u>1976</u> | <u>1977</u> | <u>1978</u> | <u>1979</u> | <u>1980</u> | <u>1981</u> | <u>1982</u> | <u>1983</u> | <u>1984</u> |
|------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| India | | | | | | | | | | |
| area | 43 713 | 51 586 | 57 224 | 63 684 | 52 081 | 35 166 | 35 378 | 31 958 | 31 359 | (32 000) |
| production | 133.6 | 160.9 | 138.1 | 182.9 | 160.1 | 106.5 | 127.8 | 98.0 | 107.8 | (104.8) |
| Turkey | | | | | | | | | | |
| area | 8 500 | 22 000 | 72 000 | 50 600 | 18 000 | 18 400 | 15 330 | 8 534 | 16 987 | (22 950) |
| production | 20.9 | 51.1 | 129.6 | 101.7 | 43.2 | 49.4 | 36.5 | 25.2 | 18.0 | (39.0) |
| Australia | | | | | | | | | | |
| area | 834 | 2 799 | 5 783 | 6 854 | 8 774 | 1 531 | 3 742 | 2 459 | 5 273 | (6 050) |
| production | 4.4 | 9.9 | 21.3 | 27.8 | 52.1 | 9.5 | 31.0 | 19.0 | 37.4 | (44.5) |
| France | | | | | | | | | | |
| area | 4 091 | 4 940 | 5 281 | 6 778 | 5 060 | 4 597 | 2 615 | 4 460 | 4 200 | (4 200) |
| production | 13.7 | 8.2 | 22.0 | 22.8 | 12.9 | 16.8 | 10.9 | 16.1 | 9.9 | (13.8) |
| Spain | | | | | | | | | | |
| area | 121 | 700 | 980 | 1 799 | 1 783 | 2 153 | - | 1 602 | 3 380 | n.a. |
| production | 0.1 | 0.3 | 0.8 | 1.9 | 3.3 | 5.7 | - | 3.8 | 15.9 | n.a. |
| Other countries | | | | | | | | | | |
| production | 26 | 17.8 | 24.7 | 27.2 | 33.7 | 28.6 | 19.2 | 15.5 | (15.5) | (15.5) |
| Total | | | | | | | | | | |
| production | 198.7 | 248.2 | 336.5 | 364.3 | 305.3 | 216.5 | 225.4 | 182.5 | 204.5 | (217.6) inc. |
| Total demand | 186.0 | 185.5 | 187.1 | 196.2 | 192.6 | 188.7 | 200.3 | 186.1 | (197) | (197) |
| Excess | | | | | | | | | | |
| production | 12.7 | 62.7 | 149.4 | 168.1 | 112.7 | 27.8 | 25.1 | -3.6 | (7.5) | (20.6) inc. |

average yields, would be around 39 tons of morphine equivalent in 1984. This quantity would in turn represent about two-thirds of the entire annual capacity of the factory at Bolvadin.

46. In Australia, the gradual increase in the areas under poppy cultivation in Tasmania reached a peak of 8 774 hectares in 1979. The following year, an 83 per cent reduction decreased the areas under cultivation to 1 531 hectares. Subsequently, the cultivated areas increased, reaching 5 273 hectares in 1983. In parallel, the morphine content of the straw has also increased. Estimates for 1984 point to a possible increase in the cultivated areas to a level of 6 050 hectares. However, even if a part of this crop should be adversely affected by the weather, it should be observed that, in terms of morphine content, the production of straw in Tasmania in 1983 has already reached a level exceeded only once before, namely in 1979.

47. After reaching a maximum of 6 778 hectares in 1978, the areas under poppy cultivation in France were gradually reduced to 2 615 hectares in 1981. An increase of 70 per cent in 1982 permitted the country's domestic requirements to be wholly met. In 1983, a 10 per cent reduction in the cultivated area coincided with poor yields, with the result that only 62 per cent of domestic requirements could be met. There will be no change in the extent of cultivation in 1984, and even in the case of a better harvest, production is likely to remain below domestic requirements.

48. Spain, whose domestic requirements can be estimated at 4 tons of morphine equivalent, began producing straw in 1974. The harvested areas gradually increased, reaching 2 153 hectares in 1980 which is more than sufficient to cover domestic requirements. In addition, the morphine content of the straw has been substantially increased over a short period. In 1979, the morphine yield of 1 ton of straw was 4.1 kg as compared to 10.6 kg in 1982. However, weather conditions have regularly resulted in major losses for the farmers. In 1981 almost the entire crop was lost. Yet this factor alone does not explain the doubling of the areas under cultivation between 1982 and 1983. The production in 1983 of a quantity of straw equivalent to four times the country's requirements provided a more than adequate safety margin. As of the date of this report, the authorities have not yet decided on the areas to be sown in 1984. The Board strongly urges the authorities to take due account not only of the domestic, but also the international aspects of the situation when making a decision.

49. In addition to these five countries, which cultivate poppy primarily for alkaloid extraction, some countries cultivate this plant for the production of seeds or edible oil. Some of the straw produced is processed to manufacture opiates. Accordingly, the following countries are grouped in the table on page 10 under "Other countries": Bulgaria, Czechoslovakia, Hungary, Poland, Romania, the USSR and Yugoslavia. Production in these countries, which has averaged 25 tons of morphine equivalent over the last five years, declined substantially in 1981 and 1982. As a working hypothesis, it is assumed that in 1983 and 1984 production will remain the same as in 1982, i.e. 15.5 tons of morphine equivalent.

50. The item "Total production" at the bottom of the table on page 10 indicates the annual quantity of morphine which would have been obtained if all the opium and poppy straw harvest in the year in question had been used for alkaloid extraction. "Total demand" shows the actual consumption of opiates in a given year expressed in terms of morphine equivalent. A comparison of these two items (bottom line of the table) indicates that after a period of over-production a balance between supply and demand was achieved in 1982 and 1983. Furthermore the forecasts for 1984 appear to indicate that, provided there are no poor harvests, a return to over-production is likely, and the possibility of an increase in the already excessive stocks cannot be excluded.

Exports

51. Opium exports from India have increased for the second consecutive year, to reach a level of 835 tons in 1982, reflecting a resumption of purchases by India's traditional customers. However, following the discontinuation of alkaloid extraction in the Federal Republic of Germany and Switzerland, these countries ceased to import from India. On the other hand, the Netherlands has become a major importer of Indian opium.

52. In Turkey, the production of the factory at Bolvadin, which started in 1982, is already covering the country's domestic requirements. The production has also been sufficient for the first time to make a quantity of poppy straw concentrate equivalent to one ton of morphine available for export. Having ceased to be a source of raw material for export, Turkey could over the coming years gradually become a major exporter of finished or semi-finished opiate products.

53. In 1982, total exports of poppy straw concentrate and codeine from Australia reached the unprecedented figure of 32.5 tons of morphine equivalent.

Assessment

54. Two factors continue to cast a shadow over the market in opiates: the existence of stocks of opium in India and of poppy straw in Turkey which are capable of meeting demand for several years, as well as an excess capacity for the processing of raw materials. The latter factor, which results from the construction of several factories during the 1970s, continues to be a significant element, despite the withdrawal of at least seven European manufacturers from the market. Competition between manufacturers takes place not only in regard to price, but also in respect of a greater integration which provides manufacturers having direct control over raw materials an edge on their competitors. This explains why some manufacturers are actively pursuing research aimed at securing for themselves new sources of raw materials, despite the current over-abundance of such materials.

55. In conclusion, the Board considers that, despite the improved situation as regards production, a number of problems remain to be solved. Failing concerted action within the framework of the treaties and the relevant resolutions of the Council, the economic effects of the crisis could worsen still further and lead to social consequences unfavourable to

the maintenance of effective control. It would therefore be desirable for the countries chiefly concerned to consult on ways and means to solve the crisis. Such questions as the following might be considered:

Use of new techniques to forecast long- and medium-term requirements in respect of opiates in the various categories of consuming countries;

Exploration of possible means more effectively to limit raw material production;

Establishment of means to reduce surplus stocks of raw materials;

Possibility of limiting access to the international market for poppy straw and some phenanthrene opium alkaloids sold in bulk. Such a limitation already exists for opium in article 24 of the 1961 Convention;

Possibility of concluding contracts for medium-term supply;

Study of the impact of scientific research on the opiates market: development of synthetic products; new methods for the production of raw materials using genetic engineering, tissue culture, cloning, etc.;

Matters concerning the control of Papaver bracteatum and poppy straw.

The Board stands ready to assist in the provision of all relevant information and advice to facilitate discussions of these questions.

ANALYSIS OF THE WORLD SITUATION

56. As mentioned in earlier reports, responsibility for implementing the international drug control system 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 gives 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 to the international community.

NEAR AND MIDDLE EAST

57. This region remains a major source of illicit opiates. The drugs are increasingly consumed within the area itself and also trafficked abroad in growing quantities. Seizure data shows that over one half of the heroin consumed in North America and over three-fourths consumed in Western Europe originates in the Near and Middle East.

58. Heroin of high purity is illicitly manufactured close to the areas of poppy cultivation. The consequence has been rapidly spreading heroin abuse and dependence among the local population, especially in Pakistan.

59. Cannabis grows wild and continues to be widely abused in many countries of the region. However, illicit cannabis cultivation also takes place, particularly in Lebanon which must be considered the main source of cannabis resin from this part of the world.

60. The abuse of psychotropic substances, diverted from licit trade, is on the rise in some parts of the Near and Middle East and continues to cause deep concern.

61. The widespread and rapidly expanding heroin abuse problem in certain parts of the region requires urgent and determined action by the Governments concerned. Programmes aimed at prevention, treatment and rehabilitation are at present inadequate to contain and decrease the dimensions of the problem. Any progress in this direction must be accompanied by reduction of supply. Uncontrolled and illicit opium poppy cultivation must be eradicated. Economic and social development aimed at providing farmers with income alternatives needs to be resolutely pursued and accelerated. Increased emphasis on food crops seems all the more warranted to provide adequate nutrition for large populations. To achieve these essential goals, substantially increased resources will need to be provided by the world community to support the Governments' own efforts.

Afghanistan

62. The dimensions of illicit opiate production and trafficking are indicated by the substantial seizure data supplied by the Government. Psychotropic substances, notably methaqualone, are also illicitly available in the country. Abuse of both opiates and psychotropic substances concerns the authorities. Measures taken by the Government include meting out severe punishments to drug offenders. Such cases are handled by special courts. Afghanistan shows its willingness to co-operate in the international fight against trafficking and abuse by participating regularly in the meetings of the Sub-Commission on Illicit Drug Traffic and Related Matters in the Near and Middle East. The Government is considering accession to the 1971 Convention.

Egypt

63. Smuggling of cannabis resin, usually by vessel from sources in the Eastern Mediterranean, remains the largest drug control problem in quantitative terms. More frequent attempts to smuggle opium into and through Egypt have been noted owing to the increased availability of this drug in parts of the Middle East. Moreover, illicit cultivation of cannabis and the opium poppy is increasing, particularly in Upper Egypt and to a lesser extent further north. Trafficking in heroin seems to have been

limited so far, but the authorities are vigilant to this possibility. With regard to psychotropic substances, amphetamines, barbiturates and in particular methaqualone are most frequently found in the illicit traffic. In general these substances originate in Western Europe. The authorities are taking vigorous action both to eradicate the illicit crops and to strengthen the control measures at points of entry and along the extended open coastlines and frontiers in order to prevent Egypt from being increasingly exploited as a country of transit and distribution in the region.

64. Drug abuse, which remains a cause of deep concern to the Government, calls for expanded treatment and rehabilitation services.

65. The determined efforts of the Egyptian authorities against drug abuse and trafficking, which include training of law enforcement officers from neighbouring countries, should be further supported by the international community through the provision of technical and financial assistance.

Islamic Republic of Iran

66. Recent seizure data show a high level of illicit traffic in opiates. Enforcement measures have resulted in many and substantial seizures at the eastern borders of the country. A huge seizure, made in August 1983 comprised almost one ton of opium and more than one ton of morphine of 85% purity. Traffickers arrested are sentenced to severe punishment.

67. Opium remains the main drug of abuse among the older age groups. The authorities estimate the number of such abusers at one-half million. Heroin abusers, estimated at 100 000, chiefly comprise youth in urban areas. The opiates are often abused in combinations with barbiturates. Addicts can be subjected to compulsory treatment.

Pakistan

68. In 1983 illicit opium production, from the mountainous areas of the North West Frontier Province, was estimated by the authorities at around 60 tons, a further decrease from the previous crop year. Forty-one clandestine heroin laboratories, operating in the Tribal Areas, have been put out of action during the latter part of 1982 and early 1983. This indicates a vast expansion of trafficking as well as more vigorous enforcement. Enforcement has also resulted in large seizures of opium and heroin, the availability of which is believed by the authorities to be augmented by supplies from Afghanistan. Trafficking out of Pakistan continues by land via Iran and India, by the seaport of Karachi and the major airports in the country. Increasing use has been made of trafficking by mail. Most of the trafficking is directed towards Western Europe and the United States. The need for effective co-ordination of law enforcement has led to the establishment last year of mobile Joint Narcotics Control Task Forces comprising officers from the Pakistan Narcotics Control Board, Police and Customs. For a number of years efforts to strengthen the law to augment punishment for trafficking offences have been under way. The Board is pleased to note the authorities' recent indication that a law will soon be in force to achieve this end. Too lenient penalties have hampered law enforcement efforts in the past.

69. The number of drug dependent persons has increased dramatically. Heroin abuse, almost unknown only three years ago, has been rising sharply and the number of abusers has expanded from only a handful to at least 30 000 at the beginning of 1983. The abusers are mainly young male manual workers in urban areas, but include university students. Cannabis abuse is extensive. Abuse of psychotropic substances, especially methaqualone, remains a serious problem.

70. The Government's comprehensive programme to control and reduce illicit production, trafficking and abuse has been supported by the international community for a number of years. Crop substitution and other projects have been launched in co-operation with a number of Governments and international organizations. Several projects, supported by UNFDAC, are carried out by the UNDP, the Division and the WHO. Of special interest is an extensive World Food Programme project in the North West Frontier Province which excludes any support to farmers if they are still engaged in illicit opium poppy cultivation.

71. The rapidly increasing spread of heroin abuse requires special attention. Although the number of treatment facilities has been augmented, they are insufficient. An intensification of preventive education is a critical component of any demand reduction programme. There needs necessarily to be active involvement of the medical profession in these efforts.

72. The international community should continue to support the Government's efforts. By so doing, developed countries, for which Pakistan serves as the source of heroin for abuse, would also be acting in their own defense.

Turkey

73. No opium has been produced in Turkey for almost a decade. The poppy is cultivated exclusively for the production of unaltered poppy straw and seeds. Constant monitoring assures that any poppy cultivation in excess of licensed areas or any attempted illicit cultivation is brought to light and methodically destroyed. Any illicit cannabis cultivation detected is likewise eliminated. As a result of the Government's efforts to intensify drug control and law enforcement, the trafficking route through Turkey between the Middle East and Western Europe is moving southwards towards the Eastern Mediterranean area. With regard to abuse, the illicit consumption of narcotic drugs does not constitute a social problem for Turkey. New legal and administrative measures have been taken by the Government to bolster the effectiveness of control of drugs and to prevent their misuse.

SOUTH ASIA

74. 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 takes place. There is reason for concern that the situation in South Asia could deteriorate further. Transit trafficking is known to have created abuse among local populations. The rapidity with which heroin abuse spreads has been demonstrated repeatedly. The Board again draws this potential danger to the attention of the Governments in the region.

Counteraction should be strengthened, inter alia by updating national legislation and improving co-ordination at the administrative and operational level, nationally, regionally and inter-regionally.

75. India, situated between two illicit supply areas - Southeast Asia and the Near and Middle East - is mainly a transit country for heroin and cannabis resin. Reports available to the Board indicate that in 50 cases, involving a total of 123 kg of heroin, the traffickers apprehended in Europe during the first eight months of 1983 began their journeys in Bombay or New Delhi. In addition, two clandestine laboratories have also been discovered in India and dismantled. Moreover, 92 kg of heroin were seized in India during the first nine months of 1983, as compared with 29 kg in 1982 and only 9 kg in 1981. Moreover, during the first nine months of 1983, 1.3 tons of opium was seized while being smuggled into India across its north western border. These developments are causing serious concern to the Government. With regard to psychotropic substances, seizure data indicates that trafficking of methaqualone through or from India took place in 1983 but seems to be levelling off. The Board hopes that determined efforts, stringent control measures and a strengthening of the current legislation to increase penalties for traffickers will succeed in preventing a worsening of the situation.

76. In Nepal, cannabis grows extensively in the western part of the country. Cannabis resin of high potency is smuggled out of the country in large amounts. Opiates from Southeast Asia and from India enter Nepal either in transit or for local consumption. Insufficiently strict airport controls at Khatmandu are exploited by traffickers. A wide range of drugs, including psychotropic substances, are readily available in the country, and drug abuse, particularly of heroin, has taken its toll on the local population. Treatment facilities appear to be inadequate.

77. 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 this drug is abused locally. Heroin abuse, in its initial stages, has been detected. The authorities intend to strengthen legislation to permit more effective control efforts.

EAST AND SOUTHEAST ASIA

78. This region remains a major source of illicit opiate production, trafficking and abuse. Psychotropic substances originating in Western Europe are also abused.

79. The dimensions of the opiate production problem require accelerated efforts to provide poppy farmers with alternative ways to earn their livelihood and to destroy illicit cultivation. National, regional and inter-regional action taken to suppress trafficking has resulted in apprehension of many traffickers, seizures of large quantities of drugs and destruction of clandestine laboratories. Efforts to track down the financiers, without whom vast organized trafficking could not take place, should be intensified. Programmes for preventing drug abuse and treating and rehabilitating abusers are of paramount importance if the overall drug problem is to be contained.

80. A Board mission, which visited Burma, Thailand, Malaysia, Singapore and the Territory of Hong Kong in November/December of 1982, had an opportunity to obtain first-hand information concerning the comprehensive efforts being made by the authorities and to witness their firm commitments to drug abuse control.

81. The international community, which has provided support for these countries' own efforts for many years, should continue and expand its support.

Burma

82. Most of the opium illicitly produced in the region originates in Burma. Associated abuse of opiates within the country remains substantial. Opium production is concentrated in parts of the Shan States east of the Salween River, where trafficking groups refine opiates. Most of the smuggling takes place across the Thai-Burmese border. Alternative trafficking routes proceed through central Burma or the south-eastern coast via the Andaman sea to other countries.

83. The Government remains firmly committed to eradicating illicit cultivation, destroying heroin laboratories and interdicting the traffic in opiates. In the 1982/1983 crop year, some 8 000 acres were destroyed. Penalties are imposed on villages involved in poppy cultivation. Operations conducted against heavily escorted trafficking caravans has resulted in large seizures of opium. Coordination with the Thai authorities has increased and resulted in more successful enforcement action in the border area. Intensification of such collaboration could be expected to produce even more significant progress.

84. In its comprehensive programme for drug abuse control, Burma is assisted by bilateral and multilateral arrangements. UNFDAC is supporting the Government's efforts by sponsoring a programme aimed primarily at developing alternative forms of income for poppy farmers, crop control and activities aimed at reducing drug abuse.

85. Heroin abuse began to spread, particularly among urban youth and students, at the beginning of the 1970s. A law adopted in 1974 included compulsory registration and treatment of drug dependent persons. By late 1982 the register contained around 38 000 names of persons, 30 000 of whom were dependent on opium and 8 000 on heroin. The authorities estimate that the actual number of abusers could be much higher. Treatment facilities are available in more than 20 hospitals. However, these facilities are far from adequate and there is a high rate of relapse among persons treated. Such persons are now being treated in institutions for longer periods, and more centres to provide extended rehabilitation are planned.

86. Preventive education programmes are intensively pursued and involve both the mass media and the Government agencies. These efforts reflect the Government's determination to protect its youth from drug abuse.

87. The Board renews its appeal to the international community to support the Government's efforts to eradicate illicit opium production at its source and to contain and reduce local drug abuse.

Thailand

88. The country remains a centre of illicit trafficking in opiates and is also faced with abuse and illicit production. It is the main outlet for opiates produced throughout the region. In recent years, the Government has accelerated its efforts to suppress illicit trafficking and this has resulted in large seizures of opiates. Increased co-operation with Burmese authorities has caused major disruptions to the opiate producing and trafficking organizations. The Board looks forward to the continued co-ordinated enforcement action between these two countries.

89. Opium production in north-western Thailand is reported to have decreased in the last crop season, the decrease being attributed to drought and enforcement action. Strict control of acetic anhydride and other chemicals in the north has hampered heroin manufacture along the Thai-Burmese border. However, large quantities of opium and acetic anhydride seized in southern Thailand indicate the presence of heroin laboratories there. Large amounts of cannabis are also illicitly produced in the north-eastern part of Thailand.

90. The approach taken for more than a decade by the Government and supported by UNFDAC and the international community has been to establish alternative income possibilities for farmers so that illicit poppy production can be eradicated as alternative crops are marketed. Community development among the hill tribes has been promoted by H.M. the King of Thailand since 1969 and is supported by the international community; UNFDAC initiated a multisectoral pilot project in 1972. The project's major component concerns crop replacement and community development, but treatment and preventive education are also supported. A master plan for development of the highland areas is being developed by the UNDP for presentation to a conference of potential multilateral and bilateral donors which is to meet in the spring of 1984. The Board looks forward to continuous and progressive elimination of poppy growing in Thailand and suggests that successive stages be laid down for this planned elimination within a general time frame.

91. Opiate abuse continues in the country. More than half a million persons are estimated to be dependent on these drugs. Cannabis and psychotropic substances are also abused but the number of abusers is unknown. The national treatment programme, which first started in 1972, now comprises 71 treatment centres. It is supported, particularly in areas of follow-up and aftercare, by non-governmental organizations, many appealing to traditional religious values. Technical expertise has been developed in the country, and universities are involved in conducting research projects, providing mobile detoxification and primary health care services and training hill-tribe villagers in primary health care.

92. Continued support from the international community is essential.

The Lao People's Democratic Republic

93. Seizure data abroad would indicate availability of opium and cannabis in the country. The Board would welcome renewal of the dialogue begun with the Government several years ago.

Malaysia

94. The country remains a focus of trafficking and abuse has spread rapidly. Opiates are smuggled overland or by sea into Malaysia from Thailand or Burma, either for local consumption or transit. Illicit heroin laboratories have been detected in the north, indicating the availability of opiates and acetic anhydride or other chemicals used for heroin manufacture. Criminal syndicates in West Malaysia have begun to traffic heroin across the South China Sea to the East Malaysian states in order to use them as transit points.

95. Since the late 1960s when indications of young persons' involvement in abuse of cannabis and psychotropic substances were first detected, the drug abuse problem has escalated rapidly. Heroin abuse, which began in the early 1970s in the towns, has now spread to rural areas.

96. A national drug abuse data bank has been established with information obtained from enforcement, treatment and rehabilitation agencies. Over 70 000 drug dependent persons are on record, the majority of whom are heroin abusers less than 35 years of age. The actual number is likely to be higher.

97. Treatment and rehabilitation facilities include nine detoxification centres and four institutional treatment centres with a capacity for 590 persons. Expansion plans aim at a total bed capacity of 1 400 by the end of 1983 and 6 000 by 1984. Aftercare activities are carried out by both government and non-governmental agencies.

98. In an effort to stop the rapid spread of heroin abuse, a determined and comprehensive campaign was started by the Government in December 1981 to intensify law enforcement directed at both drug traffickers and addicts. Education campaigns have also been carried out. UNFDAC has supported research programmes since 1981 to increase technical expertise to support law enforcement and preventive education activities. Moreover, the Government is carrying out epidemiological research to assess the dimensions of the drug abuse problem and to plan additional programmes.

99. Faced with the gravity of the situation, legislation has been enacted to provide for compulsory treatment and rehabilitation and to enhance penalties for trafficking offences. Certain chemical agents needed for heroin manufacture have also been placed under control.

Singapore

100. Severe law enforcement measures have disrupted the major opiate trafficking syndicates. Heroin abuse, which started in the early 1970s, was a spillover effect from illicit traffic transitting the country. Trafficking was effectively contained by enforcement action following legislation providing for severe penalties and facilitating investigation and detention. Drug rehabilitation centres were increased to a capacity of almost 4 000 and abusers were compulsorily detained in them for six-month periods extendable to 36 months. Aftercare supervision by the treatment centres extends between 2 to 4 years and includes regular and surprise urine tests. Community concern about the drug abuse problem is reflected in the activities of non-governmental organizations which provide supportive services during the aftercare period.

101. Cannabis and psychotropic substances continue to be abused. In times of heroin shortages abusers resort to some psychotropic substances. Computer monitoring of prescriptions of psychotropic substances is improving control.

Territory of Hong Kong

102. Despite large seizures, heroin continues to be easily available and prices have dropped. Heroin is smuggled from Thailand in bulk by sea, mainly in the form of heroin base. There are indications that the use of trawlers to smuggle in large consignments has resumed.

103. There were 41 906 identified drug addicts on record in the Central Registry at the end of 1982. The findings of the Registry in identifying trends and characteristics of the addict population are considered representative of the whole addict population and have provided a base for policy formulation. Of the identified addicts, about 97% were reported to have consumed heroin. The data also show that the number of drug abusers under 21 years of age has been increasing.

104. The community plays an important role in preventive education, combining its resources with government agencies to provide imaginative campaigns directed at specific vulnerable groups identified through the Central Registry data. A wide range of treatment and rehabilitation services has been developed over the last two decades, the most extensive of which is the methadone out-patient programme run by the Medical and Health Department. In addition, a compulsory treatment programme is operated by the Prisons Department, and voluntary in-patient programmes and a variety of aftercare services are offered by non-governmental organizations.

105. In August 1983, legislation was adopted which is directed against financial operations of drug traffickers. This new law permits law enforcement agencies to obtain information from financial institutions on the existence of possible banking accounts, safety deposit boxes or other property held in custody when there is reasonable cause to suspect that an indictable offense has been committed. In case of non-compliance, the financial institution concerned is liable to a fine and its representatives or other individuals contributing to non-compliance are liable both to fines and imprisonment. This new amendment is expected to provide a useful tool to identify traffickers' assets.

FAR EAST

The People's Republic of China

106. At the invitation of the Ministry of Public Health of the People's Republic of China, the first official visit by a delegation of the INCB took place in July 1983. During this visit, discussions were held in Beijing with the Vice-Minister of Health, the Director of the Bureau of Drug Administration and with senior officials from the other Ministries directly concerned with drug control. Discussions were also held in Shanghai with the municipal health authorities, and in Guangzhou with the provincial health authorities and representatives of the Intermediate People's Court. These discussions were continued by the Secretary of the Board in August during a seminar organized in China by the WHO.

107. The objectives of the People's Republic of China for drug control are the same as those of the international drug control treaties. Only a limited number of narcotic drugs are authorized for medical purposes in China and they are controlled at least as strictly as required by the 1961 Convention. Psychotropic substances are not all controlled as strictly as narcotic drugs, but prescriptions from authorized physicians are required. The export and import of both narcotic drugs and psychotropic substances are now subject to prior authorizations from the Ministry of Public Health. Copies of import authorizations and of export certificates will from now on be provided to the INCB when issued.

108. The Government is studying the 1961 Convention as amended by the 1972 Protocol, and the 1971 Convention with a view to the possibility of acceding to them. The Board warmly welcomes this action and hopes that China can soon be counted among the Parties.

109. In the meantime, and until such formal action can take place, the INCB welcomes the declarations by the Chinese authorities of their intention to increase voluntary collaboration by supplying the Board with at least part of the information required by the treaties concerning both narcotic drugs and psychotropic substances.

110. China has requested some technical and financial assistance to facilitate its participation in the international drug control system. The Board has recommended that UNFDAC support such assistance.

111. The participation of China is essential to achieve full international co-operation and universal action, as foreseen by the drug control treaties. The Board welcomes these first steps and regards them as initiating ever more productive collaboration.

Japan

112. The most serious drug abuse problem in Japan involves stimulant substances. Such abuse which occurred initially between 1946-1956 re-emerged around 1970. Methamphetamine is the substance mainly abused. Although the number of violators of the Stimulants Control Law remains small as compared with the country's population, the rate of increase has been very steep in recent years. This kind of abuse occurs not only in large cities but also in rural communities. Moreover, the abuse is gradually spreading to the younger generation.

113. Organized crime is involved in the illicit supply of methamphetamine, and trafficking of this substance into the country generates huge profits. In order to cope with the problem, the Stimulants Control Law has been amended several times to strengthen the penal provisions and to introduce more control measures over stimulant raw materials. The Government has also launched stricter law enforcement activities and promoted nation-wide preventive campaigns.

114. Japan voluntarily supplies the information envisaged by the 1971 Convention as well as the supplementary data requested by the INCB. The Board hopes that this collaboration can soon be formalized through Japan's ratification of the Convention.

EUROPE

Eastern Europe

115. In general there has been little change in the drug control situation in Eastern Europe as reported last year. Drug abuse, which is not widespread, generally involves psychotropic substances. Drugs abused are principally obtained by falsification of medical prescriptions or by thefts from pharmacies or hospitals. The authorities are taking measures to prevent such diversion from licit channels. However, in some countries the main control problem continues to be the illicit transit of narcotic drugs. Eastern Europe countries are, therefore, concentrating their efforts at suppressing drug smuggling across their territories.

116. A Board mission visited Bulgaria in October 1983. An exchange of views took place regarding the requirements and the operation of the international drug control system. The Board notes with satisfaction the Bulgarian authorities' decision not to manufacture or export amphetamine in the future. Any further utilization of this substance will be exclusively for conversion into certain non-psychotropic substances. Bulgaria has accordingly amended the assessments of its medical and scientific requirements for amphetamine.

Western Europe

117. This region is increasingly afflicted by illicit drug trafficking and abuse. Illicit consumption and illegal distribution of drugs are steadily increasing as illustrated by the number of cases of addiction identified by the authorities, the number of drug related crimes and the quantities of confiscated drugs registered in law enforcement files. In the face of this growing danger, certain sectors of public opinion in some countries seem to believe that the problem can be diminished by less strict action in respect of abusers of particularly widely consumed drugs. Such an attitude does not accord with the consensus expressed in the Conventions, and does not take into account the effects that may be engendered in other countries. International drug control necessarily relies on concerted action to carry out all the provisions of the Conventions in respect of all drugs placed under control. The Board is carefully following developments and is engaged in dialogues.

118. The Board has been following with interest recent developments in the Netherlands regarding narcotics control which had given rise to concern on the part of other countries in the region. The Board's dialogue with the Government revealed that the legislation is in conformity with the requirements of the 1961 Convention and that the Government is determined to maintain and carry out this legislation. The Board understands that the developments which gave rise to international concern are to be considered exceptional and are not likely to recur.

119. Cannabis abuse is very widespread throughout the region and shows no sign of abating. Seizures totalling some 80 tons were made both in 1981 and 1982. The Near and Middle East remains the primary source for most of the cannabis smuggled into the region, followed by Morocco and Sub-Saharan Africa, particularly Nigeria.

120. Heroin remains a cause of major concern. The drug is in abundant supply, prices are low and purity is high. In 1982, for the second time, seizures totalling more than one ton of heroin, largely of Middle Eastern provenance, were made in Western Europe. This occurred despite huge seizures of heroin made in Pakistan and Iran already before the drug could reach Western Europe. Moreover, the increasing availability of heroin from Southeast Asia, especially in France and the Netherlands, points to persistent efforts by trafficking groups from that region to regain earlier markets. Criminal involvement in heroin trafficking in Southern Italy has led to numerous violent acts. Northern Italy is a source of heroin destined especially for Southern Germany, Switzerland and Austria.

121. Cocaine is widely available and its abuse is growing throughout the region. Almost 400 kg was confiscated during the whole of 1982 and already in the first nine months of 1983 some 540 kg have been seized. Organized criminal elements on both sides of the Atlantic are involved in the exploitation of the illicit European market.

122. Another subject of deep concern is the illicit availability of psychotropic substances, especially amphetamines, methaqualone and LSD. These drugs are manufactured clandestinely, diverted from licit trade or obtained by burglarizing pharmacies or falsifying medical prescriptions. During 1983 Austria and Switzerland passed new regulations subjecting methaqualone and mecloqualone to national control. Action now taken by all manufacturing-exporting countries involved should result in a marked decrease in availability of methaqualone. An additional positive development is the initiation by the Austrian authorities of studies in preparation of Austria's possible adherence to the 1971 Convention.

123. All the countries of the region should pursue and intensify effective concerted action against drug abuse. Sustained political support for such efforts is necessary, and the Board, therefore, welcomes such activities as those of the Pompidou Group and the elaboration of an action programme against drug abuse by the five Nordic countries. Inter-regional co-operation between the enforcement agencies of Western Europe and other regions has proven to be of value. The Board looks forward to positive results both from the Interpol meeting held in Lima in March between law enforcement officers in South America and Western Europe and from the meeting, convened by the Division of Narcotic Drugs, of heads of enforcement agencies in Europe and the Near and Middle East held in Athens in October.

124. In view of the growing illicit trafficking and related consumption of drugs the countries of Western Europe should, in their own self-interest and in the interest of the international community as a whole, continue or increase their financial support for UNFDAC and their contributions to other multilateral or bilateral drug control arrangements.

THE AMERICAS

NORTH AMERICA

Canada

125. The illicit drug problem remains serious and multiple drug abuse continues. Heroin is becoming increasingly available. Supplies from the Middle East almost equal those from Southeast Asian sources. The availability of cocaine is spreading due to a growing demand. Diversion takes place, mainly in metropolitan areas, of various legally obtainable opiates as well as pentazocine, which is not under international control. Moreover, clandestine laboratories manufacturing liquid cannabis, amphetamines or phencyclidine have been uncovered and seized. Cannabis remains the most prevalent drug of abuse, and campaigns have been undertaken to educate both students and parents on the health risks connected with abuse of this drug. Treatment and rehabilitation activities are receiving increasing attention.

126. The authorities are continuing to undertake the necessary preparatory studies regarding adherence to the 1971 Convention. The Board hopes that Canada will soon become a Party.

Mexico

127. Recognizing at an early stage that drug control is a multi-faceted problem, the Mexican authorities promptly developed an integral strategy aimed at preventing drug abuse, treating and rehabilitating abusers and combatting illicit production and trafficking. The authorities continue to obtain impressive results from their persistent efforts to eradicate opium poppy and cannabis plantations by aerial spraying with ecologically safe herbicides and by direct ground action. Moreover, the number of clandestine heroin laboratories destroyed and large seizures of cannabis and cocaine demonstrate the authorities' firm commitment to persevere in their fight against the illicit traffic.

128. Cannabis abuse remains widespread. Heroin is abused only in some parts of the northern border areas. Among psychotropic substances, the abuse of stimulants gives rise to the most concern.

129. The Board continues to follow Mexico's comprehensive approach to drug control with special interest and reiterates that the action undertaken by the Mexican authorities deserves careful study by countries with similar problems for possible adaptation to their situations.

United States of America

130. The abusive consumption of drugs remains a serious public health problem. Data obtained through a comprehensive monitoring network suggests a rise in heroin abuse, particularly in major cities in the eastern part of the country. Heroin originating in the Middle East remains predominant although the proportion of heroin of Southeast Asian provenance has increased.

131. The abuse of and trafficking in cocaine continues to escalate. Almost 50 tons are estimated to be smuggled into the United States every year. The greater availability at present has led to falling prices which could in turn lead to further illicit consumption.

132. Cannabis remains the most widely abused drug. However, surveys indicate a significant decrease in its abuse among high school seniors for the fourth successive year. There is apparently a link, which is worth noting, between greater awareness of the negative health consequences of cannabis abuse and the reduced consumption. Nevertheless, availability and abuse continue to be widespread throughout the country. The authorities estimate that some 80% of the illicit supply originate in Colombia, Mexico and Jamaica, the last being an increasing source of the supply. Around 20% is now estimated to come from increased illicit domestic cultivation.

133. The high level of abuse of certain psychotropic substances is also a cause for concern. Stimulants are widely abused and the non-medical consumption of sedative agents and depressants remains a health hazard. Hallucinogens are also available for abuse. Domestic illicit manufacture, diversion from licit channels, and substantial smuggling from abroad are the sources of the illicit supply. Availability of methaqualone is apparently declining. However, counterfeit methaqualone tablets, containing dangerous doses of diazepam (a substance not under international control) and other substances, appear increasingly in the illicit traffic.

134. The 1982 Federal Strategy for the Prevention of Drug Abuse and Drug Trafficking constitutes the framework for bringing resources from the federal, state and local authorities as well as the private sector to bear on the full range of these problems. In order to reduce illicit demand for drugs and the adverse effects of drug-taking, the United States is making major efforts in the areas of education, prevention, treatment and rehabilitation. To suppress the illicit drug supply, the Government, in March 1983, established the National Narcotics Border Interdiction System to co-ordinate the activities of federal agencies responsible for the interdiction of drugs brought into the country by air or by sea. Important results have already been achieved in South Florida by the special task force created last year under the Vice-President to concentrate on massive drug smuggling and associated crime and illegal financial transactions. Moreover, the Administration has launched an extensive campaign to eradicate domestic cannabis cultivation. Aerial spraying of the herbicide "paraquat" has been utilized for this purpose whenever practicable and environmentally sound.

135. Widespread community participation in the fight against drug abuse has become a highly influential prevention force. These efforts now involve more than 4 000 parent organizations which have as their goal a "drug-free youth".

136. The United States continues to take an active part in and to provide substantial support for the international campaign against drug abuse, both through the United Nations and through bilateral and regional arrangements.

THE CARIBBEAN, CENTRAL AND SOUTH AMERICA

137. This region is the world's source of cocaine, a major source of cannabis and an important transshipment point for methaqualone. Of particular note is the already vast areas cultivated with coca bush expanding even further and spreading within the producer countries. A greater volume of trafficking is thus generated, directed primarily at the

United States and Western Europe to meet a growing demand. Drug abuse is spreading within producer countries as well as other countries of the region where the smoking of coca paste, frequently in combination with other drugs, is causing severe health problems. Increased enforcement activities have resulted in frequent changes of smuggling patterns.

138. In the Andean sub-region, coca leaf cultivation appears to be spreading ominously in the south and southeast of Colombia. Indeed, some land previously covered with forests and other vegetation is being cleared and used for coca bush cultivation. In this way, traffickers seek to augment their supply of raw materials, in addition to leaves and paste coming from Bolivia and Peru, for illicit cocaine manufacture. Colombia continues to be the main supplier of cannabis; the full extent of cultivation is not known, but there are indications of new growing areas in the northwestern part of the country.

139. Manual eradication of coca and cannabis cultivation has been carried out in the Eastern Plains resulting in the destruction of several millions of these plants. A cannabis eradication campaign and an expansion of the existing coca control programme is being envisaged for 1984. Despite these efforts, there is reason for concern that the situation in Colombia with regard to the illicit coca leaf cultivation could further deteriorate. The authorities are urged to take all necessary steps to prevent new plantings and to eradicate existing cultivation.

140. The smoking of coca-paste in Colombia is spreading alarmingly among the young. As is the case of many other developing countries, facilities for the treatment and rehabilitation of drug dependent persons do not seem to be adequate. In this connection, a strengthening of existing services to meet the growing problem is necessary. In developing its demand reduction programme, the Government may wish to take into consideration the findings and recommendations of the project study carried out by UNFDAC between 1980 and 1982.

141. The treaty between Colombia and the United States of America for the extradition of persons implicated in drug offenses, which came into effect in March 1982, has made possible the initiation of proceedings to bring to justice individuals accused of huge illicit financial gains. Colombia, which is a party to the South American Agreement on Narcotic Drugs and Psychotropic Substances, has also signed bilateral treaties with Brazil, Ecuador, Honduras, Peru and Venezuela for combined action against drug trafficking. A large seizure of cocaine hydrochloride, believed to have originated in Colombia, was made recently in Venezuela, and is an example of the indispensable need of such a co-ordinated approach between neighbouring States.

142. Bolivia and Peru remain major sources of coca leaf production. However, the authorities are becoming increasingly aware of the full scope of the negative effects engendered by the illicit production, trafficking and abuse of coca leaf and its products. The continuous supply of raw material for the chewing of coca leaf, the production of coca paste and the manufacture of cocaine destined for illicit markets primarily abroad, not only threaten the health of the local populations, but also endanger the economies and the social fabric of these countries. ^{14/}

^{14/} For further details on the abuse of coca paste and cocaine, see the Board's report for 1982, E/INCB/61, paragraphs 143-148.

143. In Bolivia the Government has indicated its willingness to initiate an effective drug control policy with special emphasis on coca crop substitution programmes, which will provide for both voluntary and mandatory eradication. Bilateral project agreements, signed recently, aim at decreasing the production of coca leaf within five years and reducing the illicit traffic. In addition, a newly established Directorate for Control and Reduction of Coca Cultivation, initially operating in the Chaparre area, is to be responsible for assuring compliance with laws and regulations governing coca crop eradication programmes. To investigate and apprehend major narcotics traffickers a Special Narcotics Investigation Unit, headquartered in La Paz, has been created.

144. In March 1983, the Board sent a mission to Peru at the invitation of the authorities in order to discuss the general drug control situation in the country. The mission was informed in detail about the rural development projects now being implemented on the eastern slopes of the Andes with substantial bilateral assistance.

145. One of the projects which aims at increasing and diversifying agricultural production in the high Peruvian jungle is planned for the Upper Huallaga region where most of the coca leaf production is channelled into the illicit traffic. This project will complement a programme for the control and reduction of coca leaf production in the same region. In addition, other projects destined to enhance the capabilities of the Police and Guardia Civil are also being implemented.

146. Since this is the first time that a well integrated programme has been attempted both to eradicate illicit coca production and to provide farmers with substitute crops in a limited geographical area, no efforts should be spared to assure its success and to prevent its results being offset by an increase in illicit cultivation in other areas in Peru or in neighbouring countries.

147. The Board has informed the Government of Peru that the sale of "mate de coca" is contrary to the provisions of the 1961 Convention, since it consists of vegetable matter containing cocaine. Other Parties to the Convention, which have raised this matter with the Board, have also been informed of this position.

148. Faced with the problem of coca leaf chewing, Bolivia and Peru have recognized its harmful effects and the need for its suppression. It has been acknowledged that chewing is a result of a series of unfavourable social, economic, cultural and health conditions which are similar in these countries and that this habit would eventually disappear if those conditions were suitably modified.

149. The reduction and eventual suppression of this habit together with eradication of illicit cultivation would lead, among other effects, to increased labour productivity and agricultural output, which are important prerequisites to economic development in the interest not only of the chewers themselves, but of the whole population of the countries concerned.

150. In this regard, it must be emphasized that as long as the illicit cultivation of coca leaf exists, together with the social problem of coca leaf chewing among the less developed Andean populations, there will also be a problem of illicit traffic in coca derivatives.

151. In view of the nature of these factors an immediate abolition of coca leaf chewing is not feasible. The authors of the 1961 Convention were aware of this and therefore allowed a period of 25 years from the date of entry into force of the treaty - in 1964 - for the progressive elimination of the non-medical use of coca leaves. However, the reality of the present situation indicates that the abolition of coca leaf chewing will not be feasible by 1989. Accordingly, the long overdue steps in this direction should be initiated promptly.

152. In the appropriate development programmes, these countries should envisage as a matter of urgency parallel plans for the gradual suppression of coca leaf chewing which incorporate the necessary social and economic measures. Governments should lay down as soon as possible a phased plan and a target date so that the habit may eventually be suppressed. In support of such efforts the sustained assistance of the international community is of paramount importance.

153. Elsewhere in South America, Brazil has increasingly become an important transit country for cocaine and for chemicals needed for the illicit manufacture of this substance. In recent years, however, controls imposed on the trade in such chemicals have contributed to limiting their availability. Cannabis, both of domestic and foreign origin, is abused. The Brazilian authorities are also becoming concerned with growing abuse of some psychotropic substances, in particular amphetamines.

154. In the Caribbean, the use of smaller vessels in the case of seaborne traffic has added to traffickers' mobility. Islands in the Netherlands Antilles have reportedly been used as a refuelling station for vessels transporting cannabis from the north coast of Colombia. Airdrop of cannabis to ships waiting in the proximity of the Bahamas has also been reported. The Government of the Bahamas hosted a law enforcement seminar in March 1983, conducted by the Division of Narcotic Drugs.

155. Jamaica has become an important centre for cannabis of high potency, illicitly cultivated on a commercial basis. The extent of the trafficking is shown by the large number of illegal air-strips on the island used by traffickers. In addition to cannabis abuse, the emergence of cocaine abuse has been detected among the local population. The Government is reminded of its obligations under the 1961 Convention to prohibit the illicit cultivation of cannabis and to fight illicit traffic. Vigorous action is required.

156. Most countries in Central America remain transit points for the illicit traffic of cocaine and cannabis. In the wake of the success of the eradication campaign in Mexico some illicit opium poppy and cannabis cultivation has been reported in Guatemala. In Belize a rapid expansion of illicit cannabis cultivation and trafficking appears to be taking place, but with the assistance of the Mexican authorities aerial eradication has been undertaken. Panama plays an important role as a transit country due to its geographical location across the major smuggling routes. Energetic enforcement action against this traffic has resulted in large seizures of cocaine, cannabis and methaqualone.

157. A regional seminar for the training of law enforcement instructors, organized by the South American Agreement on Narcotic Drugs and Psychotropic Substances in cooperation with the Division of Narcotic Drugs, took place in Peru in September 1983. The Fifth Conference of States Parties to the South American Agreement will be held in Lima in November.

158. The Board observes with satisfaction that the long history of regional co-operation in the area continues to encompass drug control. The international community should stand ready to consider favourably requests for technical and/or financial assistance to support the efforts of individual Governments to carry out their obligations under the drug control treaties.

AFRICA

159. The magnitude of drug abuse and illicit traffic within the region is still not fully known. Available information indicates that Africa increasingly attracts drug traffickers who take advantage of the lack of adequate control facilities in many African countries. Traffickers are endeavouring to establish Africa as a major source of cannabis trafficked to Western Europe as well as a major illicit market for psychotropic substances and a transit point for the traffic in such substances. This problem should be contained before the dimensions make the task too formidable. Countries, which rightly believe that economic development and growth should receive a high priority in the allocation of national resources, will wish to bear in mind that drug control should be seen as an element in the development strategies since the costs of drug abuse are so burdensome in economic and social terms. As a corollary, development assistance to African countries should also cover drug control.

160. At present opiate abuse is not extensive in Africa. On the other hand, practically all countries of the continent are confronted with growing cannabis abuse, especially among young people in urban areas, and are affected with the social problems and behavioural disorders, including psychoses, which are associated with such abuse. Moreover, many African countries are faced with new or expanding illicit cultivation of cannabis, due to an ever rising demand within or without the region and frequently to the detriment of the production of essential food crops.

161. The diversion to Africa of drugs manufactured outside the region still represents a serious menace. Thus smuggling or attempted smuggling of pethidine from Europe to certain West African countries has been uncovered. However, the influx and abuse of some psychotropic substances is causing the greatest concern. Large quantities of a preparation of amphetamine compounded with aspirin continue to be diverted from licit trade and are available for abuse in many African countries. Similarly, substantial diversion of methaqualone and of secobarbital is taking place.

162. The Board wishes to remind all manufacturing and exporting countries, that there exists little or no medical requirement for Schedule II substances in Africa. According to the Board's data ^{15/} only two out of Africa's 51 countries require more than 1 kg annually of only certain substances controlled under Schedule II. There can, therefore, be no justification for large exports of these substances to Africa. The Board is carefully reviewing these questions with the Governments concerned.

163. 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.

164. African countries will wish to bolster their defenses against drug abuse. An essential step is regionwide adherence to the Conventions. Only 29 countries of Africa are parties to the 1961 Convention and 19 countries to the 1971 Convention. Moreover, more African states should make use of the procedure for prohibiting the import of unwanted psychotropic substances set forth in article 13 of the 1971 Convention. In addition, they could also help protect themselves by furnishing the Board with assessments of their requirements of Schedule II substances and responding promptly to the Board's queries regarding suspect import requests.

165. Finally, in view of the vital need for strengthening the drug control facilities in many African countries, priority attention should be given to rendering these countries the necessary technical and financial assistance to enable them fully to implement the treaties. UNFDAC is supporting activities in some countries aimed at ascertaining the extent of drug abuse.

CONCLUSIONS

166. Despite commendable efforts both at the national and international levels and progress in some areas, the drug abuse situation in most parts of the world continues to deteriorate. Geographically, more and more countries are afflicted. Drugs of greater potency are more widely available and consumed in more hazardous ways. In countries where illicit production takes place, abuse not only affects other countries within a given region and beyond, but, invariably it also spreads among the local populations. Populations in transit countries are at high risk. Governments of the countries concerned should ponder the implications of this relationship and expedite their control efforts accordingly.

^{15/} E/INCB/1983/4, Tables A,B and C which conclude the publication.

167. All Parties to the 1961 Convention are obliged to take as effective measures as possible to eliminate illicit production of narcotic drugs, trafficking and abuse. Pursuant to that treaty obligation, counteraction must be resolutely undertaken to cope with all three elements of the problem. Otherwise, rising demand or shifts in demand patterns will constantly offset law enforcement efforts against the illicit traffic and lead to the emergence of new areas of illicit supply as others are contained or brought under control.

168. Admittedly, the drug abuse phenomenon is complex. It involves human behavior and varies from community to community, country to country, and drug to drug. A basic difficulty in effectively attacking the demand problem is the lack of adequate information concerning the dimensions and distribution of drug abuse among populations. Epidemiologic data collection and analysis are essential to identify trends and shifts in patterns of abuse. Equally essential is the political will to implement comprehensive demand reduction programmes. Such programmes should include prevention, treatment, education, after-care, rehabilitation and social reintegration of the persons involved. Community and parent participation in the prevention of drug abuse and rehabilitation of drug dependent persons has proven an effective force in a number of countries. The results merit organised action to promote similar movements in other countries.

169. In volume and geographic expansion, the illicit and uncontrolled cultivation of the opium poppy, coca bush and cannabis plant has not decreased. Indeed, any reduction in one region in a given year has been more than offset by increases elsewhere. The most determined action is urgently required to contain and reverse the worsening situation. In determining the measures they wish to apply within their territories, the Governments of the countries concerned are advised to study the programme so successfully employed by the Government of Mexico to locate and destroy illicit poppy and cannabis cultivation. With particular regard to countries where the opium poppy and coca bush have been traditionally cultivated over hundreds of years, any viable approach in the long run needs necessarily to emphasize the establishment of alternative income possibilities for farmers and the eradication of illicit narcotic crops as alternative crops are marketed. This comprehensive action, indispensable to progress, presupposes not only a sustained political will on the part of the countries in which illicit cultivation takes place, but also the widespread willingness of the international community to provide support and resources.

170. The operation of the international drug control system as it relates to the movement of narcotic drugs under the 1961 Convention is generally satisfactory. However, some countries should improve the quality of the information they supply to the Board. Moreover, recent developments suggest that increased vigilance is required on the part of manufacturing-exporting countries to prevent diversion. This report contains specific recommendations to achieve this end.

171. With regard to the illicit supply of psychotropic substances, some progress can be reported. In the case of methaqualone, Governments have co-operated among themselves and with the Board, with the result that the diversion of this substance has been reduced and further substantial reduction can be anticipated. The Board hopes that the same can soon be true for amphetamines. In these two instances, the voluntary measures recommended by the Board and implemented by a large number of Governments have proven highly beneficial in bolstering the controls provided by the Convention. Traffickers can be expected now to make substitutes available. Data provided by Governments show that some drugs with psychotropic properties which are under national control in many countries, but not under international control - in particular diazepam - are now being increasingly abused and trafficked. Governments will wish to consider these developments carefully with a view to taking timely national and international action to impose adequate control to prevent widespread abuse.

172. Resolute and conscientious application of the 1971 Convention, by Parties and non-Parties alike, complemented by the voluntary measures requested by the Board, will bring about improved international control and contain diversion from licit manufacture. The Board once more appeals to all countries which have not yet adhered to the Convention to become Parties promptly. Universal adherence is essential if the international licit trade in these substances is to be brought under full control. Such control is an essential first step to waging an effective concerted attack against illicit manufacturing and trafficking.

173. A number of developing countries are at particularly high risk from misuse and abuse of drugs, in part because their administrative resources do not permit effective control of import and distribution for medical use. Requests from such countries for assistance to establish or improve their drug control administrations merit a prompt and favourable response from the international community.

174. In the recent past, the Board has conducted two training seminars for drug control administrators which have helped to improve the quality of the co-operation from participating countries. Specific training is also carried out on an ad hoc basis at the request of individual Governments. However, for maximum benefit such training should be carried out on a systematic basis and resources should be made available for this purpose.

175. Illicit drug production and trafficking generate enormous criminal profits. This may engender serious consequences for the countries concerned by undermining their economic, social and political stability. The Board reiterates its appeal that Governments accelerate, as a matter of priority, domestic and international measures to facilitate co-operative investigations to identify and prosecute the criminals who finance organized trafficking.

176. The serious drug abuse situation should serve to mobilize renewed dedication, vigilance and action on the part of all Governments. Prompt additional action within the framework of an overall strategy is required, at the national, bilateral, regional and multilateral levels. Such action should embrace programmes to contain and reduce illicit production and trafficking. Programmes aimed at demand reduction should also receive urgent attention commensurate with the increasing magnitude of this problem.

177. Continuous and vigorous counteraction depends on an informed public opinion translated into Government policy and action. Any slackening in vigilance, whether on the part of the general public or of national control authorities, may create a climate of permissiveness conducive to increased abuse and to a weakening of the collective effort. Essential to the effectiveness of the system is unbroken continuity of application of all control measures both at the national and international levels.

(signed) Victorio V. Olguin
President

(signed) John Ebie
Rapporteur

(signed) Abdelaziz Bahi
Secretary

Vienna, 21 October 1983

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 since 1982.

Professor John EBIE

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 1981-83; Consultant Psychiatrist (University College Hospital, Ibadan, 1970-71, and University of Benin Teaching Hospital since 1972); First Director, Nigerian Training Project on Drug Dependence since 1981; Dean, School of Medicine, University of Benin (1979-81); Chairman, Psychiatric Hospitals Management Board of Nigeria (1977-81); Commissioner for Health, Bendel State of Nigeria (1972-74); Member WHO Expert Advisory Panel on Mental Health since 1979; member of the Board since 1982 and its Rapporteur in 1983.

Professor Ramon de la FUENTE MUNIZ

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 and 1980.

Dr. Diego GARCES-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 from 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 in 1981 and 1982.

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; President in 1983.

Professor Paul REUTER

Professor emeritus in the Faculty of Law and Economics, Paris; member of the United Nations International Law Commission since 1964; recipient of the 1981 Balzan Prize for public international law; member of the Permanent Central Narcotics Board from 1948 to 1968; member of the Board since 1968.

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; Vice-President in 1983.

Sir Edward WILLIAMS, K.C.M.G. 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; October 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; Reports delivered January 1980; member of the Board since 1982.

At its spring session in May 1983 the Board elected Professor Victorio Olguin as President. The Board also elected Mr. Jasjit Singh as First Vice-President, and re-elected Professor Sükrü Kaymakçalan as Second Vice-President and Chairman of its Estimates Committee and Dr. Béla Bölcs as Vice-Chairman of this same Committee. Professor John Ebie was elected as Rapporteur and Mr. Adolf-Heinrich von Arnim was nominated Chairman of the Budget Committee.

Annex II

BOARD SESSIONS IN 1983

The Board held its thirty-third session from 16-27 May and its thirty-fourth session from 4 to 21 October. The Secretary-General was represented by Mr. M. Allaf, Director-General of the United Nations Office at Vienna. The Division of Narcotic Drugs was represented by its Director, Mrs. T. Oppenheimer, the United Nations Fund for Drug Abuse Control by its Executive Director, Mr. G. di Gennaro and the World Health Organization by Dr. I. Khan, of the Division of Mental Health. At the thirty-fourth session, a representative of ICPO/Interpol, Mr. Helge de Fine, addressed the Board on the illicit traffic in drugs.

REPRESENTATION AT INTERNATIONAL CONFERENCES IN 1983

UNITED NATIONS

Economic and Social Council

First Regular Session, 1983 (New York, May)

Commission on Narcotic Drugs

Seventh Special Session (Vienna, February)

Inter-agency Meeting on Co-ordination in Matters of International Drug Control, Sixth meeting (Geneva, August)

WORLD HEALTH ORGANIZATION

71st Session of the Executive Board (Geneva, January)

7th Review of Psychoactive Substances for International Control (Geneva, March)

8th Review of Psychoactive Substances for International Control (Geneva, September)

CUSTOMS CO-OPERATION COUNCIL

61st/62nd Annual Session (Brussels, June).

Seminar on Commercial Fraud (Varna, Bulgaria, September)

Working Group on Customs Enforcement (Brussels, December)

REPRESENTATION AT REGIONAL CONFERENCES IN 1983

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)

Panarab Bureau for Narcotic Affairs: Training Seminar on Drug Control (Tunis, May)

League of Arab States: Training Seminar for Customs Officers from Member States (Dubai, November)

ASIA

United Nations Sub-regional Drug Law Enforcement Training Seminar (New Delhi, April)

WHO Seminar on the Use and Misuse of Psychoactive Drugs (Beijing, August)

Joint Meeting of the Sub-Commission on Illicit Drug Traffic and Related Matters in the Near and Middle East and the 10th Meeting of Heads of National Narcotics Law Enforcement Agencies, Far East Region (New Delhi, November)

2nd Pan-Pacific Conference on Drugs and Alcohol (Hong Kong, November/December)

CARRIBEAN, CENTRAL AND SOUTH AMERICA

South American Agreement on Narcotic Drugs and Psychoactive Substances, 5th Conference of Member States (Lima, November)

WHO Seminar on the Rational Use of Psychoactive Drugs (Barbados, December)

EUROPE

ICPO/Interpol 9th European Meeting for Heads of National Drug Services (St. Cloud, April).

AFRICA

WHO Seminar on the Rational Use of Psychoactive Drugs (Ilorin, Nigeria, November)

INTERNATIONAL DRUG CONTROL AGREEMENTS

- 1912 Convention 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.
- 1925 Agreement 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.
- 1925 Convention International Opium Convention signed at Geneva on 19 February 1925, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.
- 1931 Convention Convention for limiting the manufacture and regulating the distribution of narcotic drugs, signed at Geneva on 13 July 1931, as amended by the Protocol signed at Lake Success, New York, on 11 December 1946.
- 1931 Agreement 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.
- 1936 Convention 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.
- 1946 Protocol 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.
- 1948 Protocol 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.
- 1953 Protocol Protocol for limiting and regulating the cultivation of the poppy plant, the production of, international and wholesale trade in, and use of opium, signed at New York on 23 June 1953.
- 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.
- 1972 Protocol 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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